

February 2023

Assisted Living in B.C.

A Handbook for Operators

➤ Seniors and Persons with Disabilities and Mental Health



This handbook is a guide to help you better understand your responsibilities in operating an assisted living residence. It contains information, tools and resources to help you meet your obligations, support residents according to their individual needs, interact with the assisted living registrar's office and train staff.

This handbook is part of a package of resources on assisted living. You should also refer to:

- The legislation and regulations, as noted on pages 5 and 6.
 - › These can all be found at BC Laws, <http://www.bclaws.ca/>
- The assisted living website, with online versions of all resources.
 - › See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC/ / Opening or Operating an Assisted Living Residence / Tools and Resources.

The information included in this handbook is not to be regarded as a substitute to the Community Care and Assisted Living Act and the Assisted Living Regulation.

Please refer to the legislation and regulation for comprehensive information.

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Introduction

We know that adults who need some support value their independence and want to live in a supportive environment where they can live safely and with respect.

Assisted living is semi-independent housing for adults who:

- Are able to make decisions on their own behalf, but
- Require some support with their day-to-day needs, due to physical, health or mental health challenges or while in recovery for substance use.

The philosophy of assisted living is to support residents' independence and be responsive to their needs, values and preferences in ways that promote and protect their health, safety and well-being.

As an operator of an assisted living residence, you are a key player in supporting your residents' health, safety, independence and choice. You have a legal responsibility to ensure you are meeting residents' needs and safeguarding their health and safety. It is important to be clear about *what* services you deliver and also *how* you deliver them.

Principles

Choice

Privacy

Independence

Individuality

Dignity

Respect

Key Contact Information

Assisted Living Registry

Ministry of Health
PO Box 9601 Stn Prov Govt
Victoria, B.C. V8W 9P1

Phone: Victoria: 778.974.4887
 Toll-Free: 1.866.714.3378
Fax: 250.953.0496
Email: Hlth.assistedlivingregistry@gov.bc.ca
Website: www.gov.bc.ca/AssistedLivingBC / Assisted Living Registry

Operating an Assisted Living Residence

Role and Obligations

As an operator of an assisted living residence, you have an obligation to follow the rules. These rules are set out in the *Community Care and Assisted Living Act*, the Assisted Living Regulation and other relevant legislation and regulations that are applicable.

The legislation and regulation are in place to promote and protect the health, safety and well-being of all residents. Operators are responsible for providing housing, hospitality services and assisted living services to residents in assisted living. Operators need to ensure that the staff they hire, the programming they offer and their day-to-day operation of the residence all serve to protect residents and promote their health, safety and independence.

Legislation and Regulation

The Community Care and Assisted Living Act

- See BC Laws, <http://www.bclaws.ca/>
- Requires you to be registered to operate an assisted living residence.
- Sets requirements to register your residence.
- Grants powers to the registrar to:
 - › Register residences;
 - › Investigate complaints about health and safety;
 - › Inspect residences:
 - To monitor operators for compliance;
 - If the registrar has reason to believe that the health or safety of a resident is at risk;
 - Investigate if an unregistered assisted living residence is being operated;
 - › Apply conditions to registrations, vary conditions, and suspend or cancel registrations.

Assisted Living Regulation

The Assisted Living Regulation further outlines your responsibilities in registering and operating an assisted living residence. This handbook examines each of those responsibilities in more detail.

- See BC Laws, <http://www.bclaws.ca/>

Tips for Reading the Act and Regulation

The *Act* sets out the broad legal principles and framework. The Regulation fills in the details of the *Act's* intent and directs operators about what they must and must not do.

- Read the whole *Act* and the full set of regulations to get the big picture.
- Read sections of the *Act* and the regulation a few times to get their full meaning.
- Identify the most significant words in every section that will guide your actions.
- Read the definitions.
- Have this Handbook available as an easy reference.

See factsheet, Outcome-focused Regulations.

- See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC / Opening or Operating an Assisted Living Residence / Tools and Resources.

Other Relevant Legislation and Policy

- See BC Laws, <http://www.bclaws.ca/>

Operators of assisted living residences must comply with all applicable legislation and regulations, which include but are not limited to:

- BC Building Code
- BC Fire Code
- BC Human Rights Code
- *Cannabis Act*
- *Cannabis Control and Licensing Act*
- *Cemetery and Funeral Services Act*
- *Consumer Protection Act*
- *Criminal Records Review Act*
- *Drinking Water Protection Act and Regulation*
- Food Premises Regulation
- *Health Act*
- *Mental Health Act*

Operators are also expected to meet local government bylaws and should consult their local government to find out what bylaws apply to assisted living residences, such as business licensing, zoning and fire bylaws.

Classes of Assisted Living Residences

There are three classes of assisted living residences:



Seniors and Persons with Disabilities

For adults receiving assisted living services due primarily to chronic or progressive conditions linked to the aging process or a disability.



Mental Health

For adults receiving assisted living services due primarily to a mental disorder.



Supportive Recovery

For adults receiving assisted living services due primarily to substance use.

Registration and Renewal



If registering your residence for the first time, please refer to the factsheet, [Should I Register My Residence?](#) and the registration package.

- › See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC/ / Opening or Operating an Assisted Living Residence / Tools and Resources.



*Assisted Living
Regulation, Part 2
Sections 5-14
Schedule A*

Your registration is based on the class or classes of assisted living residences and the number of units (a room or set of rooms used as the personal or shared living quarters of a resident(s)) that you operate.



REMINDERS

Class and Resident Population

You must submit an Application for Registration for each class of assisted living:

- Seniors and persons with disabilities
- Mental health
- Supportive recovery

* Different classes of assisted living may be housed on the same premises, if:

- Each class of resident is located in a separate and distinct area of the residence, with separate units; and
- You provide services and staff appropriate to each resident population.

Application Fee

- An Application for Registration and application fee are required for each class of assisted living that you are operating, even if on the same premises.
- When you apply for registration for the first time or are adding a different class of assisted living, you need to include a one-time non-refundable application fee of \$250 with your application.
- This fee is also due if your registration expired or became invalid.

Your Responsibilities

Renew your registration every year. The registration of an assisted living residence expires on **March 31** of each year. Prior to expiry, please submit:

- The Application to Renew, describing any changes to the information and records submitted relating to the current registration.
- Note: You will need to notify the registrar about some changes, well ahead of time, as per the timelines noted on the following pages.
- All applicable registration fees.



Application Fee

- If you are adding a different class of assisted living, you need to include a one-time non-refundable application fee of \$250 with your application.

Registration Fees

- If your registration is approved, you also need to pay an annual registration fee of \$12.50 per registered unit. The registration year runs from April 1 to March 31.
- Registration fees are prorated:
 - › Residences that begin operation between April 1 and September 30, pay \$12.50 per unit;
 - › Residences that begin operation between October 1 and March 31, pay \$6.25 per unit.
- *It is important to pay your fees on time. If you do not, you will be charged another \$250 as a late payment fee.*

Renewal Approval

The registrar may approve the registration only when:

- Satisfied that the housing, hospitality and assisted living services will be provided in a manner that promotes and protects residents' health and safety;
- All required documents are received; and
- All fees are paid in full.

If approved, display your registration and any conditions of the registration in a prominent place in the residence.

Advise the registrar in a timely manner of any planned changes in ownership or changes that impact your registration information. Please provide:

- **30 days** written notice if there is a change to:
 - › Contact information of the operator or assisted living residence;
 - › Name of the residence;
 - › Manager of the residence, if not the operator;
 - › Number of units in the residence; and
 - › Number of residents the residence has the capacity to house.

The registrar must approve these changes in writing before changes can be made.

- **4 months** written notice if:
 - › Structure or floor plan changes, which requires approval before changes are made; or
 - › The operations move to another location or you are changing or adding classes. In these cases, you need to submit a new application and the registration needs to be approved before changes are made.
- **4 months** written notice to the registrar, residents and residents' contact persons if:
 - › Control of the residence is assigned or transferred to another person or body (*i.e.* 51% or more of the corporation's shares are transferred).
 - › In this case, the registration becomes invalid and a new application for registration must be submitted and approved. The new operator must be qualified and continue to operate for at least 1 year.
 - › *See Registration, in the Assisted Living Regulation.*
- **365 days** written notice to the registrar, residents and residents' contact persons, if:
 - › Residence is sold, leased or scheduled to close and stop operating.

Registration: Can It Become Invalid or Be Cancelled?

Can a registration become invalid?

Yes. The registration of an assisted living residence becomes invalid when:

- The operator named in the application for registration changes;
- The lease changes or the rental agreement ends;
- The owner of the property withdraws their permission for you, as operator, to operate the residence;
- The registrant is a corporation and more than 50% of the shares of the corporation are transferred or reassigned;
- The residence relocates to another location;
- The operator has not provided housing, hospitality services and assisted living services for 1 year; or
- The assisted living residence closes and stops operating.

Can my registration be cancelled?

Yes. The registrar may suspend or cancel a registration, attach conditions to a registration or vary the conditions of a registration if the registrar believes that the operator:

- No longer complies with the *Community Care and Assisted Living Act* or the Regulation; or
- Contravenes other related legislation, standards or regulations that regulate the operations of an assisted living residence.
- *See the factsheet, Role of the Investigator and the Investigation Process.*
 - › See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC / Opening or Operating an Assisted Living Residence / Tools and Resources.

Responsive Service and Support

As an operator of an assisted living residence, you are a key player in supporting your residents' independence, values, health, safety and well-being.

Being Responsive to Residents' Needs and Preferences

This handbook focuses primarily on your responsibilities in providing services to residents in an assisted living residence to promote and protect their health and safety.

In providing that support, you hold a responsibility to each person: to promote their independence and well-being and be responsive to their needs, capabilities and preferences. Working effectively with a variety of people with different backgrounds and unique needs means being respectful.

This involves being welcoming, taking a personal interest in residents, listening to them about their needs and preferences, acknowledging them and communicating with them in ways they can understand. Being respectful and responsive is less about "what" we do and more about "how" we do it. Being responsive is an ongoing process of educating ourselves and seeking to better understand the people we support.

See factsheet, Resident Needs and Capabilities.

- See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC / Opening or Operating an Assisted Living Residence / Tools and Resources.

Tips for Providing Responsive Service

Whether an operator, an employee or a volunteer, here are some tips that may be helpful in providing responsive service.

- Be first aware of your own cultural background, experiences, attitudes and biases that might influence your work and your ability to assist residents from different cultures or generations.
- Get to know the resident, listen to them and ask questions about their life.
- Communicate in a variety of ways so everyone can understand.

(continued)

- › *For example*, provide information in writing and explain important new information orally as well; work with a resident's family/contact person to assist with communication if needed.

- Initiate conversations with residents to gain a better understanding of them, and their beliefs, values and practices that may impact support services.
- Notice if someone seems isolated, possibly lonely, and increase your contact with them and help them make connections.
- Begin the relationship by listening and seeking to understand the resident's needs and existing strengths from their perspective.
- Create a welcoming environment for each resident; remain open to diversity and complexity. Encourage each person's unique story and be willing to "meet the person where they're at."
- Incorporate requests into the resident's personal service plan as much as possible.
For example,
 - › Someone's spiritual background might mean that you need to make some changes in meal planning for that person or in the scheduling of meal time;
 - › How best to provide assistance with dressing or grooming or giving medication – all of these things might be influenced by a person's background and values and will often require only small adjustments in the way services are provided;
 - › Someone's culture, religion/faith, age and experiences might have a big influence on choices that are made about social and recreational activities for a group.
- Adapt work practices to allow for cultural or personal views and experiences that may have an impact on how we interact with that person. *For example*,
 - › Someone may need a great deal more personal space than other residents; a person with a disability may not want assistance with mobility unless requested.
- Identify and record relevant information in a person's personal service plan about their culture, beliefs and preferences that may assist others in providing support to this person.

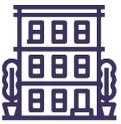
Operator Responsibilities

The following offers you a description of your legal responsibilities under the *Community Care and Assisted Living Act* and the Assisted Living Regulation. This information does not replace the *Act* or the Regulation. Please refer to those legal documents for detailed information.

