Ministry of Health

HEALTH and SAFTEY STANDARDS and GUIDELINES for MENTAL HEALTH and SUBSTANCE USE ASSISTED LIVING RESIDENCES

November 1, 2012

Assisted Living Health and Safety Standards and Guidelines for Mental Health or Substance Use Residences

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Assisted Living Health and Safety Standards and Guidelines for Mental Health or Substance Use Residences

Introduction

The mandate of the Assisted Living Registrar (ALR) is to register all assisted living residences in the province as defined under the *Community Care and Assisted Living Act* (the Act), whether private pay or publicly subsidized. The goal of registration is to strengthen services for individuals/caregivers by:

- ensuring access to information needed to make informed choices about residences that provide housing, supports and services for people with mental health and or substance use problems;
- providing a consistent standard of health and safety, including clear policies and standards;
- increasing transparency and accountability for receiving and resolving health and safety concerns and complaints;
- strengthening protections from abuse and neglect; and
- providing an increased range of assisted living services.

The Assisted Living Registrar registers residences, sets provincial standards and investigates complaints about issues affecting residents' health and safety to ensure operators meet this requirement[1]. In addition to registration, some operators may also be required to meet program requirements set by public funding bodies or be accredited.

Standards

The standards:

- incorporate, rather than duplicate, existing regulatory and policy requirements;
- focus on broad health and safety considerations rather than establishing specific program requirements that are associated with funding source requirements or accreditation; and
- represent the requirements that mental health and substance use residences must meet to be registered and maintain registration.

These health and safety standards and associated service guidelines are specific to residences that qualify for registration under the Act[2] and provide housing, supports and services for people with mental health and/ or substance use problems (MHSU residences). The purpose of the standards is to support a consistent standard of care for all residents living in assisted living residences, whether private pay or publicly subsidized. Operators must demonstrate compliance with the standards.

[1] Section 26(5) of the CCALA requires that registrants (operators of registered residences) operate their residences in a manner that does not jeopardize residents' health or safety.

[2] Residences are considered assisted living (AL) residences if they provide housing, five hospitality services, and one or two prescribed services to adults as per the CCALA.

Assisted Living Health and Safety Standards and Guidelines for Mental Health or Substance Use Residences

Operators have the flexibility to design their own programs, policies, procedures and administrative systems but they must:

- comply with any existing regulatory and policy requirements, or requirements set out by the health authority if publicly subsidized;
- demonstrate that they orient all staff to the residence policies and procedures; and
- develop processes to monitor and ensure ongoing compliance with them.

The standards were developed in consultation with representatives from the Ministry of Health, Ministry of Social Development, health authorities, and operators who work in the sector, and will be revised over time, based on ongoing consultation with stakeholders and experience gained through applying them.

In the tables following, each standard is stated and the required outcomes that operators must achieve are listed in the left hand column. Indicators in the right hand column identify how the outcome would be demonstrated, and support the quality of care (e.g., policies, procedures, reporting). Operators must provide "required" indicators. Indicators that are not marked "required" are discretionary. Standard specific service guidelines have been developed to assist people to better understand how to achieve the standard.

The nine standards are:

#1: Individuals have access to information needed to make informed choices about housing, supports and services for mental health and substance use residences.

#2: Operators provide a safe, secure and sanitary environment for residents and staff.

#3: Residents have access to five hospitality services that support their health and safety.

#4: Staff have the right skills and competencies to do their job.

#5: Potential residents are screened before entering the residence, and residents participate in exit planning to support their transition out of the residence.

#6: Residents participate in establishing and maintaining their personal services plan.

#7: Risk of abuse and neglect to residents and staff is minimized.

#8: Services are provided in a safe, accountable manner, and meet residents' needs.

#9 Residents are provided with information on complaint processes.

Definitions

abuse means the deliberate mistreatment of an adult that causes the adult (a) physical, mental or emotional harm, or (b) damage to or loss of assets, and includes intimidation, humiliation, physical assault, sexual assault, overmedication, withholding needed medication, censoring mail, invasion or denial of privacy or denial of access to visitors. **"Neglect"** means any failure to provide necessary care, assistance, guidance or attention to an adult that causes, or is reasonably likely to cause within a short period of time, the adult serious physical, mental or emotional harm or substantial damage to or loss of assets, and includes self neglect. *Adult Guardianship Act,* RSBC 1996, c. 6, s. 1.

common space is an area that is available for use by more than one person. The common areas are those "within a building that are available for common use by all tenants, (or) groups of tenants and their invitees.

Compliance packaging [3]is dispensing medications in compliance packs assists individuals (or their agents) in maintaining an administration schedule, improving ease/efficiency of administration and convenience, and thus optimizing the effectiveness of treatment. When dispensing in compliance packs, **the pharmacist assumes the responsibility and accountability** for organizing an individual's medications in addition to dispensing and counselling functions associated with traditional prescriptions. Compliance packaging is available in various formats: single medication blisters cards, multi-medication blister cards, hard packs and strip packaging. Each device is designed with compartments representing day of week and administration time; typically morning, noon, dinner and evening.

designated agency is a community agency that has a legal responsibility to look into the situation and to talk directly with the adult, involving them as much as possible in addressing their situation. The designated agencies in BC are: the five regional health authorities and Community Living B.C. (for adults who are eligible for these services). Designated agencies work with the adult to give the kind of support that he or she wants and needs. This may include informal support from friends, family and advocates. It may also include other services such as home support, meal services or a day program. Many situations will be addressed in this way.

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

[3] Ontario College of Pharmacists description

emergency response plan is the plan that is put into effect whenever a crisis, man-made or natural, disrupts operations, threatens life, creates major damage, and occurs within the organization and its surrounding area. While it is likely that outside assistance would be available in most large-scale crisis/emergency situations affecting organization, the organization must be prepared to carry out crisis response and short-term recovery operations on an independent basis.

exit plan is the plan developed by a operator in conjunction with the resident and, as appropriate, their family, physician, support network and case manager when a resident is no longer suitable for an assisted living residence The exit plan sets out the resident's relocation plans.

hospitality services are meal services, housekeeping services, laundry services, social and recreational services, and a 24-hour emergency response system.

informed consent is approval given by a person served that is based on sufficient experience and knowledge, including exposure, awareness, interactions, or instructional opportunities, to ensure that consent is made with adequate awareness of the alternatives to and consequences of the options available.

medication management is the central storage of medication, distributing of medication, administering medication or monitoring the taking of medication.

personal service plan is an agreement between an individual resident and the operator that includes the nature of the resident's needs and service requests, the risks the resident is facing and a plan for delivery of services. The plan is developed when the resident moves in and is updated regularly.

psychosocial supports is a holistic approach to working with people with mental illnesses or substance use issues. It is a program of services and supports in various areas of life, such as educational, vocational, social and/or leisure, by which individuals acquire or improve the knowledge and skills they need to live as independently as possible.

registrant is an operator of an registered assisted living residence.

residence occupancy agreement defines the expectations, rights and obligations of the resident and provider. This agreement should include the services to be provided, the charges to the resident for the services, and the conditions under which a resident will be required to move out of the residence, as well as other relevant policies and procedures.

safe is being free from danger or the risk of harm.

staff are employees, contractors, volunteers, and residents who perform staff functions.

serious incidents include: attempted suicide by a resident; missing person, unexpected deaths reported to the Coroner; disease outbreaks reported to the local Medical Health Officer; abuse or neglect; medication error that requires emergency care by a physician or transfer to hospital; and fire or flood that causes personal injury or building damage.

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

watchful eye: As a standard of care, 'keeping a watchful eye' means if an operator notices a problem in relation to a resident's health or safety, they have a responsibility to follow up on the issue.

Standard 1

Individuals have access to information needed to make informed choices about housing, supports and services for mental health and substance use residences.

Required Outcomes	***Indicators***
Access to Information	
1.1 Individuals or representatives receive all necessary information about the residence, supports and services prior to entering the residence.	• residence occupancy agreement identifying the responsibilities of the operator and the resident **(required);** • Assisted Living Registrar complaint brochures available **(required)**; • complete and understandable information about the residence readily available including services, costs, rules, rights of residents, cooking and dining facilities and spaces, requirement to share accommodation, open door design, accommodation of food allergies, intolerances or special diets and who to contact with concerns **(required)**; • pictures of the residence available; • residents state that they know their rights and have adequate information about the services and rules, i.e., right to complain; • contract for service.
Informed Consent	
1.2 Individuals or representatives provide informed consent at time of entering the residence.	• entry interview process and material to inform potential residents about the physical space **(required)**; • signed consent to service form **(required);** • newsletters.

Standard 1: ***Individuals have access to information needed to make informed choices about housing, supports and services for mental health and substance use residences.***

Guideline: Access to Information

1.1 Individuals or representatives receive all necessary information about the residence, supports and services prior to entering the residence.

