

June 2024

Assisted Living in B.C.

A Handbook for Operators

 Supportive Recovery



This handbook will help you understand what you need to do to operate an assisted living residence. It has information, tools and resources to help you. These resources will support you as you train and provide direction to your staff. They will also help you in your work with the Assisted Living Registry.

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/ / Opening or Operating an Assisted Living Residence / Tools and Resources.

The information included in this handbook is not a substitute for 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

Adults value their independence even when they need some help and support with their recovery. They need to live in a supportive environment that is safe and in which they are treated with respect.

Assisted living is semi-independent housing for adults who:

- Can 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 to also be responsive to their needs, values and preferences. This support must be provided in a way that promotes and protects their health, safety and well-being.

As an operator of an assisted living residence, you must support your residents' health, safety, independence and choice. You have a legal responsibility to meet your residents' needs and to protect their health and safety. It is important to be clear about *which* assisted living services you provide and *how* you provide them.

Principles

Choice

Privacy

Independence

Individuality

Dignity

Respect

How to Contact the Assisted Living Registry

Assisted Living Registry

Ministry of Health

Phone: Victoria: 778-974-4887
Toll-Free: 1-866-714-3378

Fax: 250-953-0496

Email: Hlth.assistedlivingregistry@gov.bc.ca

Mail: PO Box 9604 Stn Prov Govt
Victoria, B.C. V8W 9P1

Website Assisted Living Registry: www.gov.bc.ca/AssistedLivingBC

Operating an Assisted Living Residence

Role and Obligations

As an operator of an assisted living residence, you must follow the rules set out in the *Community Care and Assisted Living Act*, as well as in the Assisted Living Regulation and other applicable legislation and regulations.

The purpose of the legislation and regulations is to set out the rules that help to promote and protect the health, safety and well-being of all assisted living residents. Your role as an operator is to provide housing, hospitality services and assisted living services to assisted living residents, and to follow these rules. For example, you must ensure that the staff you hire, the programming you provide and the day-to-day operation of your residence all work together to protect your residents and to promote their health, safety and independence.

Legislation and Regulation

The Community Care and Assisted Living Act

- See BC Laws, <http://www.bclaws.ca/>
- Requires that you be registered to operate an assisted living residence.
- Sets requirements for registering your residence.
- Gives powers to the Assisted Living Registrar to:
 - › Register assisted living residences;
 - › Investigate complaints about health and safety;
 - › Inspect residences:
 - To make sure that they are following the Act and regulations;
 - To investigate if health or safety of a resident is at risk;
 - To investigate if an unregistered assisted living residence is being operated;
 - › Apply conditions to registrations, vary conditions, and suspend or cancel registrations if needed to protect residents.

Assisted Living Regulation

The [Assisted Living Regulation](#) further describes your responsibilities in registering and operating an assisted living residence. This handbook goes over each of those responsibilities in more detail.

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

Tips for Reading the Act and Regulation

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

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

See factsheet, Outcome-focused Regulations.

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

Other Relevant Legislation and Policy

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

In addition to the *Community Care and Assisted Living Act* and the Assisted Living Regulation, operators of assisted living residences must follow all applicable legislation and regulations, which includes but is not limited to:

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

Operators must also meet local government bylaws and should consult their local government to find out which 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/ Opening or Operating an Assisted Living Residence /Tools and Resources.



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

Your registration will state 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 have been approved to operate.



REMINDERS

Class and Resident Population

You must submit an Application for Registration for each class of assisted living that you would like to operate:

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

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

- Each class of resident will be housed 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

- You must submit an Application for Registration and pay an application fee for each separate class of assisted living that you plan to operate, even if they will be on the same premises.
- When you apply for registration for the first time or if you are adding a different class of assisted living, you will need to include a one-time, non-refundable application fee of \$250 with your application.
- This fee will also be due if your registration expires or becomes invalid.

Your Responsibilities

Renew your registration every year. The registration of an assisted living residence ends on **March 31** of each year. Prior to your registration ending each year, you must provide:

- The Application to Renew, which must describe any changes you have made to your policies since they were first approved.
 - o Note: You also need to notify the registrar about other changes, well ahead of time. These changes are described in 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 a yearly registration fee of \$12.50 per registered unit. The registration year is 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, the Registry must charge you another \$250 as a late payment fee.***

Renewal Approval

The registrar may approve the registration only when:

- The registrar is 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 approved; and
- All fees are paid in full.

If approved, you must display your registration and any conditions of the registration in a place where residents and visitors can easily see it.

Advise the registrar ahead of time about any planned changes in ownership or changes that impact your registration information. You must 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 they can be made.

- **4 months** written notice if:
 - › The building structure or floor plan changes. This will need to be approved before any 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 these changes are made.
- **4 months** written notice to the registrar, residents and residents' contact persons if:
 - › You plan to sell the residence or 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 by the Registry.
 - › The new operator must be qualified and if the residence is a mental health residence, the new owner must continue to operate for at least 1 year from the date of the sale.
 - › *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 is no longer valid 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 moves 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 Assisted Living Regulation; or
- Does not follow other related legislation, standards or regulations that apply to the operations of an assisted living residence.
- *See the factsheet, Role of the Investigator and the Investigation Process.*
 - › See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC/ Opening or Operating an Assisted Living Residence /Tools and Resources.

Your Responsibility for Service and Support

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

Being Responsive to Residents' Needs and Preferences

This handbook is about your responsibility to provide services to residents of your assisted living residence, and what you must do to promote and protect their health and safety.

You are responsible for promoting the independence and well-being of each resident and to be responsive to their needs, capabilities and preferences. You will be working with residents from different cultural backgrounds and with different support needs, and you must be respectful of each resident. You must provide services that are culturally safe and appropriate.

This includes being welcoming, learning about residents, taking a personal interest in them, 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 respectful and responsive is an ongoing process of educating ourselves and seeking to better understand the people we support.

See factsheet, Resident Needs and Capabilities.

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

Tips for Providing Responsive Service

Here are some tips to help you, your staff, and your volunteers provide responsive service.

- Work from a trauma-informed approach to ensure that residents receive services that are sensitive to the impact of trauma.
- Respect each resident. View each resident as a person who is doing their best in their present circumstances. Acknowledge that even if this person is struggling now, they likely have many strengths they can rely on to help them through difficult times.