Your responsibilities to residents are organized under 10 main categories:



In addition to a description of your responsibilities in each of these areas, you will also find a “snapshot” which provides you with some examples of what fulfilling your responsibilities can look like. You will likely have your own examples to add to these snapshots.



Housing

The class of residence and number of residents and units is approved through the registration process. Units refer to the suite of each resident that is their private room(s). Operators are responsible for maintaining the residence, inside and outside, equipment and furnishings.



*Assisted Living
Regulation, Part 3
Divisions 1
Sections 15-19*

Your responsibilities

Ensure the units match what was approved in your registration.

- Make sure the number of units you have or residents you house is no more than noted on your registration and allowed as capacity on your business licence.
- Make sure different classes of assisted living units are located in separate and distinct areas. (*i.e.* people in the seniors and persons with disabilities class are housed in a separate area from residents in the supportive recovery class or the mental health class).
 - › Make a policy describing how common areas shared by residents of more than one class, or by residents and non-residents, will be managed to protect the health and safety of residents.
- Ensure that each unit has or is a bedroom, with a door and a window.
- Ensure that the residence conforms to all building and fire safety codes, local laws and regulations related to building alterations or occupancy limits.

Ensure the building is kept in good repair, is clean and accessible and outdoor space is well maintained and accessible.

- Make sure:
 - › The residence is well-ventilated;
 - › The temperature is comfortable and safe for residents;
 - › There is sufficient lighting in units and common rooms (consider night lights for safety in dim hallways or other areas);
 - › There is enough social and recreational space for residents; and
 - › All areas for residents, indoors and outdoors, are accessible (*i.e.* for mobility aids, wheelchairs, etc.).

Make sure the building is safe.

- Make sure all areas, interior and exterior, are free of hazards.
- Secure entrances so that no unauthorized person can enter.
- Secure entrances in a way that still allows for easy exits in an emergency.
- Provide each resident with a door that locks and that can be unlocked from the outside in an emergency.
- Provide each resident with their own key.
- Ensure every unit is accessible in an emergency.
- Do not permit any weapons on the premises.

Furnish the residence, rooms and common areas with furniture and equipment that are clean, safe, in good condition and meet residents’ needs and capabilities.

- Allow residents to bring furniture, equipment and personal property into the residence, as long as it is safe and suitable and can be accommodated in the space.
- Provide each resident with a storage device in their room, such as a safe, for storing money and personal property.



Snapshot

Families considering this residence for their loved one would find:

- The exterior of the residence is hazard free. Residents can easily access and get around outside;
- The residence is free from hazards such as frayed cords, unsafely placed extension cords or boxes or furniture in front of exits;
- There is social and recreational space, big enough for the residents and accessible for anyone with a mobility aid;
- The residence and all the rooms are clean, comfortable and in good repair;
- The furniture is clean, safe and in good condition;
- The residence feels comfortable; it’s not too hot or too cold and there is a good amount of light in the rooms;
- The building is secure. For example, you have to buzz to enter, emergency numbers are posted, and residents and their families are told how building security works; and
- Staff are trained about safety and security.



Planning and Support Agreements (Exit and Entry)

Entry

As an operator, you have some important responsibilities relating to:

- Screening for admission;
- When a resident moves in;
- During their stay; and
- At the end of their stay.

Good planning and detailed agreements with residents are important to ensure accountability and transparency. They help set up a good relationship between the operator and the resident from the start, create shared expectations and outline what services a resident needs.

Your Responsibilities

SCREENING FOR ADMISSION

Screen prospective residents to ensure they meet the criteria for assisted living.

Before accepting someone as a resident, make sure that this person:

- Can live in the residence safely, given their needs and capabilities;
- Is able to make decisions on their own, or lives with a spouse who can do so on their behalf;
- Is able to take steps to protect themselves or follow directions in an emergency;
- Does not have behaviours that put the health and safety of others at risk;
- Does not require unscheduled professional health services on a regular basis; and
- Does not require licensed care (*i.e.* does not need 24-hour professional supervision and care in a protective, supportive environment for people who have complex care needs).



*Community Care
and Assisted Living
Act, Section 26.1*

Provide all potential residents with the information they need to make an informed decision about the residence, including copies of:

- The shared common areas policy, if more than one class of residents or non-residents share the common areas;
- The complaint policy;
- The end of residency policy;
- The medication plan, if assistance with medication is an assisted living service you offer; and
- The cannabis policy.

It is also recommended that you discuss what services you offer, the rules of the residence and costs, fees and optional services and rules regarding refunds.



COST AND FEES

Private-pay Assisted Living Residences

Residents pay all costs. Operators may charge a fixed rate for a package of services or on a fee-for-service basis, or a combination of the two.

Publicly Subsidized Assisted Living Residences

- Eligible residents pay a monthly fee of 70% of their after-tax income for rent, hospitality services and assisted living services.
- Case/care managers in health authorities determine a person's eligibility for subsidized funding.
- Operators need to explain any needed change in fees if, for example, rent goes up or the resident needs additional services.

Additional Fees

If there are any additional fees, such as a one-time damage deposit for example, it is important to be clear with prospective residents about any such charges and how to get a refund.

Residency Agreement

AGREEMENTS NEEDED WHEN A RESIDENT MOVES IN

There are two important agreements that have to be in place for each resident; the **residency agreement** and the **personal service plan**. These two agreements set out all of the expectations, resident rights, services, and changes made over time to meet the needs, capabilities and preferences of a resident.

These agreements include personal information about residents and should be kept private and accessed by staff only as necessary for them to provide services and support that resident.

These agreements need to be reviewed and adjusted throughout a resident's stay. These documents are also important in helping you determine if and when a resident can no longer have their needs met in this residence and needs to transition out.



*Assisted Living
Regulation, Part 3,
Division 4
Section 31
Schedule C*

Your Responsibilities

Develop a residency agreement with each resident that describes:

(as per Schedule C of the Assisted Living Regulation)

- Contact Information, including:
 - › Names of the resident, operator and manager;
 - › Contact information for the manager; and
 - › Contact information for the resident’s contact person and personal representative, if any, and reasons contact can be made;
- The term of the residency, including:
 - › Date the residency agreement is made; and
 - › Date when resident moved in;
- Responsibilities of the operator and staff, including what the resident will receive as:
 - › Hospitality services;
 - › Assisted living services; and
 - › Dietary accommodations; if any;
- The general level and type of training, experience, skills and other qualifications of employees who provide assisted living services;
- Rules of the residence;
- Any electronic surveillance or tracking used at the residence;
- Rights of the resident;
- Responsibilities of the resident, including expectations about their conduct;
- Whether anyone living in the residence is not a resident and if so, whether they have access to the common areas of the residence; *i.e.* a grounds caretaker who lives on the premises;
- The circumstances and criteria that will guide a decision related to ending the resident’s residency;
- Costs, fees and conditions for changing costs, optional services and fees *(see page 20)*
 - › When fees are due, and terms and conditions for payment and refund of fees; and
 - › Amount of any security or other deposit to be paid and the date it was paid or is payable;
- Circumstances when a residency agreement could be changed and which changes can be made without the consent of the resident;
- Written information about how to contact the registrar to make a complaint.



Review

- the residency agreement at least annually with the resident or their personal representative and revise, if appropriate.

Sign and deliver

- give the resident a signed copy of the residency agreement when first signed and after any revisions are made.

Provide advance notice

- of any proposed changes to the agreement.
-

Be proactive and plan for transition ‘up front’ with a new resident.

- This will help you and the resident be better prepared if and when the time comes to transition out of assisted living.
- When a resident’s needs exceed what the assisted living residence can provide, as outlined in agreements with the resident, then the decision to move out to another living arrangement will be better informed.
- Consult with the resident about who they’d like to be involved in decision making about moving out of assisted living to another living arrangement.

Personal Service Plans

Develop both short- and long-term personal service plans for each resident.

- **Develop a short-term service plan** shortly after a resident moves in. This is a basic plan; its purpose is to give staff enough information about the services the resident needs in these early days to support their health and well-being. This gives you some time to get to know the resident and their needs and create a more detailed personal service plan.
- **Develop a personal service plan** with each new resident. This plan describes in a more detailed way what services this resident will receive. It has enough detail about the resident's needs and preferences for staff to understand their duties and responsibilities and how they can best support this person and objectives set out in the plan.
- Obtain a resident's consent before sharing personal information relating to services and before requesting a health professional to disclose personal information about a resident or prospective resident.



*Assisted Living
Regulation, Part 3,
Division 4-5
Section 32-35
Schedule D*

The **personal service plan** includes the following:

- A more detailed description of the nature and scope of hospitality services and assisted living services a resident will receive, taking into account the resident's needs, capabilities and preferences.
- If the resident is receiving assistance with managing their medication, a description of the supports the resident needs, if any, to administer their medication safely.
- Some residences may consider adding other information in the personal services plan. For example, if a resident has indicated they do not want CPR given to them and gave their permission for this information to be shared (or other information that may be found in an 'Advance Care Plan'), this is important information for a personal service plan.
- And, if required:
 - › Any diet adjustments needed because of nutritional needs, allergies, intolerances, or spiritual, cultural or personal preferences;
 - › An individual dietary plan if the resident needs to follow a therapeutic diet; and
 - › A behaviour management plan.

See Schedule D of the Assisted Living Regulation.



Develop the plan

- with the resident, and others as the resident wishes, if feasible;
- resident must approve the plan;
- *Timeframe: within 30 days of the resident moving in.*

Implement and monitor

- to make sure it is meeting a resident's needs.

Review

- annually; and
- when the resident requests it.

Revise

- when the resident's needs or capabilities change or there is a change in hospitality services or assisted living services provided.

Sign and deliver

- a resident needs to approve the plan and any revisions made and be provided with their own signed copy.

See factsheet, Personal Service Plan.

- See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC / Opening or Operating an Assisted Living Residence / Tools and Resources.



KEEPING A “WATCHFUL EYE” OVER RESIDENTS

Keeping a “watchful eye” over residents is an ongoing responsibility of assisted living operators and staff. It is a responsibility of ‘noticing, respecting and responding’ that involves:

- Monitoring a resident’s health and safety needs on an ongoing basis;
- Making sure staff members know which residents need extra support and how to provide it safely;
- Noticing changes in a resident’s behaviour, habits or general appearance;
- Noticing if there is a decline in the resident’s abilities to do any tasks involved in daily living or in their overall health status;
- Being respectful of each resident’s independence and decision making in this process; and
- Respecting each resident’s decisions about their well-being.

Some signs of decline for a resident might include:

- Changes in behaviour such as a resident interacting differently with others or becoming more and more isolated;
- Changes in sleep patterns;
- Needing more reminders or assistance to do things the resident easily did before;
- Being unable to choose their clothing or dress themselves;
- Missing meals;
- Refusing medication without explanation;
- Self-neglect such as a decline in personal hygiene;
- Have trouble finding their way around the residence;
- Wandering and not being able to find their way back;
- Not remembering information critical to their health and safety;
- Not recognizing the consequences of their actions;
- Asking for something over and over again, such as “Is it time for lunch?”;
- Not being interested in or participating in decisions about their services; and
- Increased or high anxiety.

If you have concerns about a resident’s decline in health or capabilities or a resident whose needs exceed what you can provide in assisted living, this is the time to engage the resident and others in discussions about increasing services or transitioning out of assisted living. *If you are concerned about someone posing a risk of harm to themselves or others, take immediate and appropriate action to protect the residents’ health and safety.*

End of Residency

As an operator, determining if and when a resident should transition out of assisted living is a responsibility that has significant impacts on the resident and their family. You have a key role to play in ensuring a smooth transition for any resident moving out of assisted living.



*Assisted Living
Regulation, Part 3,
Division 6
Section 44-46*

Monitor residents' health and safety and be responsive to their changing needs.

- If you have concerns about a resident's decline in health or capabilities, this is the time to engage the resident and others in discussions about increasing services or transitioning out of assisted living.
- Involve the case/care manager, if any, in conducting or arranging a health reassessment, if needed.
- Make decisions in a timely way about whether an increased level of services is needed or whether it is time for the resident to move to a more suitable facility.