In the resident handbook or entry interview, operators must fully inform potential residents of:

- philosophy of the residence;
- rights of residents and who to contact with concerns;
- the nature and costs of the accommodation and services provided;
- the residence's house rules including participation in house routines and programs, behaviour in the residence and why they may be asked to leave the residence;
- whether or not the residence requires shared accommodation;
- cooking and dining facilities available;
- whether food allergies, food intolerances or special diets are accommodated;
- whether or not the residence has an open door design; and
- how their personal belongings will be secured.

Given the psychosocial support focus of most MHSU residences, operators may place some restrictions on residents' freedom of choice (residence's house rules) while they are in the supportive recovery residence. For example, the operator may impose a structured daily routine, prohibit use of alcohol or illicit drugs, or limit contact with family and friends. These restrictions could be permanent throughout the resident's stay or temporary, with residents given greater freedom of choice as they are able to better manage their mental health or substance use problems.

Guideline: Informed Consent

1.2 Individuals or representatives provide informed consent at time of entering the residence.

Elements of consent[4]

6 An adult consents to health care if:

(a) the consent relates to the proposed health care;

(b) the consent is given voluntarily;

(c) the consent is not obtained by fraud or misrepresentation;

(d) the adult is capable of making a decision about whether to give or refuse consent to the proposed health care;

(e) the health care provider gives the adult the information a reasonable person would require to understand the proposed health care and to make a decision, including information about

(i) the condition for which the health care is proposed;

(ii) the nature of the proposed health care;

(iii) the risks and benefits of the proposed health care that a reasonable person would expect to be told about; and

(iv) alternative courses of health care; and

(f) the adult has an opportunity to ask questions and receive answers about the proposed health care.

The Health Care Providers' Guide to Consent to Health Care is a resource that also provides information about informed consent.

[4] *Health Care (consent) and Care Facility (Admission) Act*

Standard 2

Operators provide a safe, secure and sanitary environment for residents and staff.

Required Outcomes	***Indicators***
Building	
2.1 Building design, construction and occupancy comply with requirements of applicable legislation, regulation bylaws and codes.	• business license or written confirmation from the local government that license is not required **(required)**; • occupancy permit for new buildings and permits for any significant renovations **(required)**; or • BC Housing Home Inspection or equivalent (**required**); • local fire department approval of fire safety plan **(required)**; • permits from local health authority Environmental Health Services for water or sewage disposal systems not on city/municipal/regional district services, hot tubs, and swimming pools **(required)**.
2.2 Residents have common spaces that meet their social needs.	• designated common space for residents that is adequate for the residents to meet their social needs, e.g., living room, television room, computer room, outdoor space for residents **(required)**; • residents state that that the common space provides for their social needs.
2.3 The residence safely accommodates the needs of residents and staff.	• residence is registered with WorkSafeBC if required **(required)**; • written Workplace Hazardous Materials Information System (WHMIS) policy, if exempt from WorkSafeBC **(required);** • policies and procedures for cleaning and maintaining the building **(required)**; • satisfactory annual fire inspection **(required);** • minimal WorkSafeBC claims.
2.4 The residence is physically secure.	• policies and procedures for situations where other residents, visitors or intruders may place residents or staff at risk **(required)**; • policy and procedure for locking doors and after hour entry to residence **(required)**.

Standard 2

Operators provide a safe, secure and sanitary environment for residents and staff.

Required Outcomes	*Indicators*
Resident Privacy	
2.5 Resident privacy and personal information are protected.	• polices for recording and storing personal information including the length of time personal information is maintained **(required)**; • written informed consent for release of residents' personal information **(required)**; • a locked file cabinet or area to store resident personal information is used **(required);** • residents state they that know the policy about when staff can enter their units; • residents report that staff do not enter their units without permission other than for health and safety concerns;
2.6 Residents belongings are secure against loss, damage or theft.	• policy on storage of residents' belongings and abandonment of personal property **(required)**; • residents have access to a secure storage space **(required)**.
Fire safety, Infection Control and Emergency Preparedness	
2.7 Residents live safely in the community.	• written general emergency plans for staff and residents displayed prominently, i.e., fire, flood, earthquake, extreme weather and/or extended power failure **(required)**; • basic fire safety equipment (e.g., fire extinguishers and smoke detectors) with number, type and placement approved by the local fire authority are in building **(required)**; • a posted fire evacuation plan (escape plan) **(required)**; • plan for temporarily relocating residents during a loss of essential services **(required)**; • policies and procedures to prevent and control infectious disease and pest infestations, e.g., using universal and/or other precautions and seeking advice, as needed, from the local health authority or public health unit **(required)**; • first aid kit on site and available to staff and residents **(required).**

Standard 2 ***Operators provide a safe, secure and sanitary environment for residents and staff.***	
Required Outcomes	***Indicators***
Serious Incidents	
2.8 Serious incidents are reported to the Assisted Living Registrar within 24 hours.	• serious incident reports submitted to the Assisted Living Registrar within 24 hours of an incident as per Guideline 2.8, page 13. **(required).**

Standard #2: ***Operators provide a safe, secure and sanitary environment for residents and staff****.*

Guideline: Resident Privacy

2.5 Resident privacy and personal information are protected.

Operators must protect resident's personal information. This can be accomplished, in part, by working with the resident to gain their signed, written consent to release and/or obtain their personal information. The written consent should include:

- What specific information can be released or obtained
- For what purpose the information will be used
- The time limit the consent is valid for
- Notice to the resident that they can withdraw their consent at anytime

Release of resident information must conform to the *Freedom of Information and Protection of Privacy Act*.

Guideline: Serious Incidents

2.8 Serious incidents are reported to the ALR within 24 hours.

Purpose of recording and tracking incidents

- keeping track of all incidents at a residence, supports resident health and safety;
- recording of incidents and subsequent analysis is a management tool, which can be used to reduce risk and improve the quality of services and operations.

Note: Serious incident reporting does not replace any internal incident reporting processes.

Operators must maintain a record of incidents that occur within the residence and report serious incidents to the Registrar in accordance with this guideline. Serious incidents[5] include:

1. attempted suicide by a resident;
2. missing person;
3. unexpected deaths reported to the Coroner;
4. police calls;
5. disease outbreaks reported to the local Medical Health Officer;
6. abuse or neglect by staff reported to the local abuse and neglect Designated Agency or the Public Guardian and Trustee;
7. medication error that requires emergency care by a physician or transfer to hospital; and
8. fire or flooding that caused personal injury or building damage.

Reporting serious incidents to the Registrar provides:

- information about any actual or potential risks to resident health and safety;
- the Registrar with an opportunity to do a risk assessment and consider whether further follow up or an inspection of the operator's residence is warranted;
- the Registrar with information about patterns of risk for individual operators, and enables the Registrar to identify trends in health and safety risks occurring across assisted living residences.

[5] This definition is an inclusive definition. Incidents not listed here that are sufficiently serious should be reported.

Procedure for filing the serious incident report

1. The site manager/designate of the operator completes the Serious Incident Report form (provided in registrant handbook or at this link https://www.health.gov.bc.ca/exforms/assistedliving/1622fil.pdf).
2. Submit the report to the Assisted Living Registrar by fax or email.
3. Submit the report no later than the next business day following the serious incident.

Follow up by the Registrar

Registry staff review the serious incident report and contact the site manager or equivalent if more information is required. Registry staff then assess the risk to resident health and safety. If the staff considers that there is no risk to resident health and safety and the incident does not require any further follow up, they log the incident and place the report on the residence file.

Registry staff may conduct an inspection where there is a concern about the health or safety of a resident. Factors influencing the decision to conduct an investigation include the specific nature of the incident, the operator's history of serious incidents and/or substantiated complaints, and the operator's awareness of and compliance with the *Health and Safety Standards*. Registry staff also look for emerging patterns in the operator's compliance history.

The Registrar takes into consideration the actions the operator has taken both immediately after the serious incident and follow up plans intended to reduce the risk of or prevent a recurrence of a similar incident in the future. The Registrar may also review the policies and procedures the operator has in place to manage and reduce similar risks.

The Registrar has the discretionary power to take action against an operator's registration (attach or vary conditions or suspend or cancel the registration). Enforcement of the *Community Care and Assisted Living Act* will be progressive.

Standard 3

Residents have access to five hospitality services[6] that support their health and safety.

Required Outcomes	***Indicators***
Food Safety	
3.1 Meals are safely prepared and nutritious.	• safe food policies and procedures **(required)**; • food premises permit if required by law, and comply with the *Food Premises Regulation* under the *Public Health Act* **(required)**; • where there is no food premise permit, at least one person on site has a valid FOODSAFE certificate[7] **(required)**; • evidence of coaching or information available about nutritious meals including, Canada Food Guide, menu planning, grocery shopping; meal preparation and safe food handling **(required)**; • menus are developed according to Canada's Food Guide and rotated to provide variety and choice **(required)**;
Housekeeping	
3.2 Residents have equipment to safely clean their unit.	• operator ensures there is cleaning equipment **(required)**; • residents are instructed and coached on how to use the equipment **(required)**; • documentation verifying that resident has the ability to and is cleaning their unit **(required)**; • residents' rooms are clean.
Laundry	
3.3 Residents are able to clean their personal clothing.	• laundry equipment is available for all residents **(required)**; • if required, residents are instructed and coached on the use of the laundry equipment and cleaning materials **(required)**; • bed linens are changed weekly at a minimum **(required);** • residents have clean clothes, towels and bed linens.