(continued)

- Create a welcoming environment for each resident; be open to diversity and complexity. Encourage each person's unique story and be willing to meet them where they are at in their recovery journey.
- Create a space where residents can feel safe sharing their perspectives, practicing new skills and interacting with others.
- Start out by listening and trying to understand how the resident sees their own needs and strengths.
- Be aware of how your own cultural background, experiences, attitudes and biases might affect your work and your ability to work with residents with differing needs and from different cultures or generations.
- Talk with residents to learn more about them, and what is important to them – such as their beliefs, values and cultural practices – so that you can better support them. Watch to see if a resident seems isolated or lonely, and if so, increase your contact with them and help them to make connections.
- Be willing to change work practices (e.g., group sessions) to allow for flexibility in how you work with residents, considering their cultural or personal views and experiences.
- Look in the resident's personal service plan for information about their culture, beliefs and preferences that may help staff who are providing services to them. Record new information as you learn more.
- Support transitions to more appropriate services once it is recognized that something different is needed.

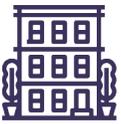
Operator Responsibilities

Here is 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, a “snapshot” follows with examples of ways that you could meet your responsibilities. 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. A unit is a room or set of rooms that the resident lives in. Sometimes these are shared by more than one resident.

Operators are responsible to maintain the inside and outside of their residence as well as any 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 the number of residents you provide accommodation to is the same as on your registration and is not more than the capacity on your business licence.
- Accommodate only as many residents in one unit as is healthy and safe for each resident.
- If you house more than one resident in one unit, make sure to meet the following objectives:
 - › Keep the room clean and sanitary;
 - › Prevent the spread of infectious disease; and
 - › Promote the well-being of the residents who are sharing the room.
- Make sure different classes of assisted living units are in separate and distinct areas of the building. (For example, residents in the mental health class are housed in a separate area of the building from residents in the supportive recovery class).
- Staff members must be accommodated in an area that is separate from all assisted living residents.
 - › 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 follows 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 enough 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.
- › Entrances are secure so that no unauthorized person can enter.
- › Exits are easy to use in an emergency.
- › Every unit and room in the residence is accessible in an emergency.
- › There are no 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 a lockable space 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 that:

- The exterior of the residence is safe and free of hazards. Residents can easily access and get around outside;
- The residence does not have hazards such as frayed cords, unsafely placed extension cords or boxes or furniture blocking any exits;
- The residence and all the rooms are clean, comfortable and in good repair;
- The furniture is clean, safe and in good condition;
- The temperature of rooms 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:
 - › Bedrooms are not overcrowded;
 - › Each resident has some private space for their belongings; and

- › Personal space is discussed, and policies are in place about shared space;
- There is social and recreational space that is big enough and accessible to 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 (Entry and Exit)

Admission to the Residence

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

- *See Funding Assistance for Residents, page 77.*

As an operator, you have some important responsibilities to each resident:

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

Good planning and detailed residency 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 inform the resident about services that will be provided to meet their needs.



*Assisted Living
Regulation, Part 3,
Divisions 4-6
Sections 29-46
Schedules C & D*

Your Responsibilities

SCREENING BEFORE ADMISSION

You must screen all prospective residents to ensure they meet the criteria for assisted living.

Before accepting a person as a resident, make sure that they:

- Can live in your residence safely, given their needs and capabilities;
- Are able to make decisions on their own;
- Are able to take steps to protect themselves in an emergency or to follow directions in an emergency;
- Do not have behaviours that put the health and safety of others at risk;
- Do not need unscheduled professional health services on a regular basis; and
- Do not need licensed care (*i.e.*, do not need 24-hour professional health care supervision and care in a protective, supportive environment for persons 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 policy and whether there are any medications that are not allowed in your residence.
- Medication plans, if assistance with medication is an assisted living service you offer; and
- The smoking, vaping and cannabis policies.

It is also recommended that you discuss which services you offer, the rules of the residence, the costs, fees and optional services and your policy about refunds.

As an operator of a supportive recovery residence, it is important to be clear with potential residents about features that will help them to decide whether they want to move in or find another supportive recovery home. Some items to discuss are:

- Is the residence co-ed? How are different genders accommodated?
- Will residents need to take drug or alcohol tests?
- Will there be room searches?
- What are the residence's rules about behaviour? What happens if a resident breaks a rule or rules?
- What is the residence's approach to recovery? Is the program faith-based, or based on a 12-step program, harm reduction, or another approach?
- Is there any tolerance of substance use? Is there a zero-tolerance approach? What will happen if a resident is found using substances?
- What can the resident bring with them to the residence? Are there any items that are not allowed?
- How long will an operator keep 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, discuss them with the person, a mental health professional, or other professionals, as appropriate.



COST AND FEES

Private-pay Assisted Living Residences

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

Publicly Subsidized Assisted Living Residences

- Residents may pay some of the costs, with per diems paid to the operator through the provincial government, the federal government, Indigenous organizations, or community organizations.
- *See Funding Assistance for Residents, page 77.*

Additional Fees

Be clear about any extra charges or fees, such as a one-time damage deposit. It is also important to be clear with prospective residents about how or whether any refunds are available.

Residency Agreement and Personal Service Plan

AGREEMENTS NEEDED WHEN A RESIDENT MOVES IN

Two important agreements must be in place for each resident: the **residency agreement** and the **personal service plan**. These two agreements describe the expectations of the operator and of the resident, the rules of the residence, residents' rights, services that will be provided, and how changes will be 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. Staff should only have access to these agreements if the information is needed for them to provide services and support that resident.

These agreements need to be reviewed and updated throughout a resident's stay. They are also important for helping you determine if and when your services can no longer meet a resident's needs, or if a resident no longer needs the services your residence provides, and plans need to be made to transition the resident out.

Your Responsibilities

Develop a residency agreement (or program agreement) with each resident that describes: (see *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 the reasons that contact can be made;
- The term of the residency, including:
 - › Date the residency agreement is made; and
 - › Date when the 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 behaviour;
- Circumstances in which 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;
- Rules about 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 Assisted Living Registrar to make a complaint.



Review

- the residency agreement periodically with the resident or their personal representative and revise it, if appropriate.

Sign and deliver

- give the resident a signed copy of the residency agreement when it is first signed, and again if any revisions are made, after it has been signed.

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 when the time comes to transition out of the residence.
- Ask the resident who their contact person is and who, if anyone, they'd like involved in decision making about moving out of the residence to another living arrangement.
- Discuss how the resident can live safely when they leave.

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 their early days to support their health and well-being. This gives you some time to get to know the resident and their needs and to develop a more detailed personal service plan.
- **Develop a personal service plan** with each new resident. This plan describes in more detail which services this resident will receive. It has enough detail about the resident's needs and preferences for staff to understand their responsibilities and how they can best support this person and the objectives set out in the plan.
- Make sure that you get a resident's consent before sharing personal information about them and the services they are receiving, as well as before asking a health professional for 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:
 - › Information about how to access housing supports, professional health services and social services; and
 - › The name and contact information of persons who must be notified, if appropriate.
 - › *See Schedule D of the Assisted Living Regulation.*
 - › *See End of Residency, page 28.*



Develop the plan

- with the resident, and others as the resident wishes, if possible;
- the resident must agree to and 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 that are made to the plan, and must be provided with their own signed copy.

