

February 2023

# Assisted Living in B.C.

## A Handbook for Operators

 Supportive Recovery



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 *Community Care and Assisted Living Act* and the *Assisted Living Regulation*, 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/](http://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

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We know that adults who need some support with their recovery 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.

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## Principles

Choice

Privacy

Independence

Individuality

Dignity

Respect

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# Key Contact Information

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## 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](mailto:HLth.assistedlivingregistry@gov.bc.ca)

Website: [www.gov.bc.ca/AssistedLivingBC](http://www.gov.bc.ca/AssistedLivingBC) > Assisted Living Registry

# Operating an Assisted Living Residence

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## 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](http://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.

*This is the focus of this handbook.*



## 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/](http://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.*

## 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](http://www.gov.bc.ca/AssistedLivingBC) / Opening or Operating an Assisted Living Residence / Tools and Resources.

# Responsive Service and Support

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

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## 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, demonstrating interest in each person's perspective, 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](http://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 with differing needs and from different cultures or generations.
- Initiate conversations with residents to gain a better understanding of them, and their beliefs and values that may impact support services.

**(continued)**

- Begin the relationship by listening and seeking to understand the resident’s needs and existing strengths from their perspective.
- 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, how someone participates in group activities may look quite different from person to person. Be ready to respond to differing needs.
- 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.
- 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” in their recovery.
- Create a safe space where residents can feel safe in sharing their perspectives, practicing new skills and interacting with others.
- Work from a trauma-informed approach to ensure that residents receive services that are sensitive to the impact of trauma.
- Demonstrate respect. View each resident you assist as a person who is doing the best they are able to do in their present circumstances. Acknowledge that if this person may be struggling at the moment, they have many strengths and can be counted to use those to help with their struggles.
- Actively support transitions to more appropriate services once it is recognized that something different is needed.

# Operator Responsibilities

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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 a room or set of rooms that are used as the personal living quarters of a resident or shared by more than one resident. 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.
- House only as many residents in one unit as is healthy and safe for each resident.
- If you house multiple residents in one unit, make sure to meet these objectives:
  - › Ensure a clean and sanitary environment;
  - › Prevent the spread of infectious disease; and
  - › Promote the well-being of residents.
- Make sure different classes of assisted living units are located in separate and distinct areas. (*i.e.* Residents in the mental health class are housed in a separate area from residents in the supportive recovery 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 for residents;
  - › There is sufficient lighting in units and common rooms;
  - › 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.
- Ensure every unit and room in the residence 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.**

- Provide each resident with storage for storing their personal property.
- Consider the health and safety of yourself and others when storing personal items.



**Snapshot**

**Someone considering this residence 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;
- 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;
- Residents' needs and well-being are considered when more than one resident shares a unit. This is evident by things such as:
  - › There is no overcrowding;
  - › Each individual resident has some private space for their belongings; and
  - › Personal space is discussed, and policies exist about shared space;
- There is social and recreational space, big enough and accessible for residents;
- The building and exterior are secure. 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

People may come to assisted living, supportive recovery, in a variety of ways.

- [See Funding Assistance for Residents, page 76.](#)

Regardless of how a person comes to assisted living, as an operator, you have some important responsibilities to each resident:

- 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;
- 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 visitor and communication policy;
- 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.

**As an operator of a supportive recovery residence**, it is important to be clear with potential residents about matters that will inform their decision about moving in or not. Some items to discuss are:

- Is the residence co-ed or exclusively for men or women?
- If co-ed, are different genders housed in separate areas of the residence?
- Are residents subject to drug or alcohol testing and/or room searches?
- What are the residence's rules of conduct? What is the consequence for breaking residence rules?
- What is the residence's approach to recovery? Is the program, faith-based, based on a 12-step program, or another approach?
- Is there an expectation of abstinence and zero tolerance for substance use? What is the consequence if a resident is found using substances?
- What belongings can the resident bring with them to the residence? What items are not permitted?
- How long will an operator store a resident's belongings after he or she leaves the residence?