[6] An operator may provide the hospitality services themselves or assist residents to take responsibility for performing some or all of the services themselves. If a resident is temporarily unable to perform a service themselves, the operator is expected to deliver the service or arrange for alternate services to be provided.
[7] www.foodsafe.ca

Standard 3

Residents have access to five hospitality services[6] that support their health and safety.

Required Outcomes	***Indicators***
Social and Recreational Opportunities	
3.4 Residents have social and recreational opportunities and are assisted in accessing community activities**.**	• new residents receive an orientation to on site and off site community resources **(required);** • information posted in residence about social and recreational activities for residents, e.g., music, video nights, board games, card games, AA/NA meetings, local recreational centres **(required)**; • information available about how to obtain bus passes, schedules, maps **(required)**; • residents report that they are assisted to organize transportation to attend social and recreational activities.
24-hour Emergency Response	
3.5 There is a 24-hour emergency response system for residents and staff to summon help in an emergency.	• new residents receive an orientation to deal with emergencies **(required);** • emergency contact information posted in residence (e.g., 911) **(required)**; • procedures on how staff and residents call for help (e.g., by telephone) **(required)**; • policies and procedures on how staff and residents respond to specific emergencies **(required)**.

Standard #3: ***Residents have access to five hospitality services that support their health and safety.***

Guideline: Food Safety

3.1 Meals are safely prepared and nutritious

The Food Premises Regulation made under the *Health Act* has been amended to exempt small assisted living residences (no more than six residents), which would otherwise be used as single-family residences, from the application of that regulation. This guideline outlines safe food practices for operators of small assisted living residences. Operators of larger assisted living residences (seven or more residents) are still covered by the Food Premises Regulation, but may also be interested in this policy.

A FOODSAFE course teaches safe practices for the obtaining, storage, preparation and serving of meals.

FOODSAFE courses are available face-to-face, online, and by correspondence, and are recognized throughout BC and across Canada as meeting the requirements for food safety training for food service industry workers.

Contact your local health authority or see the FOODSAFE website for more information.
http://www.foodsafe.ca/main

Useful Links and Contacts

1. Health Authority FOODSAFE Contacts
   For up to date FOODSAFE course information and availability, visit http://www.foodsafe.ca/ and click the "courses" option at the top of the page. Or, if you do not have Internet access, consult the health authorities listing in the blue pages of your telephone book.

2. Workers' Compensation Board
   Workers' Compensation Board has policies for making the food service area a safe working place. You may wish to purchase the Food Service Worker's Safety Guide:
   http://tourism.healthandsafetycentre.org/s/Prevention-FoodBeverage.asp
   Workers' Compensation Board of British Columbia
   6951 Westminster Highway
   Richmond B.C. V7C 1C6
   604 273-2266; 1 800 661-2112 or 1 800 972-9972
   Fax: 604 276-3151
   http://www.worksafebc.com/

   Prevention Services Information Line:
   604 276-3100,
   Toll-free: 1 888 621-SAFE (ext. 7233)
   After-hours safety and health emergency reporting:
   604 273-7711; 1 888 621-SAFE (ext. 7233)
   Contacts for WCB of B.C. offices:
   http://www.worksafebc.com/contact_us/regional_locations/default.asp

Standard 4

Staff have the right skills and competencies to do their job.

Required Outcomes	***Indicators***
Management	
4.1 Site management is safe and meets the needs of residents.	• identifiable site manager with qualifications/experience to do their job **(required)**; • site manager can explain, and demonstrate with written policies and procedures, how residence achieves *Standards* outcomes **(required)***;* • proof that site manager and owner have a current (within 5 years) *Criminal Records Review* **(required);** • lack of substantiated complaints; • lack of serious incidents; • managers work with ALR to address issues or provide ongoing learning to staff.
Staff	
4.2 Staffing meets the needs of residents.	• staffing plan is in place **(required)**; • policies and procedures on how to manage unscheduled staff absences.
4.3 Staff and volunteers are qualified for the roles they perform.	• written policies and procedures on hiring and termination practices **(required)**; • written role descriptions for each position **(required)**; • proof that staff and volunteers have a current (within 5 years) *Criminal Records Review* **(required);** • copies of any diplomas/certificates/degrees on personal files; • staff are recruited and selected in accordance with the role descriptions.
4.4 Staff are capable of and knowledgeable about their role.	• orientation policies, procedures and protocols including the residence's philosophy and the house rules **(required)**; • records show training provided and/or taken by staff **(required)**.

Standard 4: ***Staff have the right skills and competencies to do their job.***

Guidelines: Management and Staff
4.1 and 4.3 Criminal Record Reviews

Effect June 30, 2011, the BC *Criminal Records Review Act* requires employees working with vulnerable adults to authorize a criminal record check for their employers.

Under the *Criminal Records Review Act*, assisted living residents are considered to be *vulnerable adults*. A person, including an assisted living operator, is considered to be working with vulnerable adults if that individual works with assisted living residents directly or has or could have unsupervised access to residents in the ordinary course of their work. For additional information about practicum students and the CRRA to, see http://www.pssg.gov.bc.ca/criminal-records-review/who-qualifies/index.htm#students.

The purpose of the change is to help protect vulnerable adults in BC, including assisted living residents, from physical, sexual or financial abuse. It expands on the existing Criminal Records Review Program (CRRP) of the Ministry of Public Safety and Solicitor General that protects children from physical and sexual abuse. The CRRP conducts and adjudicates the record checks.

All registrants must have submitted authorization for a criminal record check for themselves and each of their employees, volunteers and practicum students who work with assisted living residents as described above.

How does the CRRP conduct criminal record checks?
The CRRP reviews the records of employees and volunteers who work with vulnerable adults against the list of offences developed for children *and* a list developed especially for those who work with vulnerable adults. Registrants must obtain confirmation from contractors that they have obtained authorizations for criminal record checks for their employees and volunteers.

When a criminal record is identified the CRRP obtains information about the offence. Occasionally, the CRRP will request a written submission from the employee. An adjudicator analyzes the information and prepares a recommendation to the Deputy Registrar of the CRRP about whether the employee poses a risk to vulnerable adults. The Deputy Registrar will communicate a written decision to the registrant and employee. If the Deputy Registrar makes a determination of risk, unless that determination is overturned, the registrant must ensure that the employee does not work with vulnerable adults.

Payment
There is a $20.00 non-refundable processing fee for each criminal record check. The registrant must submit payment with the employee's completed and signed Consent Form.

What are the registrant's responsibilities?

1. Inform affected employees about the need to authorize a criminal record check.
2. Have the employees complete and sign the Consent to a Criminal Record Check Form http://www.pssg.gov.bc.ca/criminal-records-review/apply/index.htm.
3. Verify the employee's identity in person by asking for two pieces of identification. One piece of ID must be government-issued and display the employee's name, date of birth, signature and photo.
4. Submit the Consent Form and processing fee to the CRRP.
5. To meet the CRRP's auditing requirements, retain the employee's original signed Consent Form for five years.
6. Conduct a re-check every five years by tracking when each employee is due for a re-check and submitting the employee's Consent Form to the CRRP by the five year anniversary date.
7. Should the registrant become aware that an employee has been charged with or convicted of a specified offence after a criminal record check has been conducted, the registrant must ensure the employee authorizes a new Consent to a Criminal Record Check Form, and submit this with the processing fee.

What are the employee's responsibilities?

The employee must complete and sign a Consent to a Criminal Record Check Form. The employee must either submit the $20 processing fee themselves or verify the registrant will pay. An employee charged with or convicted of a specified offence after a criminal record check must promptly report the charge or conviction to the employer.

How do registrants submit the authorizations for criminal record checks?

The CRRP is encouraging the use of Criminal Record Checks Online, which expedites secure transmission of Consent Forms and payment of fees over the Internet. Or, registrants may submit the Consent Forms and Processing Fees by mail or fax. For more information about the options, see http://www.pssg.gov.bc.ca/criminal-records-review/apply/index.htm. Registrants must submit the authorizations to the CRRP, not to a local police detachment.

More information

http://www.pssg.gov.bc.ca/criminal-records-review

Standard 5

Potential residents are screened before entering the residence, and residents participate in exit planning to support any transitions out of the residence.

Required Outcomes	***Indicators***
Entry	
5.1 Residence appropriately meets the needs of the residents.	• documentation about the residence's services and rules **(required)**; • screening criteria and procedures comply with the *Resident Entry and Exit Guideline* (page 21) **(required)**; • signed occupancy or participation agreements that include exit criteria **(required);** • records showing an entry interview occurred.
Exit	
5.2 Residents are supported in their transition out of the residence.	• exit criteria and procedures comply with the *Resident Entry and Exit Guideline* (page 22) **(required)**; • written exit plan **(required)**; • documentation of unexpected exits and reasons.

