

Alberta Health

Accommodation Standards and Licensing Information Guide

Standards Compliance and Licensing

March 2013



Changes to Accommodation Standards & Licensing Information Guide – Revision 4
March 2013

Revision Description	Previous Page Number	New Page Number
Style Changes	All	All
Introduction <ul style="list-style-type: none"> - Updated table of contents - Record of Amendments updated - Changes to reflect change of Ministry Name 	1-3 Throughout	1-3 1-10 Throughout
Act <ul style="list-style-type: none"> - Include reference to Decision Tree - Duration of a Licence: add duration of a licence for new accommodations - Complaints 	2-4 N/A 2-14	2-4 2-7 2-13
Regulation and Inspection Process <ul style="list-style-type: none"> - Additional information for Initial Licensing Process - Additional information for Insurance - Add Inspection Process to include changes in Public Reporting, Privacy for Small Accommodations, Concern Resolution Process, Change in Occupancy, Change in Contact Persons, and Relocation. 	3-4 3-7 N/A	3-4 3-7 3-11
Standard 3(2) – add external equipment inspection reports	4-3-2	4-3-2
Standard 9 (Section 4 &9) <ul style="list-style-type: none"> - Add clarification for footcare and pedicure - Add laundering residents’ personal linens - Delete second row of Qualifications of Personnel 	4-9-1, 9-9-1 4-9-1, 9-9-1 4-9-1, 9-9-1	4-9-1, 9-9-1 4-9-1, 9-9-1 4-9-1, 9-9-1
Standard 10 (Section 4) <ul style="list-style-type: none"> - Addition of note indicating when this standard becomes not applicable 	4-10-1	4-10-1
Standard 11(Section 4&9) <ul style="list-style-type: none"> - Addition of note indicating applicability of operator-generated contracts. 	4-11-1, 9-11-1	4-11-1, 9-11-1
Standard 14 (Section 4&9) <ul style="list-style-type: none"> - Change extended meal times to one hour 	4-14-1, 9-14-1	4-14-1, 9-14-1
Standard 15 (Section 4&9) <ul style="list-style-type: none"> - Add separate method and evidence for contractor-provided accommodation services and policies. 	4-15-5, 9-15-1	4-15-5, 9-15-1

Standard 18 (Section 4&9) - Updated definitions and process for reportable incidents	4-18-1, 9-18-1, 4-18-8, 9-18-6	4-18-1, 4-18-8 9-18-1, 9-18-6
Standard 19 (Section 4&9) - Add clarification to the definition of trust accounts	4-19-1, 9-19-1	4-19-1, 9-19-1
Standard 20 (Section 4) - Add clarification to the definition of personal possessions	4-20-1	4-20-1
Standard 21 (Section 4&9) - Add definition of regularly Scheduled.	4-21-1, 9-21-1	4-21-1, 9-21-1
Standard 28: (Section 4&9) - Add note indicating there is no need to re-create policies.	4-28-1, 9-28-1	4-28-1, 9-28-1
Standard 29 (Section 4&9) - Add definition of employee	4-29-1, 9-29-1	4-29-1, 9-29-1
Standard 31(Section 4&9) - Add method of evidence and evidence of compliance for temporary foreign workers.	4-31-2, 9-31-2	4-31-2, 9-31-2
Section 7: - Highlighting mini-inspection items in checklists - Addition of Reportable Incident forms, decision guides, and examples for health funded accommodations and non-health funded accommodations.	7-SL Checklist, 7-LTC Checklist	7-2 to 7-3
Section 6 & 10: - Addition of Supportive Living Eligibility Criteria - Addition of Mixing Valve Examples	N/A N/A	6-Appendix B & C 10-Appendix B

Changes to Accommodation Standards & Licensing Information Guide – Revision 3

March, 2011

Section	Topic	Revision Description	Pages Affected
All	Header	- Added revision # information	ALL
	Footer	- Page numbering system changed	ALL
	About the Table of Contents	- Information added to explain the new numbering system	3
	Table of Contents	- Updated - Hyper linking added for all table of contents (on-line version)	2-1, 3-1, 4-1, 5-1, 6-1, 7-1, 8-1, 9-1, 10-1
1	Record of Amendments	- Updated	1-3
2	Duration of a Licence	- Initial licence periods edited	2-8
		- Additional information included regarding multi-year licensing	2-9
3	Insurance	- Explanation edited	3-7
4 & 9	Standard 2	- 2(1) information added to method of compliance	4-2-1 9-2-1
	Standard 16	- Definitions added for essential equipment, other disruptions, other utilities	4-16-1 4-16-2 9-16-1
		- Definition updated for employment dispute	9-16-2
		- 16(1) Method of Compliance Changed	
	Standard 18	- Definition added for Director - Note added regarding the absence of manufacturers recommendations - 18(4) Reportable Incident information revised - 18(4) Reportable Incident flowchart moved to this section - 18(4) Reportable Incident examples revised and moved to this section	4-18-1 4-18-2 4-18-8 thru 10 9-18-1 9-18-2 9-18-8 thru 10
	Standard 19	- Updated intent - Added note regarding timelines for fulfilling requests	4-19-1 thru 3 9-19-1 thru 3

		- 19(3) edited methods and evidence of compliance	
	Standard 21	<ul style="list-style-type: none"> - added National Plumbing Code water temperature information - 21(1) removed method of compliance - Added note regarding resident education - 21(2) separated resident education from employee training 	4-21-1 4-21-2 9-21-1 9-21-2

Changes to Accommodation Standards & Licensing Information Guide – Revision 2
May 17, 2010

Revision Description	Previous Page Number	New Page Number
Updated table of contents	3-5	3-6
Record of Amendments updated	9	9
Added definition of site-specific to Contracted Services	78	78
Incident reporting process amended	109,116, 117	109, 116, 117
Standard 27(3) amended to refer to standard 26	137	137
‘Menu Requirements’ resource added	160	160-161
‘Continuation of Services’ resource added	161	161
Forms added to Section 7	N/A	194-212
Incident reporting Process amended	169-174	169-174
Long-term Care Introduction added for Section 8	173	213-218
Long-term Care Standards added for Section 9	175	219-293
Long-term Care Resources added for Section 10	177	295-324

Changes to Accommodation Standards & Licensing Information Guide – Revision 1

April 1, 2010

Revision Description	Previous Page Number	New Page Number
Updated table of contents	3-5	3-6
Record of Amendments updated	9	9
Definition added for safety codes approval	41	41
Update to section 2(1)(a) and (b) of the Regulation	43	43
Updated collateral inspection reports	43	43
Updated regulation expiry date	49	49
Updated table of contents	51	51
Removal of Standard 15: Texture-modified diets	97	N/A
Adjusting numbering of Standards 16-33	97-145	97-147
Updated definition of incidents and addition of definitions for serious harm and extensive damage	111	109
Incident reporting process changed	118	116-117
Updated definition of trust account	120	119
Removal of resources on texture-modified diets	153	N/A
Forms added to Section 7	167-171	166-195

Accommodation Standards and Licensing Information Guide

This guide provides explanations and resources related to Alberta's *Supportive Living Accommodation Licensing Act*, Supportive Living Accommodation Licensing Regulation and Long-term Care Accommodation Standards.

Revision 4: March 2013

For further information about accommodation standards, contact:

Standards Compliance and Licensing Branch
Alberta Health
10025 Jasper Avenue NW
PO Box 1360 Stn. Main
Edmonton, Alberta T5J 2N3

Phone 780-644-8428 (310-0000 Toll free)
Fax 780-644-8729

This document is also located on-line at:

<http://www.health.alberta.ca/services/continuing-care-forms.html>

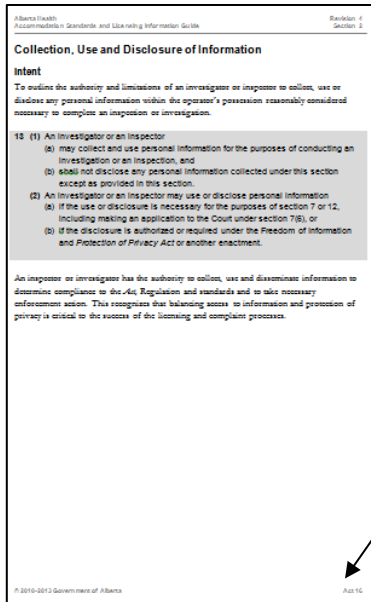
Full versions of the *Supportive Living Accommodation Licensing Act* and the Supportive Living Accommodation Licensing Regulation can be accessed from Queen's Printer on-line at:

www.qp.alberta.ca

About the Table of Contents

Page numbers provided are in the format of Section Number – Standard number (if applicable) – page number. When looking within the document, section numbers are found at the top of the page (header) and standard and page numbers are found on the bottom of the page (footer). If viewing on-line CTRL-clicking on any table of contents topic will bring you to that page.

Example: 2-16



The first number refers to the Section of the Information Guide located at the top of each page.

The second number refers to the subsection number or where there is no subsection the page number.

The third number refers to the page number in each subsection.

Example: 4-12-1

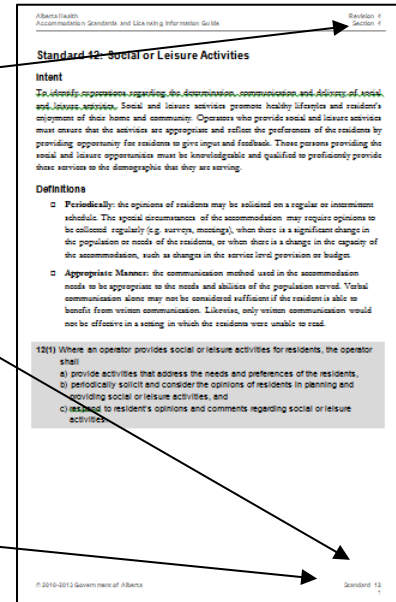


Table of Contents

<i>Accommodation Standards and Licensing Information Guide</i>	1-1
About this Guide	1-8
A Note on Terminology	1-9
Updates	1-10
<i>Supportive Living Accommodation Licensing Act</i>	2-1
Coming into Force	2-1
Application	2-3
Licence Required	2-5
Application for Licence	2-6
Designation of Director	2-9
Inspectors	2-9
Inspections	2-10
Order After Inspection	2-12
Complaints Officers	2-12
Complaints	2-13
Investigators	2-14
Investigations	2-15
Collection, Use and Disclosure of Information	2-16
Notification of Authorities	2-17
Cancellation of Licence	2-18
Issue of Stop Order	2-19
Court Order	2-20
Appeal	2-21
Notification	2-22
Appeal	2-23
Service of Notice or Order	2-24
Offences	2-24
Protection from Liability	2-25
Regulations	2-25
Transitional	2-26
Consequential Amendments	2-27
Coming into Force	2-27

***Supportive Living Accommodation Licensing Regulation and Inspection Process* ____ 3-1**

Coming into Force	3-1
Interpretation	3-2
Application for Licence	3-2
Renewal of Licence	3-5
Responsibility of Director	3-6
Insurance	3-7
Appeals	3-8
Standards	3-9
Transitional	3-9
Expiry	3-10
Coming into Force	3-10
Inspection Process	3-11

***Schedule 1 ~ Supportive Living Accommodation Licensing Regulation* ____ 4-1**

How to Use this Section	4-2
Standard 1: Building Code Requirements	4-1-1
Standard 2: Safety Requirements	4-2-1
Standard 3: Maintenance Requirements	4-3-1
Standard 4: Environmental Requirements	4-4-1
Standard 5: Personalizing Spaces	4-5-1
Standard 6: Window Coverings	4-6-1
Standard 7: Bedding	4-7-1
Standard 8: Laundry	4-8-1
Standard 9: Personal Choice Services	4-9-1
Standard 10: Medication Assistance or Reminders	4-10-1
Standard 11: Contracted Services	4-11-1
Standard 12: Social or Leisure Activities	4-12-1
Standard 13: Nutritional Requirements	4-13-1
Standard 14: Menu Requirements	4-14-1
Standard 15: Cleaning Requirements	4-15-1
Standard 16: Continuation of Services	4-16-1
Standard 17: Prevention of Abuse	4-17-1
Standard 18: Resident Safety and Security	4-18-1

Standard 19: Trust Accounts	4-19-1
Standard 20: Safeguarding of Personal Possessions	4-20-1
Standard 21: Water Temperature	4-21-1
Standard 22: General Information	4-22-1
Standard 23: Information Respecting the Supportive Living Accommodation	4-23-1
Standard 24: Concerns and Complaints	4-24-1
Standard 25: Assessment	4-25-1
Standard 26: Reassessment	4-26-1
Standard 27: Risk Management	4-27-1
Standard 28: Safety and Security	4-28-1
Standard 29: Job Descriptions	4-29-1
Standard 30: Residents' Personal Affairs	4-30-1
Standard 31: Criminal Record Checks	4-31-1
Standard 32: Privacy and Personal Information	4-32-1
<i>Schedule 2 ~ Supportive Living Accommodation Licensing Regulation</i>	5-1
Licence Application/Licence Renewal Form	5-2
Section A: Information about Supportive Living Accommodation	5-2
Section B: Supportive Living Accommodation Contact Person	5-3
Section C: Information about the Applicant	5-3
Section D: Owner/Operator Contact Person	5-4
Section E: Number of Residents	5-4
Section F: Change in Occupancy	5-4
Section G: Attachments	5-5
Declaration	5-5
<i>Supportive Living Resources</i>	6-1
<i>Forms</i>	7-1
Complainant Decision Appeal Form	7-2
Supportive Living Accommodation Standards Inspection Preparation Checklist	7-1
Long-Term Care Accommodation Standards Monitoring Visit Preparation Checklist	7-1
Reportable Incidents	7-1
<i>Long-term Care Introduction</i>	8-1
Definitions	8-2
Applicability	8-2

Purpose	8-2
Procedure	8-3
Certificate Required	8-3
Change in Contact Persons	8-3
Certificates Issued	8-4
Public Reporting	8-6
Renewal of a Certificate	8-7
Monitoring Visits	8-7
Concern Resolution Process	8-7
Complaints	8-8
Investigations	8-8
Standards	8-8
Comparison to Supportive Living Accommodation Standards	8-9
Review Date	8-9
Coming into Force	8-9
Long-term Care Accommodation Standards	9-1
How to Use this Section	9-2
Standard 1: Building Code Requirements	9-1-1
Standard 2: Safety Requirements	9-2-1
Standard 3: Maintenance Requirements	9-3-1
Standard 4: Environmental Requirements	9-4-1
Standard 5: Personalizing Spaces	9-5-1
Standard 6: Window Coverings	9-6-1
Standard 7: Bedding	9-7-1
Standard 8: Personal Laundry Services	9-8-1
Standard 9: Personal Choice Services	9-9-1
Standard 10: Insurance	9-10-1
Standard 11: Contracted Services	9-11-1
Standard 12: Social or Leisure Activities	9-12-1
Standard 13: Nutritional Requirements	9-13-1
Standard 14: Menu Requirements	9-14-1
Standard 15: Cleaning Requirements	9-15-1
Standard 16: Continuation of Services	9-16-1

Standard 17: Prevention of Abuse	9-17-1
Standard 18: Resident Safety and Security	9-18-1
Standard 19: Trust Accounts	9-19-1
Standard 20: Corporate Status	9-20-1
Standard 21: Water Temperature	9-21-1
Standard 22: General Information	9-22-1
Standard 23: Information Respecting the Long-term Care Accommodation	9-23-1
Standard 24: Concerns and Complaints	9-24-1
Standard 25: Certificate Posted	9-25-1
Standard 26: Criminal Record Checks	9-26-1
Standard 27: Privacy and Personal Information	9-27-1
Standard 28: Safety and Security	9-28-1
Standard 29: Job Descriptions	9-29-1
Standard 30: Residents' Personal Affairs	9-30-1
<i>Long-term Care Resources</i>	<i>10-1</i>
Resource ~ Appendix A	10-1
Appendix B: Mixing Valve Examples	10-1

About this Guide

This information guide is intended for operators of supportive living and long-term care accommodations and staff employed by the Ministry of Health who license supportive living accommodations and monitor long-term care accommodations. The information contained within will provide explanation and rationales on the *Supportive Living Accommodation Licensing Act* and Regulation, as well as information to assist both supportive living and long-term care operators to comply with provincial accommodation standards.

A Note on Terminology

The **Act** refers to the *Supportive Living Accommodation Licensing Act* unless otherwise specified.

The **Regulation** refers to the Supportive Living Accommodation Licensing Regulation.

The **Standards** refers to Schedule 1 of the Supportive Living Accommodation Licensing Regulation.

The **Ministry** refers to Alberta Health.

Accommodation refers to buildings or units in buildings where accommodation related services (cleaning, maintenance, food services, etc.) are offered or provided to the residents. Examples of accommodations may include, but are not limited to: supportive living accommodations, long-term care accommodations and auxiliary hospitals.

Resident refers to the individual that resides in an accommodation.

Employee refers to employees of an operator who provide accommodation services, but does not include health care professionals.

Operator refers to the person responsible for the operation of the accommodation.

Policy refers to an overall written plan, principle or guideline used in an accommodation.

The Accommodation Standards and Licensing Information Guide is available on-line at <http://www.health.alberta.ca/services/continuing-care-forms.html>.

Record of Information Guide Amendments

[illegible]

Supportive Living Accommodation Licensing Act

In this section the *Act* is explained with additional information to guide in the adherence to and enforcement of the legislation.

In This Section

Definitions	2	Cancellation of Licence	18
Application	3	Issue of Stop Order	19
Licence Required	5	Court Order	20
Application for Licence	6	Appeal	21
Designation of Director	9	Notification	22
Inspectors	9	Appeal	23
Inspections	10	Service of Notice or Order	24
Order after Inspection	12	Offences	24
Complaints Officers	12	Protection from Liability	25
Complaints	13	Regulations	25
Investigators	14	Transitional	26
Investigations	15	Consequential Amendments	27
Collection, Use and Disclosure of Information	16	Coming into Force	27
Notification of Authorities	17		

Format Used

The name of the section as it appears in the *Act*.

The section as it appears in the *Act*.

Coming into Force

Intent

To identify when this *Act* becomes effective.

27 This *Act* comes into force on Proclamation

The *Act*, Regulation and the accommodation standards will be proclaimed on April 1, 2010.

The intent or purpose of the section of the *Act*.

Further information and procedures as they pertain to the section of the *Act*.

Definitions

Intent

To provide definitions for terminology utilized in the *Act* and for the *Act's* implementation.

- 1** In this *Act*,
- a) “Court” means the Court of Queen’s Bench;
 - b) “director” means the director designated under section 5;
 - c) “legal representative” means a guardian or surrogate decision-maker pursuant to a court order;
 - d) “licence” means a licence for a supportive living accommodation;
 - e) “Minister” means the Minister determined under section 16 of the *Government Organization Act* as the Minister responsible for this *Act*;
 - f) “operator” means a person who provides supportive living accommodation as described in section 2;
 - g) “supportive living accommodation” means buildings or units in buildings that are intended for permanent residential living where an operator also provides or arranges for services in order to assist residents to live as independently as possible.

This section provides clarification on some common terminology used within the *Act*, Regulations and this Guide.

See also: ‘Application’ and ‘Designation of Director’ for further information on “director” and “operator.”