*If you have concerns that this person's needs may exceed what the supportive recovery residence can provide, consult the person's family doctor, a mental health professional, or other professionals, as appropriate.*



## 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.

### Subsidized Funding

- Residents may pay some of the costs, with per diems through the provincial government, the federal government, Indigenous organizations, or community organizations.
- *See Funding Assistance for Residents, page 76.*

### 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.



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

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 your service can no longer meet a residents needs and they need to transition out.

## Your Responsibilities

**Develop a residency agreement (or program 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;
- The circumstances and criteria that will guide a decision related to ending the resident's stay;
- Rights of the resident;
- Responsibilities of the resident, including expectations about their conduct;
- Circumstances when a resident can no longer live in assisted living and criteria that will guide a decision to end a residency;
- The service model or approach followed at this residence;
- Restrictions, if any, on furniture, equipment and personal property that residents may bring into the residence;
- Visits and communications with non-residents, including any limitations on communication with electronic devices;
- Types of medication that are not permitted on the premises, if any; and
- Written information about how to contact the registrar to make a complaint.



### **Review**

- the residency agreement periodically 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.
- Consult with the resident about who their contact person is and who, if anyone, they'd like involved in decision making about moving out of assisted living to another living arrangement.
- Discuss how to live safely when the resident leaves the residence.



## Personal Service Plans

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

- **Develop a short-term service plan** as soon as the 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 list of all their medications and a description of the supports the resident needs, if any, to administer their medication safely.
- And, if required:
  - › An individual dietary plan if the resident needs to follow a therapeutic diet;
  - › A behaviour management plan; and
  - › Any diet adjustments needed because of nutritional needs, allergies, intolerances, or religious, cultural or personal preferences.
- The steps the resident can take to promote and protect their own health and safety if their residency ends unexpectedly, including:
  - › Accessing housing supports, professional health services and social services; and
  - › The name and contact information of the persons who must be notified, if appropriate.

- › *See Schedule D of the Assisted Living Regulation.*
  - › *See End of Residency, page 27.*
- 



### **Develop the plan**

- with the resident, and others as the resident wishes, if feasible;
- resident must approve the plan;
- *Timeframe: within 7 days of the resident moving in.*

### **Implement and monitor**

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

### **Review**

- monthly; 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](http://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;
- Noticing if a resident is not attending programming and activities important to their recovery;
- Being respectful of each resident’s independence and decision making in this process; and
- Respecting each resident’s decisions about their well-being.

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.*

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## End of Residency

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



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

### Challenges Involved in Leaving Assisted Living, Supportive Recovery

Leaving assisted living can be a happy milestone for a resident but it can also be a difficult time, especially if a person is not ready for it or is leaving involuntarily. All the conditions that contributed to their substance use may still be there on their return to home or community and the person needs to be ready to face these.

Some challenges for a resident transitioning back home or into a community can include:

- **Increased exposure to substance use.** Staying away from alcohol or drugs while in assisted living is made as easy as possible. Leaving supportive recovery may mean no longer having the same type of supportive environment. Avoiding contact with those who are still using substances, which may include most of their former support system in the community, can be isolating.
- **Facing familiar stresses.** Leaving the residence usually means having to face familiar stresses. These may have contributed to a person's previous decision to use alcohol or drugs. In order to face these challenges, the person will need to develop better coping skills and have access to a range of supports in their community.
- **Loss of support from qualified staff and peers.** One of the nice things about assisted living is that support is available. Negative thinking can occur at any time but there is always somebody to talk to in assisted living that knows what the client is going through. The same level of support is not always available in the community.
- **Facing consequences.** Many people who are in supportive recovery will have done so as a result of hitting a particularly low point in their life. The outcome of this might still be causing many ripples. This may mean that when people leave assisted living, they may still have to face the consequences of their substance use.

### **Supporting a resident in Transitioning Out**

A main objective of supportive recovery assisted living is to prepare someone to return to their home or community with better coping strategies. The programming (psychosocial) supports that you offer should focus on equipping residents to build their skills, become self-sufficient and reintegrate into the community.



## Transition Plan

### Planned end of residency

You may have identified an end date for a resident's stay in assisted living in their residency agreement. If the resident is nearing that date, it is time to put a transition plan into place. This transition may be to a different kind of supportive living arrangement, to stable housing or back into the community.