Create a policy describing the process to determine if a resident needs to move out and the process to end a resident's residency.



A resident may need an increase in services but is able to stay in the residence when the underlying condition is manageable, treatable or of short duration.

Some reasons a resident may need to move out include, the resident:

- Has needs that can no longer be met in this residence;
- Can no longer make safe decisions on their own and doesn't have a spouse living with them who can do so;
- Exhibits behaviours that jeopardize their own or others' safety and well-being;
- Requires 24-hour supervision or regularly needs unscheduled professional health care; and
- Is not complying with the terms of the residency agreement.

If you believe a resident can no longer make safe decisions on their own, have the resident assessed by an appropriate health professional, such as a doctor, a registered nurse, a psychologist or a social worker. Ensure to:

- Keep a record of the consultation; and
 - Make sure the resident and their contact person and personal representative, if any, have a copy of the record.
-

Transition Plan

Develop a transition plan for a resident:

- › Whose needs can no longer be met in assisted living;
- › Who no longer needs assisted living services; or
- › Who states their intention to move out.
- Establish who needs to be on the transition team and work with the team to develop the plan.
 - › The transition team may include, for example, the resident, their contact person, family, the health professionals who work with the resident, such as their doctor, nurse practitioner or other appropriate professionals and the case/care manager from the health authority, if applicable.
- Discuss the plan with the resident.
- Work with the transition team to plan what, when, who and how, that is:
 - › What are the relocation plans for the resident;
 - › When will the move happen;
 - › Who is responsible for making those arrangements; and
 - › How will health and safety risks for the resident be minimized until their transfer is arranged, including:
 - Any increase in services the resident may need while awaiting the move; and
 - Information about housing supports, professional health services and social services after the move.



*Assisted Living
Regulation, Part 3,
Division 6
Section 44-46*

See factsheet, Transition Plan and Planning.

- See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC / Opening or Operating an Assisted Living Residence / Tools and Resources.

Unplanned exit

If a person's residency ends unexpectedly, because:

- **The resident abandons the assisted living residence; or**
- **Is required** to leave under the terms of the resident's residency agreement;

An operator must:

- Notify the person's contact person, if any, and case/care manager, if applicable.
- As long as it is possible and safe to do so, an operator must also provide this person with:
 - › Information about housing supports, professional health services and social services; and
 - › A Naloxone kit if the person is at risk of an opioid overdose.



Snapshot

Residents Living In the Residence

A new resident speaking about their experience in your residence would say:

- Management and staff were helpful and transparent when the resident was deciding whether to move in or not;
- They were provided with information about the residence and services up front;
- They were involved in the creation of their personal service plan;
- They felt that the services outlined in their personal service plan were tailored to their needs and preferences;
- They were told about the policies of the residence and knew the policy about cannabis, smoking and alcohol, for example; and
- They were free to arrange their own services, such as with a hairdresser or a footcare nurse, rather than using these services if offered by the residence.

Residents Transitioning Out of the Residence

A resident or family member would report:

- All efforts were made to allow the resident to stay in the residence as long as it was safe for them to do so;
- When it came time for the resident to move out of assisted living, the operator made every effort to make sure this transition was discussed and planned with everyone the resident wanted and was respectful of the resident;
- The resident received additional services to meet their needs while they were waiting for the move; and
- Communication was clear and updates were given as the plan progressed.



Residents' Rights

Respect for residents and for residents' rights is one of the core principles of assisted living. An assisted living residence is "home" for its residents. Every resident has the right to *always* be treated with dignity and respect and to feel safe - physically and emotionally - in their assisted living home.



*Assisted Living
Regulation, Part 3,
Division 5
Sections 36-43*

The *Community Care and Assisted Living Act* and the Assisted Living Regulation were introduced to protect residents' safety and promote residents' health and well-being. Every responsibility that an operator holds towards their residents translates into residents' rights.

For example, residents have the right to ...

- Be treated with dignity and respect.
- Make their own decisions as capable adults.
- Protection and promotion of their health, safety and well-being.
- Participate in the development and implementation of plans that affect them personally.
- Services that are tailored specifically for them on the basis of their unique capabilities, needs and cultural and spiritual preferences.
- Services that are delivered by qualified staff with the skills to work with adults who need their support.
- Personal privacy, including privacy of their home (unit), information and belongings.
- Be kept informed of planned events or changes in the residence or services.
- Fair process to express their concerns, make complaints or resolve disputes.

Your responsibilities

The Assisted Living Regulation further details operator responsibilities towards residents:

- **Post a statement of the rights of residents** in a prominent place in the residence.

- **Respect residents’ decision making, privacy and personal information.**
 - › Respect a resident’s personal decisions. Intervene only when the decision poses risk of serious harm to the resident or jeopardizes someone else’s health or safety.
 - › Ensure a resident’s privacy: of their home (unit), belongings and storage area.
 - › Obtain a resident’s consent before sharing personal information relating to services and before requesting a health authority to disclose personal information about a resident or prospective resident.
 - › Do not install electronic surveillance in units or washrooms.

- **Survey residents**, at least once a year to determine how satisfied they are with the residence and the services they receive. Keep a record of survey findings.
 - › Ensure residents can express their concerns or make a complaint and work to address them.
 - › Welcome residents in expressing their concerns, making a complaint to the operator or to the assisted living registrar. Do not interfere or retaliate if a resident chooses to make a complaint to the assisted living registrar.
 - › Create a policy describing your internal complaint process for complaints about operations or services.
 - › Let residents, staff and visitors know what your internal complaint process is in a way they can easily understand.
 - › Address concerns or complaints as they come up.
 - › Make a record of the concern or complaint and actions taken to resolve it.
 - › Post information about how to get in touch with the registrar's office to make a complaint.



In turn, residents have responsibilities, to:

- Participate in decisions about the services they receive;
- Participate in developing their personal service plan and transition plan;
- Take personal responsibility for their own health, safety and well-being;
- Behave respectfully and in ways that do not jeopardize the health and safety of other residents; and
- Follow the terms of their residency agreement, including the payment of fees, as agreed.



Snapshot

Residents Living In the Residence

A resident speaking about their experience in your residence would say:

- They felt heard and respected and staff was responsive to their needs;
- The operator took their concerns seriously and acted promptly to fix problems;
- They felt there was a good complaint process in place;
- They felt their privacy was respected and appreciated that their personal property was kept safely in locked spaces;
- They also appreciated their personal information was stored in a secure way;
- They felt that the services they received met their specific needs;
- There was good communication in the residence from staff and information was clearly posted and shared;
- They appreciated that a statement of residents' rights was posted and that all the staff took those words to heart in how they worked with residents; and
- They were supported in living as independently as possible, while receiving the support services they needed.



Health and Safety

Operators are responsible for promoting and protecting their residents' health and safety. This involves:

- Monitoring or maintaining a 'watchful eye' over residents' health and safety);
- *See Keeping a Watchful Eye" over Residents, page 26*
- Being clear with staff and residents about your expectations for keeping residents safe and promoting their health;
- Engaging in practices that keep residents safe; and
- Taking action when someone's health or safety is at risk.

Your responsibilities

Take immediate and appropriate action in response to a reportable incident.

- Take immediate and appropriate action to protect the residents' health and safety.
- Call 911, health or other professionals, as appropriate to the situation.
- Report the incident, within 24 hours, to:
 - › The registrar, using the reportable incident form;
 - › The resident's contact person or any other person the resident requests; and
 - › The health authority case/care manager, if applicable.
- Make a record of the actions taken in response to the incident.

See Reportable incident form

- See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC / Opening or Operating an Assisted Living Residence / Tools and Resources.



Reportable incidents are incidents that operators have a duty to report, as defined in Schedule E of the Assisted Living Regulation.

The following constitute reportable incidents: aggression between residents, aggressive or unusual behaviour, attempted suicide, choking, death, disease outbreak or occurrence, emotional abuse, fall, financial abuse, food poisoning, medication error, missing person, motor vehicle injury, neglect, other injury, overdose, physical abuse, poisoning, police call, service delivery problem, sexual abuse and unexpected illness.

See factsheet, Reportable Incidents.

- See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC / Opening or Operating an Assisted Living Residence / Tools and Resources.

See definitions of reportable incidents, pages 81-83.

Protect residents from abuse and neglect.

- Ensure a resident is not subjected to any type of abuse or neglect while living in the residence.
- Develop a policy about measures taken to protect residents from abuse and neglect.
- Act on any suspected incidents. Take appropriate action to protect the person.
- Submit a reportable incident form to the assisted living registrar.

Write and make known to staff your policies and procedures to be followed to:

- Promote general health and hygiene amongst residents;
- Prevent the spread of infectious disease in the residence;
- Respond when a resident goes missing, including who to call on behalf of the person; and
- Take preventive measures and respond when a resident has suffered an opioid overdose.
- *See Emergency Preparedness, page 52.*

Ensure tobacco and cannabis laws and policy are followed.

- Make sure only residents are using tobacco, vapour products and cannabis while on the premises and are supervised if necessary for their safety, if any of these products are allowed.
- Create a policy about the growth, storage, possession, consumption and disposal of cannabis on the premises, consistent with the *Cannabis Control and Licensing Act*.
- *See factsheet, Cannabis and Tobacco.*
 - › See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC / Opening or Operating an Assisted Living Residence / Tools and Resources.

Practice food safety.

- Ensure food and drinks are prepared, stored, served and handled safely.
- Ensure at least one employee who holds a current FOODSAFE certificate is present at the residence while food is prepared, served or handled.

FOODSAFE, level 1 can be taken online or in the classroom. It is a food handling, sanitation and work safety course in B.C. for food service operators and workers. The course covers important information such as illness from food, receiving and storing food, preparing food, serving food, cleaning and sanitizing. A certificate is valid for 5 years.

<http://www.foodsafe.ca/courses/level-1.html>

The BC Centre for Disease Control has published a list of food handlers training courses in other jurisdictions that are, and are not, equivalent to BC FOODSAFE Level 1. If any staff received their food handlers course certification outside of B.C., please check this list.

[http://www.bccdc.ca/resource-](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/EH/FPS/Food/Food_Handlers_Training_Courses_Equivalent_to_BC_FOODSAFE_Level_1.pdf)

[gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/EH/FPS/Food/Food_Handlers_Training_Courses_Equivalent_to_BC_FOODSAFE_Level_1.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/EH/FPS/Food/Food_Handlers_Training_Courses_Equivalent_to_BC_FOODSAFE_Level_1.pdf)



Snapshot

An investigator inspecting the residence would find:

- That when asked, residents say that they feel their health and safety is a priority for the operator and staff;
- Staff are trained in health and safety practices, as reflected in orientation materials, training modules and records of staff participation in training;
- Records indicate that reportable incidents are being reported appropriately;
- Health and safety policies and plans are in place, including a health and hygiene policy, an infection control policy and an opioid overdose plan;
- There is a missing person plan in place that outlines the responsibilities of staff when a resident goes missing, including expectations of working with police and community stakeholders who may act as resources;
- Kitchen facilities are clean, well maintained and food is being safely handled and stored; and
- Hand sanitizers are found throughout the residence.



Hospitality Services

Hospitality services are offered to all residents in ways that:

- Promote a resident's independence, health and personal safety; and
- Are responsive to the resident's needs, capabilities and preferences.

Hospitality services include

- Planning and providing meals and snacks
- Housekeeping services
- Laundry services
- Planning and providing social and recreational opportunities
- 24-hour personal emergency response system

Your responsibilities

Provide meal planning and meals that meet residents' needs.