Application

Intent

To establish eligibility criteria for supportive living accommodations that are required to be licensed under the *Act*.

Definition

- **Permanent occupancy:** The residency is intended to be a permanent living arrangement. Operators of accommodations that provide a time limited occupancy and state a required deadline or date for transfer, discharge or termination of services are exempt from this *Act*. Having preset eligibility and termination criteria (ie. change in medical condition) does not preclude the accommodation from being permanent.

- 2(1)** This *Act* applies to supportive living accommodation provided by an operator where
- (a) the supportive living accommodation is provided to 4 or more adults who are not related to the operator,
 - (b) the operator provides or arranges for services related to safety and security for the persons referred to in clause (a) in accordance with the standards set out or adopted in the regulations, and
 - (c) the operator provides, offers or arranges for
 - (i) at least one meal per day, or
 - (ii) housekeeping services,for the persons referred to in clause (a).
- (2)** This *Act* does not apply to
- (a) a nursing home under the *Nursing Homes Act*,
 - (b) an approved hospital or an auxiliary hospital under the *Hospitals Act*,
 - (c) a facility referred to in section 1(h)(v) of the *Social Care Facilities Licensing Act*, or
 - (d) a class, type or category of supportive living accommodation designated as exempt in accordance with the regulations.

This section establishes the scope for licensing adult supportive living accommodations.

The accommodation, accommodation related services and safety and security services must be provided or arranged for by the operator of a supportive living accommodation. In instances where any one of these components is provided directly by the resident, their representative, or another external source not associated with the operator, the accommodation is not considered to be licensable under this *Act*.

Licensable supportive living accommodations provide permanent occupancy. Those providing temporary accommodation, such as hospices, camps, training or treatment centers and respite or transitional housing are not licensed under this *Act*.

Lodges, previously exempt from licensing under the *Social Care Facilities Licensing Act*, are now licensable under this *Act*. Nursing homes, approved hospitals, auxiliary hospitals and homeless shelters are not required to be licensed under this *Act*.

Eligibility for licensing will be determined using this section of the *Act* in conjunction with the definition of supportive living accommodation as defined in Section 1(g)

“meaning buildings or units in buildings that are intended for permanent residential living where an operator also provides or arranges for services in order to assist residents to live as independently as possible”

and the definition of safety and security in Section 1(2) of the Supportive Living Accommodation Licensing Regulation

“safety and security includes day to day monitoring by an operator of the safety and security of residents of the operator’s supportive living accommodation.”

Please refer to the Decision Tree in Section 6, Resources for more information.

Licence Required

Intent

To establish the parameters for holding and displaying a licence.

- 3 (1)** An operator must hold a subsisting licence for each location at which the operator provides supportive living accommodation as set out in section 2(1).
- (2)** An operator shall comply with the conditions of the licence issued to the operator.
- (3)** Unless the director permits otherwise, an operator shall post the licence issued to the operator in a prominent place in the supportive living accommodation to which it pertains.
- (4)** If the director has given permission under subsection (3) to dispense with posting a licence, the operator shall keep the licence in a place in the supportive living accommodation to which it pertains where it is available and accessible for viewing.
- (5)** A licence is not transferable.

The *Act* sets out the requirement to be licensed in order to operate a supportive living accommodation. The licence verifies that the operator has met the legislative requirements for a supportive living accommodation including complying with the accommodation standards.

A licence is easily recognizable and provides assurances to the residents, family members, general public, stakeholders, funders and other organizations that the minimum standard of accommodation and accommodation related services have been met.

Licences must be posted or available to ensure residents, their representatives, the employees and the public have an opportunity to view the terms and conditions (if any) of a licence. Licences may not be required to be posted where the operator has applied in writing for an exemption and the exemption has been granted by the Director under Section 5 of the *Act*. If a written exemption by the Director has been granted the licence will still need to remain in the accommodation and must be provided on request.

A supportive living accommodation licence is issued to an operator for a specific supportive living setting, identified by the site address. The posted licence must be current at all times. If there is a change in the operator, the location or there is a substantial change in operations the accommodation will need to apply for licensing under Section 4 of the legislation.

Application for Licence

Intent

To establish circumstances under which licences may be issued or refused.

- 4 (1)** Subject to subsection (2), a person may apply to the director in accordance with the regulations for a licence or for the renewal of a licence.
- (2)** A person who
- (a) has been refused a licence or a renewal of a licence under subsection (3)(b),
 - (b) has had a licence cancelled under section 15(1), or
 - (c) has failed to comply with a stop order issued under section 16(1), is ineligible, for a period of 2 years after the date of the refusal, cancellation or failure to comply,
 - (d) to apply for a licence or a renewal of a licence in respect of the supportive living accommodation that was the subject of the refusal, cancellation or failure to comply, and
 - (e) to apply for a licence for a supportive living accommodation that has not previously been licensed.
- (3)** Subject to the regulations, the director may, in the director's discretion, in respect of an application under subsection (1)
- (a) issue or renew a licence for a term of up to 3 years, with or without conditions, or
 - (b) refuse to issue or to renew a licence.
- (4)** If the director refuses to issue or to renew a licence, the director shall at that time provide to the applicant written reasons for the refusal.
- (5)** The written reasons referred to in subsection (4) must include information respecting the applicant's right to appeal the director's refusal in accordance with section 20.

This section creates the ability for the Director to issue a licence or a licence with conditions, to determine the duration of a licence or to refuse to issue a licence.

Licences and Licences with Conditions

By allowing for flexibility in the licensing provisions, the Director has the authority to deal with each licence on an individual basis. Licences without conditions are issued to accommodations that meet all the accommodation standards set out in Schedule 1 of the Regulation. Licences with conditions may be issued to accommodations that do not meet certain accommodation standards while the conditions are being rectified.

Refusal to Licence

After an operator has had a licence refused, cancelled or has failed to comply with a stop order, the operator is ineligible to apply for a licence and will be deferred for a two-year period on any new accommodations or on the accommodation where the enforcement action occurred. An operator may appeal the decision of the Director to refuse a licence using the process described in Section 20. Other licensed accommodations provided by the operator that are not the recipient of an enforcement action will retain their licence(s) and will continue to be eligible for renewal.

Duration of a Licence

The duration of an accommodation's licence is determined at the discretion of the Director based upon the outcome of licensing inspections and investigations.

New Accommodations

- New accommodations that are compliant or non-compliant to the *Act*, Regulation or accommodation standards may be issued a licence for up to a six month period.
- New accommodations that have been fully compliant to the *Act*, Regulation or accommodation standards for six months and have received no confirmed complaints in that six month period are eligible for a licence of up to one year.
- New accommodations that have not been fully compliant to the *Act*, Regulation or accommodation standards for six months or have received confirmed complaints in that six month period are eligible for a licence of up to six months.

After the completion of the first year of licensing and previously licensed accommodations:

- Accommodations that have been fully compliant to the *Act*, Regulation or accommodation standards for less than one year, or have received confirmed complaints are eligible for a licence of up to a one year period.
- Accommodations that have been fully compliant to the *Act*, Regulation or accommodation standards and have received no confirmed complaints for one year are eligible for a licence of up to a two year period.
- Accommodations that have been fully compliant to the *Act*, Regulation or accommodation standards and have received no confirmed complaints for three years (1 year + 2 year licence) are eligible for a licence of up to a three year period.

The duration of the licence does not dictate the time between licensing inspections. Operators can expect periodic announced or unannounced inspections throughout their licence period. At a minimum a mini inspection will occur annually to review compliance with standards related to the safety and security of residents.

Standards that will be reviewed during a mini inspection are shaded in gray within the Supportive Living Preparation Checklist found in Section 7, Forms.

Multiple Year Licence Criteria

Examples for determining how multiple year licence duration criteria will be applied (not applicable for new accommodations):

Accommodation A receives annual inspection visits in April of each year. It is fully compliant at each of the inspections and has no confirmed complaints. It is eligible for multi-year licensing.

Inspection Type	Inspection Date	Non-Compliances	Confirmed Complaints	Licence Type	Licence Expiry
Full	April 2010	No	No	Full	April 30, 2011
Full	April 2011	No	No	Full	April 30, 2013
Mini	April 2012	No	No	N/A	N/A
Full	April 2013	No	No	Full	April 30, 2016
Mini	April 2014	No	No	N/A	N/A
Mini	April 2015	No	No	N/A	N/A
Full	April 2016	No	No	Full	April 30, 2019

Accommodation B receives annual inspections in May. It was not fully compliant in the first year of licensing, but became fully compliant in the second year of licensing. Note that eligibility for multi-year licensing is affected for one year only.

Inspection Type	Inspection Date	Non-Compliances	Confirmed Complaints	Licence Type	Licence Expiry
Full	May 2010	Yes	No	Conditional	Negotiated Date
Full	May 2011	No	No	Full	May 31, 2012
Full	May 2012	No	No	Full	May 31, 2014
Mini	May 2013	No	No	N/A	N/A
Full	May 2014	No	No	Full	May 31, 2017

Accommodation C receives annual inspections in June. It was fully compliant in the first and second year of licensing, but later was found to be non-compliant. Note that once Accommodation C is found to be non-compliant a mini inspection will become a full inspection. Upon licence expiry Accommodation C is returned to a one-year licence term as they no longer meet the eligibility criteria for multi-year licensing.

Inspection Type	Inspection Date	Non-Compliances	Confirmed Complaints	Licence Type	Licence Expiry
Full	June 2010	No	No	Full	June 30, 2011
Full	June 2011	No	No	Full	June 30, 2013
Mini -> Full	June 2012	Yes	No	N/A	N/A
Follow-up visit to occur as necessary to rectify non-compliances.					
Full	June 2013	No	No	Full	June 30, 2014

Designation of Director

Intent

To facilitate the effective administration of the *Act*, the Minister has the authority to designate a director to administer the *Act*. The Director then has the authority to delegate to other personnel responsible for enforcing the *Act*.

- 5 (1)** The Minister may designate a director for the purposes of this *Act*.
- (2)** The director designated under subsection (1) may delegate to any person any of the duties imposed or powers conferred on the director under this *Act*, including the power to form an opinion.
- (3)** The director has all the powers of an inspector, a complaints officer and an investigator under this *Act*.

Inspectors

Intent

To facilitate the effective administration of the *Act*, the Minister has the authority to designate inspectors to enforce the legislation.

- 6** The Minister may designate one or more persons as inspectors for the purposes of this *Act*.

Inspections

Intent

To outline the authority of an inspector during an inspection.

Definition

- **Ex parte:** on behalf of or involving only one party to a legal matter and in the absence of and usually without notice to the other party (e.g. without the operators presence).

- 7 (1)** Subject to subsection (2), at the request of the director, for the purposes of ensuring this *Act*, the regulations, an order issued under this *Act* or a condition of a licence, an inspector may, with the permission of the operator of a supportive living accommodation,
- (a) at any reasonable hour enter the supportive living accommodation and inspect that supportive living accommodation;
 - (b) require the production of any books, records or other documents in respect of the supportive living accommodation or place and examine them, make copies of them or remove them temporarily for the purpose of making copies;
 - (c) inspect and take samples of any material, food or equipment being used in the supportive living accommodation;
 - (d) perform tests, take photographs or make recordings in respect of the supportive accommodation;
 - (e) interview the operator of the supportive living accommodation with respect to matters relevant to the inspection.
- (2)** An inspector may enter the supportive living accommodation of a particular resident only with the permission of that resident or that resident's legal representative.
- (3)** An inspector may interview employees and residents of the supportive living accommodation, relatives of residents, legal representatives of residents and any other person who may have information relevant to the inspection.
- (4)** When an inspector removes any books, records or other documents under subsection (1)(b), the inspector shall
- (a) give a receipt for those items to the person from whom those items were taken, and
 - (b) forthwith return the items to the person from whom they were taken when they have served the purposes for which they were taken.
- (5)** When an inspector takes samples of any material, food or equipment under subsection (1)(c), the inspector shall
- (a) give a receipt for those items to the person from whom those items were taken,

and

- (b) on that person's request, return those items to that person when those items have served the purposes for which they were taken.
- (6) An operator shall provide on request a complete list of names and contact information of residents of the supportive living accommodation, including the names and contact information of each resident's legal representative, if any, to the inspector.
- (7) If permission is refused or cannot be reasonably obtained under subsection (1) or if anyone prevents an inspector from exercising powers under subsection (1) or obstructs or hinders the inspector in the exercise of those powers, a judge of the Court of Queen's Bench may on the application of the inspector make any order that the judge considers necessary to permit the inspector to conduct an inspection of those powers.
- (8) An application under subsection (7) may be made *ex parte* if the Court considers it appropriate in the circumstances.
- (9) The inspector shall inform the operator and the director of the results of an inspection of the operator's supportive living accommodation.

In order to ensure resident safety, security and well-being, an inspector may utilize a variety of inspection methods. The inspection of the accommodation and accommodation related services will verify that the provincial accommodation standards are being met.

As a means to balance an operator's rights with government's obligation to inspect accommodations so as to ensure the safety and well-being of residents, the operator's permission to enter the accommodation will be retained. When necessary, government has the ability to seek a court order, including an *ex parte* order, to enter the accommodation.

The inspector has the authority to collect information from employees, individual resident(s) or their representative(s) in order to verify compliance with accommodation standards. An inspector may enter a resident's room only with the permission of the resident or the resident's legal representative. An inspector may interview employees, residents of the supportive living accommodation (if necessary, with the permission of legal representative), relatives of residents, legal representatives of residents and any other person who may have information relevant to the inspection.

Order After Inspection

Intent

To outline the use and requirements of an order after inspection.

- 8 (1)** Where, after a supportive living accommodation has been inspected, the director is of the opinion that this Act, the regulations, an order issued under this Act or a condition of a licence is not being complied with, the director may in writing
- (a) order the operator of the supportive living accommodation to take the measures specified in the order within the time limits specified in the order,
 - (b) issue a stop order in accordance with section 16, or
 - (c) cancel the licence issued to the operator in respect of that supportive living accommodation in accordance with section 15.
- (2)** The director may direct that an order issued under subsection (1)(a) be posted in a prominent place in the supportive living accommodation.

An order after inspection is one of the mechanisms for obtaining compliance with the *Act* and the regulations. It is utilized in situations where the Director determines a contravention can be rectified within a short time period. The order after inspection is used in situations where the residents are not at imminent risk. Failure to comply with an order after inspection within the designated timelines may lead to a stop order or a cancellation of a licence.

Complaints Officers

Intent

To facilitate the smooth and effective administration of the *Act*, the Minister has the authority to designate complaints officers.

- 9 (1)** The Minister may designate one or more persons as complaints officers for the purposes of this Act.
- (2)** For the purposes of section 10(2)(a), a complaints officer has all the powers of an inspector or an investigator under this Act

Complaints

Intent

To outline the complaint process.

- 10 (1)** A person who has reason to believe that an operator has failed to comply with this Act, the regulations, an order issued under this Act or a condition of a licence may make a complaint to a complaints officer in the manner determined by the director.
- (2)** A complaints officer shall
- (a) review any complaint received under subsection (1) to decide whether an investigation of the complaint is necessary, and for that purpose may
 - (i) make inquiries, and
 - (ii) take any other action the complaints officer considers appropriate in the circumstances, including, without limitation, attempting to resolve the complaint through mediation or conciliation and notifying the director of an offence under this Act, and
 - (b) if the complaints officer decides that an investigation of the complaint is necessary, refer the complaint to an investigator.
- (3)** A complaints officer may refuse to refer a complaint to an investigator if
- (a) the complaints officer considers the complaint to be frivolous or vexatious, or
 - (b) the complaints officer has resolved the complaint under subsection (2)(a)(ii).
- (4)** A complaints officer shall inform the complainant, if the identity of the complainant is known, and any other person the complaints officer considers appropriate of a decision made under subsection (3).
- (5)** The decision of a complaints officer under subsection (3) may be appealed to the director in accordance with the regulations

Concerned individuals are encouraged to follow the documented concerns or complaints resolution process of the supportive living accommodation. Where complaints are related to the contravention of the *Act*, or non-compliances to the Regulation or the standards, the concerned individuals have the option of directing complaints to the Complaints Officer.

The Complaint Officer has all the powers of an inspector or an investigator under this *Act*, so may resolve the complaint using any of those powers. The Complaints Officer may refuse to refer a complaint to an investigator if they determine the complaint to be frivolous or vexatious or has resolved the complaint themselves. The decision of a Complaints Officer not to refer a complaint may be appealed in accordance with Section 6 of the Regulation.

The complaint process provides an avenue for the identification of concerns and for follow-up action by the Director.

**Accommodation Standards Complaint Line
1-888-357-9339**

Investigators

Intent

To facilitate the effective administration of the *Act*, the Minister has the authority to designate investigators.

11 The Minister may designate one or more persons as investigators for the purposes of this *Act*.

Investigations

Intent

To outline the authority of an investigator during an investigation.

- 12 (1)** When a complaint is referred to an investigator under section 10(2)(b), the investigator, for the purposes of investigating the complaint, has all the powers of an inspector under section 7 in addition to the powers set out in section 13.
- (2)** An investigator shall inform the operator and the director of the results of an investigation of the operator's supportive living accommodation.
- (3)** The director shall notify the complainant, if the identity of the complainant is known, the operator of the supportive living accommodation and any other person the director considers appropriate of the results of an investigation of the supportive living accommodation, including whether the complaint was founded or not founded.
- (4)** Where, after a supportive living accommodation has been investigated, the director is of the opinion that this Act, the regulations, an order issued under this Act or a condition of a licence is not being complied with, the director may in writing
- (a)** order the operator of the supportive living accommodation to take the measures specified in the order within the time limits specified in the order,
 - (b)** issue a stop order in accordance with section 16, or
 - (c)** cancel the licence issued to the operator in respect of that supportive living accommodation in accordance with section 15.
- (5)** The director may direct that an order issued under subsection (4)(a) be posted in a prominent place in the supportive living accommodation.

A variety of investigatory methods may be necessary to determine if a resident's safety, security and well-being is compromised. Entering the supportive living accommodation and investigating an allegation of non-compliance identifies the validity of the complaint. This ensures that operators of accommodations are maintaining compliance to the legislation throughout the licence period.

The Director has a responsibility to communicate the outcome of an investigation to both the complainant and the operator. In cases where non-compliances are identified, the Director may take an enforcement action in a manner which is appropriate to the circumstance. This may be a written directive, an order after inspection, stop order or cancellation of a licence.

Collection, Use and Disclosure of Information

Intent

To outline the authority and limitations of an investigator or inspector to collect, use or disclose any personal information within the operator's possession reasonably considered necessary to complete an inspection or investigation.

- 13 (1)** An investigator or an inspector
- (a) may collect and use personal information for the purposes of conducting an investigation or an inspection, and
 - (b) shall not disclose any personal information collected under this section except as provided in this section.
- (2)** An investigator or an inspector may use or disclose personal information
- (a) if the use or disclosure is necessary for the purposes of section 7 or 12, including making an application to the Court under section 7(6), or
 - (b) if the disclosure is authorized or required under the Freedom of Information and *Protection of Privacy Act* or another enactment.

An inspector or investigator has the authority to collect, use and disseminate information to determine compliance to the *Act*, Regulation and standards and to take necessary enforcement action. This recognizes that balancing access to information and protection of privacy is critical to the success of the licensing and complaint processes.