Standard #5: ***Potential residents are screened before entering the residence, and residents participate in exit planning to support transitions out of the residence.***

Assisted living is intended for people who have the ability to make the range of decisions that will allow them to live safely in a semi-independent housing environment. The *Community Care and Assisted Living Act* requires that operators not house people who are unable to make decisions on their own behalf, which is a fundamental prerequisite to residing in a mental health and Substance use (MHSU) residence[8]. This means that potential residents must be able to make an informed decision to enter the residence and continue to be able to make decisions on their own behalf while in the residence with exceptions (see below).

Guideline: Entry

5.1 Residence appropriately meets the needs of the residents.

Operators should conduct an entry interview to inquire about a potential resident's mental health and/or substance use service needs and goals as well as their physical health care needs.

The following entry criteria must be met before an operator can accept a resident into the program:

- the residence's services are suited to the person's service needs and goals;
- the person understands the nature of the services offered;
- the person's physical health is relatively stable;
- the person's decision to enter the residence is voluntary, unless the person has been directed to the residence by the director of a designated mental health facility; by a judge, as part of a conditional sentence; or by a probation or supervision order;
- the person is able to make the range of day to day decisions that will allow them to live safely in the residence;
- the person will not, through their behaviour, jeopardize the safety or well-being of others in the residence;
- the building can accommodate any physical disabilities the person may have, e.g., if the person is in a wheelchair, the residence is wheelchair accessible.

A resident's decision to enter a residence must be voluntary, unless they have been directed to the residence by the director of a designated mental health facility or by a judge as part of a conditional sentence, probation order or supervision order.

When a leave certificate is issued under section 37 of the *Mental Health Act*, a person is deemed no longer able to make their own admission and treatment decisions about their mental health disorder. Instead, decision making with respect to these matters shifts to the director of the designated mental health facility that issued the certificate. However, the person must still be able to make the range of decisions that will allow them to function

[8] *Community Care and Assisted Living Act,* Section 26 (3)

safely in the residence. Before referring the person to assisted living, the director or judge considers whether the person will be able to function safely in a semi-independent environment.

Guideline: Exit

5.2 Residents are supported in their exit out of the residence.

A residence is no longer suitable for the resident when the resident no longer meets the health and safety prerequisites stated above or when resident is moving on to more independent housing.

Operators must develop an exit plan in conjunction with the resident and, as appropriate, their family, physician, key supports and/or case manager to support residents in their transition out of the residence, whether the resident is no longer suitable for the residence or because the resident is moving on to more independent housing.

Some exits may be unplanned. In these cases, to the extent possible, steps should be taken to minimize risks to the individual. For example, if a resident is evicted or decides to move on short notice, the operator would document the circumstances associated with the person's departure, notify parties where appropriate or with consent (e.g., case manager, family members) and attempt to connect the person with suitable community-based support services.

The exit plan should identify the resident's alternate accommodation, links to appropriate community-based support service agencies (e.g., Alcoholics Anonymous) and any ongoing treatment needs (e.g., outpatient counselling).

***Community Care and Assisted Living Act* Section 26(3)**

MHSU residences are intended for people who have the ability to make the range of decisions that will allow them to function safely in a semi-independent environment. People who cannot make such decisions would be at risk and section 26(3) of the CCALA prohibits operators from housing them.

Key areas of function include the ability for residents to:

- organize and initiate their own activities in the residence, independently or with support;
- recognize an emergency, summon help and respond appropriately to the emergency;
- recognize the consequences of taking risks;
- find their way back to the residence independently;
- participate in regular reviews of their service needs; and
- make a complaint directly or through family and friends.

Operators must determine that residents continue to be able to make the range of decisions necessary to function safely in the residence. If they see signs that a resident is becoming a danger to themselves or others in the residence, they must mitigate the risks to the extent possible and notify the person's case manager or contact person so that the matter can be reviewed by the health professionals involved in the resident's care, e.g., family physician, outreach health workers, psychiatrist, case manager or substance use counsellor.

If the loss in decision-making ability is likely to be temporary, the operator, in conjunction with the health professionals involved in the resident's care, should develop a plan to ensure the resident's health and safety is not in jeopardy, and any risks to other residents are mitigated, while the situation resolves. The plan may include a brief period of hospitalization, or more intensive service offered within the residence by residence staff or external service providers.

If the loss in decision-making ability is likely to be for a prolonged period of time, the resident will need to move to a safer environment as soon as possible. In that case, the operator will need to develop an exit plan in conjunction with the resident and the health professionals involved in the resident's care.

Health Care Needs

Residents will generally access health services in the same way as they would if living in their own homes, by visiting health professionals in the community (e.g., general practitioner, psychiatrist, mental health worker, substance use counsellor).

Residents who have chronic but relatively stable physical health problems or short-term acute health problems may be eligible for Home and Community Care services. These residents may receive care in the residence through scheduled visits from health authority community nursing or community rehabilitation staff.

Standard 6

Residents participate in establishing and maintaining their personal service plan.

Required Outcomes	***Indicators***
Personal Service Plan	
6.1 Each resident has a personal service plan.	• policies and procedures on establishing an initial personal service plan and updating the plan based on a resident's changing needs **(required)**; • policies and procedures for monitoring and recording resident changes in relation to their goals, and updating personal service plans including resident's involvement **(required)**; • resident personal service plan developed within 1 month **(required)**; • residents have access to a copy of their personal service plan **(required)**; • signature/initial of resident on their personal service plan; or documented resident verbal consent **(required)** • personal service plans are updated as required; • personal service plans include resident needs, preferences, goals, risks to safety i.e., anger management, suicide alert, inappropriate behaviours and services being provided; • residents report that they were involved in making and updating their personal service plan related to the services provided.

Standard 7

Risk of abuse and neglect to residents and staff is minimized[9].

Required Outcomes	*Indicators*
Mitigation of Risk	
7.1 Residents are not a danger to themselves or others.	• policies and procedures to ensure residents are able and willing to comply with the house rules for the safety of themselves and other residents **(required)**; • the organization assesses each client for risk of suicide at regular intervals, or as needs change**(required)**; • the organization identifies clients for risk of suicide **(required)**; • personal services plans document identified risks to safety and how those risks can be mitigated **(required)**; • records that show residents are coached on how to reduce risks, e.g., safety associated with smoking **(required).**
Resident Abuse and Neglect	
7.2 Residents and staff are not abused or neglected.	• training records for staff about how to recognize abuse or neglect **(required)**; • policies and procedures on identifying and responding promptly to abuse or neglect of residents and staff **(required)**; • allegation of abuse or neglect is reported immediately to the appropriate agency (i.e., police, funder, local abuse and neglect designated agency) **(required)**.

[9] Operators must ensure the personal safety of residents and staff. Within the context of house rules, operators respect the right of residents to make personal choices about their daily activities, as long as those choices do not place other residents, staff and visitors at risk.

Standard #7: ***Risk of abuse and neglect to residents and staff is minimized.***

Guideline

7.2 Residents and staff are not abused or neglected

Operators must ensure the safety of residents.

Safe means being free from danger or the risk of harm. Within the context of house rules, operators must respect the right of residents to make personal choices about their daily activities, as long as those choices do not place other residents, staff and visitors at risk.

Standard 8

Services[10] are provided in a safe, accountable manner and meet residents' needs.

Required Outcomes	*Indicators*
Psychosocial Supports[11]	
8.1 Psychosocial supports assist individuals to work towards long-term recovery, maximized self-sufficiency, enhanced quality of life and reintegration into the community.	• operator's program is consistent with the Guidelines for Psychosocial Supports (see page 30) (**required)**; • clear definition of Psychosocial Supports policies/rules (**required)**; • need for psychosocial supports and client goals documented in personal service plan specific to the supports provided (**required)**; • psychosocial supports for those individuals with severe mental disorders are approved by a qualified mental health clinician responsible for providing treatment and overseeing support services (**required)**.
Medication Services	
8.2 Medication services are provided in a safe manner.	• medication services are consistent with Medication Services Guideline (see page 35) **(required)***;* • residence follows provincial Personal Assistant Guidelines[12] **(required)**; • written policies and procedures on medication management **(required)**; • process at admission to reconcile client medications, includes listing all medications client has been taking prior to admission **(required)**; • documented resident specific medication protocols **(required)**; • written policies and procedures for safe-keep medications **(required)**; • documented orientation and training for staff involved in medication administration **(required)**; • minimal medication errors; • lack of serious incidents related to medication errors.
Management of Resident Cash	

[10] In MHSU residences, operators typically offer psychosocial supports, medication services or management of resident cash as prescribed services.

[11] This document does not address Intensive physical rehabilitation, and structured behaviour management and intervention.

[12] Link to Personal Assistance Guidelines (2008) ***http://www.health.gov.bc.ca/hcc/homesupport.html***

Standard 8

Services[10] are provided in a safe, accountable manner and meet residents' needs.