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

### Develop a transition plan for a resident:

- › Whose needs can no longer be met in assisted living;
- › Who no longer needs assisted living services;
- › Who states their intention to move out;
- › Who uses a medication that is not accommodated in the assisted living medication policy; or
- › Who chooses to break the residence rules.
- 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 is the plan for the resident;
  - › When will the plan happen;
  - › Who is responsible for making arrangements for the plan if the resident is moving to a different type of living arrangement; and
  - › What supports are available for this person when they move out, including:
    - Information about housing supports, professional health services and social services after the move.

## 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.
- 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.

*See factsheet, Supportive Recovery, Exit Planning.*

- See Assisted Living in BC, [www.gov.bc.ca/AssistedLivingBC](http://www.gov.bc.ca/AssistedLivingBC) / Opening or Operating an Assisted Living Residence / Tools and Resources.



### Snapshot

#### Residents Living In the Residence

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

- They were provided with information about the residence and services up front;
- They were told about the residence's service model, with information such as the residence's approach to recovery, its rules of conduct, consequences for breaking house rules, expectations related to abstinence, the type of programming supports that were offered, etc.
- 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; and

- They were told about the policies of the residence and knew the policies and residence rules about cannabis and smoking, visitors, use of computer and cell phones, for example.



### **Snapshot**

#### **Residents Transitioning Out of the Residence**

A resident or family member would report:

- 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, as needed, to better prepare them for the move. Communication was clear and updates were given as the plan progressed;
- The residence was proactive in planning for an end of residency. The operator had prepared a resource file for exiting residents that included information on:
  - › Educational and employment resources in the community and online;
  - › Health and mental health services in the community;
  - › Substance/alcohol use supports and resources;
  - › Housing services; and
  - › Other community and online resources and services a person may want to access to support their reintegration in the community.





## 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.
  - › Make a policy about visits and communication with guests, including any restrictions on these activities.

- › Do not install electronic surveillance in units or washrooms.
  - **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.



*Assisted Living  
Regulation, Part 3,  
Division 7  
Sections 47-53  
Schedule E*

## 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 (serious) incident form; and
  - › The resident's contact person or any other person the resident requests.
- 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](http://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.

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### *See factsheet, Reportable Incidents.*

- See Assisted Living in BC, [www.gov.bc.ca/AssistedLivingBC](http://www.gov.bc.ca/AssistedLivingBC) / Opening or Operating an Assisted Living Residence / Tools and Resources.

### *See definitions of reportable incidents, pages 82–84.*



### **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 overdose.
- *See Emergency Preparedness, page 53.*

### **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](http://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-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;
- Staff working with residents in supportive recovery have the relevant training they need, in areas such as:
  - › food safe for meal preparation; and
  - › naloxone administration and overdose response;
- 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; and
- Kitchen facilities are clean, well maintained and food is being safely handled and stored.





## 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.



*Assisted Living  
Regulation, Part 3,  
Division 8  
Sections 54-60*

### 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 dietitian;
    - 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.

*Residents can choose to prepare their own food. Restrictions may apply to residences with a commercial kitchen.*

**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
  - › Laundry equipment or personal laundry services 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.



*Social and recreational activities do not replace psychosocial programming activities which are designed to help residents with their recovery by focusing, for example, in building their basic living skills and soon integrating into and engaging with the community.*

---

**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; and
- There is a variety of social and recreational opportunities, inclusive of physical activity.



## 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 9  
Sections 61-72*

## 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.



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

### Be prepared to address a resident overdose.

- 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.
- Train all employees to administer Naloxone.
- Provide information to all residents about how to administer Naloxone.

See *Toward the Heart* ([www.towardtheheart.com](http://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.



## 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 2  
Sections 20-24*

**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

*See factsheet, Assisted Living Services.*

- See Assisted Living in BC, [www.gov.bc.ca/AssistedLivingBC](http://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

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**Residents can:**

- Access a pharmacy of their choosing;
- Take medication prescribed to them by a health professional; and

**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 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.*

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*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).*

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## **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 a bike or decorations 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.

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*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.