Notification of Authorities

Intent

To outline the responsibility of the Director to refer complaints to the appropriate authorities when issues fall outside the jurisdiction of this *Act*.

- 14 (1)** If the director reasonably believes that the subject matter of a complaint could constitute
- (a) an offence under the Criminal Code (Canada), the director shall refer the complaint to a police service,
 - (b) abuse against a person under the *Protection for Persons in Care Act*, the director shall refer the complaint to the Minister responsible for that Act, or
 - (c) an offence under a statute or regulation of Alberta, the director shall refer the complaint to the Minister of Justice and Attorney General.
- (2)** The director may, when referring a complaint under subsection (1), disclose information that the director reasonably believes relates to the possible offence or abuse.

If the Director determines, as a result of a complaint or investigation, that offences or abuse that may fall under the jurisdiction of other authorities exist, the Director has a responsibility to refer the complaint and provide any pertinent related information to the appropriate authority.

Cancellation of Licence

Intent

To provide the conditions and the required process for licence cancellation.

- 15 (1)** When the director is of the opinion, as the result of an inspection or investigation, that an operator has not complied with
- (a) this *Act* or the regulations,
 - (b) a condition of a licence, or
 - (c) an order issued under section 8 or 12,

the director may, on 45 days' notice in writing to the operator, cancel the licence in respect of that supportive living accommodation.

- (2)** A notice to an operator under subsection (1) must inform the operator of the right to appeal the cancellation in accordance with section 20.
- (3)** When a notice has been given under subsection (1), the director shall post a notice of the cancellation of the licence in a prominent place in the supportive living accommodation.

The cancellation of a licence is one of the mechanisms for ensuring resident safety and security. The cancellation of a licence may occur when other measures, such as written directives and orders after inspection, have not resulted in the effective resolution of the situation. Cancellation of a licence may occur if the operator of an accommodation continues to be in non-compliance and no imminent risk to residents exists, or there is evidence the licence holder is unable or unwilling to comply. Licence cancellation may also be considered if the accommodation is in non-compliance with an *Act* or Regulation of a collateral authority (e.g. fire, health). If residents are in imminent risk, Section 16 may be used.

Residents, their representatives and relevant collateral authorities are made aware of the cancellation by the Director. As the cancellation of a licence requires an operator to reduce their resident capacity to less than four, residents and their representatives will also be notified under Section 19(1).

Issue of Stop Order

Intent

To provide the conditions and required process for the use of a stop order.

- 16 (1)** If the director is of the opinion as the result of an inspection or investigation that an operator has contravened or is contravening this *Act*, a regulation, a condition of a licence or an order issued under this *Act*, the director may issue a stop order to the operator in accordance with subsection (2).
- (2)** In a stop order the director may require that the operator to whom it is directed do one or more of the following, either permanently or for a specified period:
- (a) cease the contravention specified in the stop order;
 - (b) stop any activity occurring at a supportive living accommodation specified in the stop order;
 - (c) stop operating the supportive living accommodation specified in the stop order.
- (3)** A stop order must contain the reasons for making it.
- (4)** Not more than 48 hours after issuing a stop order, the director shall cause a copy of it to be served on the operator to whom it is directed, and on receipt of the copy, the operator to whom the stop order is directed shall comply with the order forthwith.
- (5)** An operator to whom a stop order is directed who fails to comply with the stop order forthwith on service of a copy of it on the operator or subsequently is guilty of an offence and liable to a fine in accordance with section 22.
- (6)** A stop order served on an operator under this section must inform the operator of the right to appeal the stop order in accordance with section 18.
- (7)** When a stop order has been issued to an operator, the director shall post the stop order in a prominent place in the supportive living accommodation.

A stop order is one of the mechanisms for obtaining compliance with the *Act* and the Regulation. The Director may issue a stop order where immediate action is necessary. A stop order is considered where the risk to the health and/or safety of the residents is of a critical nature, the licence holder has failed to stop an activity or cease operation of an accommodation pursuant to previous orders under the *Act*, or cooperation from the accommodation licence holder cannot be obtained and the contravention will place the health and/or safety of the residents at risk.

Residents, their representatives and the public are made aware of a stop order by a posting of the notice in a prominent place in the supportive living accommodation. As a stop order requires an operator to reduce their resident capacity to less than four, residents and their representatives will also be notified under Section 19(1).

Court Order

Intent

To provide guidelines on the use and application of a court order.

- 17 (1)** If the operator to whom a stop order is directed fails to comply with the stop order forthwith on service of a copy of it on the operator or subsequently, the director may, notwithstanding that the operator has filed an application under section 18, apply to the Court of Queen's Bench for an order of the Court directing
- (a) the operator to comply with the stop order,
 - (b) any peace officer to assist the director and other persons referred to in subsection (2)(b) in enforcing their powers and performing their duties under subsection (2)(b), and (c) any other relief in respect of matters coming under this Act that the Court considers appropriate in the circumstances.
- (2)** If the operator to whom a stop order is directed fails to comply with the stop order forthwith on service of a copy of the order of the Court of Queen's Bench under subsection (1) on the operator or subsequently,
- (a) the failure to comply with the stop order may be dealt with by the Court as a civil contempt of the Court,
 - (b) any person authorized by the director for the purpose and any other persons assisting that person may, without further leave of the Court and without incurring liability for it, enter the supportive living accommodation and take any actions that are necessary to carry out the stop order, and
 - (c) the director may recover by action any expenses incurred under clause (b) in carrying out the stop order from the operator to whom the stop order is directed.

This section creates the ability for the Director to consult with Alberta Justice. Alberta Justice may make application to the court to ensure compliance to a stop order. The court may direct the operator to comply with the Director's determined action. Circumstances which may necessitate the involvement of the court may include the failure of an operator to comply with a stop order or the refusal of an operator to admit a delegated person under this *Act* to the accommodation.

The involvement of the court ensures impartial, independent judgment while balancing government's obligations to ensure the safety and security of the residents with the rights of the operator.

Appeal

Intent

To provide an operator with an opportunity to appeal a stop order to the Court of Queen's Bench.

18 (1) An operator to whom a stop order is directed may appeal to the Court of Queen's Bench by

- (a) filing an application with the clerk of the Court, and
- (b) serving a copy of the application on the director,

within 15 days from the date on which a copy of the stop order was served on the operator.

(2) A stop order remains in effect unless the Court orders that it be stayed pending the disposition of the appeal.

(3) A judge of the Court of Queen's Bench may extend the time for filing or service under subsection (1).

(4) On an appeal under this section, the Court of Queen's Bench

- (a) shall inquire into all matters leading to the issuing of the stop order,
- (b) shall determine whether, in its opinion, there were sufficient grounds for the issuing of the stop order,
- (c) shall confirm, vary or revoke the stop order, and
- (d) may make any other order in respect of matters coming under this Act that the Court considers appropriate in the circumstances, including issuing an order under section 17(1).

(5) This section and section 17 apply to a stop order issued under section 16 whether or not the contravention of this Act or the regulation or order concerned constitutes an offence and whether or not a conviction has been adjudged for the offence.

An appeal provides the operator with the opportunity to challenge the decision of the Director through an impartial, independent review of the issues and a binding judgment by the court. The appeal process timeline should reflect consideration of the continuing operation of the supportive living accommodation and the safety and well-being of the individuals living in the accommodation.

Notification

Intent

To obtain access to resident contact information in situations where there is a risk to resident safety.

- 19 (1)** On receiving a copy of a stop order under section 16 or a notice cancelling a licence under section 15(1), the operator shall forthwith provide to the director a list of
- (a) the names and contact information of residents in the supportive living accommodation, and
 - (b) the names and contact information of the legal representatives, if any, of the residents in the supportive living accommodation.
- (2)** On receiving the list referred to in subsection (1), the director shall notify in writing the persons on the list respecting the cancellation or stop order, as the case may be.

Resident contact information may be requested in situations where there is a concern for the safety of the residents and there may be a need to assist with alternate accommodations due to the issuance of the cancellation of a licence or a stop order. Where residents are independent in decision making, no further information is required. In situations where residents have a legal representative appointed to assist in ongoing decision making, the names and contact information of the legal representatives is required.

The Director has a responsibility to notify the identified parties in order to assist in obtaining safe, secure accommodation and accommodation services for the residents.

Appeal

Intent

To establish a process for an operator to appeal the Director's decision to refuse to issue a licence or to cancel a licence.

- 20** (1) A person
- (a) who has been refused a licence or renewal of a licence under section 4(3), or
 - (b) whose licence has been cancelled,
- may appeal the refusal or cancellation by serving the Minister with a notice of appeal in the prescribed form within 15 days after being notified in writing of the refusal or cancellation.
- (2) The Minister shall, within 30 days after being served with the notice of appeal, appoint an appeal panel consisting of 3 individuals to hear the appeal.
- (3) The Minister shall designate one of the members of the appeal panel as chair.
- (4) The Minister may set the time within which the appeal panel is to hear an appeal and render a decision and the Minister may extend that time.
- (5) An appeal panel that hears an appeal under this section may by order
- (a) confirm the refusal or cancellation,
 - (b) direct that a licence or renewal of a licence be issued, or
 - (c) reinstate a cancelled licence.
- (6) Members of the appeal panel who are not employees of the Government may be paid remuneration, and may receive reasonable travelling and living expenses while away from their ordinary places of residence in the course of their duties as members of the appeal panel, at the rates prescribed by the Minister.
- (7) A decision of the appeal panel under this section is final and binding and may not be appealed.

An appeal provides the operator with the opportunity to challenge the decision of the Director through an impartial, independent consultation on the issues and a binding judgment by the appeal panel. This process allows for transparency in the administration of the decision made by the Director regarding the licensing of a supportive living accommodation by allowing for an appeal of the decision, outlines the timelines for the appeal process and the establishment of the appeal panel.

Service of Notice or Order

Intent

To identify the process for the serving of notices or orders.

- 21 (1)** When an order is issued under section 8 or 12, a notice is given under section 15(1) or an order is issued by an appeal panel under section 20, that order or notice, as the case may be, may be served
- (a) by personal service,
 - (b) by any form of mail that requires a receipt in acknowledgment of delivery if the post office receipt is signed by the person to whom the notice or order is directed or by a person on behalf of that person, or
 - (c) in any manner that may be directed by the Court.

Offences

Intent

To identify the maximum fines for offences and the statute of limitations for prosecution.

- 22 (1)** A person who contravenes this Act or the regulations or fails to comply with an order issued under this Act or the regulations is guilty of an offence and liable to a fine of not more than \$100 000 and, in the case of a continuing offence, to a further fine of not more than \$1000 per day for each day or part of a day that the contravention or failure to comply continues after the first day.
- (2)** No prosecution may be commenced under this section later than 2 years following the date on which the subject matter of the prosecution first came to the knowledge of the Minister.

Penalties are court established. The fines referenced in this section are the maximum fines that can be imposed. The court determines the amount of the fine. The court has considerable discretion to set fines based on the severity of offence and the past record of the offender.

This section also requires that prosecution is started within two years of the Minister becoming aware of the contravention.

Protection from Liability

Intent

To protect those persons carrying out assigned duties under this *Act*, if they acted in good faith.

- 23** No action lies against the Minister, the director, a complaints officer, an investigator or an inspector, or anyone acting under the authority of any of them, for anything done or omitted to be done in good faith in exercising powers or authority or carrying out duties, responsibilities or functions under this *Act*.

Regulations

Intent

To outline the authority of the Lieutenant Governor in Council and the Minister to make regulations related to the *Act*.

- 24 (1)** The Lieutenant Governor in Council may make regulations
- (a) designating classes, types or categories of supportive living accommodation as exempt from some or all of the provisions of this *Act*;
 - (b) establishing criteria for the exemption of a class, type or category of supportive living accommodation for the purposes of clause (a);
 - (c) respecting any other matter that the Lieutenant Governor in Council considers necessary to carry out the Intent of this *Act*.
- (2)** The Minister may make regulations
- (a) governing the licensing of supportive living accommodations, including, without limitation, the information that must appear on the licence, the application process and other requirements;
 - (b) respecting the operation of supportive living accommodations;
 - (c) respecting standards, including the adoption of applicable standards made by another authority, for supportive living accommodations;
 - (d) respecting the establishment of alternative standards for a class, type or category of supportive living accommodation, including the circumstances in which alternative standards may be appropriate, whether the alternative standards apply temporarily or permanently, and the process by which an operator may be authorized to comply with the alternative standards;
 - (e) respecting records and other documents that an operator is required to create and maintain for the purposes of this *Act*;
 - (f) respecting providing information to the public regarding the status of supportive living accommodations that are subject to this *Act*;
 - (g) respecting the employment of persons in supportive living accommodations and the qualifications that must be met by those persons;

- (h) respecting the procedure for an appeal from the decision of a complaints officer under section 10(3);
- (i) prescribing forms for the purposes of this *Act*;
- (j) subject to section 25, respecting the transition of any matter from the *Social Care Facilities Licensing Act* to this *Act*;
- (k) defining terms used but not defined in this *Act*.

This *Act* provides for the ability to create both Lieutenant Governor in Council and Ministerial regulations. The field of supportive living is a new and evolving field. The *Act* is based on current practises. Should the field continue to evolve and change in the future, Lieutenant Governor in Council regulations can be made to exempt categories of supportive living accommodations from some or all of the requirements of this *Act*.

Ministerial regulations can be made for areas necessary to administrator the ongoing activities of the *Act* such as developing the standards, the licensing of supportive living accommodations, providing information to the public and defining terms not defined in the *Act*. Ministerial regulations allow for greater responsiveness, specifically with respect to the government's commitment to review the standards on an ongoing basis.

Transitional

Intent

To ensure the continuation of the requirements and enforcement activities under the current licensing act until such time that a new licence is issued under this *Act*.

- 25** (1) A licence issued under the *Social Care Facilities Licensing Act* with respect to a facility that is a supportive living accommodation as defined in this *Act* that is in existence immediately before the coming into force of this *Act* is deemed to be a licence issued under this *Act* until the term of the licence expires, unless the licence is cancelled earlier under section 15.
- (2) An appeal before an appeal board under the *Social Care Facilities Licensing Act* that commenced before the coming into force of this *Act* is to be concluded under the *Social Care Facilities Licensing Act* as if this *Act* had not come into force.
- (3) An order of a director under the *Social Care Facilities Licensing Act* cancelling a licence or issuing a stop order with respect to a facility that is a supportive living accommodation as defined in this *Act* is deemed to be an order issued by the director under this *Act*.

Supportive living accommodations are currently licensed under the *Social Care Facilities Licensing Act* (SCFLA). In order for these licences to continue to be valid until a new licence is issued under this *Act*, transitional provisions are provided.

Consequential Amendments

Intent

To identify associated legislation to be updated in order to reference the *Supportive Living Accommodation Licensing Act (SLALA)*.

- 26** (1) *The Dependent Adults Act* is amended in section 1(k)(v) .
- (2) *The Public Health Act* is amended
- (a) in section 1(x)
 - (b) in section 22
 - (c) in section 33(3)
- (3) *The Residential Tenancies Act* is amended in section 2(2) by adding the following after clause (h):(h.1) a supportive living accommodation licensed under the *Supportive Living Accommodation Licensing Act*,
- (4) *The Social Care Facilities Licensing Act* is amended
- (a) by repealing section 1(h)(i);
 - (b) in section 2 and
 - (c) a supportive living accommodation licensed under the *Supportive Living Accommodation Licensing Act*.
- (5) *The Tobacco Reduction Act* is amended in section 1(a.1) and (v).
- (6) *The Tourism Levy Act* is amended in section 1(1)(a) and (iv.1).

The legislation listed above requires amendments in order to reflect the change from the *Social Care Facilities Licensing Act (SCFLA)* to the *Supportive Living Accommodation Licensing Act (SLALA)*. As the list is not exhaustive there may be additional legislation that requires updating.

Coming into Force

Intent

To identify when this *Act* becomes effective.

27 This *Act* comes into force on Proclamation

The *Act*, Regulation and the accommodation standards were proclaimed on April 1, 2010.

Refer to Section 8 of the Regulation for the transition of existing licences, Section 9 of the Regulation for the expiry date and requirement for a review and Section 10 of the Regulation for coming into force.

Supportive Living Accommodation Licensing Regulation and Inspection Process

In this section the Regulation is explained with additional information to guide in the adherence to and enforcement of the legislation.

In This Section

Interpretation	2
Application for Licence	2
Renewal of Licence	5
Responsibility of Director	6
Insurance	7
Appeals	8
Standards	9
Transitional	9
Expiry	10
Coming into Force	10
Inspection Process	11

Format Used

The name of the section as it appears in the Regulation.

Coming into Force

Intent

To establish a commencement date for this Regulation.

10 This Regulation comes into force on the coming into force of the *Supportive Living Accommodation Licensing Act*.

The *Act*, Regulation and the accommodation standards will be proclaimed on April 1, 2010.

The intent or purpose of the section of the Regulation.

The section as it appears in the Regulation.

Further information and procedures as they pertain to the section of the Regulation.

Interpretation

Intent

To provide definitions for terminology used in the Act and Regulation.

- 1 (1) In this Regulation, “Act” means the Supportive Living Accommodation Licensing Act.
- (2) For the purposes of section 2(1)(b) of the Act, “services related to safety and security” includes day to day monitoring by an operator of the safety and security of residents of the operator’s supportive living accommodation.

Application for Licence

Intent

To ensure the operator can demonstrate that the supportive living accommodation is in compliance with all collateral authorities, carry’s appropriate insurance and confirms their corporate status to commence the licensing process.

Definitions

- **Collateral authority:** Other jurisdictions or bodies responsible for zoning, building, fire and health that are used to ensure that the accommodation complies with applicable legislation, codes and bylaws.
- **Safety codes approval:** documentation indicating that the building is approved for occupancy under the *Safety Codes Act* and may consist of an occupancy permit, a permit services report or an inspection report.

- 2 (1)** An application for a licence for a supportive living accommodation must be in writing in the form set out in Schedule 2 and must include
- (a) confirmation that the supportive living accommodation has been inspected by an executive officer under the *Public Health Act*,
 - (b) confirmation of compliance with the *Safety Codes Act* for new or renovated supportive living accommodations or where there has been a change in the occupancy of the supportive living accommodation,
 - (c) confirmation of zoning approval, if required,
 - (d) where the supportive living accommodation is housed in a pre existing building, confirmation of fire inspection of the building,
 - (e) confirmation of current insurance coverage in accordance with section 5, and
 - (f) confirmation of the current corporate status of the operator of the supportive living accommodation, if applicable.
- (2)** In addition to the requirements of subsection (1), an applicant for a licence must also provide any other or further information the director considers necessary in respect of the operation of the supportive living accommodation.
- (3)** The director may exempt an applicant for a licence from any or all of the requirements of subsection (1) where the director is satisfied that the required confirmations cannot be provided due to circumstances beyond the control of the applicant.

Initial Licensing Application Process

To determine if an accommodation requires a licence, a letter of intent must first be submitted. A letter of intent must include the following:

- ☐ A brief overview of the proposed operation,
- ☐ A detailed outline of the services to be provided,
- ☐ The number of individuals requiring accommodation and their relationship to the operator,
- ☐ The location of the accommodation,
- ☐ The proposed start-up date,
- ☐ The funding source,
- ☐ The ownership of the accommodation (e.g. is the building owned, rented or leased by the service provider or clients); and
- ☐ If it is:
 - A new operation
 - A currently operating, but unlicensed operation,
 - An existing operation moving to a new location, or
 - An existing operation being purchased.