- Develop menu plans that:
 - › Describe meals, drinks and snacks for each day over at least a 4-week cycle;
 - › Are consistent with the current edition of [Canada's Food Guide](#); and
 - › Provide a variety of foods and drinks, taking into consideration any nutritional needs or special supports and spiritual, cultural, and personal preferences of residents.
- Consult with a dietitian, registered in B.C. to:
 - › Make an initial menu plan; and
 - › Review and if needed, revise the menu plan:
 - If the daily menu changes significantly from what you initially developed with dietician;
 - If it's been 5 years since the menu plan was last reviewed; and
 - For ongoing support or questions.
- Post or provide information to residents about:
 - › Meal times;
 - › The daily menu; and
 - › If any substitutions are made to the menu plan.
- Provide meals, drinks and snacks that:
 - › Are consistent with the menu plan;
 - › Are palatable and safe for residents; and
 - › Are in sufficient portions to meet residents' nutritional needs.
- Ensure residents can access meal services by:
 - › Assisting residents to the dining room, if needed;
 - › Providing meals in units for those residents who are temporarily unable to attend the dining room for medical reasons; and
 - › Providing dishes, cups and cutlery appropriate to residents' needs and capabilities.

Residents can choose to prepare their own food.

Provide housekeeping and laundry services that promote a safe, clean and sanitary environment and prevent disease.

- Ensure:
 - › Sufficient cleaning of the premises;
 - › Regular cleaning of hard surfaces;
 - › Bed sheets, blankets, towels and facecloths that are clean, dry and in good condition, and are laundered at least weekly and more often as needed to maintain a resident’s health and needs; and
 - › Personal laundry services or laundry equipment are available for resident use.

Residents can bring their own linens if they wish.

Provide social and recreational opportunities in consideration of the residents’ needs and capabilities and that promote their independence and social well-being.

- Plan and post or provide information to residents about:
 - › A monthly calendar of social and recreational activities;
 - › A variety of activities that meet residents’ needs, capabilities and interests; and
 - › Safe transportation, if activities take place offsite.

Provide a 24-hour personal emergency response system that:

- Enables residents to call for help during a personal emergency; and
- Is accessible to residents and appropriate to residents’ needs and capabilities.



Snapshot

An investigator inspecting the residence would find:

- Unique dietary needs of residents are recorded in residents' personal service plans;
- Posted menu plans that demonstrate meals are:
 - › Based on Canada's Food Guide; and
 - › Rotated to provide variety and choice;
- Staff are trained in policy and procedures that cover a range of housekeeping practices, including:
 - › Frequency of service;
 - › Routine and spot cleaning; and
 - › Measures to be taken in response to disease outbreaks;
- Residents are consulted about what kind of social and recreational activities interest them;
- The calendar of activities demonstrates that residents' preferences, unique cultures and interests have been taken into account in the planning of activities;
- There is a variety of social and recreational opportunities, inclusive of physical activity;
- When asked, residents indicate they are satisfied with the housekeeping services provided and with the recreational activities provided; and
- Residents have a pendant or wrist call button on them at all times as a 24-hour personal emergency response system. Pull cords for the bathroom and by the bed are available for any resident who requests them.



Assisted Living Services

An operator needs to provide **at least one assisted living service** to meet the requirements of an assisted living residence, as per the *Community Care and Assisted Living Act*. There is no limit on the number of services a residence can offer to its individual residents, as long as the services:

- Are provided by trained and qualified staff;
- Promote resident health, safety and independence;
- Align with a resident’s personal service plan and their current needs; and
- Are provided in a way that considers a resident’s needs, capabilities and preferences.

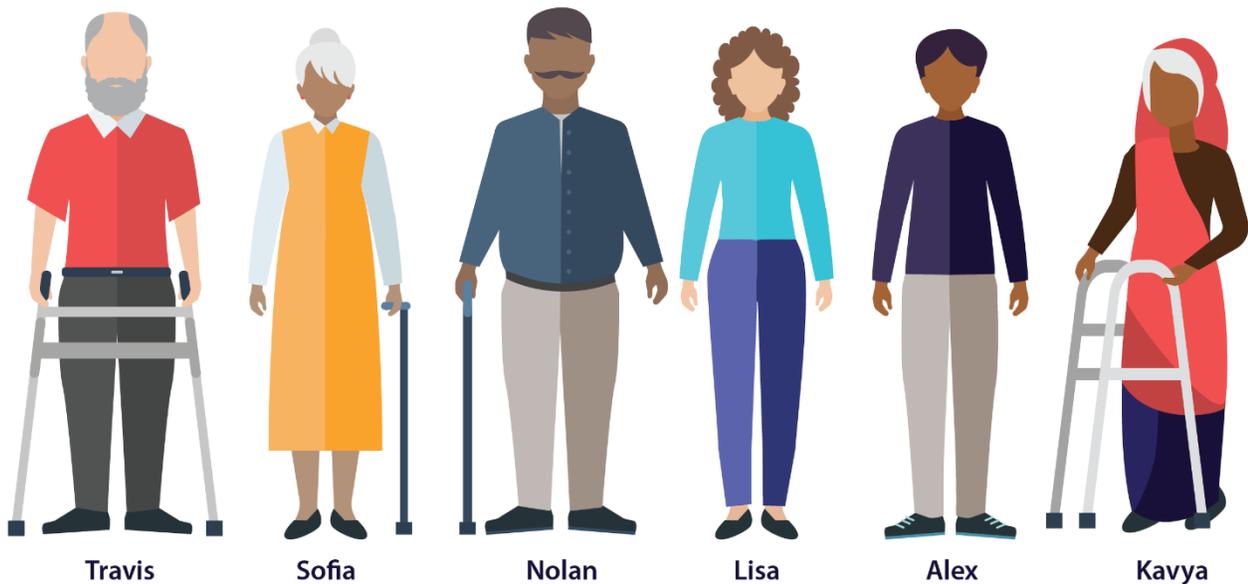


*Assisted Living
Regulation, Part 3,
Division 9
Sections 61-72*

Assisted living services include

- Support with activities of daily living
- Assistance with managing medication
- Therapeutic diets support
- Safekeeping of money and other personal property
- Behaviour management support
- Programming (or psychosocial) supports

How services might vary from resident to resident



Travis needs assistance with activities of daily living	Sofia needs assistance with activities of daily living, a behaviour plan and short-term assistance with administering her medication	Nolan needs assistance with activities of daily living, medication and needs a therapeutic diet	Lisa needs therapeutic diet support and assistance with activities of daily living	Alex needs assistance with activities of daily living and with medication	Kavya needs some money and personal property kept safely and assistance with activities of daily living
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See factsheet, *Assisted Living Services*.

- See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC / Opening or Operating an Assisted Living Residence / Tools and Resources.

Your Responsibilities

SUPPORT WITH ACTIVITIES OF DAILY LIVING

Provide assistance with the activities of daily living, such as:

- Eating, meals and snacks;
- Mobility;
- Dressing;
- Grooming; and
- Bathing or personal hygiene.

ASSISTANCE WITH MANAGING MEDICATION



Residents can:

- Access a pharmacy of their choosing;
- Take medication prescribed to them by a health professional; and
- Store medication in their own unit, as long as it is safe for them to do so.

Operators should encourage and support residents in managing and administering medication themselves, as long as it doesn't jeopardize their health or safety. There are, however, circumstances when more supports may be needed.

Operators who provide assistance with managing medication (as one of their assisted living services) must keep a log or record for each resident noting:

- What assistance the resident needs;
- How it is provided; and
- A list of the resident's medications.

Medication support can include:

- Receiving a resident's medication from a pharmacy of the resident's choice;
- Storing medication safely on behalf of residents;
- Distributing medication to residents from the place where it is kept; and
- Administering medication to residents.

Medication can be administered only by the resident or a health professional or other person who is authorized under the Health Professions Act to administer the medication.

Responsibilities

- **Develop a plan** that describes how assistance with medication is offered safely and what precautions are taken to prevent theft of medication.
 - › Consult with a pharmacist when writing or revising this plan and keep a record of that consultation.
- **If receiving a resident's medication from a pharmacy**, the operator must:
 - › Receive medication from a pharmacy that the resident requests.
- **If safekeeping medication on behalf of residents** (*i.e.* when the resident cannot store their medication themselves, for safety reasons), the operator must ensure:
 - › Procedures are in place for the storage and distribution of medication and for the return of expired or unused medications to a pharmacy;
 - › Procedures are developed in consultation with a pharmacist and implemented to prevent medication theft;
 - › An inventory of medication is maintained;
 - › Medication is kept in its original labelled container; and
 - › Medication is stored as directed by the pharmacy (*i.e.* out of sunlight or refrigerated).
- **If distributing medication to residents**, the operator must ensure:
 - › Staff takes medication to the resident or the resident obtains it from staff; and
 - › Each distribution of medication is recorded.
- **If administering medication to residents**, operator must ensure:
 - › Medication is administered only by:
 - The resident; or
 - A health professional or other person who is authorized under the *Health Professions Act* to administer the medication, such as a doctor or registered nurse.
- If medication is a prescription medication, that it be prescribed by a health professional (*i.e.* a doctor or nurse practitioner) and is administered as prescribed.
- Accurate records or logs are maintained for:
 - › Each administration of medication;
 - › Any minor error made in administering medication; and
 - › Any errors that constitute a reportable incident. In this case, the procedures for a reportable incident must also be followed.

This service can be complex. Due diligence is required. Operators need to support the resident to be independent while keeping a watchful eye over that resident and ensuring medication support is provided appropriately.

This service may also be provided on a temporary basis, (i.e. resident is recovering from surgery, injury or illness). In such instances, temporary services from contracted staff may be appropriate.

Principles of medication administration: right medication, right resident, right dose, right time, right route, right reason, right documentation and right response (i.e., person doesn't show any adverse reaction to the medication).

SAFEKEEPING OF MONEY AND OTHER PERSONAL PROPERTY

Keep money and other personal property of residents safe, as per their requests.

- Keep daily expense money for residents to a limit of \$300.
 - › *You are not required to pay interest on money held for residents.*
- For all money held for a resident, keep:
 - › A current accounting and record of the money held;
 - › Evidence the resident has authorized any transaction on their behalf; and
 - › Receipts of transactions.
- If you hold personal property for a resident:
 - › Keep a current inventory of any personal property held and a receipt for the resident.
 - › Make records available to the resident, or their contact person with the resident's consent.

Providing a space for residents to store items such as Christmas decorations or to park their scooter is not an assisted living service, as described above. These are courtesies to residents and residents can choose to use these spaces at their own risk.

THERAPEUTIC DIET SUPPORT

Provide a therapeutic diet for residents who require it, in consultation with an appropriate health professional, such as a doctor, nurse practitioner or dietician.

- Ensure an individual dietary plan is developed and provided and gives instructions to staff about how to modify meals, drinks or snacks.
- Support a resident in following their therapeutic diet.



A therapeutic diet is a modification of a regular diet to treat a medical condition. This diet, permanent or temporary, controls what the resident's intake of particular food or nutrients is.

Some examples are diabetic (calorie and sugar controlled) diets, renal diets, low fat diets, high fibre diets, etc.

Modifying someone's diet because of allergies, intolerances, or preferences does not qualify as providing a therapeutic diet. These modifications are simply part of providing a healthy diet to residents and are included in the resident's personal service plan.

BEHAVIOUR MANAGEMENT SUPPORT

- Work with an appropriate health professional (*i.e.* a psychiatrist) to first assess the resident's needs and capabilities.
- Develop a behaviour management plan and revise it as needed, in consultation with the health professional who assessed the resident.
- Support a resident in following their behaviour management plan.



Behaviour management support means supporting a resident to reduce and manage occurrences of behaviours that negatively affects the resident's health, safety or quality of life.

PROGRAMMING (PSYCHOSOCIAL) SUPPORTS

Establish what programming is needed and provide this programming to one or more residents to promote:

- Basic living skills, including communication, interpersonal and planning skills;
- Wellness management; and
- Community integration and engagement.

These supports may be provided in a variety of ways, such as:

- Counselling;
- Peer support groups;
- Peer coaching and mentoring;
- Practical support to apply for or enroll in programs and services; and
- Workshops and hands-on practice sessions.

Develop a policy that:

- Describes the kind of programming you provide to residents, inclusive of personal programs for one person and group programs;
- Describes how your program objectives will be met; and
- Identifies which programs must be delivered by health professionals.

Plan and provide a program of activities and opportunities that:

- Meet your program objectives;
- Are appropriate to a resident's needs, personal goals and readiness to participate.

Post or provide residents with a calendar of the programs that you are offering, including a description of each topic.