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## 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**

- Individual programs that can help residents:



- › Manage stress, anger and conflicts, set boundaries, make decisions;
- › Learn about triggers; and
- › Learn techniques to self-manage;
- Guidance and coaching to help residents practice their communication and skills in dealing with others;
- One-on-one meetings to work on issues, create an opportunity to practice new skills or behaviours and provide support;
- Group programs that can help residents:
  - › Develop or improve their life skills, such as shopping, budgeting, cooking, using public transportation;
  - › Practice what they are learning; and
  - › Learn what's available in the community to help;
- Weekly meeting with learning activities and support.

*A resident in supportive recovery assisted living is more likely to participate in community programs for support relating to complex issues such as trauma, sexual abuse, complex mental health questions, or complex interpersonal issues.*

*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.*



## 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;
- Staff providing programming (psychosocial) supports have the relevant training they need in areas such as:
  - › Counselling;
  - › Crisis intervention and conflict resolution
  - › Psychosocial intervention for substance use disorders
  - › Trauma-informed practice;
- 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.
  - › Demonstrate their professionalism when leading an activity.
- 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;
- Group meetings and activities are posted and there is evidence of residents' participation; and
- Residents receive the guidance and programming (psychosocial) supports they need to support them in their ongoing recovery.



## 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 3  
Sections 25-28  
Schedule B*

**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.

**Ensure employees have received at least 20 hours of training in one of more of these subjects:**

- Counselling;
- Crisis intervention and conflict resolution;
- Psychosocial intervention for substance use disorders; and
- Trauma-informed practice.



**An operator can hire someone without this training if:**

- There is a plan in place for the employee to obtain the training and meet course requirements within 3 months of starting work; or
- The employee is a volunteer who does not provide hospitality services or assisted living services or monitor the health and safety of residents or the operation of the residence.

If someone does not meet these requirements and is let go, they cannot be rehired unless they have completed the course requirements.

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**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.

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

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## 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,*

## Policy, Plans, Agreements, Information and Records

<b>Policies and Plans Needed</b> These policies and procedures tell staff what to do in certain situations.		<b>Regulation Section</b>
<b>Cannabis Policy</b>	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> . <ul style="list-style-type: none"> <li>› <i>give a copy to residents</i></li> <li>› <i>give a copy to potential residents</i></li> </ul>	S48 (3-4)
<b>Complaints Policy</b>	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. <ul style="list-style-type: none"> <li>› <i>give a copy to residents</i></li> <li>› <i>give a copy to potential residents</i></li> </ul>	S43 (1)
<b>End of Residency (Exit) Policy (can be part of residency agreement)</b>	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. <ul style="list-style-type: none"> <li>› <i>give a copy to potential residents</i></li> </ul>	S44 (1)
<b>Health and Hygiene and Infection Control Plan</b>	What is done to promote health and hygiene and good health practices that everyone should follow: <ul style="list-style-type: none"> <li>– A protocol and posters for hand washing;</li> <li>– Basic hygiene and infection control practices with laundry and housekeeping (frequency of service, products used);</li> </ul>	S47



	<ul style="list-style-type: none"> <li>– Safe practices for the preparation and delivery of meals;</li> <li>– Expectations relating to staff illness;</li> <li>– Asking for guidance from public health or the case/care manager as needed; and</li> <li>– What to do to prevent and respond to the spread of infectious disease in the residence if there's an infection breakout.</li> </ul>	
<b>Medication Plan</b>	<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> <p>› <i>give a copy to potential residents</i></p>	S64 (1)
<b>Missing Person Plan</b>	<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
<b>Opioid Overdose Plan</b>	<p>What to do to prevent and respond to an opioid overdose.</p>	S28 (2)
<b>Programming (Psychosocial Supports) Policy</b>	<p>What kind of programming and activities are provided to help people work towards long-term goals, related to basic living skills, communication, interpersonal and planning skills, wellness 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)
<b>Reportable Incident Policy</b>	<p>Policy about measures taken in the event of a reportable incident. Includes information about who to report to.</p>	S51 & Schedule E

<b>Shared common areas policy (can be part of residency agreement)</b>	<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"> <li>› <i>give a copy to potential residents</i></li> </ul>	S15 (2b)
<b>Visitor and communication policy</b>	<p>Policy about visitors and communications with non-residents, including any restrictions on these activities.</p> <ul style="list-style-type: none"> <li>› <i>give a copy to potential residents</i></li> </ul>	S41 (2)