This information may be sent by mail, e-mail or fax, addressed to:

Standards Compliance and Licensing Branch
Alberta Health
10025 Jasper Avenue NW
PO Box 1360 Stn Main
Edmonton, Alberta T5J 2N3
Phone 780-644-8428 (310-0000 Toll free)
Fax 780-644-8729

After the letter of intent has been received and reviewed by the Director, a determination is made as to whether the accommodation is required to be licensed. If a licence is required an information package will be sent to the applicant containing the following documents/information:

- ☐ Supportive Living Guide,
- ☐ Accommodation Standards, and
- ☐ Licence Application Form

It is the responsibility of the operator to collect the required documentation for submission. The following documentation is required:

- ☐ Application form,
- ☐ Confirmation of current general liability insurance coverage (needs to meet the requirements of Section 5 of the Regulation), and
- ☐ Confirmation of current corporate status, if applicable.

Upon receipt of these documents, a list of collateral contacts will be provided to the operator to assist in obtaining the applicable approvals, which may include:

- ☐ A copy of the most recent environmental health report,
- ☐ A copy of safety code approval for a new or renovated supportive living accommodation,
- ☐ A copy of the most recent fire inspection report for a pre-existing building, and/or
- ☐ A copy of zoning approval.

For information regarding how to obtain collateral approvals please refer to the Collateral Inspection Request Form included in the application package.

Upon receipt of the applicable approvals, the operator will be contacted by a Licensing Inspector to offer a consultation, to review the inspection process and the accommodation standards. Operators can expect their initial inspection to occur shortly after their consultation.

Renewal of Licence

Intent

To ensure that operators can continue to demonstrate that the supportive living accommodation is in compliance with collateral authorities, carry's appropriate insurance and confirms current corporate status to commence the renewal process.

- 3 (1)** An application for a renewal of a licence for a supportive living accommodation must be in writing in the form set out in Schedule 2 and must include
- (a) documentation respecting any change in the most recent information provided by the applicant in an application for a licence under section 2 or for a prior renewal of a licence under this section, including
 - (i) a copy of the most current health inspection report, if it is different from the previous health inspection report,
 - (ii) a copy of the most current fire inspection report, if it is different from the previous fire inspection report,
 - (iii) a copy of the building approval, if the supportive living accommodation has been renovated or there has been a change in occupancy, and
 - (iv) confirmation of the current corporate status of the operator of the supportive living accommodation, if there has been a change in corporate status,
 - and
 - (b) confirmation of current insurance coverage in accordance with section 5.
- (2)** In addition to the requirements of subsection (1), an applicant for renewal of a licence must also provide any other or further information the director considers necessary in respect of the operation of the supportive living accommodation.

Licence Renewal Application Process

Approximately three months prior to the supportive living accommodation's licence expiry date, a licence renewal application will be e-mailed to the operator.

The renewal application must be completed and submitted accompanied by evidence of current insurance coverage (as per Section 5 of the Regulation) and the appropriate collateral authority documentation if there are any changes in the most recent information provided by the applicant in an application for a licence. For a list of all collateral authorities please refer to the Initial Application Licensing Process.

Responsibility of Director

Intent

To make transparent the information that the Director considers in the decision to issue or not issue a licence.

- 4** For the purposes of section 4(3) of the *Act*, the director, in deciding whether to issue or renew a licence for a supportive living accommodation, with or without conditions, or to refuse to issue or renew a licence, must consider
- (a) the information provided by the applicant for a licence in accordance with section 2 or for a renewal of a licence in accordance with section 3, and
 - (b) the results of an inspection of the supportive living accommodation conducted in accordance with the *Act* and this Regulation.

The Director will review the following information when making a decision on licensing:

- ☐ all collateral reports to ensure no significant issues have been identified,
- ☐ insurance to ensure that it is current and appropriate,
- ☐ corporate status to ensure that it is active, and
- ☐ the results of inspection(s).

Insurance

Intent

To ensure that all operators of supportive living accommodations hold sufficient insurance to mitigate risk and to ensure the continuation of accommodation and services to the residents.

- 5 (1)** Without limiting any other liability to which an operator may be subject, an operator must insure the supportive living accommodation under a contract of general liability insurance in accordance with the Insurance Act and in an amount of not less than \$2 000 000 per occurrence in respect of the following:
- (a) bodily harm;
 - (b) personal injury;
 - (c) property damage, including loss of use of the property.
- (2)** Where an operator operates supportive living accommodations at more than one location, the requirements of subsection (1) apply in respect of each location separately.
- (3)** If an operator holds money or personal property of a resident that has monetary value, the operator must obtain a comprehensive crime insurance policy in an amount covering the operator's potential liability for loss resulting from theft, fraud and other similar offences, whether committed by employees of the operator or by other persons.
- (4)** An operator must, in addition to the requirements of section 2(1)(e) and 3(1)(b), provide a detailed certificate of insurance to the director annually and at any other time when requested by the director to do so.

General liability insurance of at least \$2,000,000 per occurrence is required for all supportive living accommodations. General liability insurance protects the operator's business against third party legal liability related to personal injury, bodily harm or property damage.

Crime insurance is required in all settings in which the operator holds monies or personal property on behalf of a resident. Crime coverage protects an organization from financial losses of their own and when they are in custody of other people's property. The coverage can be for embezzlement, theft of client's property or other financial crimes against the organization.

The current certificate of insurance located on-site during an inspection or provided to the Standards Compliance and Licensing Branch as part of renewal must be current as of the day that the renewal license will be issued.

The certificate of insurance must reflect the legal name of applicant, as it appears on the application. Refer to Section C of Renewal Application form, Section 5.

Appeals

Intent

To provide administrative fairness when a complainant questions why a complaint is not referred to an investigator.

- 6 (1)** An appeal of a decision of a complaints officer under section 10(3) of the Act must be made to the director
 - (a) within 30 days of the notification of the decision of the complaints officer under section 10(4) of the Act, and
 - (b) in writing.
- (2)** In addition to the requirements of subsection (1), the following information must be provided in respect of the appeal:
 - (a) the details of the original complaint;
 - (b) the contact information of the person appealing the decision of the complaints officer;
 - (c) the date;
 - (d) the reason for the appeal;
 - (e) any other information that in the opinion of the person appealing is relevant to the appeal.
- (3)** In addition to the requirements of subsections (1) and (2), a person appealing a decision of a complaints officer must also provide any other or further information the director considers necessary for the purposes of deciding the appeal.
- (4)** On receipt of the written request for appeal and any additional information required by the director, the director shall consider the appeal and make a decision.
- (5)** The director shall respond in writing to the person making the appeal within 30 days of making a decision respecting the appeal, and the director's response shall include the decision itself and the reasons for it.
- (6)** A decision of the director under this section may not be appealed.

Appeals Made in Relation to a Complaint Officer's Decision

The decision by a Complaints Officer, not to refer a complaint to an investigator because the complaint has been determined by the Complaint Officer to be either vexatious or frivolous or because the matter has been resolved by the Complaints Officer (see Section 9(2) and 10(2) of the *Act*) may be appealed to the Director.

The decision of the Complaint Officer not to refer a complaint for investigation will be communicated to the complainant in writing.

Appeals to the Director must be submitted in writing within 30 days of being notified of the Complaints Officer's decision not to investigate.

Appeals to the director must contain the following information (form provided, see Section 7: Forms)

- ☐ Details of the initial complaint,
- ☐ Complainant contact information,
- ☐ Date of filing the appeal,
- ☐ Reason for the appeal, and
- ☐ Any other relevant information as determined by the appellant.

The Director will respond in writing to the person making the appeal within 30 days of making a decision respecting the appeal. The Director's response will include the decision itself and the reasons for it. Any decision made by the Director is final.

Standards

Intent

To establish a legal requirement for operators of supportive living accommodations to comply with the standards as outlined in Schedule 1 of the Regulation.

- 7** (1) The standards set out in Schedule 1 to this Regulation are adopted by and form part of this Regulation.
- (2) An operator shall ensure that the standards set out in Schedule 1 to this Regulation are complied with.

Transitional

Intent

To allow for a smooth transition for lodges from a certificate process to the licensing process.

- 8** An operator of a supportive living accommodation that prior to the coming into force of the Act was a lodge accommodation as defined in section 1(e) of the *Alberta Housing Act* must apply for a licence in accordance with the *Act* and this Regulation within 12 months after the date on which the *Act* comes into force.

To allow for consistency for lodges, the initial licensing inspection will occur in the month that the lodge certificate expires.

Expiry

Intent

To ensure the Regulation is reviewed for ongoing relevancy, an expiry date is established.

- 9 For the purpose of ensuring that this Regulation is reviewed for ongoing relevancy and necessity, with the option that it may be repassed in its present or an amended form following a review, this Regulation expires on March 31, 2015.

Coming into Force

Intent

To establish a commencement date for this Regulation.

- 10 This Regulation comes into force on the coming into force of the *Supportive Living Accommodation Licensing Act*.

This Regulation came into force when the *Supportive Living Accommodation Licensing Act* was proclaimed on April 1, 2010.

Inspection Process

Public Reporting

The status of an accommodation's licence is posted on the Alberta Health Public Reporting website located at <http://www.asalreporting.gov.ab.ca/astral/>. Changes to the Public Reporting system are anticipated for Fall 2013.

Current: Spring to Fall 2013

When a non-compliance to the Regulation is issued to an operator, they will have two weeks to rectify the non-compliance prior to its' posting on the website. Only current non-compliances are posted on the website. When an operator complies with the regulation, the non-compliances will be removed from Public Reporting on its next update.

Confirmed complaints are posted on the website for three months after the date in which the non-compliance resulting from the complaint was rectified.

Future: Fall 2013 Changes

The public reporting system will display all visits completed at an accommodation and all non-compliances issued, in progress and rectified during those visits for a period of up to three years. Data for historical reporting will be collected starting April 1, 2013, so a full three years of information will not be available until March 31, 2016. Non-compliances rectified during the two week window from April 1, 2013 to Fall 2013 will be displayed within the historical information for the accommodation.

All visit types will be reported on the public reporting website including annual inspection visits, complaint investigations, follow up visits and consultations. Any non-compliance issued to the accommodation will be posted, regardless of the duration of time to rectify the non-compliance. Non-compliance information will include both the date the non-compliance was issued and the date that it was rectified, or the planned date of completion if it is still in progress.

The public reporting system is updated nightly, although due to Licensing Inspectors' schedules new information on visits and non-compliances issued or rectified will not be displayed on the system for up to 3 business days.

Privacy for Small Accommodations

Operators of accommodations with occupancy of 10 or less may request that the accommodation address not be listed on public reporting. This can be done by submitting a written request to the Standards Compliance and Licensing Branch along with the alternate contact name and address the operator would like to have displayed (e.g. head office name and location).

Concern Resolution Process

Operators concerned with a decision of a Licensing Inspector in regards to the issuance of a non-compliance to the Accommodation Standards as a result of an inspection or investigation may bring their concern to the attention of the Director.

To commence the concerns resolution process the operator must provide in writing within 10 working days of the non-compliance being issued the following information:

- ☐ The specific issue or non-compliance being disputed.
- ☐ The evidence that was presented to the Licensing Inspector to demonstrate compliance.
- ☐ The grounds on which the operator believes the non-compliance or findings of an investigation to be inaccurate.

Upon receipt of this information, the Director will delegate the Manager, Licensing Services and the Licensing Supervisor to review the decision utilizing the provided information. Their recommendation will be reviewed by the Director, who may confirm, vary or rescind the decision that has been received.

The Director will provide the operator with the results of the decision and the reasons for the decision in writing within 30 days of the receipt of the concern. The Director's decision is final.

Change in Occupancy

If there is a plan to increase the occupancy of the accommodation, the operator must notify the Standards Compliance and Licensing Branch of the change. The increase in occupancy of the accommodation must be illustrated through documentation of collateral authority approval of the increase, and may include the following:

- ☐ A copy of the most recent environmental health inspection report,
- ☐ A copy of the safety code approval for a new or renovated supportive living accommodation,
- ☐ A copy of the most recent fire inspection report for a pre-existing building, and/or
- ☐ A copy of zoning approval.

If there is a plan to decrease the occupancy of the accommodation to less than four residents, the operator must notify the Standards Compliance and Licensing Branch of the change.

Change in Contact Persons

Any changes to operator or accommodation contacts should be communicated to SCL as soon as the change occurs. Contact information is utilized to schedule inspections,

investigations, follow up on incident reports and send application and public reporting notifications.

Relocation

The permanent relocation of residents from a licensed accommodation requires the new accommodation to be licensed.

Emergency or unintended relocations to a new accommodation are not generally considered to be a permanent relocation. If, however, the length of stay at the new accommodation exceeds one month licensing will be initiated.

Planned temporary relocations due to scheduled maintenance or other pre-meditated activity would be considered permanent since the intention is that the accommodation be the substitute for the main permanent accommodation. Licensing will be required if the planned or actual stay is for more than one month.

Schedule 1 ~ Supportive Living Accommodation Licensing Regulation

In this section the Standards as set out in Schedule 1 of the Regulation are explained with additional information to guide in the adherence to the legislation.

In This Section

Standards – Each standard is broken down and numbered consecutively from 1. Standard and page numbers are found in the bottom right hand corner of each page.

Standard 1: Building Code Requirements

Standard 2: Safety Requirements

Standard 3: Maintenance Requirements

Standard 4: Environmental Requirements

Standard 5: Personalizing Spaces

Standard 6: Window Coverings

Standard 7: Bedding

Standard 8: Laundry

Standard 9: Personal Choice Services

Standard 10: Medication Assistance or Reminders

Standard 11: Contracted Services

Standard 12: Social or Leisure Activities

Standard 13: Nutritional Requirements

Standard 14: Menu Requirements

Standard 15: Cleaning Requirements

Standard 16: Continuation of Services

Standard 17: Prevention of Abuse

Standard 18: Resident Safety and Security

Standard 19: Trust Accounts

Standard 20: Safeguarding of Personal Possessions

Standard 21: Water Temperature

Standard 22: General Information

Standard 23: Information Respecting the Supportive Living Accommodation

Standard 24: Concerns and Complaints

Standard 25: Assessment

Standard 26: Reassessment

Standard 27: Risk Management

Standard 28: Safety and Security

Standard 29: Job Descriptions

Standard 30: Residents' Personal Affairs

Standard 31: Criminal Record Checks

Standard 32: Privacy and Personal Information

How to Use this Section

Each standard in Schedule 1 of the Supportive Living Accommodation Licensing Regulation includes an intent to provide additional information regarding the rationale behind the creation of the standard, definitions to provide additional information as to the usage of some words or phrases within the section, as well as the standard as it is written in the Regulation.

Each standard is then explained within the categories of 'Methods of Compliance' and 'Evidence of Compliance'. Some standards are best explained by breaking them into separate topics. For example, 'maintenance requirements' includes a section on preventative maintenance and corrective maintenance (see example below). Evidence from each of the sections is necessary to be compliant to the standard.

3(2) An operator shall develop, maintain and implement a scheduled preventative maintenance and repair program to inspect the condition of the supportive living accommodation, the building that houses it and its equipment and operator-owned furnishings and ensure that repairs, service and, where applicable, replacements are provided as needed.	
Preventative Maintenance	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Preventative maintenance program for the building, the accommodation, its equipment, and any operator-owned furnishings is in a paper based format.	<input type="checkbox"/> Documentation demonstrating a regularly scheduled preventative maintenance program is implemented. This information may be found in logbook(s), checklist(s), calendar(s), filing system(s), bring forward system(s) or other preventative maintenance program(s).
Corrective Maintenance	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Repairs, service and replacement of buildings, equipment and operator-owned furnishings is completed using a requisition process.	<input type="checkbox"/> Conversations with residents and employees regarding timely completion of repairs and replacements. <input type="checkbox"/> Documentation demonstrating that repairs and replacements occur as needed. This information may be found in communication book(s), email(s), form(s), computerized request(s) or other requisition format.

In some cases the standard or a section of a standard may not be applicable to an accommodation. This may occur where the operator does not provide that optional service (e.g. personal choice services) or where there have been no changes made to the accommodation (e.g. building code requirements).

For each section one or more possible methods and evidence types are provided. The methods and evidence types are not meant to be exhaustive, but rather to give the range of methods of compliance that are currently utilized by supportive living accommodation operators. The method and evidence chosen by an operator will need to suit the population and level of service provided. In some cases, the possible method will only apply to small accommodations of 4 to 10 residents. These methods will be marked with an asterisk (*).

Example of format to follow on next page:

Laundry Services or Facilities		<p>Only one method of compliance is necessary, but some sites may offer multiple levels of service, so they may fall into more than one method.</p>	<p>The evidence provided must coincide with the method chosen. There are a variety of ways in which to provide the evidence, all possible ways are not required. Combinations of or singular evidence types may be sufficient for compliance.</p>
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):		
Residents are informed about the internal laundry service.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding the internal laundry service provided. <input type="checkbox"/> Observation of the internal laundry service. <input type="checkbox"/> Documentation provided may include handbooks, orientation materials, laundry schedules or other resident notices. 		
Residents are informed about the external laundry service.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding the external laundry service. <input type="checkbox"/> Documentation provided may include handbooks, orientation materials, laundry schedules or other resident notices. 		
Residents are informed about the laundry facilities available on site.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding the laundry facilities. <input type="checkbox"/> Observation of the laundry facilities. <input type="checkbox"/> Documentation provided may include handbook(s), orientation material(s), laundry schedule(s) or other resident notice(s). 		

Definitions

- ☐ **Conversations:** informal conversations may occur between the Licensing Inspector and residents, their representatives, employees, volunteers, service providers or the operator.
- ☐ **Observation:** the Licensing Inspector will tour the accommodation and its grounds to observe the services in place, the upkeep of the accommodation, grounds, equipment and furnishings, and the implementation of processes. Resident rooms will be observed with resident/representative permission only.
- ☐ **Documentation:** the Licensing Inspector will review relevant documentation to determine the operator's processes and verify implementation. Where documentation is noted it must be completed consistently and as per the accommodations specified process.

As the range of accommodations that are licensed under this *Act* is immense and dynamic, the terminology that is used may, at times, appear to be vague (e.g. proper, appropriate, comfortable, regular). This is done purposefully, as interpretations may vary based on the combination of the population served, type and size of the accommodation. Therefore, the determination of an accommodation's compliance with the standards is completed at the discretion of the Standards Compliance and Licensing (SCL) Branch.

For example, appropriate communication of meals, meal times or leisure activities may be completed in different manners. In a small accommodation employees may verbally discuss the day's plan at the breakfast table or be able to fully involve residents in planning throughout the day. In this case, verbal communication would be accepted as appropriate for that setting. In a large accommodation employees may need to utilize more concrete forms of communication such as written schedules or postings to ensure that all residents can access the information. In this case, verbal communication alone would not be considered appropriate for the setting.

Standard 1: Building Code Requirements

Intent

To verify that when changes are made to a supportive living accommodation or the population changed therein, the supportive living accommodation is compliant with the Alberta Building Code.