Required Outcomes	***Indicators***
8.3 Residents know how much money they have to spend and state that their money is managed appropriately.	• services are consistent with the *Management of Resident Cash Guideline* (see page 38) **(required)**; • policies and procedures for management of resident cash **(required)**; • written consent from resident to safely store cash and valuables **(required)**; • copy of legal representative, if appropriate, on resident's file **(required)**; • financial management requirements documented in personal service plan **(required)**; • system of individual resident accounts for management of their cash **(required)**; • documented orientation and training for staff involved in financial management **(required)**; • receipts or initials to indicate a withdrawal of cash **(required).**
Activities of Daily Living (ADLs)	
8.4 Staff are trained to provide safe personal care.	• educational certificates **(required)**; • training records.
Therapeutic Diets	
8.5 A registered dietitian monitors nutritional status of residents' who require therapeutic diets.	• policies and procedures on roles of staff and registered dietitian **(required)**; • dietitian notes on the appropriateness of residents' diets **(required)**; • service needs documented in resident's personal service plan **(required)**; • food and fluid intake records **(required)**; • records of residents' weights **(required)**; • nutritional assessments on file **(required)**;

Standard #8: ***Services are provided in a safe, accountable manner, and meet residents' needs.***

Guideline: Psychosocial Supports

8.1 Psychosocial supports assist individuals to work towards long-term recovery, maximized self-sufficiency, enhanced quality of life and reintegration into the community.

Psychosocial supports refers to a range of psychosocial services that assist individuals to work towards long-term recovery, increased self-management, maximum independence, enhanced quality of life and successful integration into the community. The development and implementation of psychosocial supports require active participation by the resident.

For residents with a severe mental health disorder, the psychosocial support services are defined in the personal service plan and overseen by a qualified mental health clinician responsible for providing treatment and overseeing the support for the individual.

Residents vary in their stage of recovery or stage of change. Some residents may require psychosocial supports from the operator, while others are primarily responsible for their own rehabilitation and recovery and may access services in the community.

Operators may offer psychosocial supports through group or individual sessions, coaching or peer support. Operators may deliver services in-house or residents may attend the services in the community.

In mental health and substance use residences, these supports are not usually offered by operators at an in-depth level and do not usually include assessment or treatment such as counselling for mental disorders, trauma, sexual abuse or complex interpersonal issues, with or without a related substance use problem. Residents are generally linked to other services in the community for these types of interventions and supports. Facilitation of linkage to appropriate services is encouraged based on a resident's personal service plan.

As a prescribed service, psychosocial supports help residents to:

- learn about and better manage their conditions, e.g., triggers, tools for self-management, strategies for relapse prevention, available community-based supports;
- develop or enhance life skills; and
- enhance communication and interpersonal skills, e.g., manage stress, anger and conflicts; set boundaries; make decisions.

To support clients in achieving these outcomes, operators may provide some or all of the following psychosocial support services:

- assistance to implement approved self management tools to better manage their conditions;
- guidance and coaching regarding communication and inter-personal skills;
- wellness skills training and support, usually with support from a qualified clinician (e.g. diet/weight management, exercise, medication management, smoking cessation supports, strategies for relapse prevention);
- identifying interests, creating a plan for "fun times", leisure skills training and support (e.g. awareness of community resources, how to get around in the community);
- basic living skills training or support (e.g. meal planning, grocery shopping, household management, budget planning and money management).

Operators who offer psychosocial supports as a prescribed service must:

- clearly define their services and the associated policies/rules;
- fully inform potential participants about the services and related policies/rules;
- ensure staff involved in the delivery of psychosocial services have role descriptions and are adequately qualified for the role;
- orient staff to the program's policies and procedures, and provide adequate supervision as well as ongoing training;
- follow the direction of a qualified mental health clinician in providing psychosocial supports for residents with a severe mental disorder.

For each resident participating in the program, operators who offer psychosocial supports as a prescribed service must:

- document in a resident's personal services plan their service needs and goals, and the program services and activities in which they are participating;
- obtain approval from a qualified mental health clinician in providing psychosocial supports for those individuals with severe mental disorders;
- involve the resident in establishing and maintaining their personal services plan;
- review with the resident their progress toward achieving their goals, and
- involve the resident in making service adjustments necessary to meet their evolving service needs;

Activities that are not part of Prescribed Services

Supportive activities that operators can engage in that are not considered to be part of the prescribed service include:

- offering encouragement and reminders about a resident's recovery goals;
- assisting the resident to establish such things as identification, a driver's license or a bank account;
- reminding the resident of scheduled activities and appointments;
- linking residents to community-based programs or services such as educational programs, employment programs, general medical care, substance use counsellors, mental health and substance use teams or support groups;
- conducting regular group meetings to discuss conforming to house rules or topics of mutual interest;
- generally monitoring and providing feedback to residents on their life and interpersonal skills;
- establishing peer support for residents who are attending in-house or community-based programs or services.

It is not considered to be a prescribed service if an operator provides space to a third-party provider who, independent of the operator, sets up a program for residents (e.g., Alcoholics Anonymous, Mood Disorders support groups).

Guideline: Medication Services

8.2 Medication services are provided in a safe manner and in a manner compliant with all Acts and Regulations.

Residents vary in their ability to manage their medications. Operators should adjust the level of medication service to each resident's needs. Residents who can manage their medications independently will not need assistance at the prescribed service level.

Operators must 'keep a watchful eye' over all residents. Should an operator observe changes of concern in a resident's medication practices or changes to a resident's health status that may relate to medications, they must bring those concerns to the resident's attention and, with consent, to the attention of their case manager substance use counsellor or others where appropriate.

Prescribed Service

Operators who offer medication as a prescribed service are responsible for ensuring that residents who are receiving the prescribed service comply with their medication regime or, where residents are not willing to comply, reporting this outcome to their case manager, substance use counsellor or others where appropriate. More specifically, operators:

- secure medications in the resident's room or centrally, and provide medications to residents at indicated times;
- observe residents taking their medications and record the date and time taken, and follow up when medications are not taken;
- report when medications are not taken to their case manager, substance use counsellor or others where appropriate.

Some operators may also include in their medication prescribed service:

- initiating refills;
- providing PRN[13] prescription.

Operators who offer medication as a prescribed service must:

- for each resident receiving the prescribed service, record in their personal services plan:
  - the resident's written consent for the operator to discuss the resident's medications with their prescribing physician and pharmacist;
  - information/instructions regarding the person's medication services (e.g., known medication allergy information);
  - any resident-specific protocols from a physician for the resident's PRNs;
- engage a pharmacist, registered nurse, registered psychiatric nurse or licensed practical nurse to establish policies and procedures for ordering, storing, providing medications to residents and recording of the taking of medications, with annual reviews to ensure that practices are consistent with policies and procedures;

[13] PRN means a medication that should be taken only as needed i.e., pain and cough medicines are commonly taken PRN.

- have written policies and procedures that that address:
  - the protocol by which staff can issue PRN medication (either from the resident's physician or generally);
  - the need to follow-up when medications are not taken or a change in health status occurs that may relate to medications;
  - that all non-PRN prescription medications must be compliance-packaged[14];
  - that PRN prescription medication must be monitored-dose packaged (i.e., with each pill being placed in a separate blister so the rate of use is clearly evident or appropriately labelled by the pharmacist in those instances when the form of the medication does not permit such packaging (e.g., liquids, inhalers, eye drops);
  - that all unused medication must be safely stored and returned to the pharmacy;
  - the need to maintain a log of medication errors in the storage, handling or providing of medications and report to the Registrar errors in medications by staff that result in emergency intervention or transfer to hospital;
- have role descriptions for all staff involved in the delivery of medication services and ensure staff are adequately qualified for their roles;
- orient staff to the residence's medication policies, procedures and protocols, and provide supervision and ongoing training;

Operators may recommend that residents use the residence's pharmacy of choice to reduce medication errors by having all compliance packaging be the same. However, operators must respect a resident's decision to continue to use their own pharmacy.

Activities that are not a Prescribed Service

1. Actions that are **not** a prescribed service include:
   - receiving medications from a pharmacy on behalf of residents;
   - providing medication reminders and encouragement to residents to take their medications;
   - periodically checking to see if a resident is following their medication regime, (e.g. checking compliance packages to observe usage);
   - safe-keeping residents' medications to prevent loss or theft, either at the request of a resident or as a result of a house rule. Safe-keeping means that the operator holds the medications in a central, secure location;
   - observing changes in medication practice and bring concerns to the attention of the resident (and their case manager, substance use counsellor or others, where involved)
   - providing transportation for residents to attend a pharmacy in order to receive methadone;
   - A pharmacy can, independent of the operator, attend a residence to deliver and dispense methadone.

[14] Compliance packaging is available in various formats: single medication blisters cards, multi-medication blister cards, hard packs and strip packaging. Each device is designed with compartments representing day of week and administration time; typically morning, noon, dinner and evening.

2. Safe keeping medications

   An operator's role in safe-keeping medications is to protect medications from loss, theft or resale within the residence. Operators are not responsible for ensuring residents adhere to their medication regimes and therefore should not actively follow-up if residents do not access their medications at indicated times. However, staff can regularly remind residents to take their medications and, where medications are not taken as prescribed, discuss observation with resident and/or their case manager, substance use counsellor or others where appropriate.