<b>Operational Plans Needed</b> Staff know about and can take action, based on each of these plans.		<b>Regulation Section</b>
<b>Emergency Response Plan</b>	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.	S25 (1-2)
<b>Menu Plans</b>	Menus for breakfast, lunch and dinner and snacks for residents planned out for a full month. Plans take into consideration residents' nutritional needs, preferences, variety of diet and follow Canada's Food Guide.	S55
<b>Employee or Staff Plan</b>	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.	S21

<b>Individual Resident Plans Needed</b> Staff can access these plans about individual residents, when it is necessary for them to provide services and support that person. * Protection of personal privacy is governed by the <i>Freedom of Information and Protection of Privacy Act</i> .		<b>Regulation Section</b>
<b>Residency Agreement</b>	Describes respective responsibilities of operator and resident, rules of the residence, fees and criteria that will guide a decision to end a residency. › <i>give a signed copy to residents</i>	S31 & Schedule C
<b>Short Term Service Plan</b>	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. › <i>give a copy to residents</i>	S32
<b>Personal Service Plan</b>	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. › <i>give a signed copy to residents</i>	S33 & Schedule D
<b>Transition Plan</b>	Is developed when a resident is moving to a different kind of supportive living arrangement, to stable housing or back into the community. The plan describes the relocation plans for the resident, who is responsible for making arrangements and what supports are available for this person when they move out, including information about: <ul style="list-style-type: none"> <li>– housing supports, professional health services and social services after the move.</li> </ul> › <i>give a signed copy to residents</i>	S45 (1-3)

Reporting		Regulation Section
What needs to be reported to the assisted living registrar.		
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"><li>– <b>30 days</b> written notice for changes to:<ul style="list-style-type: none"><li>› Contact information of the operator or assisted living residence;</li><li>› Name of the residence;</li><li>› Manager of the residence, if not the operator;</li><li>› Nature or scope of the assisted living services;</li><li>› Number of units in the residence; or</li><li>› Number of residents the residence has the capacity to house.</li></ul></li><li>– <b>120 days</b> written notice when:<ul style="list-style-type: none"><li>› Address or class of the residence changes;</li><li>› Structure or floor plan changes; or</li><li>› Control of the residence, when residence is transferred to another person or body.</li></ul></li><li>– <b>365 days</b> written notice when:<ul style="list-style-type: none"><li>› Residence is sold, leased or scheduled to close and stop operating.</li></ul></li></ul>	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> <p>› <i>See definitions on pages 84-86.</i></p>	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.*

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

<ul style="list-style-type: none"> <li>– Record of accidents, illnesses or minor medication errors involving the resident that are not reportable incidents</li> <li>– Reportable incidents and actions taken</li> <li>– Record of any money and personal property held for a resident and receipts of transactions</li> </ul>		
<p><b>Employee</b></p> <ul style="list-style-type: none"> <li>– Employee's name and date their employment began</li> <li>– Employee's job title and indication that they are an employee of the operator</li> <li>– Criminal record check</li> <li>– Duties and responsibilities assigned</li> <li>– Records that speak to work history, training and skills</li> <li>– Character references</li> <li>– Evidence of the person's immunizations and tuberculosis test status</li> <li>– Record of current FOODSAFE certificate, if employee holds one</li> <li>– Record of a current and valid first aid and CPR certificate, if employee holds one</li> <li>– Evidence of successful completion of at least 20 hours of training in courses required to work in supportive recovery</li> <li>– Record of performance reviews</li> </ul>	<p>Entire time employee is on staff</p> <p><i>(at least 1 year if employment is less than 1 year)</i></p>	<p>S77 S22 (1) S23 (1) S24 (1) S27 S49</p>
<ul style="list-style-type: none"> <li>– All signed original forms authorizing criminal record checks for an employee</li> </ul>	<p>5 years from when signed or when employment ends, whichever comes first</p>	<p>S22 (2)</p>

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

<b>Information to Be Posted</b> This information is clearly posted in the residence for all the see.	<b>Regulation Section</b>
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

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## 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.**

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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.