Hire staff with the qualifications, experience and training they need to lead programs and groups, provide coaching and lead learning activities.



Programming (psychosocial) supports include providing programming and assisting a resident to participate in these programs designed to promote basic living skills, including communication, interpersonal and planning skills, wellness management and community integration and engagement.

Examples of Programming (Psychosocial) Supports

These are examples and may apply to any class of assisted living residence.

Mental health class

- Guidance and support to residents in their ongoing recovery, including opportunities to practice their skills of independent living, such as:
 - › Communication skills;
 - › Money management;
 - › Self-management skills;
 - › Wellness support, including nutrition and exercise;
 - › Compliance with medical treatment;
 - › Accessing community resources, such as leisure activities; and
 - › Linking to community psychosocial supports, such as supported employment, education and leisure programs.

For residents dealing with complex mental health or concurrent mental health and substance use problems, operators may need to consider consulting with an appropriate health professional.

Seniors and persons with disabilities class

- Programs that can help residents become more independent by helping them to:
 - › Access community supports available to them;
 - › Set their own goals for things they'd like to maintain and improve;
 - › Practice doing tasks independently such as grooming or cooking;
 - › Identify their interests and plan activities; and
 - › Wellness skills training and support, *i.e.* good eating, exercise, using medication, quitting smoking.



Snapshot

An investigator from the Assisted Living Registry inspecting the residence would find:

- Individual personal service plans, including information about all the assisted living services that person needs and how services are to be delivered, given the person’s needs and preferences;
- Staff have the appropriate training and skills to deliver the services they are responsible for;
- Residents note that they feel staff:
 - › Take the time to learn about their needs and preferences; and
 - › Are respectful of their needs and preferences in the services they provide.
- Medication is well managed in the residence. Residents for the most part look after their own medication needs and qualified* staff are helpful in administering medication when needed.

**‘Qualified’ staff refers to a health professional or other person who is authorized under the Health Professions Act to administer medication.*

- Staff ensure that medication is kept safely and securely, as needed;
- There is good record keeping about medication given and any errors made;
- A calendar of programming (or psychosocial) supports is posted; and
- Residents receive the guidance and programming (psychosocial) supports they need.



Emergency Preparedness

When an emergency occurs, a strong plan of action can avoid confusion, injury and property damage. Be proactive; plan for emergencies and ensure staff and residents are clear about what to do.



*Assisted Living
Regulation, Part 3,
Division 3
Sections 25-28
Schedule B*

Your Responsibilities

Create an emergency response plan that:

- Describes emergency procedures to be followed, to mitigate, respond to and recover from an emergency;
- Describes procedures to follow in an emergency drill and how often to conduct a drill;
- Describes evacuation procedures, including any supports residents require to evacuate or move to a safer location;
- Outlines how residents will continue to receive adequate hospitality services and assisted living services during and following an emergency; and
- Is reviewed and revised:
 - › When there is a structural change to the residence; or
 - › If the support requirements of residents change significantly.

Ensure all employees are trained in the implementation of the emergency response plan, including the use of emergency equipment.

Ensure emergency measures include:

- Emergency exits, windows you can exit through and an emergency drill system appropriate to residents' needs and capabilities;
- The posting of evacuation procedures and a diagram of emergency exits in common areas and near exits;
- Reliable communication equipment, *i.e.* a cell phone or a satellite phone in remote areas, that is accessible to employees;
- Fire protection equipment, such as fire extinguishers, that is inspected, tested and maintained as per the manufacturer's guidelines; and
- Conducting emergency drills.

Train all employees in implementing the emergency response plan, including use of emergency equipment.

Provide access to first aid help at all times, including:

- Residents having access to an employee who holds a valid first aid and CPR certificate, can be reached easily and is able to respond quickly; and
- Employees having access to first aid supplies.

A person's personal service plan should document if that person has agreed to CPR or not.



The first aid certificate must meet these requirements:

- Course includes at least 8 hours of instruction and at least 3.5 hours of this must be delivered in person;
 - Course is delivered by a qualified first aid instructor;
 - Employee must successfully complete a test which includes a demonstration of skills;
 - Certificate includes the employee's name, level of first aid training achieved and the name of the agency that provided the training;
 - Certification meets the skill requirements, as detailed in Schedule B of the Assisted Living Regulation; and
 - Certification is valid for no more than 3 years.
-

SKILL REQUIREMENTS

Employee must have demonstrated their skills in each of these areas to be certified:

- Management of an emergency scene
- Assessment of a patient
- Fainting and unconsciousness
- Cardiopulmonary resuscitation skills (*i.e.* CPR, level 2)
- Shock
- Choking
- Wounds and severe bleeding
- Insect, animal and human bites
- Eye injuries
- Spinal and head injuries
- Dental emergencies
- Fractures of the upper and lower limbs, including bone and joint injuries
- Cardiovascular emergencies, including the use of automated external defibrillators
- Burns
- Electric shock
- Poisoning
- Environmental injuries, including exposure to heat or cold
- Common medical conditions, including diabetes, epilepsy, convulsions and allergic reactions
- Opioid overdose
- Breathing and airway emergencies

If residents are at risk of experiencing an opioid overdose, be prepared to respond to the resident's overdose.

- Assess if the population is at-risk.
- Develop a plan that describes the procedures to be followed to prevent and respond when a resident suffers an opioid overdose.
- Have supplies of Naloxone readily accessible to all employees and residents, in case of an opioid overdose.
- If your population is assessed as at-risk, train all employees to administer Naloxone.
- Provide information to all residents about how to administer Naloxone.

See Toward the Heart (www.towardtheheart.com), a harm reduction strategy and overdose prevention site of the BC Centre for Disease Control.



- **Opioids** are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others.
 - **Naloxone** is a medication that quickly reverses the effects of an overdose from opioids.
-



Snapshot

In your research to develop a comprehensive emergency response plan, you found that sample plans included:

- A clear chain of command, that is, who will assume leadership at any given time given the staff on duty at that time;
- Conditions when an evacuation is necessary versus conditions when it would be better to shelter-in-place;
- Specific evacuation procedures, including routes and exits and specific procedures for high-rise buildings;
- A pre-arranged plan for where residents will go if evacuated, *i.e.* an agreement with a neighbourhood location that it can be used as an evacuation site;
- Procedures for assisting residents, visitors and employees to evacuate, including those who need extra support;
- A means of accounting for residents and employees after an evacuation; and
- Procedures for taking direction from Provincial Emergency Planning when a community emergency occurs such as a forest fire or flood in the community.

In setting up your operations to ensure residents are kept safe in an emergency, you:

- Conduct regular emergency drills;
- Post evacuation procedures and a diagram of exits near every exit;
- Have properly maintained fire extinguishers throughout the residence;
- Ensure staff are trained to respond to emergencies, including first aid; and
- If you have residents who are at risk of an overdose, you:
 - › Have an overdose policy in place;
 - › Have supplies of Naloxone available and staff members able to administer it; and
 - › Have all employees trained to administer Naloxone.



Employees/Staffing

Your Responsibilities

- **Ensure employees have the training, experience and qualifications they need** to provide services and promote and protect the health and safety of residents.
- **Ensure there is a staff plan in place that:**
 - › Identifies a sufficient number of employees, adequate for the setting, number of residents, capabilities of residents and the hospitality services and assisted living services offered; and
 - › Outlines for each position (whether staff or volunteer):
 - A written description of the duties and responsibilities; and
 - Experience, training, skills and other qualifications that the employee must have.
 - › *Managers of the residence need the necessary qualifications for this work and therefore cannot be volunteers.*



*Assisted Living
Regulation, Part 3,
Division 2
Sections 20-24*

Before hiring, ensure the appropriate checks are done.

Employees

- Operators need to obtain:
 - › A criminal record check by the Criminal Records Review Program of the Government of BC, as specified under the *Criminal Record Review Act* (not checks by local police);
 - › Character references that assure you the person is of good character and has the personality, ability and temperament necessary to work with and provide services to the residents;
 - › A record of the person’s work history and experience;
 - › Copies of any diplomas, certificates or other evidence of training and skills; and
 - › Evidence of the person’s immunizations and tuberculosis test status.

If hiring for the manager position, the operator must personally obtain this information.

Volunteers

- Operators need to obtain:
 - › A criminal record check; and
 - › Evidence of the person’s immunizations and tuberculosis test status.

Other checks are not required if the volunteer does not provide hospitality services or assisted living services.

Contractors

- Contracting agency needs to provide to the operator:
 - › A copy or proof of a criminal record check, and all other information required for employees, as noted above.

Review each employee’s performance regularly to ensure they understand their duties and responsibilities and are demonstrating the necessary competence to do their job well.

- For contracted employees, ensure the contractor is conducting performance reviews and ask for documentation to support that the contracted employee can continue to be employed.

Right employees, with the right skills, delivering services tailored to individual residents.



Snapshot

A new employee starting work in this residence would find:

- There are a sufficient number of employees to provide services and look after the health and safety of residents;
- There is adequate coverage for vacations, illnesses and other absences;
- The job includes a written description of the duties and responsibilities of the position and experience, training and qualifications needed;
- Their job aligns with what they were originally hired to do;
- The employer did a criminal record check and checked their references;
- The interview focused on their training, experience and qualifications for this work;
- They received an orientation to the residence, the services provided, their duties and responsibilities;
- This orientation also covered the residence's policies and procedures that outline what to do in a variety of situations and operational plans that directed staff action, such as in an emergency;
- The manager and staff were helpful in outlining what each resident needs as support. The employee was given access to residents' personal service plans to be able to do their job; and
- The manager and staff encouraged them to spend time with residents, to get to know them better individually and get to know first-hand what their needs and preferences were.

An investigator would find:

- A comprehensive staffing plan and orientation plan are in place;
- Copies of training documentation, including criminal record review checks for all staff; and
- Evidence of performance reviews.



Administration and Other Matters

Your Responsibilities

- **Monitor and review regularly** all operations of the assisted living residence to ensure compliance with the *Act* and Regulation.
- Ensure all policies, plans and agreements referred to below are:
 - › Made in writing;
 - › Accessible to each employee, as relevant to their job;
 - › Available to each resident, their contact person and personal representative, if any, upon request; and
 - › Implemented, as described.



*Assisted Living
Regulation, Part 4 & 5,
Sections 73-80*

Policy, Plans, Agreements, Information and Records

Policies and Plans Needed These policies and procedures tell staff what to do in certain situations.		Regulation Section
Cannabis Policy	<p>Policy for residents about growing and consuming cannabis, including any restrictions, and for staff about their consumption of medical cannabis, consistent with the <i>Cannabis Control and Licensing Act</i>.</p> <ul style="list-style-type: none"> › <i>give a copy to residents</i> › <i>give a copy to potential residents</i> 	S48 (3-4)
Complaints Policy	<p>How a resident can raise their concerns, make an internal complaint to the operator, and how the complaint will be addressed. Should also include information about how to make a complaint to the assisted living registrar.</p> <ul style="list-style-type: none"> › <i>give a copy to residents</i> › <i>give a copy to potential residents</i> 	S43 (1)
End of Residency (Exit) Policy (can be part of residency agreement)	<p>The procedures to be followed to determine whether it's time for a resident to move out of assisted living (i.e. no longer meets criteria), the need for a health professional assessment relating to decision-making, measures to be taken in an unplanned exit and the grounds for eviction.</p> <ul style="list-style-type: none"> › <i>give a copy to potential residents</i> 	S44 (1)
Health and Hygiene and Infection Control Plan	<p>What is done to promote health and hygiene and good health practices that everyone should follow:</p> <ul style="list-style-type: none"> – A protocol and posters for hand washing; – Basic hygiene and infection control practices with laundry and housekeeping (frequency of service, products used); – Safe practices for the preparation and delivery of meals; 	S47