   By asking for their medications at indicated times, receiving and removing the medications, residents are considered responsible for their own compliance. To ensure that medications are not hoarded or resold within the residence, operators may institute a requirement that they observe the resident take the medication as directed.

   Operators who safe-keep medications must:

   - Consult with a pharmacist regarding the proper procedures for medication storage and distribution;
   - Make a record of the consultation; and,
   - Make the record available to the Registrar if requested.

   The operator must also ensure the prompt return to the pharmacy that dispensed it of any medication that has expired or is no longer in use by the resident for whom the medication was prescribed.

   Operators who safe-keep medications must also have written policies and procedures about:

   - how medications will be safely stored;
   - providing medications to residents on request;
   - having residents acknowledge, for example, by initialling, when they access their mediations.

Standard #8: Services are provided in a safe, accountable manner, and meet residents' needs.

Guideline: Management of Resident Cash

8.3 Residents know how much money they have to spend and state that their money is managed appropriately.

Residents vary in their ability to manage their financial affairs. While most residents will be generally able to manage their finances, others who are less capable may need assistance. For example, a resident may have granted a power of attorney or have a representative as set out in a legal representation agreement; or a court may have deemed the resident to be incapable of managing their finances and appointed a third party to act on their behalf. The legal representative could be a family member, private committee, or the Public Guardian and Trustee.

The purpose of the management of resident cash prescribed service is to take on, at the request of a resident or their legal representative, management of the resident's cash.

Residents who are able to manage their own cash independently will not need assistance at the prescribed service level. However, operators have an obligation to 'keep a watchful eye' over all residents. Where they observe a pattern of difficulty in a resident managing their money, they should bring those concerns to the resident's attention and/or discuss observation with their case manager, substance use counsellor or others where appropriate.. Operators should scale the level of service to each resident's needs.

Operators who manage resident cash as a prescribed service:

- receive and hold a resident's cash;
- receiving the resident's written consent to the safe keeping of their cash;
- provide cash to residents on request;
- have residents and staff acknowledge, for example, by initialling, when residents deposit or withdraw cash;
- manage the cash according to instructions provided by the resident and/or the resident's legal representative, which may involve restricting a resident's access to their cash;
- determine, with the resident or the resident's legal representative, the resident's needs, and purchase goods (e.g., clothing, and personal items) and services (e.g., recreational activities) for the resident from the cash that the operator is managing.

Operators who manage resident cash as a prescribed service must:

- for each resident who is receiving the prescribed service:
  - document the resident's financial management requirements in their personal services plan;
  - regularly review the resident's spending needs and available cash with the resident and/or their legal representative;
- maintain a system of individual resident accounts;
- have written policies and procedures that address:
  - how cash will be safely stored;
  - issuing regular statements of account to the resident and/or their legal representative;
  - the maximum amount of cash that the operator can hold for a resident;
  - an independent review of a resident's account, if requested;
- have role descriptions for all staff involved in managing resident cash and ensure staff are adequately qualified for their roles;
- orient staff to the residence's resident cash management policies, procedures and protocols, and provide adequate supervision and ongoing training.

Not a Prescribed Service

Actions operators can do that are not considered to be part of the prescribed service. For example, operators may:

- notice a resident's spending and remind them about their spending plan;
- assist a resident to visit their bank;
- at the request of a resident, make a purchase (e.g., transportation or recreational pass) for which the resident subsequently reimburses them;
- safe-keep residents' cash[15] to prevent loss or theft, either at the request of a resident or as a result of a house rule. Safe-keep means that the operator holds the cash in a central, secure location;
- receive income assistance cheques from the Ministry of Social Development on behalf of a resident;
- support a resident's psychosocial goal, as documented in their personal services plan, by safe keeping their cash and dispensing it over the course of the month in keeping with an agreed upon spending plan.

[15] Cash includes other items of value, e.g., jewellery, camera that are held in safe keeping.

Standard 9

Residents are provided with information on the complaint processes.

Required Outcomes	***Indicators***
Internal Complaint Process	
9.1 Complaint process is posted in a visible location.	• complaint policies and procedures that set out how staff should deal with residents' complaints **(required);** • residents have written information about the residence complaint process **(required)**; • residents know who to complain to and how complaints will be addressed.
External Complaint Process	
9.2 Residents know how to make a complaint to an outside body.	• written information about how to make a complaint to an external body including the Assisted Living Registry, the Patient Care Quality Office, if subsidized by health authority, or the Ombudsperson **(required)**.
9.3 Residents and staff are not intimidated when making a complaint.	• complaints policy states that the operator will not prevent anyone from making a complaint or take action against them if they do so **(required)**; • residents are advised that they can have an advocate assist them in making a complaint**(required)**.

Standard #9: ***Residents are provided with information on the complaint processes.***

Guideline: Internal Complaint Process

9.1 Complaint process is posted in a visible location

Registrants must establish and make residents and those who care about them aware of a clear, written internal complaint process.

Guidelines: External Complaint Process

9.2 Residents know how to make a complaint to an outside body.

Registrants must post the contact information for the Assisted Living Registrar in a visible location.

Registrants should distribute the brochure *Complaint Resolution for Assisted Living Residents*[16] to all new residents on entry to the residence and make copies available to their families and support networks.

9.3 **R**esidents and staff are not prevented or intimidated when making a complaint.

Complaints to the Registrar

Anyone with a concern about the health and safety of assisted living residents may make a complaint to the Assisted Living Registry. Registrants must not prevent or intimidate anyone making a complaint.

Complaints can be made by phone, email, mail, fax or in person. The Registrar will encourage complainants to address their concerns through the operator's internal complaints resolution process first. If a complainant does not want to use a registrant's internal complaint process, the person may make a complaint directly to the Registrar. The complaint will be investigated in a fair and transparent manner.

The Registrar does not reveal the name or personal information of someone who makes a complaint. However, if the investigation results in action taken against the registrant or if the issue is taken to the Community Care and Assisted Living Appeal Board, or is handled as a criminal matter, information or documents supplied by the complainant may be used and become public information.

[16] Additional copies are available from the Assisted Living Registry on request.

The Registrar has jurisdiction to address the following types of complaints:

- **non-compliance with *Health and Safety Standards*** – a registrant is alleged to be operating the residence in a manner that is placing the health or safety of a resident at risk.
- **resident is unable to make decisions on own behalf** – a registrant is alleged to be housing a resident who is unable to make the range of decisions that will allow the person to function safely in the supportive, semi-independent environment of an assisted living residence.
- **operation of an unregistered assisted living residence** – a person is alleged to be offering assisted living services (housing, hospitality services and one or two prescribed services), but the residence is not registered.

Ministry of Health

SERVICE PROFILE

for

MENTAL HEALTH and SUBSTANCE USE ASSISTED LIVING RESIDENCES

November 1, 2012

Service Profile for
Mental Health and Substance Use
Assisted Living Residences

Introduction

This document sets out in general terms the operation of assisted living residences for people with mental health or substance use (MHSU) problems and provides information on the requirement to register.

Context

B.C.'s *Community Care and Assisted Living Act* (Act) came into force in 2004. The Act applies only to residences with three or more adults, and defines an *assisted living residence* in terms of three components: housing, hospitality services and prescribed services that are *delivered by or through the operator*[1]. Assisted living is a semi-independent form of housing for people who can live relatively independently. Since 2004, the ALR has focused on the rapidly growing sector of seniors' assisted living.

In the case of people with mental illnesses, residences offer a safe, supportive environment where they can acquire knowledge and skills that will assist them to understand and manage their conditions for the long term, and eventually move to more independent settings in the community, and pursue educational opportunities or meaningful employment.

In the case of people with substance use problems, residences offer a safe, supportive environment, away from their usual living situation, where they can acquire knowledge and skills that will assist them in recovery from substance use, reintegration into the community, and return to educational programs or meaningful employment.

The Act requires all assisted living residences, whether private pay or publicly subsidized, to register with the Assisted Living Registrar[2] (ALR), who sets provincial health and safety standards and investigates complaints about issues affecting residents' health and safety. The ALR has developed provincial Health and Safety Standards specifically for MHSU residences. References are made to the Standards throughout this document.

MHSU Residence Services

Housing

The Act does not specify building requirements because designs will vary depending on the resident population. Instead, the Health and Safety Standards specify that the residence must meet building code and environmental health regulations, provide appropriate common space and accommodate the special needs of residents. Typically, accommodation ranges from:

[1] *Delivered by or through the operator* means that the operator offers all three components of assisted living directly or through contractual agreements with other service providers.

[2] The ALR operates under the auspices of the Ministry of Health.

- communal living, where each resident has a private bedroom[3] and shares the kitchen, dining, living and bathing spaces, to
- apartments, where each resident has their own bedroom, bathroom, living room and kitchen.

Hospitality Services

The Act specifies five hospitality services that operators make available to residents*:*

- meals;
- housekeeping;
- laundry;
- social and recreational opportunities; and
- a 24-hour emergency response[4].