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## 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](http://www.gov.bc.ca/AssistedLivingBC) / Finding an Assisted Living Residence
- › See Assisted Living in BC, [www.gov.bc.ca/AssistedLivingBC](http://www.gov.bc.ca/AssistedLivingBC) / Assisted Living Complaint Reports

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*Registration matters. Reputation matters.*

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## 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](http://www.gov.bc.ca/AssistedLivingBC) / Opening or Operating an Assisted Living Residence / Tools and Resources.

# Funding Assistance for Residents

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## Access

**A person might access supportive recovery assisted living in a number of ways, such as:**

- Referrals – from a health authority, a hospital, mental health and addictions services, provincial and federal correctional institutions, the provincial court, parole offices, Indigenous communities and organizations, community and religious organizations (i.e. Urban Aboriginal Justice Society, the John Howard Society, the Salvation Army, and St. Vincent de Paul), health professionals, licensed residential care programs, shelters, the BC Centre on Substance Use, family members, etc.; or
- Self-referrals – when a person ‘walks in’ or contacts an assisted living residence in-person or directly by mail, email or phone.

**Residents may be eligible for financial assistance through the Ministry of Social Development and Poverty Reduction.** The Ministry may be able to provide a fixed per diem payment towards assisted living supportive recovery residence user fees and a comforts allowance for client personal expenses.

- To receive per diem assistance a resident must be eligible for income assistance or disability assistance.
- Funding is often arranged by the operator in assisted living. Per diem assistance is provided to the assisted living residence operator, not paid directly to the resident. The comforts allowance is paid to the resident.
- *Search: Alcohol and drug residential treatment at [www2.gov.bc.ca](http://www2.gov.bc.ca)*
- *Search: Support, Shelter & Special Care Facilities at [www2.gov.bc.ca](http://www2.gov.bc.ca)*

Other funding sources may include BC Housing, First Nations bands, the federal government or community organizations. In some cases, costs may be shared by different funding providers.

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*Contact networks matter. Relationships matter.*

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# Health Professionals

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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.* community 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

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

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<b>Act</b>	Refers to the <i>Community Care and Assisted Living Act</i> .
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<b>Adult</b>	A person 19 years of age or older.
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<b>Assisted living residence</b>	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.
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<b>Assisted living services</b>	Includes: <ul style="list-style-type: none"><li>– Support with activities of daily living;</li><li>– Assistance with managing medication;</li><li>– Therapeutic diet support;</li><li>– Safekeeping of money and other personal property;</li><li>– Behaviour management; and</li><li>– Programming (or psychosocial) supports.</li></ul>
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<b>Cannabis</b>	Refers to the cannabis plant, as per the <i>Cannabis Act</i> .
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<b>Class</b>	Refers to the three classes or designations of assisted living residences: <ul style="list-style-type: none"><li>– Seniors and persons with disabilities;</li><li>– Mental health; and</li><li>– Supportive recovery.</li></ul>
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<b>Common space</b>	Is an area that is available for common use by all residents or groups of residents and their guests.
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<b>Contact person</b>	The person identified by the resident to act as their contact person in matters of health and safety concerns and reportable incidents. <ul style="list-style-type: none"><li>– Should be included in the residency agreement.</li></ul>
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<b>Criminal record check</b>	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 <i>Criminal Records Review Act</i> .
<b>Dietitian</b>	A specialist in applying nutrition principles to someone's diet and authorized under the <i>Health Professions Act</i> .
<b>Electronic surveillance</b>	Using electronic devices to watch, listen to or record or transmit images of residents or members of the public.
<b>Emergency</b>	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.
<b>Employees/staff</b>	The <i>Act</i> 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.
<b>Funding program</b>	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.
<b>Health authority</b>	There are five regional health authorities that govern, plan and deliver health-care services within their geographic areas. They include: <ul style="list-style-type: none"> <li>– Fraser Health</li> <li>– Interior Health</li> <li>– Island Health</li> <li>– Northern Health</li> <li>– Vancouver Coastal Health</li> </ul>
<b>Health professional</b>	A person who provides professional health services to: <ul style="list-style-type: none"> <li>– Preserve or improve a person's health; or</li> <li>– Treat or care for people who are injured, sick, disabled or infirm.</li> </ul>



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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).