	<ul style="list-style-type: none"> – Expectations relating to staff illness; – Asking for guidance from public health or the case/care manager as needed; and – What to do to prevent and respond to the spread of infectious disease in the residence if there’s an infection breakout. 	
Medication Plan	<p>Procedures to be followed to ensure medication is received, stored, distributed and administered properly and safely, when any of these services are offered by the residence.</p> <ul style="list-style-type: none"> › <i>give a copy to potential residents</i> 	S64 (1)
Missing Person Plan	<p>What to do if someone goes missing and what good practice procedures are in place such as having to sign in and sign out.</p>	S52
Opioid Overdose Plan	<p>What to do to prevent and respond to an opioid overdose.</p>	S28 (2)
Programming (Psychosocial Supports) Policy	<p>What kind of programming and activities are provided to help people enhance their basic living skills, including communication, interpersonal and planning skills, wellness management and reintegrating into or engaging with the community. Includes what qualifications are required of staff who lead programs and activities and which programs have to be delivered by health professionals.</p>	S72 (2a)
Reportable Incident Policy	<p>Policy about measures taken in the event of a reportable incident. Includes information about who to report to.</p>	S51 & Schedule E

<p>Shared common areas policy (can be part of residency agreement)</p>	<p>Explanation of how common areas, shared by residents of more than one class, or by residents and non-residents, will be managed to protect the health and safety of residents.</p> <ul style="list-style-type: none"> › <i>give a copy to potential residents</i> 	<p>S15 (2b)</p>
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<p>Operational Plans Needed</p> <p>Staff know about and can take action, based on each of these plans.</p>		<p>Regulation Section</p>
<p>Emergency Response Plan</p>	<p>The plan that is put into effect in the case of a serious emergency, such as a fire or earthquake. It describes emergency measures to mitigate, respond to and recover from an emergency. Includes procedures to follow in emergency drills and evacuations. The plan also describes how services will continue to be provided to residents during and following the emergency or in an evacuation.</p>	<p>S25 (1-2)</p>
<p>Menu Plans</p>	<p>Menus for breakfast, lunch and dinner and snacks for residents planned out for a full month. Plans take into consideration residents' nutritional needs and preferences, variety of diet and follow Canada's Food Guide.</p>	<p>S55</p>
<p>Employee or Staff Plan</p>	<p>Plan identifies a sufficient number of employees, adequate for the setting, number of residents, resident profile and the personal assistance services offered. Also outlines duties, responsibilities, experience, training and qualifications required for each position.</p>	<p>S21</p>

Individual Resident Plans Needed		Regulation Section
<p>Staff can access these plans about individual residents, when it is necessary for them to provide services and support that person.</p> <p>* Protection of personal privacy is governed by the <i>Freedom of Information and Protection of Privacy Act</i>.</p>		
Residency Agreement	<p>Describes respective responsibilities of operator and resident, rules of the residence, fees and criteria that will guide a decision to end a residency.</p> <ul style="list-style-type: none"> › <i>give a signed copy to residents</i> 	S31 & Schedule C
Short Term Service Plan	<p>Lays out basic information about services the resident will receive to keep them safe in their early days as a resident while their personal service plan is being developed.</p> <ul style="list-style-type: none"> › <i>give a copy to residents</i> 	S32
Personal Service Plan	<p>Lays out what services a resident will receive and has enough detail for staff to understand how they can best support this person now and in the longer term. Any instructions about diet, medications, allergies and intolerances and notes about preferences (personal, cultural or spiritual) are also noted.</p> <ul style="list-style-type: none"> › <i>give a signed copy to residents</i> 	S33 & Schedule D
Transition Plan	<p>Is developed when a resident's needs can no longer be met in assisted living or services are no longer required. It sets out the resident's relocation plans and describes how health and safety risks for the resident will be minimized and managed until their transfer is arranged.</p> <ul style="list-style-type: none"> › <i>give a signed copy to residents</i> 	S45 (1-3)

Reporting What needs to be reported to the assisted living registrar.		Regulation Section
Changes to registration information	<p><i>Changes must be approved by Registrar.</i></p> <p>Any changes to the information and records submitted that relate to the current registration, including:</p> <ul style="list-style-type: none"> - 30 days written notice for changes to: <ul style="list-style-type: none"> › Contact information of the operator or assisted living residence; › Name of the residence; › Manager of the residence, if not the operator; › Nature or scope of the assisted living services; › Number of units in the residence; or › Number of residents the residence has the capacity to house. - 120 days written notice when: <ul style="list-style-type: none"> › Address or class of the residence changes; › Structure or floor plan changes; or › Control of the residence, when residence is transferred to another person or body. - 365 days written notice when: <ul style="list-style-type: none"> › Residence is sold, leased or scheduled to close and stop operating. 	S9 & 10
Reportable Incidents	<p>Include:</p> <p>Aggression between residents, aggressive or unusual behaviour, attempted suicide, choking, death, disease outbreak or occurrence, emotional abuse, fall, financial abuse, food poisoning, medication error, missing person, motor vehicle injury, neglect, other injury, overdose, physical abuse, poisoning, police call, service delivery problem, sexual abuse, unexpected illness.</p> <ul style="list-style-type: none"> › <i>See definitions on pages 81–83.</i> › <i>See Schedule E of the Assisted Living Regulation</i> 	S51 & Schedule E

Records

What resident and employee records to keep on file and for how long.

- *These records and personal information need to be kept confidential.*
- *Staff can only access records and personal information about individual residents when it is necessary for them to provide services and support that person.*
- *Operators need to make all records available to the registrar, upon request.*
- *Access to records and the protection of personal privacy is governed by the Freedom of Information and Protection of Privacy Act.*

	For how long? (all – Section 78)	Regulation Section
<p>Resident</p> <ul style="list-style-type: none"> – Name – Date their residency began – Current contact information for resident's contact person and personal representative, if any – Signed residency agreement, original and updates or changes – Signed and current personal service plan – Signed transition plan, if applicable – Records about any concerns and complaints and action taken to respond – Record of an unplanned end of residency and actions taken – Records of who is receiving assistance with medication, the type of assistance needed and a list of their medications – Record or log of each distribution of medication – Record or log of each administration of medication, (if these services are offered) 	<p>2 years from when residency ends</p>	<p>S76 S42 (2) S43 (3b) S46 (c) S51 (2c) S66 S67 (2c)</p>

<ul style="list-style-type: none"> - Record of accidents, illnesses or minor medication errors involving the resident that are not reportable incidents - Reportable incidents and actions taken - Record of any money and personal property held for a resident and receipts of transactions - Annual survey findings 		
<p>Employee</p> <ul style="list-style-type: none"> - Employee's name and date their employment began - Employee's job title and indication that they are an employee of the operator - Criminal record check - Duties and responsibilities assigned - Records that speak to work history, training and skills - Character references - Evidence of the person's immunizations and tuberculosis test status - Record of current FOODSAFE certificate, if employee holds one - Record of a current and valid first aid and CPR certificate, if employee holds one - Record of performance reviews 	<p>Entire time employee is on staff <i>(at least 1 year if employment is less than 1 year)</i></p>	<p>S77 S22 (1) S24 (1) S27 S49</p>
<ul style="list-style-type: none"> - All signed original forms authorizing criminal record checks for an employee 	<p>5 years from when signed or when employment ends, whichever comes first</p>	<p>S22 (2)</p>

<p>Contracted Employees</p> <ul style="list-style-type: none"> - Contracted employee’s name and date their employment began - Contracted employee’s job title and indication that they are a contracted employee - Proof from the contract agency that other records, as mentioned above relating to employees, are kept on record at the agency 	<p>Entire time contracted employee is on staff</p> <p><i>(at least 1 year if contract is less than 1 year)</i></p>	<p>S22 (3) S24 (2)</p>
<p>Volunteers</p> <ul style="list-style-type: none"> - Volunteer’s name and date their employment began - Volunteer’s job title and indication that they are a volunteer - Criminal record check - Work assigned to them - Evidence of the person’s immunizations and tuberculosis test status. 	<p>Entire time volunteer is on staff</p>	<p>S22 (2b&c)</p>
<p>Operations</p> <ul style="list-style-type: none"> - Annual survey findings - Record of which employees hold a valid first aid and CPR certificate and which employees hold a current FOODSAFE certificate 	<p>Keep records updated on an ongoing basis</p>	<p>S42 (2) S27 S49</p>

Information to Be Posted This information is clearly posted in the residence for all the see.	Regulation Section
Calendar of programming (psychosocial supports) that you are offering, including descriptions	S72 (2d)
Calendar of social and recreational activities, including descriptions	S59 (2)
Daily menu plans	S56 (3)
Evacuation procedures and diagrams	S26 (1)
How to get in touch with the registrar’s office to make a complaint	S43 (2)
Rights of the resident statement	S36
Registration certificate and any conditions of the registration	S8

Assisted Living Registrar and Registry

Overview

Who we are

Under the *Community Care and Assisted Living Act*, the assisted living registrar is appointed to protect and promote the health and safety of residents in assisted living. The assisted living registry, made up of investigators and program staff, supports the registrar in meeting this mandate.

What We Do

An investigator, as delegated by the registrar:

- Assesses applications;
- Acts as a support resource to answer questions, provide information and education;
- Issues registrations;
- Monitors operations for compliance;
- Investigates complaints if the registrar has reason to believe that the health or safety of a resident is at risk; and
- Investigates if an unregistered assisted living residence is being operated.



Substantiated complaints are allegations about a particular residence that have been investigated by assisted living registry staff and found to have valid health and safety concerns.

The registrar, under the *Community Care and Assisted Living Act*, has the authority to suspend a registration, attach terms or conditions to the registration, or vary terms or conditions of that registration, *without notice* if the registrar has reasonable grounds to believe that there is an immediate risk to the health or safety of a resident.

How We Work

The following principles guide the registrar's and registry staff's conduct and operations:

- Promote and protect the health, safety and well-being of residents;
- Investigate complaints using an incremental and progressive enforcement approach; and
- Ensure fairness, transparency, accountability and administrative fairness in its administrative practices.



Administrative fairness refers to the principle that those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered.

Publication of Registration Information

The assisted living registry publishes information about the status of assisted living residences in B.C., including:

- Which are legally registered and operating in British Columbia;
- Which are unlawful (*i.e.* operating without a registration when one is needed);
- Where substantiated complaints about a residence exist; and
- Findings of an inspection or investigation and action taken, if any.

These websites can be found here:

- › See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC / Finding an Assisted Living Residence
- › See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC / Assisted Living Complaint Reports

Registration matters. Reputation matters.

Complaints

A resident or anyone with a concern about the health or safety of a resident can make a complaint to the assisted living registrar.

Registry staff will assess all complaints to determine if they fall within the registry's mandate to investigate. The registrar will investigate complaints related to the health and/or safety of residents.

For example:

- A resident unable to make the decisions needed to function safely in assisted living;
- Abuse and neglect;
- Unsafe environment; or
- Personal assistance practices that put a person at risk.

The registry cannot investigate complaints about:

- Funding (whether an assisted living unit is subsidized or the amount of subsidy);
- Tenancy (rent increases, damage deposits); or
- Operating issues (availability of guest rooms, staff-management issues).

Investigating a Complaint

Investigating a complaint may follow a process like this by registry staff.

- Complaint is analyzed.
- A site visit may be conducted.
- The investigator determines if the operator is in compliance or not with the *Community Care and Assisted Living Act* and the Assisted Living Regulation and advises the operator of actions they need to take to come into compliance.
- The investigator will provide support and education to help the operator understand their role and responsibilities.
- When an operator fails to take the actions needed to come into compliance, the registrar may take progressive enforcement steps which can include a range of actions, such as:
 - › Increased monitoring;
 - › Verbal and written communications;
 - › Attaching or varying conditions on a registration; and
 - › Suspending or cancelling a registration.
- The registrar will send the operator a letter outlining the pending action and reasons for it. The letter is sent at least 30 days before taking action.
- The operator can provide additional information for the registrar to consider and ask that the registrar reconsider the action.
- The registrar will post findings of an investigation and action taken and information on any assisted living residence that is not meeting its responsibilities to its residents.

As noted, the registrar has the authority to take summary action and attach conditions to the registration, or vary conditions of that registration, without notice if the registrar has reasonable grounds to believe that there is an immediate risk to the health or safety of a resident.

See factsheet, [Role of Investigators and the Investigation Process](#).

- See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC / Opening or Operating an Assisted Living Residence / Tools and Resources.