Definitions

- **Structural changes:** any additions or major renovations to the accommodation or within the accommodation in which a building permit is required. Examples include basement developments, deck building, building additions, interior restructuring or the movement of walls.
- **Resident population changes:** any change to the resident population that is served where a development permit is required. Examples include changes from a C to B2 occupancy, increases in care level such as changing independent living to supportive living, or changes in residents' ability to self-evacuate due to changes in their physical or cognitive ability.
 - **B2 occupancy:** care or detention occupancies in which persons having cognitive or physical limitations require special care or treatment (as per Alberta Building Code, 2006)
 - **C occupancy:** residential occupancies (as per Alberta Building Code, 2006)

Note

- Changes in population or structure may also require updated fire inspections as specified in Section 3(1)(ii) of the Supportive Living Accommodation Licensing Regulation.

1(1) Any changes that are made to the physical structure of a building that houses a supportive living accommodation or to the supportive living accommodation itself must meet the requirements of the Alberta Building Code.

Structural Changes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Where structural changes have been made to the accommodation there is evidence of the building continuing to meet the Alberta Building Code.	<ul style="list-style-type: none"> □ Documentation provided may include a building permit or an occupancy approval.

1(2) Where changes are made in the use of, or to the population residing in, a building that houses a supportive living accommodation, the building must continue to meet the requirements of the Alberta Building Code.

Population Changes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Where the use of the building or the population residing in the accommodation has changed there is evidence of the building continuing to meet the Alberta Building Code.	<input type="checkbox"/> Documentation provided may include a development permit or occupancy approval.

Standard 2: Safety Requirements

Intent

To verify that the operator maintains the supportive living accommodation in a condition that is safe and hazard free. Ensuring the supportive living accommodation, building and grounds remain in good condition allows residents to fully utilize the accommodation and grounds safely.

Definition

- **Grounds maintenance – all seasons:** the timely completion of ice and snow removal, standing ground water removal in quick melt conditions, lawn, garden and pond maintenance, where applicable.

2 An operator must ensure that the building that houses the supportive living accommodation, the supportive living accommodation itself and its grounds or common areas are in a safe condition and maintained so as to remain free of hazards.

Safe Condition	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
<p>The building, the supportive living accommodation, and the grounds are safe and hazard free. Essential repairs are completed within appropriate timeframes. Hallways, stairways, exits and ramps are well lit, and kept clear of objects that could cause falls or obstruct passage. Hazardous materials (chemicals, sharps, construction materials) are safely stored.</p> <p><i>See also Maintenance Requirements, as maintenance is a component of ensuring a safe environment.</i></p>	<ul style="list-style-type: none"> □ Observation of interior and exterior of the building, the supportive living accommodation and the grounds. □ Documentation demonstrating that the building, the supportive living accommodation and the grounds are maintained in a safe condition. This information may be found in contracts, job descriptions, duty lists or checklists.

Grounds Maintenance ~ All Seasons	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Outside grounds maintenance is completed partially or wholly by residents.	<ul style="list-style-type: none"> ❑ Conversations with residents or employees regarding grounds maintenance. ❑ Observation of well maintained grounds. ❑ Documentation demonstrating that grounds maintenance is completed. This information may be found in duty lists, checklists or house rules.
Outside grounds maintenance is completed by maintenance or other employees.	<ul style="list-style-type: none"> ❑ Conversations with residents or employees regarding grounds maintenance. ❑ Observation of well maintained grounds. ❑ Documentation demonstrating that grounds maintenance is completed. This information may be found in job descriptions, duty lists or checklists.
Outside grounds maintenance is completed by contract or by an external service provider.	<ul style="list-style-type: none"> ❑ Conversations with residents or employees regarding grounds maintenance. ❑ Observation of well maintained grounds. ❑ Documentation demonstrating that grounds maintenance is completed. This information may be found in contracts, service agreements, quotes or fee schedules.

Standard 3: Maintenance Requirements

Intent

To verify that the operator takes steps to minimize preventable deterioration of buildings, accommodations, grounds, equipment and operator-owned furnishings. Preventative and corrective maintenance programs reduce the occurrence and severity of situations which can compromise resident safety and disrupt the delivery of services.

Definitions

- **Preventative maintenance:** The care and servicing of buildings, accommodations, equipment and operator-owned furnishings for the purpose of ensuring satisfactory operating condition by providing for systematic inspection, detection and correction of incipient failures either before they occur or before they develop into major defects.
- **Corrective maintenance:** the maintenance which is required when an item or structure has failed or deteriorated, to bring it back to working order.
- **Equipment:** includes all equipment or machinery used in the accommodation, the building or the surrounding grounds. Equipment may include heating equipment, emergency power systems, fire safety equipment, air conditioning equipment, make-up air equipment, domestic hot water heating equipment, lifts, accessibility equipment, elevators, kitchen and laundry equipment, plumbing and drainage equipment, grounds maintenance equipment and safety and security equipment.
- **Operator-owned furnishings:** includes all furnishings provided by the operator in common areas, outdoor areas or for use in resident rooms.

3(1) An operator must ensure that the building that houses the supportive living accommodation, the supportive living accommodation itself and any equipment and operator-owned furnishings are well maintained and in good working order.

Well Maintained	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
<p>The building, the supportive living accommodation, equipment and operator-owned furnishings are well maintained. Necessary repairs are completed within appropriate timeframes.</p> <p><i>See also 3(2).</i></p>	<ul style="list-style-type: none"> □ Observation of the building, the supportive living accommodation itself, equipment and operator-owned furnishings. □ Documentation provided may include contracts, job descriptions, duty lists or checklists.

3(2) An operator shall develop, maintain and implement a scheduled preventative maintenance and repair program to inspect the condition of the supportive living accommodation, the building that houses it and its equipment and operator-owned furnishings and ensure that repairs, service and, where applicable, replacements are provided as needed.

Preventative Maintenance	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Preventative maintenance program for the building, the accommodation, its equipment, and any operator-owned furnishings is in a paper based format.	<ul style="list-style-type: none"> □ Documentation demonstrating a regularly scheduled preventative maintenance program is implemented. This information may be found in logbooks, checklists, calendars, filing systems, bring forward systems, external equipment inspection reports or other preventative maintenance programs.
Preventative maintenance program for the building, the accommodation, its equipment, and any operator-owned furnishings is in a computer based format.	<ul style="list-style-type: none"> □ Observation of the preventative maintenance computerized program. □ Documentation demonstrating a regularly scheduled preventative maintenance program is implemented. This information may be found in computer printouts, reports, or other paper based or electronic logging.

Corrective Maintenance	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Repairs, service and replacement of buildings, accommodations, equipment and operator-owned furnishings is completed using a requisition process.	<ul style="list-style-type: none"> □ Conversations with residents and employees regarding timely completion of repairs and replacements. □ Documentation demonstrating that repairs and replacements occur as needed. This information may be found in communication books, emails, forms, computerized requests or other requisition format.
Repairs, service and replacement of buildings, accommodations, equipment and operator-owned furnishings is completed using external service providers.	<ul style="list-style-type: none"> □ Conversations with residents and employees regarding timely completion of repairs and replacements. □ Documentation demonstrating that repairs and replacements occur as needed. This information may be found in receipts or invoices.

Standard 4: Environmental Requirements

Intent

To verify that the temperature and ventilation system in a supportive living accommodation supports the safety and comfort of those who live there. Where a comfortable temperature level for the majority of residents is not compatible with the safety needs of a particular resident, measures are taken or mechanisms are put in place to ensure the safety of the resident while still promoting the comfort of all residents.

Definitions

- **Comfort of the majority of the residents:** resident's comfort with the temperatures is not only a result of the physical temperature of the accommodation but may also be achieved by taking additional steps, such as the introduction of additional fans or heaters to the environment, adjustment of the clothing worn by the residents or the activation of a contingency plan.
- **Reasonable temperature:** other legislation exists that provide additional temperature requirements for accommodations.
 - Under the *Public Health Act*, the Institutions Regulation states: "Every room in an institution or a day care facility shall be maintained at a minimum temperature of 20 degrees Celsius unless otherwise specified." (AR 143/81 s10)
 - The *Alberta Building Code* states "Except as permitted by Sentence (3), heating facilities capable of maintaining an indoor air temperature of 22°C at the outside winter design temperature shall be provided a) for all sleeping rooms in a care or detention occupancy, or b) in a building used for residential occupancy intended for use in the winter months on a continuing basis" (*Alberta Building Code* 2006, Section 6.2.1.13)
 - The Minimum Health and Housing Standards states:
 - “(a) All heating facilities within a housing premises are to be properly installed and maintained in good working condition, and be *capable* of safely and adequately heating all habitable rooms, bathrooms, and toilet rooms within the building to a temperature of ; (i) at least 22°C(71°F), or (ii) maintained at a temperature of at least 22°C(71°F) when the control of the supplied heat in a dwelling is the responsibility of a person other than the occupant.
 - (b) When the outside temperature is colder than the winter design temperature as referenced in the Alberta Building Code(97) Section 2.2.1.1 and Appendix C, then the Executive Officer may permit an indoor temperature of less than 22°C(71°F) but greater than 16°C (60°F).” (1999, Section 8)

- 4** In a supportive living accommodation where residents are unable to adjust the temperature in their rooms and in the common areas of any supportive living accommodation, the operator shall ensure that heating, cooling and ventilation systems are operated at a level that maintains a temperature that supports the safety of all residents and the comfort of the majority of the residents.

Temperature	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents have free access to the thermostat for the accommodation and the temperature is maintained at a level in which the majority of residents are comfortable.	<ul style="list-style-type: none"> □ Conversations with residents regarding their ability to change the temperature and their overall comfort level in the accommodation. □ Observation of the free access to the thermostat. □ Documentation demonstrating that residents are aware that they can adjust the temperature. This information may be found in resident handbooks, memos, posters or resident meeting minutes.
Residents may not have free access to the thermostats, but the temperature of the accommodation is determined by the majority of resident preferences.	<ul style="list-style-type: none"> □ Conversation with residents regarding their overall comfort level in the accommodation. □ Observation of the temperature of the accommodation. □ Documentation demonstrating that consultation with residents occurred to determine the appropriate temperature range. This information may be found in meeting minutes, surveys or questionnaires.

Temperature (Continued)	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents may not have free access to the thermostats, but the temperature of the accommodation is maintained at a reasonable setting and the majority of residents express satisfaction or appear comfortable with the temperature.	<ul style="list-style-type: none"> □ Conversations with residents regarding their overall comfort level in the accommodation. □ Conversations with employees regarding how they ensure residents are comfortable with the temperature. □ Observation of the temperature of the accommodation. □ Documentation demonstrating the monitoring of temperatures of the accommodation. This information may be found in log books, preventative maintenance forms or electronic recordings.

Standard 5: Personalizing Spaces

Intent

To verify that the operator supports the personalization of resident rooms. The residents' personal space is where residents spend a good deal of time and where some of their most private activities take place. It is important that residents are comfortable in their personal space and that operators support residents in creating a space that is familiar and reflects their individuality.

Definition

- **Personalization of resident rooms:** this may include adding in personal effects such as pictures, bedding, rugs and wall décor, bringing in pieces of furniture, changing window coverings, changing lighting, changing wall colors, or changing flooring.

- 5** An operator shall ensure that each resident of a supportive living accommodation has the opportunity to personalize the resident's room.

Personalization	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Personalization of resident rooms is evident.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding the opportunity to personalize their room. □ Observation of the personalization of resident's rooms.
Residents are notified of the ability to personalize their rooms within specified parameters, if any. The level of personalization is dependent on resident needs, choice and preferences.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding the opportunity to personalize their room. □ Observation of the personalization of resident's rooms. □ Documentation demonstrating that the resident is notified of their ability to personalize their room. This information may be found in meeting minutes, questionnaires, handbooks, welcome packages, residential services agreements or orientation checklists.
Resident(s) have limitations on their ability to personalize their rooms due to documented resident needs or behaviours.	<ul style="list-style-type: none"> □ Observation of the personalization of resident's rooms to the extent possible. □ Documentation demonstrating the extent of the limitations on the resident's personalization of their room. This information may be found in meeting minutes, managed risk agreements, assessments, care plans or personal profiles.

Standard 6: Window Coverings

Intent

Comfort and privacy are supported by the provision of window coverings. Operators are responsible for providing residents with window coverings where residents have not provided their own in their personal spaces, as well as in common areas where appropriate. Appropriate window coverings promote resident comfort by protecting the privacy of the resident, contributing to a home-like atmosphere and also by helping residents control the amount of light entering their personal spaces.

Definition

- **Appropriate window coverings:** coverings that fit the window, are appropriate for the intended usage, are functional, clean and in good condition.

- 6** An operator of a supportive living accommodation shall ensure that appropriate window coverings are provided in the supportive living accommodation as necessary for the comfort and privacy of the residents, including in each resident's room if the resident has not provided his or her own window coverings in accordance with section 5.

Window Coverings	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Window coverings on each window in the accommodation as necessary for resident's privacy and comfort are evident.	<ul style="list-style-type: none"> □ Observation of the window coverings.
Residents are notified that they are responsible for providing appropriate window coverings. If a resident is unable to provide their own window coverings, the operator has a process to ensure that the windows are covered.	<ul style="list-style-type: none"> □ Observation of the window coverings in each window in the accommodation as necessary for resident's privacy and comfort. □ Documentation demonstrating that residents are aware of their responsibility to provide window coverings. This information may be found in resident handbooks, house rules, terms of occupancy, admission agreements, residential service agreements or orientation materials. and □ Documentation demonstrating that the operator has a process to ensure the windows are covered where the residents are unable to do so. This information may be found in policies and procedures, maintenance schedules or other documented processes.

Standard 7: Bedding

Intent

To verify that operators provide clean bedding, towels and linen in the quality and frequency to meet the needs of the residents. It is important that where operators are responsible for providing bedding, towels or other linens for the use of residents, that they are changed on a regularly scheduled basis that takes into consideration resident's needs, preferences and hygienic concerns.

Definitions

- **Bedding:** any linen, comforter, blanket, or other bed covering provided by the operator to the resident for their personal use.
- **Regularly scheduled changes:** may include differing schedules of changes depending on the bedding items and the needs of the residents. Towels and linens may have a more frequent schedule of cleaning than comforters or blankets.
- **Towels:** any bath towel, hand towel and face cloth provided by the operator.
- **Other linens:** includes tablecloths and napkins.

7(1) Where an operator provides bedding, towels or other linens for the use of residents, the operator shall ensure that they are clean, fresh, dry and in good condition and changed on a regularly scheduled basis to ensure a clean living environment for each resident.

Quality	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Clean, fresh and dry bedding and towels in good condition are evident.	<ul style="list-style-type: none">□ Conversations with residents or representatives regarding the quality of bedding, towels and other linen.□ Observation of bedding and towels in good condition that are stored or covered in such a way to ensure that they remain clean, fresh and dry.

Regularly Scheduled Changes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Operator provided bedding, towels and other linens are changed on a regularly scheduled basis.	<ul style="list-style-type: none"> ❑ Conversations with residents or representatives regarding the regularly scheduled bedding, towels and other linen changes. ❑ Observation of implementation of bedding and towel change schedules. ❑ Documentation provided may include bedding and towel change schedules, cleaning schedules, checklists, duty lists, bath schedules, handbooks, resident notices or orientation materials.
Residents are responsible for bedding, towel and other linen changes and the operator monitors to ensure that this is completed on a regularly scheduled basis.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their responsibility for their own bedding, towels and other linen changes. ❑ Documentation demonstrating that the operator monitors to ensure that regular bedding and towel changes occur. This information may be found in log books, checklists, calendars, residential service agreements or duty lists.
Residents may request a permanent reduction in the frequency of the operator established schedule of changes to bedding, towels and other linens. <i>See also Risk Management.</i>	<ul style="list-style-type: none"> ❑ Documentation provided may include letters, managed risk agreements, or other waivers of services.

7(2) Where the operator provides bedding and towels for residents, the operator shall do so in keeping with the particular needs of each resident.

Quantity	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Sufficient quantities of bedding and towels are evident.	<ul style="list-style-type: none"> ❑ Conversations with residents or employees regarding sufficient quantities of bedding and towels. ❑ Observation of sufficient quantities of bedding and towels.
The operator has contracts with external sources for bedding and towel provision.	<ul style="list-style-type: none"> ❑ Documentation provided may include order forms, invoices, or bedding and towel tallies.

As Needed Changes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Written procedures showing that operator provided bedding, towels and other linens are provided and changed as needed.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding the as needed change of bedding, towels and other linens. ❑ Observation of as needed changes of bedding, towels and other linens. ❑ Documentation demonstrating that the operator engages in the as needed change of bedding, towels and other linens. This information may be found in policies and procedures, duty lists, bedding and towel tallies, resident handbooks, terms of occupancy, service agreements, fee schedules, log books, linen change schedules or bed carbolization tracking sheets.

As Needed Changes (Continued)	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Operator provided bedding, towels and other linens are changed as needed based on documented resident need.	<ul style="list-style-type: none"> ❑ Conversations with residents or employees regarding as needed changes of bedding, towels and other linens. ❑ Observation of bedding, towel or other linen changes. ❑ Documentation of the resident need for bedding, towel and other linen changes. This information may be found in care plans, personal profiles, duty lists, logs or job descriptions.
Where the level of service for the residents bedding, towel and other linen changes are not offered by the operator, the coordination of additional services by internal or external sources occurs (e.g. fee for service, family, laundry facilities available for the resident, personal laundry service providers or home care).	<ul style="list-style-type: none"> ❑ Conversations with residents regarding the as needed change of bedding, towels and other linens. ❑ Observation of the change of bedding, towels and other linens. ❑ Documentation demonstrating the level of service offered by the operator and the coordination of additional services. This information may be found in eligibility criteria, assessments, reassessments, letters, service agreements, care plans, personal profiles, communication books or other logs.

Standard 8: Laundry

Intent

To verify that the operator ensures laundry services or facilities are available for residents who provide their own bedding and towels. It is important that where residents are responsible for providing bedding or towels for their personal use, that there is a means to launder them. Where laundry equipment is provided for residents to do their own laundry, laundry equipment is maintained in good working order and the space provided is appropriate for its intended use.

Definition

- **Laundry:** any bedding or towels provided by the resident for their personal use. For other personal laundry see 9(2) Personal Choice Services.

8(1) Where residents of a supportive living accommodation provide their own bedding and towels, the operator shall ensure either

- a) that laundry services are provided, or
- b) that laundry facilities are made available for residents to do their own laundry, and shall inform the residents regarding the services provided or the facilities available, as the case may be.

Laundry Facilities or Service	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents are informed about the internal laundry service.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding the laundry service provided. ❑ Observation of the internal laundry service. ❑ Documentation provided may include handbooks, orientation materials, laundry schedules, residential service agreements or other resident notices.
Residents are informed about the laundry facilities available on site.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding the laundry facilities. ❑ Observation of the laundry facilities. ❑ Documentation provided may include handbooks, orientation materials, laundry schedules, residential service agreements or other resident notices.
Residents are informed about the external laundry service.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding the external laundry service. ❑ Documentation provided may include handbooks, orientation materials, laundry schedules, residential service agreements or other resident notices.

8(2) Where the operator provides laundry equipment for the personal use of residents, their representatives or their service providers, the operator shall ensure that the equipment and the laundry area are appropriate, clean and in good repair.