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**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.
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**Manager**

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

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**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*.
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**Naloxone**

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

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**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.

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**Opioid overdose**

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

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**Personal representative**

Includes:

- A personal representative under the *Representation Agreement Act*;
  - An attorney acting under a power of attorney; or
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- A committee under the *Patients Property Act*.
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<b>Premises</b>	Means a building or structure and includes outside areas adjacent to the building or structure ordinarily used in the course of providing services.
<b>Operator/ registrant</b>	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.
<b>Registration</b>	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.
<b>Reportable incidents</b>	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. <i>Definitions of each are included on page 84-86 and in Schedule E of the Assisted Living Regulation.</i>
<b>Resident</b>	An adult who receives housing, hospitality services and assisted living services at an assisted living residence.
<b>Safe</b>	Being free from danger or the risk of harm.
<b>Spouse</b>	A person who: <ul style="list-style-type: none"><li>– Is married to another person; or</li><li>– Has lived with another person in a marriage-like relationship for a continuous period of at least 2 years.</li></ul>
<b>Summary action</b>	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

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

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<b>Unit/personal residence</b>	A room or set of rooms that is: <ul style="list-style-type: none"><li>– Used as the personal living quarters of a resident; or</li><li>– Shared as personal living quarters by more than one resident.</li></ul>
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<b>Unsafe behaviours</b>	Are activities that residents may engage in that may present a danger either to themselves or to others ( <i>i.e.</i> suicide, self-neglect, self-harm, compulsive hoarding, unsafe smoking practices, aggressive behaviour).
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<b>Watchful eye</b>	'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.
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## Definitions of Reportable Incidents

*As defined in Schedule E of the Assisted Living Regulation*

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<b>Aggression between residents</b>	Aggressive behaviour by a resident towards another resident that causes an injury that requires: <ul style="list-style-type: none"><li>– First aid;</li><li>– Emergency care by a medical practitioner or nurse practitioner; or</li><li>– Transfer to a hospital.</li></ul>
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<b>Aggressive or unusual behaviour</b>	Aggressive or unusual behaviour by a resident towards another person, including another resident, that: <ul style="list-style-type: none"><li>– Has not been appropriately assessed in the resident's personal service plan; and</li><li>– Is not aggression between residents within the meaning of this Schedule (E).</li></ul>
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<b>Attempted suicide</b>	An attempt by a resident to take their own life.
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<b>Choking</b>	<p>A choking incident involving a resident that requires:</p> <ul style="list-style-type: none"> <li>– First aid;</li> <li>– Emergency care by a medical practitioner or nurse practitioner; or</li> <li>– Transfer to a hospital.</li> </ul>
<b>Death</b>	The death of a resident.
<b>Disease outbreak or occurrence</b>	An outbreak or the occurrence of a disease above the incident level that is normally expected.
<b>Emotional abuse</b>	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.
<b>Fall</b>	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.
<b>Financial abuse</b>	<p>Includes:</p> <ul style="list-style-type: none"> <li>– Misuse of the funds and assets of a resident by a person who is not a resident; or</li> <li>– 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.</li> </ul>
<b>Food poisoning</b>	A foodborne illness involving a resident that requires emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.
<b>Medication error</b>	An error in the administration or distribution of a medication which adversely affects a resident or requires emergency intervention or transfer to a hospital.
<b>Missing person</b>	A resident who is missing.

<b>Motor vehicle injury</b>	An injury to a resident that occurs during transit by motor vehicle while the resident is under the supervision of the operator.
<b>Neglect</b>	The failure of an operator to meet the needs of a resident, including with respect to food or shelter.
<b>Other injury</b>	An injury to a resident requiring emergency care by a medical practitioner or nurse practitioner or transfer to a hospital.
<b>Overdose</b>	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.
<b>Physical abuse</b>	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.
<b>Poisoning</b>	The ingestion of a poison or toxic substance by a resident, not including an overdose.
<b>Police call</b>	A request for police to attend the residence.
<b>Service delivery problem</b>	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.
<b>Sexual abuse</b>	Includes: <ul style="list-style-type: none"> <li>– Any sexual behaviour directed towards a resident;</li> <li>– 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</li> <li>– Does not include consenting sexual behaviour between residents.</li> </ul>
<b>Unexpected illness</b>	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.