Health Authorities and Health Professionals

Health Authorities

Role of Case/Care Managers in Health Authorities Related to Assisted Living

Regional health authorities fund publicly subsidized assisted living services for persons who are eligible for subsidized funding and who meet the criteria for assisted living. Case/care managers in health authorities play a key role in the assessment, placement, planning and support for these people.



Eligibility for Publicly Subsidized Assisted Living

Health authorities consider a number of factors in determining if a person is eligible for publicly subsidized assisted living, such as their health condition, level of risk in their current living environment, what services they require, citizenship, age and third party liability.

ASSESSMENT

Case/care managers are responsible for:

- Completing any needed assessment(s) to determine this person's needs and what level of service best suits them; and
- Determining if this person qualifies for subsidized funding.

As operators are responsible for screening someone in for admission, it is important that case/care managers share information about a person's health so operators can make informed decisions.

PLACEMENT

For people awaiting placement into subsidized assisted living, case/care managers manage waitlists, monitor whose needs are most pressing and help find the assisted living residence most suited to a person's needs.

- Once an operator accepts someone as a resident, the case/care manager may work with the resident and the operator in developing a personal service plan to ensure that any needs identified in assessments are addressed in the plan.

Criteria for Assisted Living

Before accepting someone as a resident, **operators** must be satisfied the person:

- Can live in the residence safely, given their needs and capabilities;
- Is able to make decisions on their own, or lives with a spouse who can do so on their behalf;
- Is able to take steps to protect themselves or follow directions in an emergency;
- Does not have behaviours that put the health and safety of others at risk;
- Does not require unscheduled professional health services on a regular basis; and
- Does not require licensed care (*i.e.* does not need 24-hour professional supervision and care in a protective, supportive environment for people who have complex care needs).

RE-ASSESSMENT

Operators have a responsibility to keep a 'watchful eye' over a resident's health and safety and flag any concerns with the resident, their contact(s) and family, and a case/care manager, as appropriate.

The case/care manager works collaboratively with the operator to:

- Discuss changes in resident's level of functioning or behaviour and conduct any needed reassessments at this time; and
- Make decisions in a timely way about whether the resident should continue to live in assisted living or not.

PLANNING AND SUPPORT DURING TRANSITION

See section on Residents Transitioning Out of Residence, page 29.

If a resident's needs can no longer be met in assisted living, the case/care manager will:

- Work with the operator, the local community and health professionals to develop a transition plan, assess how the resident is doing while awaiting transfer and find an appropriate new facility for this resident.

Case/care managers may also assist spouses who live with their partner in assisted living, if the partner passes away or needs to move to a setting that provides more care. Case/care managers may assess the spouse to determine if they qualify for assisted living on their own or assist in finding new accommodations for the spouse.

Health Professionals

Residents of assisted living have access to health care professionals (such as physicians or nurses) in the same way they would have if they lived independently in the community. Residents can access professional services through health authority programs (*i.e.* nursing, physiotherapy, podiatry) or by purchasing these services from a private agency.

Some assisted living services (such as medication management and administration) may require a regulated health care professional (*i.e.* registered nurse) or oversight. Operators need to make arrangements with the appropriate regulated health care professional to provide the service. The health professional will determine what, if any, tasks can be delegated to an unregulated care staff in the residence. Operators are obliged to ensure professional supervision of any delegated tasks.

See Glossary of Terms, next page, for the full list of regulated health professionals.

Glossary of Terms

Provided for your easy reference. For legal terminology, see the Community Care and Assisted Living Act and the Assisted Living Regulation.

Act Refers to the *Community Care and Assisted Living Act*.

Adult A person 19 years of age or older.

Assisted living residence A residence that provides housing, hospitality and assisted living services to 3 or more adults who are not related by blood or marriage to the operator of the premises.

Assisted living services Includes:

- Support with activities of daily living;
- Assistance with managing medication;
- Therapeutic diet support;
- Safekeeping of money and other personal property;
- Behaviour management; and
- Programming (or psychosocial) supports.

Cannabis Refers to the cannabis plant, as per the *Cannabis Act*.

Class Refers to the three classes or designations of assisted living residences:

- Seniors and persons with disabilities;
- Mental health; and
- Supportive recovery.

Common space Is an area that is available for common use by all residents or groups of residents and their guests.

Contact person The person identified by the resident to act as their contact person in matters of health and safety concerns and reportable incidents.

- Should be included in the residency agreement.

Criminal record check Is a check done of someone’s criminal record, if any, by the Province of B.C., of people who work with children or vulnerable adults. The check identifies if the person presents a risk of physical, sexual or financial abuse to vulnerable adults. This check is done under the *Criminal Records Review Act*.

Dietitian A specialist in applying nutrition principles to someone’s diet and authorized under the *Health Professions Act*.

Electronic surveillance Using electronic devices to watch, listen to or record or transmit images of residents or members of the public.

Emergency Any unplanned event that can cause death or significant injuries to residents, staff, or that can shut down business, disrupt operations, or cause physical or environmental damage.

Employees/ staff The *Act* and Regulation use “employees” as the name inclusive of hired staff, contractors and volunteers who perform staff functions and provide services to residents as employees. In layman terms, staff may be the inclusive word.

Funding program A program operated by a provincial, federal, municipal or First Nations government, or agency, from which funds are provided to operators on an ongoing basis to provide hospitality services or assisted living services to residents.

Health authority There are five regional health authorities that govern, plan and deliver health-care services within their geographic areas. They include:

- Fraser Health
- Interior Health
- Island Health
- Northern Health
- Vancouver Coastal Health

Health professional A person who provides professional health services to:

- Preserve or improve a person’s health; or
- Treat or care for people who are injured, sick, disabled or infirm.

In B.C., there are 26 regulated health professions in the areas of audiology, chiropractics, dentistry, dietetics, massage therapy, midwifery, naturopathic medicine, medicine (physicians and surgeons), occupational therapy, optometry, pharmacy, physiotherapy, psychology, licensed and registered nursing, social work, speech and language pathology and Traditional Chinese Medicine (TCM).

Hospitality services

Include:

- Planning and providing meals and snacks;
 - Housekeeping services;
 - Laundry services;
 - Planning and providing social and recreational opportunities; and
 - 24-hour personal emergency response system.
-

Manager

A person hired by an operator to manage the operation of an assisted living residence.

Medication

Includes:

- A drug within the meaning of the *Pharmacy Operations and Drug Scheduling Act*; and
 - Medical cannabis within the meaning of the *Cannabis Control and Licensing Act*.
-

Naloxone

Is a medication that quickly reverses the effects of an overdose from opioids such as heroin, methadone, fentanyl and morphine.

Opioid

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others.

Opioid overdose

Is the introduction of toxic levels of opioids that requires emergency intervention or transfer to a hospital.

Personal representative

Includes:

- A personal representative under the *Representation Agreement Act*;
 - An attorney acting under a power of attorney; or
-

-
- A committee under the *Patients Property Act*.
-

Premises Means a building or structure and includes outside areas adjacent to the building or structure ordinarily used in the course of providing services.

Operator/registrant Holds responsibility for operating an assisted living residence and for meeting the requirements of legislation and regulations. In some instances, the operator can delegate their operating responsibilities to an on-site manager.

Registration The granting of a registration certificate by the registrar if the registrar is satisfied that the housing, hospitality and assisted living services will be provided to residents in a manner that promotes residents' health and safety.

*
Reportable incidents Operators have a duty to report the following incidents: aggression between residents, aggressive or unusual behaviour, attempted suicide, choking, death, disease outbreak or occurrence, emotional abuse, fall, financial abuse, food poisoning, medication error, missing person, motor vehicle injury, neglect, other injury, overdose, physical abuse, poisoning, police call, service delivery problem, sexual abuse and unexpected illness. *Definitions of each are included on pages 81–83 and in Schedule E of the Assisted Living Regulation.*

Resident An adult who receives housing, hospitality services and assisted living services at an assisted living residence.

Safe Being free from danger or the risk of harm.

Spouse A person who:

- Is married to another person; or
- Has lived with another person in a marriage-like relationship for a continuous period of at least 2 years.

Summary action An authority granted to the registrar to suspend a licence, attach terms or conditions to the licence, or vary terms or conditions of that licence, without

notice if the registrar's has reasonable grounds to believe that there is an immediate risk to the health or safety of a resident.

Unit/personal residence A room or set of rooms that is:

- Used as the personal living quarters of a resident; or
- Shared as personal living quarters by more than one resident.

Unsafe behaviours Are activities that residents may engage in that may present a danger either to themselves or to others (*i.e.* suicide, self-neglect, self-harm, compulsive hoarding, unsafe smoking practices, aggressive behaviour).

Watchful eye 'Keeping a watchful eye' means if an operator notices a problem in relation to a resident's health or safety, they have a responsibility to follow up on the issue.

Definitions of Reportable Incidents

As defined in Schedule E of the Assisted Living Regulation

Aggression between residents Aggressive behaviour by a resident towards another resident that causes an injury that requires:

- First aid;
- Emergency care by a medical practitioner or nurse practitioner; or
- Transfer to a hospital.

Aggressive or unusual behaviour Aggressive or unusual behaviour by a resident towards another person, including another resident, that:

- Has not been appropriately assessed in the resident's personal service plan; and
- Is not aggression between residents within the meaning of this Schedule (E).

Attempted suicide An attempt by a resident to take their own life.

Choking	A choking incident involving a resident that requires: <ul style="list-style-type: none"> - First aid; - Emergency care by a medical practitioner or nurse practitioner; or - Transfer to a hospital.
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Death	The death of a resident.
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Disease outbreak or occurrence	An outbreak or the occurrence of a disease above the incident level that is normally expected.
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Emotional abuse	Any act, or lack of action, which may diminish the sense of dignity of a resident, perpetrated by a person who is not a resident, such as verbal harassment, yelling or confinement.
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Fall	A fall of such seriousness, experienced by a resident, as to require emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.
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Financial abuse	Includes: <ul style="list-style-type: none"> - Misuse of the funds and assets of a resident by a person who is not a resident; or - Obtaining the property and funds of a resident by a person who is not a resident without the knowledge and full consent of the resident or the resident's contact person or personal representative.
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Food poisoning	A foodborne illness involving a resident that requires emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.
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Medication error	An error in the administration or distribution of a medication which adversely affects a resident or requires emergency intervention or transfer to a hospital.
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Missing person	A resident who is missing.
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Motor vehicle injury	An injury to a resident that occurs during transit by motor vehicle while the resident is under the supervision of the operator.
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Neglect	The failure of an operator to meet the needs of a resident, including with respect to food or shelter.
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Other injury	An injury to a resident requiring emergency care by a medical practitioner or nurse practitioner or transfer to a hospital.
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Overdose	The introduction into a resident’s body of toxic levels of medication, alcohol or illicit drugs that requires the administration of Naloxone, emergency intervention or transfer to a hospital.
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Physical abuse	Any physical force that is excessive for, or is inappropriate to, a situation involving a resident and perpetrated by a person who is not a resident.
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Poisoning	The ingestion of a poison or toxic substance by a resident, not including an overdose.
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Police call	A request for police to attend the residence.
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Service delivery problem	Any condition or event which could reasonably be expected to impair the ability of the operator or their employees to provide a hospitality service or assisted living service, or which affects the health or safety of residents.
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Sexual abuse	Includes: <ul style="list-style-type: none"> – Any sexual behaviour directed towards a resident; – Sexual exploitation of a resident, whether consensual or not, by an employee of the operator or by any other person in a position of trust, power or authority; and – Does not include consenting sexual behaviour between residents.
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Unexpected illness	Any unexpected illness of such seriousness that it requires a resident to receive emergency care by a medical practitioner or nurse practitioner or transfer to a hospital.
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Tools and Resources

All tools and resources can be found on the Assisted Living website.

- See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC / Opening or Operating an Assisted Living Residence / Tools and Resources.