Laundry Areas and Equipment	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Resident laundry areas and equipment are appropriate for their intended use, clean and maintained in good repair.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding the laundry area and equipment. ❑ Observation of the appropriateness and cleanliness of laundry areas. ❑ Documentation provided may include cleaning schedules, duty lists, invoices or maintenance records.

Standard 9: Personal Choice Services

Intent

To verify where optional services are available they are provided by qualified persons in an appropriate space. Personal choice services can enhance the quality of life of residents and provide convenient access for residents to meet their personal needs.

Definition

- **Appropriate space:** A location away from food service and dining areas that includes the necessary equipment for the personal choice service and whereby all hazards of the service (equipment or materials) can be appropriately secured. The space provided should also safely and comfortably accommodate those residents using the space.

9(1) In this section, “personal choice services” include optional services that may be provided or offered to residents of a supportive living accommodation such as hairdressing, barbering, personal laundry services, manicures, pedicures, massages and facials.

Personal Choice Services
<p>Personal choice services relate to the provision of a range of optional services that may be or are acquired at the resident’s own expense.</p> <p>Please note that footcare is not considered a pedicure, as footcare is provided by a health professional.</p> <p>Please also note that the provision of a laundry service for resident’s personal laundry (i.e. clothing) is captured under this standard.</p> <p>In this section, personal choice services exclude those professions covered under the <i>Health Professions Act</i> (e.g. Denturists, Dental Hygienists, Hearing Aid Practitioners, Occupational Therapists, Optometrists, Registered Dietitians, Speech Pathologists, Registered Nurse, Licensed Practical Nurse, etc.) and the <i>Alberta Podiatry Act</i>. Please refer to these acts and regulations if you require further information on these service providers’ requirements.</p>

- 9(2)** Where an operator provides or offers personal choice services, the operator shall ensure that the personal choice services
- a) are offered or provided based on the needs and preferences of the residents,
 - b) are provided in a space that is appropriate for the purpose, and
 - c) are provided by a person who holds the required licence or other certification, if any, for the provision of those personal choice services.

Resident's Needs and Preferences	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Pre-existing personal choice services continue to be utilized by residents.	<ul style="list-style-type: none"> □ Conversations with residents regarding the personal choice services. □ Observation of the utilization of the personal choice services. □ Documentation provided may include schedules, booking information, appointment books, surveys, resident meeting minutes or other resident comments.
Residents' needs and preferences are considered when coordinating new personal choice services.	<ul style="list-style-type: none"> □ Conversations with employees regarding the coordination of personal choice services. □ Documentation provided may include resumes, care plans, personal profiles, surveys, meeting minutes or other resident comments.

Personal Choice Service Areas	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Space utilized by the personal choice service is appropriate for the intended purpose.	<ul style="list-style-type: none"> □ Conversations with residents, employees or service providers regarding the personal choice areas. □ Observation of areas that are utilized for personal choice services.

Qualifications of Personnel	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Personal choice services are provided by a qualified employee, volunteer or contractor.	<input type="checkbox"/> Documentation demonstrating that the individual is qualified to perform the service. This information may be found in trades certificates, diplomas, registration certificates to a professional association or letters of good standing.

Standard 10: Medication Assistance or Reminders

Intent

To verify that the operator follows written processes where medication assistance or reminders are provided. Proper medication management is important to promote the safety and wellbeing of residents and to minimize the chance of injuries or health complications related to medication mismanagement.

Definitions

- ❑ **Self-Administration:** the resident is responsible for taking their own medications without reminders.
- ❑ **Secure Storage:** medications are stored in a locked location or are inaccessible to residents or visitors to the accommodation.

10(1) In this section,

- a) “medication assistance” means assistance with taking prescribed medication that is provided to a resident who recognizes the need to take the medication and who consents to the assistance provided, but does not include monitoring or coordination of the medical regime of that resident;
- b) “medication reminder” means a reminder given to a resident to take prescribed medication, but does not include medication assistance.

Medication Assistance or Reminders

Medication assistance and reminders do not include the monitoring or coordination of a medical regime that would occur within the scope of practice of a medical professional performing medication administration.

If medications within an accommodation are administered solely by a Registered Nurse, Licensed Practical Nurse or by an external Home Care provider, this standard is not applicable.

10(1) is intended for definition purposes only. Methods and evidence of compliance will not be assessed for this sub-section.

- 10(2)** Where an operator provides medication assistance or medication reminders to residents, the operator shall develop and maintain written processes that
- a) support and promote the safe self-administration of medication for residents,
 - b) ensure secure storage of medications,
 - c) specify the training or education required for employees involved in delivering medication reminders or medication assistance to residents, and
 - d) address procedures for dealing with errors in the provision of medication reminders or medication assistance.

Self-Administration	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Written processes regarding how self-administration is safely supported in the accommodation.	<ul style="list-style-type: none"> ❑ Observation of safe self-administration practices. ❑ Documentation provided may include policies and procedures, consent forms, assessments, care plans, personal profiles, admission agreements, handbooks or training records.

Secure Storage	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Evidence of processes for secure storage of medication being implemented. *	<ul style="list-style-type: none"> ❑ Observation of secure storage of medication.
Written processes regarding the secure storage of medication.	<ul style="list-style-type: none"> ❑ Observation of secure storage of medication. ❑ Documentation provided may include policies and procedures, signage, handbooks, training materials or training records.

*This method is applicable for small accommodations with 4-10 residents.

Training	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
On-the-job training provided to employees.	<ul style="list-style-type: none"> □ Documentation provided may be training records, orientation materials, examinations or medication shadows.
Formal internal or external training provided to employees.	<ul style="list-style-type: none"> □ Documentation provided may be training records, examinations, medication shadows or training materials.
Hiring of appropriately educated staff to perform medication assistance and medication reminders.	<ul style="list-style-type: none"> □ Documentation demonstrating the required qualifications for the position. This information may be found in job descriptions or job postings. and □ Documentation demonstrating that personnel have the required qualifications. This information may be found in certificates, diplomas or other training records.

Medication Errors	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Written process are created and implemented for dealing with medication errors.	<ul style="list-style-type: none"> □ Documentation demonstrating the process in place for dealing with medication errors. This information may be found in policies and procedures, training materials, incident reporting guidelines or incident report forms. and □ Documentation demonstrating that the process for dealing with medication errors is followed. This information may be found in communication books, training records, forms, follow-up reports or other tracking systems.

Standard 11: Contracted Services

Intent

The intent of this standard is to ensure the safety and security of residents by ensuring that all persons providing additional services under contract are qualified, insured, licensed, adhere to all relevant legislation and protect the personal information of residents.

Definitions

- **Services:** any accommodation related service occurring on-site, such as personal choice services, hospitality services, maintenance services, or safety and security services.
- **Site-specific:** a contract for a service at a specific location identified in the contract by accommodation name or address.

Note

- This standard is only applicable to contracts generated by the operator.

- 11** Where an operator contracts for services to be provided in a supportive living accommodation, the contract must include, at a minimum,
- a) the nature and scope of the service to be provided,
 - b) who will provide the service,
 - c) that person's qualifications to provide the service, if applicable,
 - d) a requirement that the contractor carry any required insurance, and
 - e) a provision that addresses the handling of personal information about the residents of the supportive living accommodation.

Contracts	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Where there are site-specific contracts to deliver services, those contracts include all points specified in the standard.	□ Documentation provided may be current contracts or other service provider agreements.

Standard 12: Social or Leisure Activities

Intent

To identify expectations regarding the determination, communication and delivery of social and leisure activities. Social and leisure activities promote healthy lifestyles and resident's enjoyment of their home and community. Operators who provide social and leisure activities must ensure that the activities are appropriate and reflect the preferences of the residents by providing opportunity for residents to give input and feedback. Those persons providing the social and leisure opportunities must be knowledgeable and qualified to proficiently provide these services to the demographic that they are serving.

Definitions

- **Periodically:** the opinions of residents may be solicited on a regular or intermittent schedule. The special circumstances of the accommodation may require opinions to be collected regularly (e.g. surveys, meetings), when there is a significant change in the population or needs of the residents, or when there is a change in the capacity of the accommodation, such as changes in the service level provision or budget.
- **Appropriate Manner:** the communication method used in the accommodation needs to be appropriate to the needs and abilities of the population served. Verbal communication alone may not be considered sufficient if the resident is able to benefit from written communication. Likewise, only written communication would not be effective in a setting in which the residents were unable to read.

- 12(1)** Where an operator provides social or leisure activities for residents, the operator shall
- a) provide activities that address the needs and preferences of the residents,
 - b) periodically solicit and consider the opinions of residents in planning and providing social or leisure activities, and
 - c) respond to resident's opinions and comments regarding social or leisure activities.

Resident's Needs and Preferences	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents or their representatives express that activities meet their needs and preferences.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding the social and leisure activities.
Social and leisure activities match the resident needs and preferences (collected in 12(1)(b)).	<ul style="list-style-type: none"> □ Documentation pertaining to 12(1)(b). and □ Documentation of the activities provided for the residents. This information may be found in calendars, posters, care plans, personal profiles, log books, sign-up sheets or newsletters.
Social and leisure activity programs are evaluated to ensure that they meet the needs and preferences of residents.	<ul style="list-style-type: none"> □ Documentation provided may include attendance records, evaluation programs, meeting minutes or sign-up sheets.
Individualized social and leisure programs catered to each resident.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding the social and leisure activities. □ Documentation of the social and leisure activities. This information may be found in care plans, personal profiles, goal sheets, schedules, leisure interest forms or calendars.

Resident Opinion	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Informal methods of collecting resident opinions are utilized.	<ul style="list-style-type: none"> ❑ Conversations with residents indicating that their opinions are solicited and considered for the planning of social and leisure activities.
Meetings are utilized to collect resident opinions.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of feedback methods. ❑ Documentation demonstrating that the opinions of residents are collected. This information may be found in meeting minutes.
Surveys, feedback cards, or suggestion boxes are utilized to collect resident opinions.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of feedback methods. ❑ Observation of the availability of feedback forms (if on an ongoing basis). ❑ Documentation demonstrating that the opinions of residents are collected. This information may be found in completed surveys, result tallies, completed comment or suggestion forms.
Residents are provided with a daily activity choice.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of feedback methods. ❑ Documentation demonstrating that activity planning occurred with resident's input. This information may be found in resident meeting minutes, activity plans or communication books.

Response To Resident Opinions	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Resident activities are adjusted in response to the opinions collected.	<ul style="list-style-type: none"> □ Conversations with residents regarding the changes in social and leisure activities. □ Documentation demonstrating that the collected resident opinions are utilized. This information may be found in calendars, posters, notices, care plans, personal profiles, log books, sign-up sheets or newsletters.
Residents are informed of the results of surveys, resident meetings, suggestions, or other opinions received and the planned action.	<ul style="list-style-type: none"> □ Conversations with residents regarding the communication of the results and/or planned action of the accommodation to the feedback received. □ Documentation demonstrating that results of resident opinions collected are communicated back to residents. This information may be found in meeting minutes, newsletters, memos, announcements or notices.

12(2) An operator shall ensure that information about social or leisure activities is communicated to residents in an appropriate manner.

Communicating Activities	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents are notified verbally when the activities are taking place. *	<ul style="list-style-type: none"> ❑ Conversations with residents regarding how the information is provided by the operator. ❑ Observation of the communication of the activity. ❑ Documentation demonstrating that the communication of the activities was completed with the residents. This information may be found in resident meeting minutes, schedules or activity planners.
Residents are notified of the social and leisure activities through postings.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of the communication method chosen by the operator. ❑ Observation of the postings on whiteboards, bulletin boards or in other resident or common areas.
Residents receive copies of activity schedules or may be able to access the information on pre-recorded messages or through other technological media.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of the communication method chosen by the operator. ❑ Observation of the communication material or method. ❑ Documentation demonstrating that all residents are aware and are able to utilize the method of communication. This information may be found in questionnaires, newsletters or suggestion box responses.

*This method is applicable for small accommodations with 4-10 residents.

12(3) An operator shall ensure that employees or service providers who are required to plan, develop, coordinate and deliver social or leisure activities have the necessary education and knowledge to do so in a way that meets the needs of the residents.

Qualifications of Personnel	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Job descriptions and qualifications for social and leisure personnel match the needs of the residents.	<input type="checkbox"/> Documentation demonstrating that the needs of the residents (based on the job description) and the qualifications of the social and leisure personnel match. This information may be found in job descriptions, certificates, resumes or other verification of qualifications.
Contracts with or procurement of service providers for social and leisure activities.	<input type="checkbox"/> Documentation demonstrating that the needs of the residents are met by the utilization of a contracted service provider. This information may be found in contracts, service agreements or invoices.

Standard 13: Nutritional Requirements

Intent

To verify that menus address the nutritional needs of residents, offer quality and respect the input of residents. Foods are to be safe, palatable, nutritious, appealing and served in sufficient quantities to allow residents to receive adequate nutrition and enjoyment from their meals. A menu that follows the Canada Food Guide and that is approved by the appropriate professionals allows residents to meet their nutritional needs. Communicating the menus and meal times in a manner appropriate for the residents allows them to plan their day and have time to communicate any concerns or make any alternate arrangements that they feel are necessary.

Definitions

- **Registered Dietician:** a health professional who has a Bachelor's (or higher) degree specializing in food and nutrition, that is protected and recognized under the *Health Professions Act* and is a member of the provincial regulatory body (e.g. College of Dietitians of Alberta).
- **Food and Nutrition Manager:** a technically skilled person that has completed an approved training program as specified by the Canadian Society of Nutrition Management.
- **Meals, fluids and snacks:** includes all foods made available to residents by the operator and includes choice, substituted and special diet items (e.g. texture-modified, diabetic, vegetarian, celiac, low sodium, etc.). The number of meals or snacks provided is determined by the level of service that the operator has chosen to provide to its residents.
- **Menu:** includes all menu(s) that are in use at the accommodation and may include a la carte menus, restaurant menus, regular and special diets.
- **Appropriate Manner:** the communication method used in the accommodation needs to be appropriate to the needs and abilities of the population served. Verbal communication may not be considered sufficient if the resident is able to benefit from written communication. Likewise, only written communication would not be sufficient in a setting where the residents were unable to read. Additionally, depending on the needs of the residents, it may be beneficial for the accommodation to provide the menus and meal times to residents right before the meal, the same day, several days in advance or a week in advance.

- 13(1)** An operator of a supportive living accommodation who provides residents with a meal, fluids and a snack daily shall ensure that a menu for residents, representing at a minimum a 3-week cycle, is prepared and that
- a) the meals, fluids and snacks provided meet the current nutritional requirements of the Canada Food Guide,
 - b) the meals, fluids and snacks are
 - (i) palatable, safe and pleasingly presented, and
 - (ii) provided in sufficient quantities to ensure adequate hydration and that the residents' nutritional needs are met,
 and
 - c) the menu and times at which the meals, fluids and snacks will be served are communicated to each resident in an appropriate manner.

Menu	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Accommodations with 11 + residents, please see also 13(2)	
Meals are recorded on a daily basis or meals are planned week to week or month to month. *	<input type="checkbox"/> Documentation demonstrating that meals follow the Canada Food Guide. This information may be found in menu recordings, log books, communication books or calendars.
A cyclical menu of a minimum of 3 weeks is followed and substitutions are recorded.	<input type="checkbox"/> Documentation demonstrating that meals follow the Canada Food Guide. This information may be found in menu planners and substitution logs.

*This method is applicable for small accommodations with 4-10 residents.

Quality and Quantity	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The majority of residents feel that meals are nutritious, tasteful, safe, pleasingly presented and served in sufficient quantities.	<input type="checkbox"/> Conversations with residents or representatives regarding meal presentation, taste, quantity and quality. <input type="checkbox"/> Observation of meal service.
Where resident conversations are not possible, the operator can demonstrate that meals are nutritious, tasteful, safe, pleasingly presented and served in sufficient quantities.	<input type="checkbox"/> Conversation with employees regarding meal presentation, taste, quantity and quality. <input type="checkbox"/> Observation of meal service. <input type="checkbox"/> Documentation provided may be surveys, dietitian assessments, food services evaluations or food samplings.

Communicating Meals and Times	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents are notified verbally of the meals and the meal times. *	<ul style="list-style-type: none"> ❑ Conversations with residents regarding the meals and meal times. ❑ Observation of the discussion or meal service. ❑ Documentation demonstrating that the communication of the meals and times was completed with the residents. This information may be found in resident meeting minutes, handbooks, orientation materials or menu planners.
Residents are notified of meals and meal times by posted information.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of the meals, meal times and the communication method chosen by the operator. ❑ Observation of the postings on whiteboards, bulletin boards or in other resident or common areas.
Residents receive copies of menus and meal time schedules or they may be able to access the information on pre-recorded messages or through other technological media.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding the communication method chosen by the operator. ❑ Observation of the communication material or method. ❑ Documentation demonstrating that all residents are aware and are able to utilize the method of communication. This information may be found in questionnaires, newsletters, handbooks, assessments or service agreements.

*This method is applicable for small accommodations with 4-10 residents.

13(2) In addition to the requirements of subsection 1, an operator of a supportive living accommodation that accommodates 11 or more residents shall ensure that the menu referred to in subsection 1 is reviewed and approved as meeting the current nutritional requirements of the Canada Food Guide by a registered dietitian or food and nutrition manager registered with the Canadian Society of Nutrition Management.

Menu for 11+ Residents	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
A minimum of a three week cyclical menu approved by a qualified professional.	<input type="checkbox"/> Documentation demonstrating approval of the menu by a qualified professional. This information may be found in menus, menu reviews, menu assessments, letters or professional credentials.

Standard 14: Menu Requirements

Intent

To verify that menus which consider residents input offer variety, choice, respect resident's input and are documented and provided on a schedule agreeable to the residents. A menu that incorporates choice, seasonal variety and residents' needs and preferences provides residents opportunities to have input and control over their meals and the feeling of a home-like environment. When substitutions are made to the menu they must be of similar nutritional value to ensure that the integrity of the original menu is preserved.

Communicating the substitutions made to the residents allows them to plan their day and make any alternate arrangements that they feel necessary. Meal times are determined in collaboration with or in consideration of the residents to ensure that meals are served at times suitable to the needs and/or preferences of the majority of the residents. This provides residents with more opportunity to personalize their service.

Definitions

- **Food group:** choice and substitutions must be provided within one of the Canada Food Guide recognized four food groups (Vegetables and Fruit, Grain Products, Meat and Alternatives, Milk and Alternatives).
- **Extended meal times:** a flexible window of time where meals are available over an hour or more to allow for residents to choose the meal time that fits into their daily schedule.
- **Menu substitutions:** any alteration of the pre-planned menu to another food item. This does not include individual changes made for a specific resident preference. In a small accommodation where a cyclical menu is not used and meals are planned prior to the meal being served, there may not be any substitutions made.
- **Periodically:** the opinions of residents are solicited on a regular or intermittent schedule. The special circumstances of the accommodation may require feedback to be collected on a regularly scheduled basis (e.g. surveys, meetings), when there is a high percentage of change in the population or needs of the residents, or when there is a change in the capacity of the accommodation, such as changes in the service level provision or budget.

14(1) The operator of a supportive living accommodation shall ensure that the menu provided for residents

- a) offers variety and seasonal variation,
- b) provides residents with a choice from within one food group at every meal, and
- c) as far as is reasonably practicable, recognizes residents' food preferences, religious practices and cultural customs in the planning, preparation and service of meals.