See factsheet, Personal Service Plan.

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



KEEPING A WATCHFUL EYE OVER RESIDENTS

You must keep a watchful eye over your residents. It is your responsibility to notice and respond in a way that keeps them safe. This 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 they can provide that support safely;
- Supporting residents to follow their personal service plan;
- Noticing changes in a resident’s behaviour, habits or general appearance;
- Noticing if there is a decline in the resident’s overall health status;
- Noticing if a resident is not attending programming and activities that are 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 are more than what you can provide in assisted living, this is the time to talk to the resident and others about increasing the services you provide or transitioning them 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.

The Role of House Monitors

House monitors are residents who are still on their own recovery journey and are still clients of the operator. A resident who has been assigned the role of a house monitor must not manage the residence, provide any assisted living or hospitality services, or be responsible for the health and safety of other residents. They must also not be assigned to operating the residence.

Operators are responsible for monitoring the health and safety of all residents as well as for the operation of the residence.

End of Residency

You must create a policy that describes the process used to decide if a resident needs to move out. The policy must also describe the process that will be followed to end a resident's residency.



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

Challenges in Leaving Supportive Recovery Assisted Living

Leaving supportive recovery can be a time of celebration for a resident who has completed the program, but it can also be a difficult time, especially if a resident does not feel ready to leave or has been told by the operator that they must leave. All the conditions that contributed to their substance use may still be there. If they are returning to their previous home or community, the resident needs to be ready and to have a plan in place to face these challenges.

Challenges for a resident who is leaving to go back home, into a new community, or transitioning out of a program unexpectedly may include:

- **Increased exposure to substance use.** Leaving the program may mean no longer having the supportive and structured environment that helps the resident to stay away from substances. Avoiding contact with persons who are still using substances, which may include most of their former friends and their support system in the community, can be isolating.
- **Facing familiar stresses.** Leaving the residence usually means having to face familiar stresses which may have contributed to the resident's substance use disorder. To face these challenges, the person will need to have developed new coping skills and have access to a range of supports in their community.
- **Loss of support from qualified staff and peers.** One of the positive things about supportive recovery is that support is available. Challenging thoughts or triggers can occur at any time but there are others to talk to in the supportive recovery residence who understand what the client is going through. The same level of support is not always available in the community.
- **Continued impacts of addiction.** Many people are in supportive recovery because they hit a low point in their life. Residents who leave the program may continue to be affected by the consequences of addiction, including financial concerns, damaged relationships, challenges finding employment, health impacts, and more.

- **Homelessness.** For some residents, leaving the program unexpectedly may mean becoming homeless or transitioning into unstable housing arrangements. In addition to causing stress, this may increase exposure to substance use and other risks associated with homelessness.

Supporting a Resident in Transitioning Out

One of the main objectives of supportive recovery is to prepare a resident to return to their home or community with better coping strategies. The programming (psychosocial supports) that you provide should focus on helping residents to build their skills, become self-sufficient and reintegrate into the community in a healthy way.



Transition Plan

Planned end of residency

You and your resident may have decided on an end date for their stay at your residence and included this date 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 that it is their intention to move out;
 - › Who uses a medication that cannot be accommodated at your residence; or
 - › Who has broken the rules of your residence and has been asked to leave.
- Decide who needs to be part of the transition team and work with the team to develop the transition 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 the transition will take place, including:
 - The relocation plans for the resident;
 - › When the move will happen;
 - › Who is responsible for making arrangements if the resident is moving to a different type of living arrangement; and
 - › What supports are available to the resident when they move out, including:
 - Information about the housing supports, professional health services and social services that they may need after the move.

Unplanned exit

If a person's residency ends unexpectedly, because:

- **The resident abandons or moves out of the assisted living residence without notice; or**
- **Is required** to leave under the terms of their resident's residency agreement;

An operator must:

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

See factsheet, Supportive Recovery, Exit Planning.

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



Snapshot - Living in the Residence

A new resident who is 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, including information such as the residence's approach to recovery, its rules of conduct, the 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 thought 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

Transitioning Out of the Residence

A former resident or their family member would report:

- When it came time for the resident to move out of the residence, the operator made every effort to make sure the transition was discussed and planned with everyone the resident wanted included, and the process was respectful of the resident;
- The resident received extra services, if needed, to better prepare them for the move. Communication was clear and updates were provided 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 about:
 - › Educational and employment resources in the community and online;
 - › Healthcare and mental health services in the community;
 - › Substance/alcohol use supports and resources;
 - › Housing services; and
 - › Other community and online resources and services the resident could access to support their reintegration in the community.



Residents' Rights

Respect for residents and for their 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 are in place to protect residents' safety and promote residents' health and well-being. Each responsibility that an operator has for their residents helps to protect 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 based on 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), personal information and belongings.
- Be kept informed of planned events or changes in the residence or services.
- A fair process to express their concerns, make complaints or resolve disputes.

Your responsibilities

The Assisted Living Regulation further describes an operator's responsibilities towards their residents:

- **Post a statement of the rights of residents** in a place in the residence where both resident and visitors can see it.
- **Respect residents' decision making, privacy and personal information.**
 - › Respect a resident's personal decisions. Intervene only when a decision poses risk of serious harm to the resident or puts someone else's health or safety at risk.
 - › Ensure a resident's privacy: of their home (unit), belongings and storage area.
 - › Get 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 such as cameras in residents' units or in washrooms.
- **Ensure residents can express their concerns or make a complaint and work to address them.**
 - › Develop a policy describing your internal process for complaints about operations or services.
 - › Explain your internal complaint process to residents, staff and visitors in a way that 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.
 - › Make sure that residents know how to make a complaint to the assisted living registrar. Post information about how to get in touch with the assisted living registrar's office to make a complaint. Do not interfere or retaliate if a resident makes a complaint to the assisted living registrar.



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 risk the health and safety of other residents; and
- Follow the terms of their residency agreement, including paying fees on time.



Snapshot

Living in the Residence

A resident who is 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 knew that 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 management and that information was clearly posted and shared;
- They knew 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 to live 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 keeping a watchful eye over residents' health and safety);
- *See Keeping a Watchful Eye over Residents, page 27*
- Being clear with staff about your expectations for keeping residents safe and promoting their health;
- Engaging in practices that keep residents safe; and
- Acting when a resident'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.
- **Within 24 hours, report the incident to:**
 - › The registrar, using the reportable 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 > Opening or Operating an Assisted Living Residence > Tools and Resources.



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

Operators must provide details about what happened, who it happened to, who witnessed the incident, and what was done for the resident in response to the incident. This will help the Registrar to have a clear picture of the event and what you and your staff did to protect the health and safety of your resident or residents.