# Tools and Resources

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

- See Assisted Living in BC, [www.gov.bc.ca/AssistedLivingBC](http://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
- Outcome-focused Regulations
- Notice to Registrar of Changes
- Personal Service Plans
- Reportable Incidents
- Residency Agreement
- Resident Needs and Capabilities
- Role of Investigators and the Investigation Process
- Supportive Recovery: Exit Planning

## 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

### The BC Centre on Substance Use (BCCSU)

<http://www.bccsu.ca/>

The BC Centre on Substance Use (BCCSU) is a provincial organization with a mandate to develop, help implement, and evaluate evidence-based approaches to substance use and addiction. The BCCSU has three core functions:

- 1. Research** – research to guide health system improvements in the area of substance use.
- 2. Education and Training** – activities and resources to strengthen addiction medicine education and training.
- 3. Clinical Care Guidance** – developing and helping implement evidence-based clinical practice guidelines, treatment pathways and other practice support documents.

### Core Addiction Practice (CAP) Training

Core addiction practice (CAP) Training is an education series designed to help provide a shared understanding of what constitutes best practices in addiction treatment and to assist practitioners in developing the professional competencies required to implement those practices.

Contact your local health authority for information about if and where this training is offered.

### 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](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 (as of February 18, 2020).

## **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](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>

## Supportive Recovery Inventory of Training Opportunities

[https://caibc.ca/wp-content/uploads/sites/3/2019/10/SR-Training-Inventory\\_2019Oct15.pdf](https://caibc.ca/wp-content/uploads/sites/3/2019/10/SR-Training-Inventory_2019Oct15.pdf)

This document provides an overview of some available training for assisted living staff who need at least 20 hours of training in one of more of these subjects (as per the Assisted Living Regulation, Section 23):

- Counselling;
- Crisis intervention and conflict resolution;
- Psychosocial intervention for substance use disorders; and
- Trauma-informed practice.

## 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](mailto: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.

## Valuing diversity and responding effectively to all the people we serve

Substance use problems affect everyone, which calls on us to be “culturally competent” for each person we work with. People who experience marginalization and stigma of many kinds may be at higher risk for substance use and mental health problems. It must be the goal of

every substance use service provider that the people we serve experience us as welcoming, compassionate and skilled. Some key resources for welcoming diversity include:

- Anti-Stigma and Discrimination Materials
  - › The Centre for Addiction and Mental Health in Ontario has developed this learning package for combatting stigma against people with concurrent mental health and substance use problems.
  - › <https://www.porticonetwork.ca/documents/77404/475940/CAMH+2005+Beyond+the+Label+Toolkit.pdf/06c1a452-bee9-4874-83ed-ecd22d9b1000> or search “CAMH” Beyond the Label.
- Cultural safety and humility webinar from First Nations Health Authority  
<https://bcpsqc.ca/resources/cultural-safety-and-humility/>

### **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>

# Contacts

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## BC Centre of Substance Use

400-1045 Howe Street  
Vancouver, BC V6Z 2A9

Phone: Victoria: 778.945.7616  
Toll-free: 1.866.714.3378  
Fax: 604.428.5183  
Email: [inquiries@bccsu.ubc.ca](mailto:inquiries@bccsu.ubc.ca)  
Website: <http://www.bccsu.ca/>

## 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 a health authority for region-specific information about recovery and treatment.

### Fraser Health

Phone: Toll-free: 1.877.935.5669  
Metro Vancouver: 604.587.4600  
Website: [www.fraserhealth.ca](http://www.fraserhealth.ca)

### Interior Health

Phone: Kelowna: 250.469.7070  
Website: [www.interiorhealth.ca](http://www.interiorhealth.ca)

### Island Health

Phone: Greater Victoria: 250.370.8699  
Website: [www.islandhealth.ca](http://www.islandhealth.ca)

### Northern Health

Phone: Prince George: 250.565.2649  
Website: [www.northernhealth.ca](http://www.northernhealth.ca)

**Vancouver Coastal Health**

Phone: Toll-free: 1.866.884.0888  
Metro Vancouver: 604.736.2033  
Website: [www.vch.ca](http://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/>