Menu Variety	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Daily meal choices that provide variety and seasonal variation are offered to residents.*	<ul style="list-style-type: none"> ❑ Conversations with residents or their representatives regarding the variety of meals served. ❑ Documentation demonstrating the variety of meals served. This information may be found in daily meal planners, calendars or log books.
One cyclical menu with substitutions made throughout the year to allow for variety and seasonal variation.	<ul style="list-style-type: none"> ❑ Documentation demonstrating that the menu is altered throughout the different seasons. This may be found in substitution records, or special holiday or event meal records.
Seasonal or a variety of cyclical menus are used to provide residents with variety and seasonal variation.	<ul style="list-style-type: none"> ❑ Documentation may be found in Spring/Summer and Fall/Winter menus or other seasonal menu variations.

*This method is applicable for small accommodations with 4-10 residents.

Menu Choice	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides choice items at the request of residents. These choice items are catered to the preferences of the resident.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their ability to receive a choice item on request. ❑ Observation of the request for a choice item. ❑ Documentation demonstrating that the residents are aware of their ability to request choice items. This information may be found in handbooks, menus, orientation checklists, notice boards or memos.
The operator provides a choice in one or more food groups at each meal service as specified by the menu.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of the choice available at each meal. ❑ Observation of meal service. ❑ Documentation demonstrating that the choice is available and communicated to residents. This information may be found in handbooks, menu boards or menus.

Menu Choice (Continued)	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides a selection of choice items by providing a buffet or salad bar at each meal.	<ul style="list-style-type: none"> <input type="checkbox"/> Observation of meal service. <input type="checkbox"/> Documentation demonstrating that the choice is available. This information may be found in handbooks, bulletin board postings or menus.
The operator provides a selection of choice items that are always available (e.g. a la carte menus or other lists of available items).	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding their awareness of the choice available at each meal. <input type="checkbox"/> Observation of the choices available. <input type="checkbox"/> Documentation demonstrating that the always available choices are communicated and available to residents. This information may be found in handbooks, menus, orientation checklists, notice boards or memos.
The operator provides a choice in all food groups or provides a restaurant style menu at every meal service.	<ul style="list-style-type: none"> <input type="checkbox"/> Observation of meal service. <input type="checkbox"/> Documentation demonstrating that the choice is available and communicated to residents at each meal. This information may be found in handbooks, menu boards or menus.

Resident's Needs and Preferences	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents/representatives express that meals served meet their food preferences, religious practices and cultural customs.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding the meals served.
Meals served match the resident food preferences, religious practices and cultural customs determined at admission.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding how the meals served match their food preferences. □ Documentation of the resident's food preferences, religious practices and cultural customs. This information may be found in care plans, personal profiles, goal sheets or likes/dislikes listings.
Meals served reflect the resident food preferences, religious practices and cultural customs (collected in 14(3)).	<ul style="list-style-type: none"> □ Documentation pertaining to 14(3). and □ Documentation of the menu items. This information may be found in menus, special event postings or substitution lists.

- 14(2)** Where substitutions must be made respecting items on a menu, those substitutions must be
- a) from within the same food groups and provide similar nutritional value as the original menu items, and
 - b) communicated to the residents.

Menu Substitutions	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Meals are recorded daily therefore there may not be a substitution.*	<input type="checkbox"/> Documentation provided may be menus, meal logs or communication books.
Menu substitutions are recorded on the cyclical menu. (e.g. Items are crossed out and the substitution written in so that both items are legible).	<input type="checkbox"/> Documentation demonstrating that substitutions to the menu are recorded. This information may be found on meal planning calendars or menus.
Menu substitutions are recorded on a separate document from the menu. The substitutions reference the date or cyclical menu date to ensure that substitutions can be compared to the original item.	<input type="checkbox"/> Documentation demonstrating that substitutions to the menu are recorded. This information may be found in communication books, log sheets, substitutions sheets or special notices.

*This method is applicable for small accommodations with 4-10 residents.

Communicating Substitutions	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents are notified verbally of the meals. *	<ul style="list-style-type: none"> ❑ Conversations with residents regarding the meals. ❑ Observation of the discussion or meal service. ❑ Documentation demonstrating that the communication of the meals was completed with the residents. This information may be found in resident meeting minutes or menu planners.
Residents are notified of meals and any substitutions by posted information.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of the meals, meal substitutions and the communication method chosen by the operator. ❑ Observation of the postings on whiteboards, bulletin boards, or in other resident or common areas.
Residents receive copies of menus and meal substitutions or may be able to access the information on pre-recorded messages or through other technological media.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of the communication method chosen by the operator. ❑ Observation of the communication material or method. ❑ Documentation demonstrating that all residents are aware and are able to utilize the method of communication. This information may be found in questionnaires, newsletters, handbooks, assessments or service agreements.

*This method is applicable for small accommodations with 4-10 residents.

14(3) An operator shall ensure that residents' opinions and feedback regarding meals, fluids and snacks are periodically collected and considered in the development of the menu.

Resident Opinions and Feedback	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Informal methods of feedback are utilized.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding awareness of feedback methods. ❑ Conversations with employees regarding the consideration of resident feedback. ❑ Documentation demonstrating that the feedback is considered. This information may be found in menus, special event meal records or substitution lists.
Meetings are utilized to collect resident feedback.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding awareness of feedback methods. ❑ Conversations with employees regarding the consideration of resident feedback. ❑ Documentation demonstrating that the feedback is collected. This information may be found in meeting minutes. and ❑ Documentation demonstrating that the feedback is considered. This information may be found in menus, special event meal records or meeting minutes.

Resident Opinions and Feedback (Continued)	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Surveys, feedback cards, or suggestion boxes are utilized to collect resident feedback.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding awareness of feedback methods. ❑ Conversations with employees regarding the consideration of resident feedback. ❑ Observation of availability of feedback forms (if on an ongoing basis). ❑ Documentation demonstrating that the feedback is collected. This information may be found in completed surveys, result tallies or comment forms. <p>and</p> <ul style="list-style-type: none"> ❑ Documentation demonstrating that the collected feedback is considered. This information may be found in menus, special event meal records, meeting minutes or newsletters.
Residents plan or choose their meals on a daily or weekly basis.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their ability to plan their meals. ❑ Documentation demonstrating that meal planning occurred with resident's input. This information may be found in resident meeting minute(s), meal plan(s) or communication book(s).

- 14(4)** An operator shall ensure that residents are consulted on a periodic basis respecting the times of the day at which meals, fluids and snacks are to be provided or made available to them and shall respond to the residents' comments or concerns.

Meal Times	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Meal, fluid and snack times are planned around resident's daily routines (may vary daily).*	<ul style="list-style-type: none"> □ Conversations with residents regarding meal, fluid and snack times. □ Observation of meal service. □ Documentation pertaining to resident's daily routines that demonstrates how appropriate meal and snack times are determined. This information may be found in daily routines, schedules, communication books or minutes from a resident meeting.
Collaboration with residents on meal times occurs at resident council meetings, through surveys or other discussion methods.	<ul style="list-style-type: none"> □ Documentation demonstrating the collaboration with residents on the meal times. This information may be found in completed surveys, result summaries or meeting minutes.
Meal service occurs at more than one seating or through <u>extended meal times</u> (window of time) for each meal. Snacks and fluids are readily available for residents to access.	<ul style="list-style-type: none"> □ Conversations with residents regarding meal, fluid and snack times. □ Observation of a meal service. □ Documentation demonstrating how operators make residents aware of the flexible meal time options. This information may be found in meal time postings, orientation checklists or client handbooks.

*This method is applicable for small accommodations with 4-10 residents.

Response to Opinion and Feedback	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Resident meal, fluid and snack times are adjusted in response to the feedback collected.	<ul style="list-style-type: none"> □ Conversations with residents regarding the changes in meal, fluid and snack times. □ Documentation demonstrating that the collected feedback is utilized. This information may be found in calendars, posters, notices, care plans, personal profiles, log books, sign-up sheets or newsletters.
Residents are informed of the results of surveys, resident meetings, suggestions, or other feedback received and the planned action.	<ul style="list-style-type: none"> □ Conversations with residents regarding the communication of the results and/or planned action of the operator to the feedback received. □ Documentation demonstrating that results of feedback collected is communicated to residents. This information may be found in meeting minutes, newsletters, memos, announcements or notices.

14(5) An operator shall ensure that a record is created of meals served and any substitutions made to the menu and that the record is maintained for at least 3 months.

Record of Meals	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator retains daily meal logging records for a minimum of 3 months. *	<ul style="list-style-type: none"> □ Documentation provided may include menus, substitution records or daily meal planners.
The operator retains any cyclical menus used and the substitution recordings for a minimum of 3 months.	<ul style="list-style-type: none"> □ Documentation provided may include menus and substitution records.

*This method is applicable for small accommodations with 4-10 residents.

Standard 15: Cleaning Requirements

Intent

To verify that the supportive living accommodation is cleaned as necessary while respecting residents' preferences. Regular cleaning schedules following clear and thorough procedures support the comfort of residents and maintain a clean living environment and space. To ensure that residents preferences are met the operator may need to demonstrate how they have communicated the level of service and when it is provided, altered the schedule to meet residents preferences (e.g. requests for less service) and that the service does not occur at unreasonable times.

15(1) An operator shall ensure that a clean and comfortable environment is provided for residents, employees, volunteers, service providers and visitors.

Clean and Comfortable Environment	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The accommodation is clean and comfortable.	<ul style="list-style-type: none"> ❑ Conversations with residents, employees, volunteers, visitors or service providers on the cleanliness and comfort of the accommodation. ❑ Observation of a clean and comfortable environment.

15(2) A supportive living accommodation must be thoroughly cleaned on a regularly scheduled basis and the level of cleanliness must be maintained as necessary between regularly scheduled cleanings while respecting the preferences of the residents as much as possible.

Regularly Scheduled Cleaning	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
When residents and employees share responsibility for regularly scheduled cleaning, monitoring is completed to ensure that cleaning is completed proficiently.	<ul style="list-style-type: none"> ❑ Conversation with residents and employees regarding completion of cleaning services. ❑ Observation of the cleanliness of the accommodation. ❑ Documentation demonstrating that cleaning is completed on a regularly scheduled basis. This information may be found in schedules, communication books, tracking sheets, project work tracking, log books or resident meeting

	minutes.
Regularly Scheduled Cleaning (Continued)	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
A schedule is provided of the regularly scheduled cleaning that is required and clear responsibility for specific tasks is identified. Supervisor follow up occurs to ensure the completion of the scheduled tasks.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding completion of cleaning services. ❑ Observation of the cleanliness of the accommodation. ❑ Documentation demonstrating that cleaning is completed on a regularly scheduled basis. This information may be found in job descriptions, duty lists, special task lists, job routines or schedules.
A schedule of the regular cleaning that is required is provided by the operator and documented verification of work done is completed.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding completion of cleaning services. ❑ Observation of the cleanliness of the accommodation. ❑ Documentation may include audits of work done.
A schedule of the regular cleaning that is required is provided by the operator and the monitoring records of what has been done is completed by the employee responsible (e.g. sign off).	<ul style="list-style-type: none"> ❑ Conversations with residents regarding completion of cleaning services. ❑ Observation of the cleanliness of the accommodation. ❑ Documentation may include checklists, special task lists, duty lists, schedules, job routines or project work tracking.
Cleaning services are not offered for resident's rooms or suites. Residents are advised of the cleanliness requirement at admission. The operator will still need to maintain regularly scheduled cleaning in common areas.	<ul style="list-style-type: none"> ❑ Documentation demonstrating how residents are advised of the cleanliness requirement and the consequences of not maintaining it. Information may be found in admission agreements, admission packages, or a managed risk agreements.

As Needed Cleaning	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Written procedures showing that the operator provides cleaning services on an as needed basis.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding the as needed cleaning services. ❑ Observation of ongoing cleaning services. ❑ Documentation demonstrating that the operator engages in the as needed cleaning services. This information may be found in policies and procedures, duty lists, cleaning lists, resident handbooks, terms of occupancy, service agreements, fee schedules or log books.
Operator provides cleaning services based on documented resident need and is in the resident's personal space each day to determine the level of service required.	<ul style="list-style-type: none"> ❑ Conversations with residents/representatives or employees regarding as needed cleaning services. ❑ Observation of ongoing cleaning services. ❑ Documentation of the needs of the residents for cleaning services. This information may be found in care plans, profiles, duty lists, logs or job descriptions.
Where the level of cleaning services required by the residents are not offered by the operator, the coordination of additional services by internal or external sources (ie. fee for service, family, personal cleaning service providers, homecare) occurs.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding the as needed cleaning services. ❑ Documentation demonstrating the level of service offered by the operator and the coordination of additional services. This information may be found in eligibility criteria, assessments, reassessments, letters, service agreements, care plans, communication books or other logs.

Resident Preferences	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator communicates the cleaning schedules to residents and considers resident preferences in adjusting the schedules where needed.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding the suitability of cleaning schedules. ❑ Conversations with employees regarding the consideration of resident preferences in the cleaning schedule. ❑ Documentation demonstrating that cleaning schedules are communicated to residents and their preferences are considered. This information may be found in welcome cards, orientation materials, surveys, meeting minutes, handbooks or service agreements.
Residents may request a reduction in the frequency of the operator established schedule of cleaning or a reduction in the type of cleaning activities completed.	<ul style="list-style-type: none"> ❑ Documentation provided may include letters, managed risk agreements or other waivers of services.
See also Standard 27: Risk Management.	

15(3) Written cleaning procedures must be established and followed at all times to ensure a clean living environment.

Cleaning Procedures	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Written information on how cleaning is to be performed.	<ul style="list-style-type: none"> ❑ Observation of the implementation of the cleaning procedures. ❑ Documentation demonstrating the cleaning procedures. This information may be found in policies, procedures, duty sheets, checklists or job descriptions.

Cleaning Procedures (Continued)	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Training on how cleaning is to be proficiently performed is provided to employees and/or residents where they are responsible for their own cleaning.	<ul style="list-style-type: none"> ❑ Observation of the implementation of the cleaning procedures. ❑ Documentation demonstrating that information on the cleaning procedures is provided to employees and residents where applicable. This information may be found in training manuals, orientation checklists, shadowing checklists or training records.
A contractor or external service provider provides cleaning services and written information on how cleaning is performed.	<ul style="list-style-type: none"> ❑ Observation of implementation of the cleaning procedures. ❑ Documentation demonstrating the cleaning procedures. This information may be found in a signed contract between the operator and contractor, policies, procedures, duty sheets, checklists or job descriptions.

15(4) Appropriate mechanisms must be used to minimize unpleasant odors in the supportive living accommodation.

Odour Control	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Odours are not present.	<ul style="list-style-type: none"> ❑ Conversations with residents, their representatives or employees regarding the presence or absence of odours. ❑ Observation noting the absence of odours.
The operator engages in odour elimination or minimization to the extent required to provide a comfortable and clean living environment for residents.	<ul style="list-style-type: none"> ❑ Observation of techniques used to eliminate or minimize unpleasant odours. This may be accomplished by the use of garbage or laundry lids, the use of fans or deodorizers, frequent garbage and soiled laundry removal, adequate smoke room ventilation, and/or appropriate cleaning of pet areas.

Standard 16: Continuation of Services

Intent

To verify that there is a plan for the ongoing provision of accommodation services should there be an unexpected emergency. Advanced preparation is the key to mitigating the impact of unexpected events or emergencies leading to the disruption of regular service delivery. Many supportive living residents struggle with limited personal mobility, cognitive impairment and other physical challenges that render them even more vulnerable during emergency situations. With adequate knowledge and planning, the harmful effects of such unanticipated events can be minimized. Contingency plans must be developed with deliberate consideration of the very unique needs of the resident population and reviewed on an annual basis to ensure that they remain current.

Definitions

- **Employment disputes:** unplanned for deviations from normally scheduled staffing presence or any other activity/event that may result in staff shortage that disrupts the ability of the accommodation to provide services to the residents.
- **Essential Equipment:** equipment that is vital to the operation of the accommodation that without would require additional actions to be taken to maintain services for the residents. Equipment may include boiler, furnace, hot water tank, elevator, generator, communication equipment, security equipment, emergency call systems, sanitation equipment, food preparation equipment, food storage equipment, food service equipment, laundry or cleaning equipment.
- **Excessive heat:** temperatures at a level that pose a safety risk to residents or may result in a temperature advisory from Environment Canada.
- **Extreme weather:** instances of thunderstorms, hailstorms, tornadoes, heavy precipitation, blizzards, snowstorms, ice storms, dust storms, heat waves or cold waves that may impact an operators ability to provide services.
- **Necessary accommodation services:** the services deemed necessary by the operator to be continued in an emergency, but must include meeting resident's basic needs.
- **Other disruptions:** may include excessive heat, reduced heat, fire, floods, sewer backups, evacuation, unscheduled absence of the operator (illness, accident, etc.) or a disruption in accommodation related services (safety and security, meals, cleaning, laundry, maintenance and building)
- **Other utilities:** includes water, gas and telephone service.

- **Sheltering in place:** a situation in which a judgment has been made based on the safety and comfort of residents, to keep residents within the accommodation rather than evacuate. Accommodation services continue to be provided within the accommodation at an essential level.

16(1) An operator shall develop, maintain and implement as necessary contingency plans to provide for the continuation of necessary services to residents in the event of the failure of electrical power, or other utilities, the breakdown of essential equipment, extreme weather conditions, employment disputes, and other disruptions.

Contingency Plans	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
<p>The contingency plan is site specific and ensures the continuation of necessary accommodation services whether evacuating or sheltering in place. Consideration is given to the type of disruption that may lead to an activation of a contingency plan and the appropriate responses that may be needed depending on the situation.</p> <p>At a minimum contingency plans must address:</p> <ul style="list-style-type: none"> □ failure of electrical power □ failure of other utilities (i.e. water and gas) □ a plan for the breakdown of essential equipment in the accommodation □ extreme weather conditions that may reasonably occur in the area of the accommodation □ staff shortages and/or employment disputes □ evacuation and relocation □ disruptions to safety and security services □ disruptions to meal services <p>Accommodations may also have contingency plans in place for the following, where the occurrence of the event disrupts necessary services for the residents:</p> <ul style="list-style-type: none"> □ disruption of telecommunications / IT systems □ flood / sewer back up □ excessive or reduced heat □ disruption of cleaning, laundry or maintenance services 	<ul style="list-style-type: none"> □ Documentation of the contingency plans. Information may be found in manuals, policies and procedures, department specific plans or training guides. <p><i>Where additional information is required to develop a contingency plan see the resource section 6 for planning websites and Appendix A 'Accommodation Standard 16: Points to Consider when Developing Plans'.</i></p>

16(2) A contingency plan must

- a) mitigate the impact of the disruption on the residents,
- b) be communicated and made available to residents and their representatives, visitors, volunteers, employees and service providers,
- c) be practicable in the circumstances in which it is intended to be used, and
- d) be reviewed on an annual basis to ensure that it remains effective.

Mitigation of Impact and Practicability

The focus of the contingency plan is to ensure that residents are safe and comfortable and that the disruption to their services is kept to a minimum.

The contingency plan needs to be practicable in both situations of evacuation and sheltering in place. Consideration needs to be made as to how residents will be kept safe and comfortable and that services continue to be provided whether they are in the accommodation itself, being transported to another site, or at singular or multiple evacuation sites.