Reportable incidents include the following:

- aggression between residents
- aggressive or unusual behaviour
- attempted suicide
- choking
- death
- disease outbreak or occurrence
- emotional abuse
- a fall
- financial abuse
- food poisoning
- medication errors
- a missing person

-
- motor vehicle injuries
 - neglect
 - other injuries
 - overdose
 - physical abuse
 - poisoning
 - police call
 - service delivery problems
 - sexual abuse
 - unexpected illness.
-

See factsheet, Reportable Incidents.

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

See definitions of reportable incidents, pages 84–86.

You must protect residents from abuse and neglect.

- Ensure a resident is not abused or neglected.
- Develop a policy about the steps that must be taken to protect residents from abuse and neglect.
- Take action on any suspected abuse or neglect to protect the person.
- Report the incident to the assisted living registrar using a reportable incident form.

Write out your policies and make sure that your staff know the policies and procedures they must follow to:

- Promote the general health and hygiene of residents;
- Prevent the spread of infectious disease in the residence;
- Respond when a resident's whereabouts are unknown, including who to call on behalf of the person; and
- Prevent overdoses and respond when a resident has had an overdose.
- *See Emergency Preparedness, page 56.*

Make sure that tobacco and cannabis laws and policies are followed.

- If you allow residents to use tobacco or cannabis on your site, make sure that only residents are using tobacco, vapour products and cannabis while on the premises and that they are supervised, if needed, to keep them safe.
- Create a policy about the growth, storage, possession, consumption and disposal of cannabis on the premises, in keeping with the *Cannabis Control and Licensing Act*.
- *See the factsheet, Cannabis and Tobacco.*
 - › See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC / Opening or Operating an Assisted Living Residence / Tools and Resources.

Practice food safety.

- Make sure that food and drinks are prepared, stored, served and handled safely.
- Make sure that 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 a classroom. FOODSAFE 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.
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.

Food Handlers Training Courses Equivalent to BC FOODSAFE Level 1

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, and this is demonstrated in their orientation materials, training modules and records of staff participation in training;
- Staff working with residents have the training they need, in areas such as:
 - › food safe for meal preparation; and
 - › overdose response and naloxone administration.
- Records show 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;
- Kitchen facilities are clean, well maintained and food is being safely handled and stored; and
- There is a missing person plan in place that describes the responsibilities of staff when a resident is missing, including expectations for working with resources such as police and community stakeholders.



Hospitality Services

Hospitality services are offered to all residents in ways that:

- Promote the independence, health and personal safety of residents; 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
- A 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:
 - › Develop an initial menu plan; and
 - › Review and if needed, revise the menu plan:
 - If the daily menu changes significantly from what you initially developed and had approved by a 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
 - › Any substitutions that 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 provided 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.

Your responsibilities

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

- Ensure:
 - › Sufficient cleaning of the premises;
 - › Regular cleaning of hard surfaces;
 - › That bed sheets, blankets, towels and facecloths 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
 - › That laundry equipment or personal laundry services are available for resident use.

Offer social and recreational opportunities, taking into consideration residents' preferences, needs and capabilities. Activities should promote residents' independence and social well-being.

- Plan and provide:
 - › Information to residents about the monthly calendar of social and recreational activities;
 - › A variety of activities that meet residents' needs, capabilities and interests; and
 - › Safe transportation if activities will 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, on building their basic living skills and integrating into and engaging with the community.

Provide a 24-hour personal emergency response system that:

- Residents can use 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 that:

- The unique dietary needs of residents are recorded in residents' personal service plans.
- Posted menu plans that describe meals are being followed and 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 are a variety of social and recreational opportunities, and these include physical activity.



Assisted Living Services

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

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



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

Assisted living services must include at least one of the following:

- Assistance with activities of daily living;
- Assistance with managing medication;
- Assistance with managing a therapeutic diet;
- Assistance with safekeeping of money and other personal property;
- Assistance with behaviour management;
- Programming (psychosocial supports).

See factsheet, Assisted Living Services.

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

Your Responsibilities

SUPPORT WITH ACTIVITIES OF DAILY LIVING

Help with the activities of daily living, such as:

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

ASSISTANCE WITH MANAGING MEDICATION



Residents can:

- Choose which pharmacy they would like to use,
- Take medications prescribed to them by a health professional.

Operators should encourage and support residents to manage and take medication themselves, as long as it this doesn't put their health or safety at risk. There will be some circumstances in which more help with taking medications may be needed.

Operators who help with managing medication (as one of their assisted living services) must record for each resident:

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

Medication support can include:

- Receiving a resident's medication from their pharmacy;
- Storing medication safely for residents;
- Distributing medication to residents from the place where it is being stored;
- Helping the resident to open their medication package to take their own medication;
- Administering medication to residents.

Medication can only be administered 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 help with medication is provided safely and how medication is protected from theft.
 - › 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 the pharmacy that the resident has chosen.
- **If safekeeping medication on behalf of residents** (*i.e.* when the resident cannot store their medication themselves, for safety reasons), the operator must ensure that:
 - › Policies and 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 are 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 (*e.g.* out of sunlight or refrigerated).
- **If distributing medication to residents**, the operator must ensure that:
 - › Staff takes medication to the resident or the resident gets the medication from staff; and
 - › Each time medication is distributed to a resident, it is recorded.
- **If administering medication to residents**, operator must ensure that:
 - › 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.
- A prescription medication has been 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 are serious enough to be a reportable incident are reported to the Assisted Living Registrar.

This service can be complex, and due diligence is needed. Operators need to support each resident to be independent while keeping a watchful eye over them and ensuring medication support is provided appropriately and safely.

The principles of medication administration are:

- right medication*
 - right resident*
 - right dose*
 - right time*
 - right route*
 - right reason*
 - right documentation; and*
 - right response (i.e., no adverse reaction to the medication).*
-

SAFEKEEPING OF MONEY AND OTHER PERSONAL PROPERTY

Keeping money and other personal property of residents safe, if they ask for help, is an assisted living service.

- Keep daily expense money for residents to a limit of \$300.
 - › *You do not need to pay interest on money held for residents.*
- For all money held for a resident, keep:
 - › A current accounting and record of the money being kept for each resident;
 - › Evidence the resident has authorized any transaction on their behalf; and
 - › Receipts of transactions.
- If you hold personal property for a resident to keep it safe:
 - › Keep a current inventory of any personal property held and provide 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 storage spaces at their own risk.

THERAPEUTIC DIET SUPPORT

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

- Make sure that an individual dietary plan is developed and provided to the resident and direct staff 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 that is prescribed to treat a medical condition. This diet, permanent or temporary, controls what the resident's intake of food or nutrients is.

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

Modifying a resident's diet because of allergies, intolerances, or dietary 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 (e.g., 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 to follow their behaviour management plan.