In MHSU residences, operators provide these hospitality services themselves or assist residents with performing some or all of the services themselves. Where residents do it themselves, the operator's role in the service is to:

- provide any necessary equipment (unless residents have their own).
- explain how the service takes place in the residence.
- monitor how residents are doing and provide reminders, training, and coaching as required.

If a resident is temporarily unable to prepare meals, or do their own housekeeping or laundry, an operator would be expected to deliver the service, arrange for alternate service, or contact the resident's case manager to arrange for alternate service.

Prescribed Services

A regulation to the Act sets out six prescribed services that operators can provide:

- regular assistance with activities of daily living; including eating, mobility, dressing, grooming, bathing or personal hygiene.
- central storage of medication, distribution of medication, administering medication or monitoring the taking of medication.
- maintenance or management of resident cash resources or other property of a resident.
- monitoring of food intake or of adherence to therapeutic diets.
- structured behavioural management and intervention.
- psychosocial supports or intensive physical rehabilitative therapy.

[3] In shorter-term substance use recovery programs, it may be appropriate to have more than one person occupy a bedroom. Such situations must conform to all municipal bylaws and other regulatory requirements.

[4] The operator has procedures for how staff and residents call for help in an emergency.

The Act covers both 'registered' assisted living residences and 'licensed' community care facilities. The Act limits assisted living operators to offering only one or two of the prescribed services listed above. Operators of community care facilities that care for a more dependent and vulnerable residents, may offer three or more prescribed services.

In MHSU residences, operators will typically offer assistance in one or two of the following prescribed service areas: **psychosocial supports, medication services or management of resident cash**. If they offer assistance in all three of these prescribed service areas, the residence must be licensed as a community care facility.

Appendix A provides a more detailed description of the prescribed services.

Staffing

MHSU residences may or may not offer 24-hour staffing coverage. Regardless of the operator's approach to staffing, the Health and Safety Standards specify that staff must be adequate in number and have the necessary knowledge and skills for the roles they perform.

Staff can mean employees (including contractors and volunteers) and residents who perform staff functions.

Some operators may chose to engage individuals who do not have a certificate but have an appropriate combination of knowledge and experience. Staff that provide prescribed service services may have a certificate or diploma in human or social services issued by a recognized accredited college.

Entry and Exit Considerations

Assisted living is intended for people who have the ability to make the range of decisions that will allow them to function safely[5] in a semi-independent housing environment. This means that potential residents must be able to make an informed decision to enter the residence[6] and continue to be able to make decisions on their own behalf while at the residence. As the Act prohibits registrants (operators of registered residences) from housing people who are unable to make decisions on their own behalf[7], Health and Safety Standard 5 specifies that operators must screen potential residents prior to them entering the residence. Standard 5 also specifies that operators, through exit planning, must support residents' transitions out of the residence.

From time to time, a resident of an MHSU residence may experience a temporary loss in decision-making ability. In these situations, the operator, in conjunction with the health professionals involved in the resident's care, will develop a plan to ensure the resident's health and safety is not in jeopardy, and any risks to other residents are mitigated, while the situation resolves. The plan may include a brief period of hospitalization or more intensive service offered within the residence by residence staff or external service providers. If the loss in decision-making ability is likely to be for a prolonged period of time, the resident will need to move as soon as possible to a safer environment.

Health Services

People living in MHSU residences will generally access health services in the same way as they would if living in their own homes, by visits to health professionals in the community (e.g., general practitioner, psychiatrist, mental health worker, substance use counsellor) or receiving ongoing care in the residence through scheduled visits from community nursing or community rehabilitation services[8]. From time to time, a resident who is experiencing or recuperating from an acute health problem may receive short-term community nursing care in the residence.

[5] Key areas of function that relate to resident health and safety include the ability to:
- organize and initiate their own activities in the residence, independently or with support
- recognize an emergency, summon help and respond appropriately to the emergency
- recognize the consequences of taking risks
- find their way back to the residence independently
- participate in regular reviews of their service needs, and
- make a complaint directly or through family and friends.

[6] Unless the person has been directed to the residence by the director of a designated mental health facility; by a judge, as part of a conditional sentence; or by a probation or supervision order.

[7] *Community Care and Assisted Living Act,* Section 26(3)

[8] The individual would need to have chronic but relatively stable physical health condition and be eligible for Ministry of Health, Home and Community Care services.

The Requirement to Register

A MHSU residence, whether private pay or publicly subsidized, must be registered with the ALR if it meets the service profile set out in this document. In B.C., it is illegal to operate an assisted living residence that is not registered and the Registrar can levy fines against operators of unregistered assisted living residences.

In summary, the requirement to register is based on the following three factors:

- the residence offers all three components of assisted living: housing, hospitality services, and one or two prescribed services;
- the operator provides all three components of assisted living directly or through contractual agreements with other service providers; and
- the residence serves three or more adults to whom the operator is not related by blood or marriage.

The critical factor is that if an operator provides one or two prescribed services, they must register with the Assisted Living Registry, and meet the requirements and standards for assisted living, or an operator must stop providing the prescribed services.

If an operator is not sure whether their residence fits the definition of assisted living, the operator should contact the ALR to arrange for a screening consultation. Depending on the circumstances, this may be conducted either by telephone or a visit to the residence. There is no charge for this consultation.

To register, operators should submit an application form with the required attachments. The Registrar may register the residence if satisfied that it will be operated in a manner that will not jeopardize the health and safety of residents[9]. To do so, the ALR assesses the operator's compliance with the Health and Safety Standards from information submitted with the application form and through discussion with the operator. If the ALR identifies health and safety risks to residents, it may conduct a review of the residence to educate the applicant about the Health and Safety Standards. To process an application, the ALR charges a one-time application fee of $250.

Once registered, the residence must continue to meet the Health and Safety Standards, as well as the Registrar's other administrative requirements. Registrations expire on March 31 each year and must be renewed annually. Registrants pay an annual registration fee of $12.50 per unit. A unit is the bedroom or set of rooms in which a resident lives. The bedroom is counted as one unit even if two people share it.

[9] *Community Care and Assisted Living Act,* Section 25(1).

Service Profile for
Mental Health and Substance Use
Assisted Living Residences

In contrast to Community Care Facilities Licensing, which regulates community care facilities, the Assisted Living Registrar does not regularly inspect assisted living residences, although the Registrar has the authority to inspect if there is reason to believe that the health or safety of a resident is at risk. Instead, the Registrar enforces the Health and Safety standards through the receipt and investigation of complaints. The Registrar accepts complaints from a resident, a family member or friend of a resident, residence staff, health authority staff or a member of the public by phone, email fax or in person.

The Registrar does not reveal the name or personal information of someone who makes a complaint. However, if the investigation results in action taken against the registrant or if the issue is taken to the Community Care and Assisted living Appeal Board or is handled as a criminal matter, information or documents supplied by the complainant may be used and become public information.

Health and Safety Standard 9 requires operators to take steps to ensure that residents understand the residence's complaint process and how to contact the Assisted Living Registrar.

Appendix A: Prescribed Services

The prescribed services that are typically found in MHSU residences include: psychosocial supports, medication, and management of resident cash. As noted, assisted living operators may offer only one or two of these three prescribed services. If they offer three or more prescribed services, the residence must be licensed as a community care facility.

The remaining prescribed services are not typically found in MHSU residences and include: activities of daily living, therapeutic diets and structured behavioural programs.

People living in MHSU residences will vary in their ability to care for themselves. Where operators offer a prescribed service, not all residents will need assistance at the prescribed service level. While some will be fully independent, other residents may rely on the supportive activities that operators can do that are not considered to be a prescribed service.

Regardless, the Health and Safety Standards oblige MHSU operators to 'keep a watchful eye' over all residents and, where they observe changes of concern in a resident's personal care or health status, bring their concerns to the resident's attention and, where involved, to their case manager or substance use counsellor.

Activities of Daily Living

Features of the Prescribed Service
Operators who offer Activities of Daily Living as a prescribed service: • provide daily to weekly assistance on a regular and continuous basis,[10] such as with: - dressing, grooming or oral hygiene - washing, bathing or perineal care - mobility assistance - incontinence care and programs, such as assistance to use the toilet. • provide assistance with feeding, including tube feeding/hand feeding;[11] • perform other tasks delegated from a professional, such as foot care, ostomy care and exercise activation; • observe and report any changes in resident's condition.
Activities that are not part of the Prescribed Services
When residents are generally able to manage their own activities of daily living, operators can offer the following supportive activities that are not considered to be part of the prescribed service: • observe changes in personal care or health status and bring concerns to resident's attention (and their case manager/substance use counsellor, where involved); • provide cueing, reminders, prompts and redirection for daily activities/tasks; • provide tactful reminders for individuals with short-term memory loss about to repeat an activity, such as having a second meal or washing their hair again; • offer group programs to encourage and maintain socialization and awareness of current events in residence and community; • provide ongoing assistance not requiring personal contact, such as positioning a chair or drawing a bath, getting needed items or being available while resident bathes; • provide occasional or intermittent assistance for residents who are usually independent with "hands-on" tasks such as dressing, bathing, grooming, using the toilet, eating and mobility/transfer; • provide occasional or intermittent assistance with activities of daily living.