Legislation and Regulation

- *Community Care and Assisted Living Act, 2016*
- Assisted Living Regulation

Registration

- Registration Package
- Registration – Application Form
- Registration - Required Documentation Checklist
- Should I Register My Residence?
- Address Exemption

Registration Renewals

- Renewal Package

Fact Sheets

- Administrative Matters
- Assisted Living Services
- Cannabis and Tobacco
- Criminal Record Check
- Emergency Preparedness and First Aid
- Notice to Registrar of Changes
- Outcome-focused Regulations
- Personal Service Plans
- Reportable Incidents
- Residency Agreement
- Resident Needs and Capabilities
- Role of Investigators and the Investigation Process
- Supportive Recovery: Exit Planning
- Transition Plan and Planning

Forms

- Reportable Incident Report – electronic version
- Reportable Incident Report – fax version

Other Resources

- COVID-19 Virus Information – BC Centre for Disease Control
- Naloxone Risk Assessment, Tool for organizations
- How to make a complaint to the Assisted Living Registry – Poster

Useful Websites

Emergency Preparedness, Response and Recovery

<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery>

Emergencies happen. Depending on their severity, an assisted living residence could be on its own for several days while officials help those who need it most. PreparedBC's website can help operators understand the [hazards](#) they face and how to prepare for them.

FOODSAFE, Level 1 Course

<http://www.foodsafe.ca/courses/level-1.html>

This is a food handling, sanitation and work safety course for food service operators and workers. The course covers important information such as illness from food, receiving and storing food, preparing food, serving food, cleaning and sanitizing.

FOODSAFE equivalents

http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/EH/FPS/Food/Food_Handlers_Training_Courses_Equivalent_to_BC_FOODSAFE_Level_1.pdf

The BC Centre for Disease Control has published a list of food handlers training courses in other jurisdictions that are – and are not – equivalent to BC FOODSAFE Level 1. If any staff received their food handlers course certification outside of B.C., please check this list.

HealthLinkBC Files

<https://www.healthlinkbc.ca/services-and-resources/healthlinkbc-files>

HealthLinkBC Files are easy-to-understand fact sheets about public health and safety. These files provide information on health topics like:

- Food safety and how to avoid food poisoning
- Adult disease prevention
- Environmental health hazards

The HealthLink BC Directory

<https://www.healthlinkbc.ca/services-and-resources/find-services>

The HealthLink BC Directory provides listings for health services provided by the provincial government, provincial health authorities, and non-profit agencies across the province.

You can search for walk-in clinics, emergency rooms, hospitals, mental health programs, home care programs, pharmacy services, laboratory services, and more.

For help searching the directory, call **8-1-1** any time of the day, any day of the week to speak with a health service navigator.

Home and Community Care Policy Manual

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/accountability/policy-and-standards/home-and-community-care-policy-manual>

This policy sets out requirements for health authorities in planning and delivering publicly subsidized home and community care services, including assisted living services.

How to Prepare an Emergency Response Plan for Your Small Business, by WorkSafe B.C.

<https://www.worksafebc.com/en/resources/health-safety/information-sheets/how-to-prepare-an-emergency-response-plan-small-business?lang=en>

The purpose of this bulletin is to help employers develop emergency response plans that will meet the specific needs of their small businesses.

Mental Health and Substance Use Supports

<https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use>

A variety of mental health and substance use resources and services are offered across B.C., including educational resources, prevention programs, early intervention initiatives, and recovery and treatment options. See the range of publicly-funded mental health and substance use services in your community.

Nursing Standards

Medication Practice Standard for all BCCNM Nurses

https://www.bccnm.ca/RN/PracticeStandards/Lists/GeneralResources/RN_PS_Medication.pdf

Practice Standards for Registered Psychiatric Nurses

<https://www.bccnm.ca/RPN/PracticeStandards/Pages/Default.aspx>

Practice Standards for Licensed Practical Nurses

<https://www.bccnm.ca/LPN/PracticeStandards/Pages/Default.aspx>

Delegating Tasks to Unregulated Care Providers

<https://www.bccnm.ca/RN/PracticeStandards/Pages/delegating.aspx>

Working with Health Care Assistants

<https://www.bccnm.ca/LPN/PracticeStandards/Pages/WorkingWithHealthCareAssistants.aspx>

Questions?

Wondering if an activity is within the scope of practice for a nursing professional, contact the BC College of Nurses and Midwives. They provide practice consultation on matters within BCCNM's mandate, including legislation, scope of practice and standards.

- Email practice@bccnm.ca
- Phone 604.742.6200 x8803
- Toll-free 1.866.880.7101 x8803

Toward the Heart

<https://towardtheheart.com/>

Toward the Heart is part of the BC Centre for Disease Control. It provides a range of resources related to harm reduction, strategies to keep people safe and minimize death, disease and injury from high risk behaviour. It features, for example, information on staying safe, naloxone programs and training, preventing overdoses and resources in B.C. communities.

Volunteers and the Law

A guide for volunteers, organizations and boards, the People's Law School, 2000

<https://www.peopleslawschool.ca/publications/volunteers-and-law>

Volunteers and the Law helps volunteers, staff and board members learn about how the law applies to volunteer activities and the work you do. By understanding the law, you will be able to prevent or minimize your risks. The information is current to 2000.

Contacts

Health Authorities in British Columbia

<https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities>

As an operator, you may often connect with home and community care offices within each health authority. See below for a full list of home and community care offices across the province and their phone number.

Fraser Health

Phone: Toll-free: 1.877.935.5669
Metro Vancouver: 604.587.4600
Website: www.fraserhealth.ca

Interior Health

Phone: Kelowna: 250.469.7070
Website: www.interiorhealth.ca

Island Health

Phone: Greater Victoria: 250.370.8699
Website: www.islandhealth.ca

Northern Health

Phone: Prince George: 250.565.2649
Website: www.northernhealth.ca

Vancouver Coastal Health

Phone: Toll-free: 1.866.884.0888
Metro Vancouver: 604.736.2033
Website: www.vch.ca

FNHA Indian Residential Schools information line

Phone: Toll-free: 1.877.477.0775
Website: <http://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/residential-schools>

Provincial Health Services Authority

Phone: 604.675.7400
Website: <http://www.phsa.ca/>

Home and Community Care Offices in Each Health Authority

Health Authority

Home and Community Care Offices

within the Health Authority

Fraser Health

Fraser Health Corporate Office
Suite 400 – Central City Tower
13450 102nd Ave.
Surrey B.C. V3T 0H1
Phone (toll-free): 1.877.935.5669
Phone (Metro Vancouver): 604.587.4600
Fax: 604.587.4666
Website: www.fraserhealth.ca

Phone: 1.855.412.2121

For all Home and Community Care Offices in the Fraser Health Authority

(Abbotsford, Agassiz-Harrison, Burnaby, Chilliwack, Coquitlam, Delta, Hope, Langley, Maple Ridge, Mission, New Westminster, Surrey, White Rock)

Interior Health

Interior Health Corporate Office
505 Doyle Avenue
Kelowna B.C. V1Y 0C5
Phone (Kelowna): 250.469.7070
Fax: 250.469.7068
Email: feedback@interiorhealth.ca
Website: www.interiorhealth.ca

100 Mile House	250.395.7676
Armstrong	250.546.4752
Ashcroft	250.453.1939
Barriere	250.672.9707
Castlegar	250.365.4333
Chase	250.679.1416
Clearwater	250.674.3141
Clinton	250.459.2080
Cranbrook	250.421.8912
Crawford Bay	250.227.9019
Creston	250.428.3600
Elkford	250.865.2247
Enderby	250.546.4752
Fernie	250.423.8288
Golden	250.344.3045
Grand Forks	250.443.2100
Invermere	250.342.2360
Kamloops	250.851.7900
Kaslo & East Shore	250.352.1401
Kelowna	250.980.1400
Keremeos	250.499.3029

HCC Offices Contact Info:

<https://www.interiorhealth.ca/YourCare/HomeCommunityCare/Documents/HCCOffices.pdf>

Kimberley	250.427.2215
Lillooet	250.256.1326
Logan Lake	250.523.9414 (ext. 3)
Lytton	250.455.2221 (ext. 4)
Merritt	250.378.3408
Midway	250.449.2887
Nakusp	250.352.1401
Nelson	250.352.1401
New Denver	250.352.1401
Oliver	250.498.5080
Osoyoos	250.495.6433 (ext. 0)
Penticton	250.770.3477
Princeton	250.295.4442
Revelstoke	250.814.2267
Rutland	250.980.4830
Salmo	250.352.1401
Salmon Arm	250.832.6643
South Similkameen	250.499.3029
Sparwood	250.425.2064
Summerland	250.404.8060
Tatla Lake	250.476.1114
Trail	250.364.6230
Vernon	250.541.2200
West Kelowna	250.980.1400
Williams Lake	250.302.3244

Island Health

Island Health Corporate Office
 1952 Bay St.
 Victoria B.C. V8R 1J8
 Phone (Greater Victoria): 250.370.8699
 Toll free: 1.877.370.8699
 Fax: 250.370.8750
 Email: info@viha.ca
 Website: www.islandhealth.ca

Campbell River	250.850.2150
Comox	250.331.8522
Comox Valley	250.331.8522
Courtenay	250.331.8522
Cowichan	250.737.2004
Deep Bay	250.737.2004
Duncan	250.737.2004
Esquimalt	250.519.3492
Gabriola Island	250.737.2004

Galiano Island	250.544.2500
Greater Victoria	250.388.2395
Ladysmith	250.737.2004
Lake Cowichan	250.737.2004
Mayne Island	250.539.3645
Mill Bay	250.737.2004
Nanaimo	250.755.6229
Parksville	250.737.2004
Pender Island	250.544.2500
Port Alberni	250.731.1313
Port Hardy	250.902.6046
Port Renfrew	250.519.3492
Qualicum	250.737.2004
Qualicum Beach	250.737.2004
Saanich	250.519.5200
Salt Spring Island	250.538.4820
Sooke	250.519.3492
Southern Gulf Islands	250.544.2500
Tofino	250.737.2004
Ucluelet	250.737.2004
Victoria	250.388.2395
West Shore	250.519.3492

Northern Health

Northern Health Corporate Office
 Suite 600 – 299 Victoria St.
 Prince George B.C. V2L 5B8
 Phone (Prince George): 250.565.2649
 Fax: 250.565.2640
 Email: hello@northernhealth.ca
 Website: www.northernhealth.ca

Atlin	250.651.7677
Burns Lake	250.692.2467
Chetwynd	250.788.7300 (ext. 4)
Dawson Creek	250.719.6500
Dease Lake	250.771.4444
Fort Nelson	250.263.6025
Fort St. James	250.996.8201 (ext. 5)
Fort St. John	250.263.6021
Fraser Lake	250.699.8960
Granisle	250.692.2479
Hazelton	250.842.4620
Houston	250.845.2294 (ext. 5956)

HCC Offices Contact Info: https://www.northernhealth.ca/sites/northern_health/files/services/home-community-care/documents/health-offices-by-community.pdf	Hudson's Hope	250.783.9991
	Kitimat	250.631.4292
	Mackenzie	250.997.3263
	Masset	250.626.4729
	McBride	250.569.2251
	Pouce Coupe	250.719.6550
	Prince George	250.565.2612
	Prince Rupert	250.622.6330
	Queen Charlotte City	250.559.2321
	Quesnel	250.983.6850
	Smithers	250.847.6234
	Stewart	250.631.4292
	Terrace	250.631.4272
	Tumbler Ridge	250.719.6550
Valemount	250.566.9138	
Vanderhoof	250.567.2211	

Vancouver Coastal Health	Bella Coola Valley	250.799.5339
Vancouver Coastal Health Corporate Office	Bowen Island	604.986.7111
601 West Broadway, 11th Floor	Gibsons	604.986.7111
Vancouver B.C. V5Z 4C2	North Vancouver	604.986.7111
Phone (toll-free): 1.866.884.0888	Pemberton	604.986.7111
Phone (Metro Vancouver): 604.736.2033	Powell River	604.986.7111
Fax: 604.875.4750	Richmond	604.278.3361
Email: feedback@vch.ca	Sechelt	604.986.7111
Website: www.vch.ca	Squamish	604.986.7111
	Vancouver	604.263.7377
	West Vancouver	604.986.7111
	Whistler	604.986.7111