Behaviour management support means supporting a resident to reduce and manage occurrences of behaviours that negatively affect their health, safety or quality of life.

PROGRAMMING (PSYCHOSOCIAL SUPPORTS)

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

- Daily living skills, including communication, interpersonal and planning skills;
- A safe and healthy lifestyle;
- Stress and conflict management;
- Community integration and engagement.

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

- 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, including personal programs for individual residents 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:

- Meets the objectives of your program;
- 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) includes providing programming and assisting a resident to participate in programs that have been 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 day to day programs that help residents gain new skills:
 - › 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 meetings with learning activities and support.

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

Mental Health Class

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

For residents with complex mental health or concurrent mental health and substance use problems, operators may need to consult 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 the resident needs and how services are to be delivered to them;
- A daily program of supports is being provided;
- Staff have the appropriate training and skills to deliver the services they are responsible for;
- Staff providing programming (psychosocial supports) have the required 20 hours of training they need in:
 - › Counselling;
 - › Crisis intervention and conflict resolution;
 - › Psychosocial intervention for substance use disorders; and
 - › Trauma-informed practice,
- Residents respond that they feel staff:
 - › Take the time to learn about their needs and preferences;
 - › Are respectful of their needs and preferences in the services they provide; and
 - › 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 available and 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 stored 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 that residents are participating; and
- Residents receive the daily guidance and programming (psychosocial supports) they need to support them in their ongoing recovery.



Emergency Preparedness

When there is an emergency, a strong plan of action can avoid confusion, injury and property damage. Plan ahead for emergencies and make sure that staff and residents know what they need to do.



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

Your Responsibilities

You must 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 an emergency drill;
- Describes how to evacuate, including any supports residents need 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
 - › When the support needs of residents change significantly.

Make sure all employees are trained to implement the emergency response plan, including how to use any emergency equipment.

Make sure that emergency measures include:

- Emergency exits, windows that can be used to get out of the building, and an emergency drill system appropriate to residents' needs and capabilities;
- Posted 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 to implement the emergency response plan, including how to use any 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 who can be reached easily and is able to respond quickly; and
- Employee access to first aid supplies.



The first aid certificate must meet these requirements:

- At least 8 hours of instruction, of which at least 3.5 hours of these are delivered in person;
- The course is delivered by a qualified first aid instructor;
- The employee must successfully complete a test which includes the demonstration of skills;
- The certificate that is issued when the course is completed must include the employee's name, level of first aid training achieved and the name of the agency that provided the training;
- The certification meets all of the skill requirements that are listed in Schedule B of the Assisted Living Regulation; and
- The certification is valid for no more than 3 years.

Skill requirements

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

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

If residents are at risk of an opioid overdose, you must be prepared to respond to an overdose.

- Assess if any of your residents are at risk of an overdose.
- Develop a plan that describes to staff what they must do to prevent and respond to an opioid overdose.
- Keep easy-to-access supplies of Naloxone on site so that all employees and residents can use them if there is 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), 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 describes who will assume leadership at any given time if there is an emergency;
- Conditions when an evacuation is needed versus conditions when it would be better to shelter-in-place;
- Evacuation procedures, including routes, exits and specific procedures for high-rise buildings;
- A pre-arranged plan for where residents will go if they are evacuated, (*e.g.*, an agreement with a neighbourhood location that can be used as an evacuation site);
- Procedures for assisting residents, visitors and employees to evacuate, including those who need extra support;
- A way 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 setting up your operations to make sure that residents are kept safe in an emergency, you:

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



Employees/Staffing

Your Responsibilities

- **Make sure that staff you hire have the training, experience and qualifications** to provide services and promote and protect the health and safety of residents.
- **Make sure that there is a staff plan in place that:**
 - › Identifies the number of employees needed for the setting, number of residents, capabilities of residents and the hospitality services and assisted living services offered; and
 - › Includes for each position (whether staff or volunteer):
 - A description of the duties and responsibilities; and
 - The experience, training, skills and other qualifications that employees must have.
 - › ***Managers of the residence must have the qualifications for this work and therefore cannot be volunteers.***



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

Before hiring, make sure that the appropriate checks are done.

Employees

- Operators must 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 meet with a volunteer and obtain:
 - › A criminal record check;
 - › At least two character reference checks; and
 - › Evidence of the person’s immunizations and tuberculosis test status.

If the volunteer manages or provides assisted living services or hospitality services, they must meet all the requirements under section 22(1) of the Assisted Living Regulation.

Contractors

- A 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.

For supportive recovery residences - make sure that 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 get this training and meet course requirements within 3 months of starting work; and
- The employee 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.

Supportive Recovery Standards Training Course

- This course is designed to share information, strategies and tools to help employees learn about the Provincial Standards for Registered Assisted Living Supportive Recovery (2021) and use them in their daily practice.
- Access the standards at <https://www2.gov.bc.ca/assets/gov/health/accessing-health-care/assisted-living-registry/registered-assisted-living-supportive-recovery-standards-sept2021.pdf>
- Register for the Standards training at <https://eservicebc.ca/selfreg/?c1=Ur7Wy647oFy&c2=vzMWU2LIWtl>
- The standards training is equivalent to 8 hours of the 20 hours required under the Assisted Living Regulation, section 23.

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

- If a contracted agency is being used for some services, you must make sure (through written documentation) that the contracted agency is conducting performance reviews.

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



Snapshot

A new employee starting work in this residence would find:

- They can access a written description of the duties and responsibilities of their position, with the experience, training and qualifications needed;
- Their job aligns with what they were originally hired to do;
- The interview focused on their training, experience and qualifications for this work;
- They received an orientation to the residence, the services provided, and their duties and responsibilities;
- This orientation also covered the residence’s policies and procedures for 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 describing 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.
- There is 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;

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



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

Policy, Plans, Agreements, Information and Records

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

	<ul style="list-style-type: none"> - Safe practices for the preparation and delivery of meals; - Expectations relating to staff illness; - What to do to prevent and respond to the spread of infectious disease in the residence if there's an infection breakout; and - Asking for guidance from public health or the case/care manager as needed. 	
Medication Plan	<p>Procedures to be followed to ensure medication is received, stored, distributed and administered properly and safely, when any of these services are offered by the residence.</p> <ul style="list-style-type: none"> › <i>give a copy to potential residents</i> 	S64 (1)
Missing Person Plan	<p>What to do if a resident is missing and what policies and practices are in place to keep track of where residents are, such as having to sign in and sign out.</p>	S52
Opioid Overdose Plan	<p>What to do to prevent and respond to an opioid overdose.</p>	S28 (2)
Programming (Psychosocial Supports) Policy	<p>What kind of programming and activities are provided to help residents to enhance their basic living skills, communication, interpersonal and planning skills, and wellness, as well as to reintegrate into or engage with the community. Staff must be qualified to lead programs and activities, and there may be some programs that need to be delivered by regulated health professionals.</p>	S72 (2a)
Reportable Incident Policy	<p>Policy about what must be done and what information is to be included in a reportable incident. This should include information about who to report the incident to.</p>	S51 & Schedule E