[10] The assistance could be on a scheduled or unscheduled basis.

[11] Tasks delegated from a professional are to be performed in accordance with provincial *Personal Assistance Guidelines (November 2008)*
http://www.health.gov.bc.ca/library/publications/year/2008/Personal_Assistance_Guidelines.pdf

Medication Services

Prescribed Service
Operators who offer the medication services are responsible for ensuring that residents who are receiving the prescribed service comply with their medication regime or, where residents are not willing to comply, reporting this outcome and following up. More specifically, operators: • secure medications in the resident's room or centrally, and provide medications to residents at indicated times; • observe residents taking their medications and record the date and time taken, or record, report and follow up when medications are not taken. Some operators also include in their medication prescribed service: • initiating refills; • providing PRN[12] medications.
Not a Prescribed Service
When residents are largely responsible for their own medication compliance, operators can offer the following supportive activities that are not considered to be part of the prescribed service: • receive medications from a pharmacy on behalf of residents; • provide medication reminders and encouragement to residents to take their medications; • periodically check to see if a resident is following their medication regime, for example, by checking compliance packages to observe usage; • observe changes in medication practice and bring concerns to the attention of the resident (and their case manager/substance use counsellor, where involved); • safe keep residents' medications to prevent loss or theft, either at the request of a resident or as a result of a house rule. Safe-keep means that the operator holds the medications in a central, secure location; • suggest that residents use the residence's pharmacy of choice to reduce medication errors by having all compliance packaging be the same.

[12] PRN means a medication that should be taken only as needed. Pain medicines and cough medicines are common examples of PRN medicines.

Management of Resident Cash or Property

Features of the Prescribed Service
Operators who manage resident cash as a prescribed service: • receive and hold a resident's cash; • manage the cash according to instructions provided by the resident's legal representative, which may involve restricting a resident's access to their cash; • with the resident or the resident's legal representative, determine the resident's needs, and purchase goods (e.g., clothing, and personal items) and services (e.g., recreational activities) for the resident from the cash that the operator is managing.
Activities that are not part of the Prescribed Services
When residents are generally able to manage their own finances, operators can offer the following supportive activities that are not considered to be part of the prescribed service: • notice a resident's spending and remind them about their spending plan or bring concerns to their attention (and their case manager/substance use counsellor, where involved); • assist a resident to visit their bank; • at the request of a resident, make a purchase (e.g., transportation or recreational pass) for which the resident subsequently reimburses them; • safe keep residents' cash[13] to prevent loss or theft, either at the request of a resident or as a result of a house rule. Safe-keep means that the operator holds the cash in a central, secure location; • receive income assistance cheques from the Ministry of Social Development on behalf of a resident; • support a resident's psychosocial rehabilitation goal, as documented in their personal services plan, by safe keeping their cash and dispensing it over the course of the month in keeping with an agreed upon spending plan.

[13] Cash includes any items of value, e.g., jewelry, camera, id, that are held in safe keeping.

Therapeutic Diets

Features of the Prescribed Service
Operators who offer therapeutic diets as a prescribed service: • provide expertise to assess a resident's nutritional status and implement a nutritional care plan / therapeutic diet; • provide expertise to monitor the appropriateness of a resident's special or therapeutic diet and modify the meal plan where indicated; • monitor / measure / record food and/or fluid intake; • determine and chart residents' weights on a regular and/or compulsory basis.
Activities that are not part of the Prescribed Services
When residents are able to manage their own diets, operators can offer the following supportive activities that are not considered to be part of the prescribed service: • modify meals at the request of residents to accommodate their' food allergies or intolerances and special diets for health conditions; • provide a voluntary program for residents to weigh-in or weigh a resident upon their request; • monitor food consumption for purposes of satisfaction and quality control; • observe changes in eating habits and bring concerns to resident's attention (and their case manager/substance use counsellor, where involved).

Psychosocial Supports

Features of the Prescribed Service

Psychosocial supports assist individuals to work towards long-term recovery, maximized self-sufficiency, enhanced quality of life and reintegration into the community. As a prescribed service, psychosocial supports help residents to:

- learn about and better manage their conditions, e.g., triggers, tools for self-management, strategies for relapse prevention, available community-based supports
- develop or enhance life skills, and
- enhance communication and interpersonal skills, e.g., manage stress, anger and conflicts; set boundaries; make decisions.

To support residents in achieving these outcomes, some operators may provide some or all of the following psychosocial supports:

- assistance to implement approved self management tools to better manage their conditions;
- guidance and coaching regarding communication and inter-personal skills;
- wellness skills training and support, usually with support from a qualified clinician (e.g. diet/weight management, exercise, medication management, smoking cessation supports, strategies for relapse prevention);
- identifying interests, creating a plan for "fun times", leisure skills training and support (e.g. awareness of community resources, how to get around in the community);
- basic living skills training or support (e.g. meal planning, grocery shopping, household management, budget planning and money management).

Activities that are not part of the Prescribed Service

When residents are largely responsible for their own psychosocial supports, operators can offer the following supportive activities that are not considered to be part of the prescribed service:

- offering encouragement and reminders about a resident's recovery goals;
- assisting the resident to establish such things as identification, a driver's license or a bank account;
- reminding the resident of scheduled activities and appointments;
- linking residents to community-based programs or services such as educational programs, employment programs, general medical care, substance use counsellors, mental health and substance use teams or support groups;
- conducting regular group meetings to discuss conforming to house rules or topics of mutual interest;
- generally monitoring and providing feedback to residents on their life and interpersonal skills;
- establishing peer support for residents who are attending in-house or community-based programs or services.

Note: This document does not describe the features of Intensive Physical Rehabilitative Therapy or Structural Behavioural Management and Intervention.

Nelson, Shirley D HLTH:EX

From: Christians, Angela HLTH:EX
Sent: Wednesday, August 7, 2013 2:35 PM
To: May, Stephen GCPE:EX
Cc: Watson, James HLTH:EX; Jabs, Ryan GCPE:EX
Subject: Checking in on the registration of Supportive Recovery Residences.

Hey Stephen,

Registration is well underway. We have had 96 applications (both supportive recovery and mental health but mainly supportive recovery). 27 applications are essentially completed (just waiting for the registration fee from some of them) and 69 applications are in different stages of being completed. The staff have been able to carry out over 50 site visits. We are mainly focusing on the MSD homes that are receiving per diem funding for MSD clients. We do not know how many more residences are still needing to be registered.

Cheers,

Angela Christians
Risk & Issues Analyst, Clinical Improvement & Risk Management
Patient Safety & Care Quality Branch
Health Authorities Division | BC Ministry of Health
Telephone 250 952-1817 | Cell s.17
Email | Angela.Christians@gov.bc.ca

From: May, Stephen GCPE:EX
Sent: Wednesday, August 07, 2013 2:05:56 PM
To: HLTH HAD Issues HLTH:EX
Cc: Jabs, Ryan GCPE:EX
Subject: Checking in on the registration of Supportive Recovery Residences.
Auto forwarded by a Rule

My understanding was the registration of residences was to be completed by July 31 – do we have an update on how that has gone/went? Thanks.

Stephen May | Government Communications and Public Engagement
Ministry of Health
P: 250-952-3401
C: s.17
F: 250-952-1883

BRITISH COLUMBIA

975480

Dear operators of assisted living residences:

Effective immediately, operators of both publicly subsidized and private pay assisted living residences who provide more than one type of accommodation (i.e., supportive housing, independent living, assisted living, licensed residential care, mental health and/or supportive recovery) on a site or a campus of care must be able to identify which units at a site are accommodating residents receiving assisted living services. This condition has been set in order to better protect the health and safety of residents.

Assisted living residences are regulated under the *Community Care and Assisted Living Act* and operators must meet specific provincial health and safety standards when providing assisted living services to residents, including a level of oversight. Operators have a responsibility to ensure that the residents are safe, which includes processes to identify which residents are receiving assisted living services. Maintaining a current listing of units accommodating residents who have an assisted living contract with the service provider is particularly significant at a site where assisting living and independent living units are blended together.

This new condition does not:

- oblige operators to designate specific units as "assisted living" because it is anticipated that unit use may change as residents move in or transition out of assisted living;
- need to include the names of the residents; and
- need to be submitted to the assisted living registry, unless an operator is requested to do so by the assisted living registry in response to a complaint (as part of an investigation).

During the annual registration renewal process, operators should register the number of units where assisted living services are delivered based on experience to date. If this number increases or decreases, operators should inform the assisted living registry and the number of registered units will be adjusted.

If you have any questions, please contact Ms. Robin McMillan by telephone at: 250 952-1739 or by email at: robin.mcmillan@gov.bc.ca .

Sincerely,

Barbara Korabek
Assistant Deputy Minister, Assisted Living Registrar

Ministry of Health Health Authorities Division 6-2, 1515 Blanshard Street Victoria BC V8W 3C8