<p>Shared common areas policy (can be part of residency agreement)</p>	<p>Explanation of how common areas shared by residents of more than one class of assisted living residents, or by residents and persons who are not assisted living residents, will be managed to protect the health and safety of residents.</p> <ul style="list-style-type: none"> › <i>give a copy to potential residents</i> 	<p>S15 (2b)</p>
<p>Visitor and communication policy</p>	<p>Policy about visitors and communication with non-residents, including any restrictions on these activities.</p> <ul style="list-style-type: none"> › <i>give a copy to potential residents</i> 	<p>S41 (2)</p>

<p>Operational Plans Needed</p> <p>Staff know about and can act, based on each of these plans.</p>		<p>Regulation Section</p>
<p>Emergency Response Plan</p>	<p>The plan that is used in serious emergencies, such as a fire, flood, or earthquake. It must describe emergency measures to mitigate, respond to and recover from an emergency. It must include procedures to follow in emergency drills and evacuations. The plan must also describe how you will provide assisted living and hospitality services to residents during and following the emergency or an evacuation.</p>	<p>S25 (1-2)</p>
<p>Menu Plans</p>	<p>Menus for breakfast, lunch, dinner and snacks for residents planned out for a full month. Plans must consider your residents' nutritional needs, preferences, variety of diet and follow Canada's Food Guide. These plans must be reviewed and approved by a dietitian who is registered in B.C</p>	<p>S55</p>

Employee or Staff Plan	This plan identifies the number of employees needed for the setting, the number of residents, resident profiles and the personal assistance services offered. It also describes the duties, responsibilities, experience, training and qualifications required for each staff position.	S21
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Individual Resident Plans Needed Staff must be able to access these plans about individual residents when it is necessary for them to provide assisted living services and support that resident. * Protection of personal privacy is governed by the <i>Freedom of Information and Protection of Privacy Act</i> .		Regulation Section
Residency Agreement	Describes the responsibilities of both the operator and residents, rules of the residence, fees, refunds, and criteria that will guide a decision to end a residency. <ul style="list-style-type: none"> › <i>give a signed copy to residents</i> 	S31 & Schedule C
Short Term Service Plan	Provides 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. <ul style="list-style-type: none"> › <i>give a copy to residents</i> 	S32
Personal Service Plan	Describes the services a resident will receive in enough detail for staff to understand how they can best support this person now and in the longer term. Any directions about diet, medications, allergies and intolerances and notes about preferences (personal, cultural or spiritual) must be included. <ul style="list-style-type: none"> › <i>give a signed copy to residents</i> 	S33 & Schedule D

<p>Transition Plan</p>	<p>This plan must be developed when a resident’s needs can no longer be met in assisted living or when assisted living services are no longer needed by the resident. It describes the relocation plan for the resident, how any health and safety risks will be minimized and managed until the resident moves out, and who is responsible for making these arrangements. It should include information about:</p> <ul style="list-style-type: none"> - housing supports, professional health services and social services available in the community after the move. › <i>give a signed copy to residents</i> 	<p>S45 (1-3)</p>
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Reporting What must be reported to the assisted living registrar.		Regulation Section
Changes to registration information	<p><i>Changes must be approved ahead of time by the Registrar.</i></p> <p>Any changes to the information and records submitted that relate to the current registration, including:</p> <ul style="list-style-type: none"> - 30 days written notice for changes to: <ul style="list-style-type: none"> › Contact information of the operator or assisted living residence; › Name of the residence; › Manager of the residence, if not the operator; › Nature or scope of the assisted living services; › Number of units in the residence; or › Number of residents the residence has the capacity to house. - 120 days written notice when: <ul style="list-style-type: none"> › Address or class of the residence changes; › Structure or floor plan changes; or › Control of the residence changes, when the residence is transferred to another person or body. 	S9 & 10
Reportable Incidents	<p>Include: Aggression between residents, aggressive or unusual behaviour, attempted suicide, choking, death, disease outbreak or occurrence, emotional abuse, fall, financial abuse, food poisoning, medication error, missing person, motor vehicle injury, neglect, other injury, overdose, physical abuse, poisoning, police call, service delivery problem, sexual abuse, unexpected illness.</p> <ul style="list-style-type: none"> › <i>See definitions on pages 84-86.</i> 	S51 & Schedule E

Records

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

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

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

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

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

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

Assisted Living Registrar and Registry

Overview

Who We Are

The Assisted Living Registrar is appointed under the *Community Care and Assisted Living Act* (the Act). It is the registrar's duty to protect and promote the health and safety of residents in assisted living. The Assisted Living Registry is made up of investigators and program staff and supports the registrar in meeting this mandate. It is also the duty of the registry staff to protect and to promote the health and safety of assisted living residents.

What We Do

Investigators:

- Assess applications to open an assisted living residence;
- Help applicants and assisted living operators by answering questions and providing information and education;
- Issue registrations;
- Inspect assisted living residences to make sure that they are following the Act and the Assisted Living Regulation;
- Investigate complaints about assisted living residences; and
- Investigate if there is reason to believe that an unregistered assisted living residence is being operated.



Substantiated complaints are allegations that have been investigated by assisted living registry staff and have been determined to have valid health and safety concerns.

The registrar may suspend a registration, attach terms or conditions to the registration, or vary the terms or conditions of that registration if the registrar has reasonable grounds to believe that there is a risk to the health or safety of a resident. This is usually done with 30 day's notice. If there is an immediate risk to health or safety, the registrar can also do this without notice.

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 educational, incremental and progressive enforcement approach; and
- Ensure fairness, transparency, accountability and administrative fairness in its administrative practices.



Administrative fairness means that when government decision makers (such as the registrar) must make a decision that negatively affects an assisted living operator (such as taking action against their registration) the decision maker must first inform and consult with the person who will be affected by the decision (the operator). They must listen to and consider that person's point of view.

Information We Publish on our Website

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

- Which residences are legally registered and operating in British Columbia;
- Which residences have been found to be operating unlawfully (*i.e.*, operating without a registration when one is needed);
- Information about substantiated complaints; and
- Inspection or investigation information and any action taken to fix problems that have been identified.

This information can be found here:

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

Registration matters. Reputation matters.

Complaints

Anyone who has a concern about the health or safety of a resident can make a complaint to the Assisted Living Registrar.

Registry staff will assess the complaint to see if it is within the registry's mandate to investigate. The registrar will investigate all complaints related to the health and/or safety of residents.

For example:

- A resident can no longer make the decisions they need to make to live safely in assisted living;
- A resident is being abused or neglected;
- The environment of a residence is not safe; or
- The services being provided put a person at risk of harm.

The registry cannot investigate complaints about:

- Funding (whether an assisted living unit is subsidized by another ministry or a health authority or how much money is being provided by that ministry or health authority).
- Tenancy (rent increases, damage deposits).
- Operating issues (availability of guest rooms, staff-management and labour relations issues).

Investigating a Complaint

Registry staff may follow a process like this to investigate a complaint.

- The assisted living operator will be asked for information, and any relevant information and policies will be reviewed.
- A site visit may be conducted and residents and/or staff may be interviewed.
- After considering all the evidence that has been gathered, the investigator will determine whether the operator is complying with the *Community Care and Assisted Living Act* and the Assisted Living Regulation.
- The investigator will provide support and education to help the operator understand their role and responsibilities.

- When an operator does not do what needs to be done to come into compliance, the registrar may take progressive enforcement steps which can include a range of actions, such as:
 - › Increased monitoring and inspections of the residence;
 - › Verbal and written warnings;
 - › Attaching a condition to the registration; and
 - › Suspending or cancelling a registration.
- The registrar will send the operator a letter describing the pending action and the reasons for it. The letter is sent at least 30 days before taking action unless the action is to take place immediately (summary action in high-risk cases).
- The operator may then provide additional information to the registrar and ask the registrar to reconsider the proposed action.
- The registrar must post the findings of an investigation and action taken on the Assisted Living Registry website to inform the public about any assisted living residence that is not meeting its legal responsibilities to its residents.

NOTE: The registrar has the authority to act and attach conditions to the registration, or vary conditions of that registration, without notice if the registrar has reasonable grounds to believe that there is an immediate risk to the health or safety of a resident.

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

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

Funding Assistance for Residents

Access

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

- Referrals – can come from a variety of sources including: 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 (*e.g.* 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 pay a fixed per diem towards the assisted living supportive recovery residence user fees as well as a comforts allowance for clients’ personal expenses. The per diem is not paid to illegally operating residences.

- 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 and is not paid directly to the resident. The comforts allowance is paid directly to the resident.
- *Search: Alcohol and drug residential treatment at www2.gov.bc.ca*
- *Search: Support, Shelter & Special Care Facilities at 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 among different funding providers.

Contact networks matter. Relationships matter.

Health Professionals

Assisted living residents make their own appointments with health care professionals (such as physicians or nurses) as they would if they lived independently in the community. Residents can also access professional services through health authority programs (e.g., community nursing, physiotherapy, podiatry) or by purchasing these services from a private agency.

Some assisted living services (such as medication management and administration) may need to be provided by a regulated health care professional (a registered nurse). Operators need to make arrangements with the appropriate regulated health care professional to provide the services that they need. The health professional will determine which, if any, medical tasks can be delegated to unregulated care staff in the residence. Operators must make sure that supervision by a health care professional is in place for any activities that are delegated.

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

Glossary of Terms

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

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

Adult A person 19 years of age or older.

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

Assisted living services May include any of the following that the operator has registered to provide:

- Assistance with activities of daily living;
- Assistance with managing medication;
- Assistance with managing a therapeutic diet;
- Assistance with safekeeping of money and other personal property;
- Assistance with behaviour management; and
- Programming or (psychosocial supports).

Cannabis Refers to the cannabis plant, as defined by the *Cannabis Act*.

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

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

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

Contact person The person identified by the resident to be contacted if there are health or safety concerns and if there is a reportable incident.

- Should be included in the residency agreement.

Criminal record check	This check must be done under the Criminal Records Review Act. The check identifies if the person presents a risk of physical, sexual or financial abuse to vulnerable adults. If there is a relevant record the Criminal Records Review program will adjudicate to determine whether the person presents a risk.
<hr/>	
Dietitian	A regulated health care professional who has expertise in applying nutrition principles to menus and to the diets of individual persons, and who is authorized under the <i>Health Professions Act</i> of British Columbia.
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Electronic surveillance	Using electronic devices such as a video camera to watch, listen to, record or transmit images of residents or members of the public.
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Emergency	Any unplanned event that can cause death or significant injuries to residents or staff, or that can shut down business, disrupt operations, or cause physical or environmental damage.
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Employees/ staff	The <i>Act</i> and Regulation use “employees” for hired staff, contractors and volunteers that provide services to residents. In everyday terms, the word “staff” is often used.
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Funding program	A government or agency program which provides funding for hospitality or assisted living services. Government programs are offered by provincial, federal, municipal and First Nations governments. The funding may be provided through a contract with an operator or through the government or agency owning and operating the residence.
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Health authority	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"> - Fraser Health - Interior Health - Island Health - Northern Health - Vancouver Coastal Health

Health professional

A person who provides professional health services to:

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

In B.C., there are 26 regulated health professions, of which 25 are governed by 15 regulatory colleges under the *Health Professions Act*. These include: audiology, chiropractic, dentistry, dietetics, massage therapy, midwifery, naturopathic medicine, medicine (physicians and surgeons), occupational therapy, optometry, pharmacy, physiotherapy, psychology, licensed and registered nursing, social work, speech and language pathology and Traditional Chinese Medicine (TCM).

Hospitality services

Include:

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

The person hired by an operator to manage the day-to-day operations of an assisted living residence.

Medication

Includes:

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

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

Opioid

A class of drugs that include both legal and illegal drugs. These include heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others.

Opioid overdose	A toxic level of opioids that requires emergency intervention or transfer to a hospital.
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Personal representative	Includes: <ul style="list-style-type: none"> - A personal representative under the <i>Representation Agreement Act</i>; - An attorney acting under a power of attorney; or - A committee under the <i>Patients Property Act</i>.
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Premises	Means a building or structure and includes outside areas adjacent to the building or structure ordinarily used in the course of providing services.
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Operator/registrant	The person, company or society that is registered to operate 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.
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Registration	A registration provided by the Assisted Living Registrar that permits the lawful operation of an assisted living residence.
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Reportable incidents	Events that must be reported within 24 hours of occurring. These include: aggression between residents, aggressive or unusual behaviour, attempted suicide, choking, death, disease outbreak or occurrence, emotional abuse, falls, financial abuse, food poisoning, a 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 on page 84-86 and in Schedule E of the Assisted Living Regulation.</i>
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Resident	An adult who receives housing, hospitality services and assisted living services at an assisted living residence.
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Safe	Free from danger or the risk of harm.
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Spouse	A person who: <ul style="list-style-type: none">– Is married to another person; or– Has lived with another person in a marriage-like relationship for a continuous period of at least 2 years.
Summary action	Immediate action that is taken by the registrar to suspend a licence, attach terms or conditions to the registration, or vary the existing terms or conditions of that registration. This is only used when there is an immediate risk to the health or safety of a resident.
Unit/personal residence	A room or set of rooms that include a sleeping area and is: <ul style="list-style-type: none">– Used as the personal living quarters of a resident; or– Shared as personal living quarters by more than one resident.
Unsafe behaviours	Activities that residents may engage in that may present a danger either to themselves or to others (<i>e.g.</i> , suicide, self-neglect, self-harm, compulsive hoarding, unsafe smoking practices, aggressive behaviour).
Watchful eye	Keeping an eye on residents to see if there are any problems related to their resident’s health or safety, and taking the action needed to follow up on the concerns.

Definitions of Reportable Incidents

As defined in Schedule E of the Assisted Living Regulation

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

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

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

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

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

Choking A choking incident involving a resident that requires:

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

Death The death of a resident.

Disease outbreak or occurrence An outbreak or the occurrence of a disease above the incident level that is normally expected.

Emotional abuse Any act, or lack of action, which may diminish the sense of dignity of a resident, perpetrated by a person who is not a resident, such as verbal harassment, yelling or confinement.

Fall	A fall of such seriousness, experienced by a resident, as to require emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.
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Financial abuse	Includes: <ul style="list-style-type: none"> – Misuse of the funds and assets of a resident by a person who is not a resident; or – Obtaining the property and funds of a resident by a person who is not a resident without the knowledge and full consent of the resident or the resident’s contact person or personal representative.
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Food poisoning	A foodborne illness involving a resident that requires emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.
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Medication error	An error in the administration or distribution of a medication which adversely affects a resident or requires emergency intervention or transfer to a hospital.
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Missing person	A resident who is missing.
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Motor vehicle injury	An injury to a resident that occurs during transit by motor vehicle while the resident is under the supervision of the operator.
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Neglect	The failure of an operator to meet the needs of a resident, including with respect to food or shelter.
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Other injury	An injury to a resident requiring emergency care by a medical practitioner or nurse practitioner or transfer to a hospital.
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Overdose	The introduction into a resident’s body of toxic levels of medication, alcohol or illicit drugs that requires the administration of Naloxone, emergency intervention or transfer to a hospital.
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Physical abuse	Any physical force that is excessive for, or is inappropriate to, a situation involving a resident and perpetrated by a person who is not a resident.
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Poisoning The ingestion of a poison or toxic substance by a resident, not including an overdose.

Police call A request for police to attend the residence.

Service delivery problem Any condition or event which could reasonably be expected to impair the ability of the operator or their employees to provide a hospitality service or assisted living service, or which affects the health or safety of residents.

Sexual abuse Includes:

- Any sexual behaviour directed towards a resident;
- Sexual exploitation of a resident, whether consensual or not, by an employee of the operator or by any other person in a position of trust, power or authority; and
- Does not include consenting sexual behaviour between residents.

Unexpected illness Any unexpected illness of such seriousness that it requires a resident to receive emergency care by a medical practitioner or nurse practitioner or transfer to a hospital.

Tools and Resources

Helpful factsheets, forms and links can be found on the tools and resources page on the Assisted Living website.

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

Useful Websites

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.

Creating and Managing a Healthy and Safe Workplace.

<https://worksafebc.com/>

WorkSafeBC has information to help employers create health and safe workplaces, such as [Creating and Managing a Healthy and Safe Workplace | WorkSafeBC](https://www.worksafebc.com/en/health-safety/create-manage)

(<https://www.worksafebc.com/en/health-safety/create-manage>)

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.

WorkSafe BC also has resources on emergency planning, such as [Emergency Response Planning: 12 Tips for an Effective Emergency Response Plan | WorkSafeBC](#). Go to [WorkSafe BC](#) and search for “emergency” to find this and more resources. (<https://worksafebc.com/>)

FOODSAFE, Level 1 Course

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

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

FOODSAFE equivalents

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

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

HealthLinkBC Files

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

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

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

The HealthLinkBC Directory

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

The HealthLinkBC 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.

Mental Health and Substance Use Supports

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

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

Nursing Standards

Medication Practice Standard for all BCCNM Nurses

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

Practice Standards for Registered Psychiatric Nurses

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

Practice Standards for Licensed Practical Nurses

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

Delegating Tasks to Unregulated Care Providers

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

Working with Health Care Assistants

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

Questions about the nursing scope of practice?

Contact the BC College of Nurses and Midwives. They provide practice consultation on matters within BCCNM's mandate, including legislation, scope of practice and standards.

- Email practice@bccnm.ca
- Phone 604-742-6200 x8803
- Toll-free 1-866-880-7101 x8803

Provincial Peer Support Worker Training Curriculum

<https://peerconnectbc.ca/courses/peer-support-training/>

Sixteen modules that focus on the peer support worker role.

Provincial Standards for Registered Assisted Living Supportive Recovery (2021)

The Supportive Recovery Standards Training Course is designed to share information, strategies and tools to help supportive recovery employees learn about the Provincial Standards for Registered Assisted Living Supportive Recovery (2021). The standards training is equivalent to 8 hours of the 20 hours required under the Assisted Living Regulation, section 23.

- Access the standards at <https://www2.gov.bc.ca/assets/gov/health/accessing-health-care/assisted-living-registry/registered-assisted-living-supportive-recovery-standards-sept2021.pdf>
- Register for the Standards training at <https://eservicebc.ca/selfreg/?c1=Ur7Wy647oFy&c2=vzMWU2LIWtl>

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, and 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” with 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](#) (CAMH) has developed a free online course called [Understanding Stigma](#) to help healthcare providers caring for people with mental health and substance use problems. Go to <https://www.camh.ca/en/education/continuing-education-programs-and-courses/continuing-education-directory/understanding-stigma>
 - › Find more resources by searching for “stigma” on the CAMH website: <https://www.camh.ca>
- Cultural safety and humility resources from Health Quality BC at <https://bcpsqc.ca/resources/cultural-safety-and-humility/>

Volunteers and the Law

The People’s Law School has developed a web-based guide for volunteers, organizations and boards:

<https://www.peopleslawschool.ca/category/business-non-profits/volunteers/>

Contacts

BC Centre on 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
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 assisted living 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

Interior Health

Phone: Kelowna: 250-469-7070
Website: www.interiorhealth.ca

Island Health

Phone: Greater Victoria: 250-370-8699
Website: www.islandhealth.ca

Northern Health

Phone: Prince George: 250-565-2649
Website: www.northernhealth.ca

Vancouver Coastal Health

Phone: Toll-free: 1-866-884-0888
Metro Vancouver: 604-736-2033

Website: www.vch.ca

First Nations Health Authority

Phone: Toll-free: 1-866-913-0033

Website: <https://www.fnha.ca/contact-us>

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/>