Contingency plans should be sufficiently detailed so that they are feasible and context specific given the size and nature of the accommodation and the resident population that it serves. Plans that exist in the format of blank templates, resource print outs, or lists of contact phone numbers will not be sufficient for compliance.

Communicating the Plan	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Information on the contingency plan, in whole or part, is posted in the accommodation. If the entire plan is not posted, employees need to know where to access the whole plan and are able to direct others to the whole plan on request.	<ul style="list-style-type: none"> ❑ Conversations with residents, representatives, employees, volunteers and service providers regarding their awareness of the plan locations. ❑ Observation of information on the contingency plan posted in the accommodation. ❑ Observation of the postings detailing the location of the contingency plan. ❑ Documentation demonstrating that employees, residents, representatives, volunteers and service providers are notified of the location of the contingency plan. This information may be found in handbooks, orientation materials, or service agreements.
Information on the contingency plan is provided to residents, their representatives, employees, volunteers, and service providers through training or other verbal methods.	<ul style="list-style-type: none"> ❑ Conversations with residents, representatives, or employees regarding information provided on the contingency plan. ❑ Documentation demonstrating how operators provide training to employees, residents, volunteers, and service providers. This information may be found in meeting minutes, training documentation, or certificates.
Information on the contingency plan is provided to residents, their representatives, employees, volunteers, visitors, and service providers in a written format.	<ul style="list-style-type: none"> ❑ Conversations with residents, representatives, or employees regarding information provided on the contingency plan. ❑ Documentation demonstrating how operators provide information to employees, residents, volunteers, and service providers. This information may be found in handbooks, orientation manuals or checklists, newsletters or emergency manuals.

Annual Review	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The contingency plan is reviewed through a meeting discussion format (staff meetings, board meetings, resident and family meetings).	□ Documentation demonstrating that the contingency plan was reviewed annually. Information may be found in meeting minutes.
The contingency plan is reviewed through an administrative/committee review process.	□ Documentation demonstrating that the contingency plan was reviewed annually. Information may be found in meeting minutes, a review date on the plans, a letter of review, or a dated footnote on the plans.
Ensure that any changes made to the contingency plan are communicated to residents, their representatives, employees, volunteers, visitors and service providers. See 16(2)(b).	

Standard 17: Prevention of Abuse

Intent

To verify mechanisms are in place for the prevention, identification and reporting of abuse. Operators of supportive living accommodations are responsible for ensuring that all employees receive appropriate education respecting the identification, prevention and reporting of suspected abuse. Operators are also responsible for ensuring that residents, their representatives, volunteers and service providers are aware of the contacts and resources available to them should they have any concerns or complaints regarding abuse.

- 17(1)** An operator shall develop and maintain written processes that
- a) promote the prevention of abuse of the residents of the supportive living accommodation,
 - and
 - b) provide information respecting the reporting of suspected abuse to the proper authorities.

Written Processes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator has a written process on the prevention of abuse and the reporting of suspected abuse.	<input type="checkbox"/> Documentation provided may include policies and procedures, guidelines, training materials, handbooks or pamphlets.

- 17(2)** An operator shall ensure that all employees receive appropriate education respecting the identification, and reporting of suspected abuse and the prevention of abuse of residents.

Training	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides internal training on the identification, reporting and prevention of abuse to all employees.	<input type="checkbox"/> Documentation provided may include orientation materials, training manuals, training records, attendance records or certificates.
The operator sends all employees to external training on the identification, reporting and prevention of abuse.	<input type="checkbox"/> Documentation provided may include certificates or other training records.

17(3) An operator shall ensure that information respecting the identification and reporting of suspected abuse and the prevention of abuse of residents is provided to residents, their representatives, volunteers and service providers.

Information Provision	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Postings on the identification, reporting and prevention of abuse are available in a common area of the accommodation.	<ul style="list-style-type: none"> □ Conversations with residents regarding their awareness of the information. □ Observation of postings.
The operator provides written pamphlets, brochures or other media on the identification, reporting and prevention of abuse.	<ul style="list-style-type: none"> □ Conversations with residents, their representatives, volunteers or service providers regarding the information provided to them. □ Documentation provided may be handbooks, orientation materials, pamphlets, brochures, policies or guidelines.
The operator provides training on the identification, reporting and prevention of abuse.	<ul style="list-style-type: none"> □ Conversations with residents, their representatives, volunteers or service providers regarding the information provided to them. □ Documentation provided may be orientation materials, training materials, meeting minutes, training records or information session attendance records.

Standard 18: Resident Safety and Security

Intent

To verify that mechanisms are in place to support resident safety and security on a round-the-clock basis. It is important that supportive living residents feel secure and safe in their living environment and surroundings. Operators can ensure this by having appropriate monitoring mechanisms, accounting mechanisms, security systems, emergency call systems or communication systems in place. Where mechanical or electronic systems are in place they need to be inspected regularly to ensure that they are in good working order and those that utilize them need to be educated in their use. Where an incident of a critical nature occurs in an accommodation, the Director is notified so that resident safety and security is not further compromised.

Definitions

- **Security systems:** a system that warns the operator of an intruder or other breach. This may include home security systems or other intruder alert systems.
- **Communication systems:** a system that the resident may use to access assistance from an employee. This may include nurse calls, pendants, emergency call bells, pull cords, walkie talkies, baby monitors, phone or other manual bells.
- **Emergency call systems:** a system that lets an employee know that the resident is in an emergency situation. This may be wanderguards, door alarms, bed alarms, or wheelchair alarms.
- **Incident:** an event related to the **Accommodation Standards** that has occurred; causing death or serious harm to a resident, a resident unaccounted for, an unplanned for activation of a contingency plan or extensive damage to the accommodation.
 - **Serious harm:** Physical or psychological injury which is life threatening and/or traumatic to the individual.
 - **Extensive damage:** damage to the extent that the ability of the operator to continue to provide accommodation services and a safe and secure environment is affected.
- **Director:** the Director of the Continuing Care Standards and Licensing Unit, Alberta Health.
- **Monitoring Mechanism:** equipment or processes used to ensure that residents are safe when there is no employee on site. This may include security cameras, on-call processes, check-in times or buddy systems.

Note

- Where manufacturer's recommendations are not available or do not state inspection recommendations for security, emergency call and communication systems the operator may set out a schedule of regular inspections and testing of the system that is deemed to be reasonable in relation to the safety of the residents.

18(1) An operator shall develop and maintain written processes that promote the safety and security of residents, including processes that

- a) account for all residents on a daily basis,
- and
- b) ensure that monitoring mechanisms or personnel are in place on a round-the-clock basis.

Accounting for Residents	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The number of staff and residents is such that staff are aware of residents at all times.	<ul style="list-style-type: none"> □ Documentation provided may include staffing schedules, job duties, personal profiles and care plans.
Residents are accounted for during daily routine activities such as meals or medication times.	<ul style="list-style-type: none"> □ Observation of assigned seating at meals allowing for accounting of residents. □ Documentation provided may include MAR sheets, meal attendance sheets, or handbook information.
Residents are accounted for using formalized tracking tools such as sign in/out books or census documents.	<ul style="list-style-type: none"> □ Documentation provided may include sign in/sign out books, daily census recordings, bed checks or nominal roles tracking.
Where residents are independent and choose not to participate in the process that is used by the operator for the daily accounting of residents, the operator enters into a managed risk agreement or a modified service agreement that specifies the alternate arrangements for accounting for that resident. <i>Also see Risk Management.</i>	<ul style="list-style-type: none"> □ Documentation provided may include managed risk agreements or service agreements.

Monitoring of Residents	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The accommodation is staffed 24 hours per day, seven days per week, or when the residents are present.	<ul style="list-style-type: none"> □ Documentation provided may include staffing schedules or care plans.
The accommodation is monitored throughout the day and night by employees and the residents have a method to contact that employee for assistance.	<ul style="list-style-type: none"> □ Conversation with residents regarding the system in place. □ Documentation demonstrating that the residents are aware of the system in place. This information may be found in written descriptions of the system, training materials, communication materials or orientation materials. <p>and</p> <ul style="list-style-type: none"> □ Documentation demonstrating that the operator has a plan to respond to reported concerns at all times of the day within a reasonable time frame. This information may be found in policies and procedures, guidelines or training materials.
The accommodation is monitored from off-site using technology (cameras, motion detectors) for whole or part of the day.	<ul style="list-style-type: none"> □ Conversation with residents regarding the system in place. □ Documentation demonstrating that the residents are aware of the system. This information may be found in written descriptions of the system, training materials, communication materials or orientation materials. <p>and</p> <ul style="list-style-type: none"> □ Documentation demonstrating that the operator has a plan to respond to reported concerns at all times of the day within a reasonable time frame. This information may be found in policies and procedures, guidelines or training materials.

Monitoring of Residents (Continued)	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Operator facilitated system to have non-employees or other residents alerted of concerns at the accommodation or with another residents.	<ul style="list-style-type: none"> □ Conversation with residents regarding the system in place. □ Documentation demonstrating that the residents are aware of the system. This information may be found in written descriptions of the system, training materials, communication materials or orientation materials. and □ Documentation demonstrating that the operator has a plan to respond to reported concerns at all times of the day within a reasonable time frame. This information may be found in policies and procedures, guidelines, or training materials.

18(2) If a supportive living accommodation has a security system, the security system must be maintained, inspected, and tested as recommended by the manufacturer of the security system.

Security Systems	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The security system is regularly inspected, tested and maintained by an employee or outside contractor.	<ul style="list-style-type: none"> □ Documentation demonstrating the manufacturer recommendations. This information may be found in manuals, guidelines or letters. and □ Documentation demonstrating that the recommendations are followed. This information may be found in log sheets, invoices, maintenance requisitions, or other preventative maintenance records.
Computerized monitoring of all security systems is in place that has the capacity to report on all failures in the system. The computerized system is inspected, tested and maintained to ensure that it is in working order.	<ul style="list-style-type: none"> □ Observation of the computerized system. □ Documentation demonstrating that the computerized system is able to alarm for all system failures and the system is in working order. This information may be found in manuals, incident reports, system descriptions or system logs.
The security system is checked daily by a designated employee as part of a regular routine and a process exists for reporting deficiencies to ensure the system is maintained in good working order.	<ul style="list-style-type: none"> □ Documentation demonstrating that the task is designated to a specific employee. This information may be found in job descriptions, duty lists or routines. and □ Documentation demonstrating that there is a procedure for the checks and the reporting of deficiencies. This information may be found in policies and procedures, maintenance requisitions, job duties or other guidelines.

18(3) If a supportive living accommodation has a communication system or an emergency call system, the system must be one that is appropriate to the type of building in which it is located and suitable for the needs of the residents and must be maintained, inspected and tested as recommended by the manufacturer of the system.

Suitability	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The communication or emergency call system is appropriately matched to the type of building and the needs of the residents.	<ul style="list-style-type: none"> □ Conversation with the operator regarding the suitability of the system in use. □ Observation of the building and the systems in use. □ Documentation demonstrating that the communication or emergency call system is suitable. This information may be found in care plans, personal profiles, assessments, eligibility criteria, incident reports, managed risk agreements, residential service agreements or policies and procedures.
Where the communication or emergency call system is not fully suitable for the residents or the building the operator has additional practices in place to make up for the deficiency.	<ul style="list-style-type: none"> □ Documentation demonstrating that additional practices are in use to ensure the safety of all residents. This information may be found in policies and procedures, job duties, guidelines, job descriptions, log books, personal profiles or care plans.
The suitability of the system and the building are considered when determining eligibility and assessing the needs of the residents in Section 26: Assessment.	<ul style="list-style-type: none"> □ Documentation provided may include eligibility criteria, resident assessments or managed risk agreements.

Maintenance	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The communication and emergency call system is regularly inspected, tested and maintained by an employee or outside contractor.	<ul style="list-style-type: none"> □ Documentation demonstrating the manufacturer recommendations. This information may be found in manuals, guidelines or letters. and □ Documentation demonstrating that the communication or emergency call system is regularly inspected, tested and maintained. This information may be found in log sheets, invoices, maintenance requisitions, or other preventative maintenance records.
Computerized monitoring of all communication and emergency call systems is in place that has the capacity to report on all failures in the system. The computerized system is inspected, tested and maintained to ensure that it is in working order.	<ul style="list-style-type: none"> □ Observation of computerized system. □ Documentation demonstrating that the computerized system is able to alarm for all system failures and is in good working order. This information may be found in manuals, system descriptions, incident reports and system logs.
The communication and emergency call system is checked daily by a designated employee as part of a regular routine and a process exists for reporting deficiencies to ensure the system is maintained in good working order.	<ul style="list-style-type: none"> □ Documentation demonstrating that the task is designated to a specific employee. This information may be found in job descriptions, duty lists or routines. and □ Documentation demonstrating that there is a procedure for the checks and the reporting of deficiencies. This information may be found in policies and procedures, maintenance requisitions, job duties, or other guidelines.

18(4) Any incident within the supportive living accommodation or its grounds in which the safety or security of a resident is breached must be documented and reported to the director along with the actions taken to address the incident or remedy the breach, as the case may be.

Reporting to the Director	
Reportable incident are to be submitted to the Director within two business days of the incident occurring by the operator.	
Reportable Incidents:	<p>An event related to the Accommodation Standards that has occurred;</p> <ul style="list-style-type: none"> <input type="checkbox"/> Causing death or serious harm to a resident, <input type="checkbox"/> A resident unaccounted for, <input type="checkbox"/> An unplanned for activation of a contingency plan, or <input type="checkbox"/> Extensive damage to the accommodation.
Reportable Incident Form:	<p>Non-Health Funded Accommodations (e.g. private funded accommodations, PDD funded homes, group homes, lodges)</p> <ul style="list-style-type: none"> ➤ The reportable incident form can be found in Section 7 of the Information Guide or on-line at: http://www.health.alberta.ca/services/continuing-care-forms.html. ➤ Check 'Non-Health Funded' when opening the form to populate the appropriate sections. ➤ Forms can be submitted electronically using the on-line form, by e-mail to asal@gov.ab.ca or by fax to (780) 644-8729. <p>Health Funded Accommodations (e.g. Designated Assisted Living, Family/Personal Care Homes, Home Living Services)</p> <ul style="list-style-type: none"> ➤ The reportable incident form can be found in Section 7 of the Information Guide or on-line at: http://www.health.alberta.ca/services/continuing-care-forms.html. ➤ Check 'Health Funded' when opening the form to populate the appropriate sections. ➤ Forms may be submitted electronically using the on-line form, or if sending manually should be sent by e-mail to asal@gov.ab.ca and reportable.incidents@albertahealthservices.ca ➤ Please ensure that additional notifications are completed as per existing zone processes.
Help with determining what to report	A decision guide and examples are provided in Section 7 to assist operators in determining what incidents meet the reportable incident criteria.
Continuing Care Health Service Standards	For Health Funded Accommodations there is also a requirement to report incidents under the Continuing Care Health Service Standards. The reportable incident form, decision guide, examples, and process can also be utilized in reporting incidents under these standards.

18(5) An operator shall ensure that all employees and, where appropriate, residents, service providers and volunteers receive adequate training respecting any security, communication or emergency call system in use in the supportive living accommodation.

Training	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides training to those persons utilizing the security, communication, or emergency call systems.	<ul style="list-style-type: none"> □ Conversations with residents, employees, volunteers and service providers regarding their awareness of the usage of the system. □ Documentation provided may include handbooks, orientation materials, training manuals, or training records.

Standard 19: Trust Accounts

Intent

To verify there are mechanisms in place to safeguard any funds entrusted to the operator by the resident. To ensure that residents have access to funds held in trust.

Definitions

- **Trust accounts:** any account (group or individualized) or internal holding system (cash box or safe) where funds held on behalf of the resident(s) are kept. This includes situations where the operator receives regular monthly deposits from the resident/representative at the first of each month and the resident withdraws the funds during the course of the month. Situations where no money is held and the residents are billed back for services are not considered to be a trust account. Money that is provided by a resident to the operator as a damage deposit for their accommodation is not considered to be a trust account under this standard.
- **Receipt:** an individual receipt or accounting of an expenditure. The receipt may be an accounting of the expenditures after a certain point of time (ie. Monthly) or at the time of each expenditure.

Note

- Where an operator provides funds or statements to residents/ representatives on an 'upon request' basis, a reasonable length of time for fulfilling the request is within two business days for day to day transactions and within 60 calendar days for a closure of a trust account.

- 19(1)** Where an operator holds funds on behalf of a resident for a period longer than 31 days, the operator shall
- a) deposit those funds into a trust account opened and maintained for that purpose, and
 - b) provide a receipt for each transaction.

Opening and Operating Trust Accounts	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator demonstrates the trust account system that is in place.	<ul style="list-style-type: none"> □ Conversations with employees, residents or their representatives regarding the trust accounts. □ Documentation provided may include bank statements, transaction receipts, ledger books or orientation materials.
The operator has a written process on how trust accounts are opened and maintained.	<ul style="list-style-type: none"> □ Conversations with employees, residents or their representatives regarding the trust accounts. □ Documentation provided may include policies and procedures, written guidelines, transaction receipts, trust account agreements, handbooks, orientation materials or bank statements.

19(2) An operator shall ensure that easily understandable records are maintained in respect of the trust account showing opening and closing balances and make those records available for inspection by residents or their representatives free of charge.

Trust Account Records	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides a regular or periodic trust account statement free of charge.	<ul style="list-style-type: none"> □ Conversations with residents/representatives regarding the issuance of trust account statements. □ Documentation provided may include statements, letters or statement issue schedules.
The operator provides trust account statements upon request free of charge.	<ul style="list-style-type: none"> □ Conversations with residents/representatives regarding their awareness of how to receive a trust account statement. □ Documentation demonstrating that residents are notified of how they may request trust account statements. This information may be found in handbooks, terms of occupancy, admission agreements, trust account agreements, training materials or orientation materials.

19(3) An operator shall return funds held in trust to the resident or the resident's representative on receiving a request in writing to do so.

Withdrawal of Funds	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator demonstrates how the process for withdrawing funds from trust accounts works.	<ul style="list-style-type: none"> □ Documentation provided may include letters, emails, memos, receipts, request forms, withdrawal forms or other withdrawal documentation.
The operator has written processes dealing with the withdrawal of funds from trust accounts.	<ul style="list-style-type: none"> □ Documentation provided may include policies and procedures, guidelines, trust account agreements, service agreements, handbooks or orientation materials.

Standard 20: Safeguarding of Personal Possessions

Intent

To verify that mechanisms are in place to safeguard personal possessions of a resident that are entrusted to the operator for safekeeping. Where safeguarding services are offered, the operator informs residents of the procedures used and the responsibility for those items.

Definitions

- **Personal possessions:** items of value (financial or sentimental) to the resident that are entrusted to the operator by the resident for safekeeping. This includes the short-term holding of funds that the operator may hold for a resident on a one-time basis. This does not refer to Trust Accounts (Standard 19).

20 Where an operator agrees to safeguard personal possessions for a resident, the operator shall develop and maintain written policies for the safeguarding of those personal possessions.

Written Process	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator has written processes on how they safeguard personal possessions.	<ul style="list-style-type: none">□ Observation of the safeguarding of personal possessions.□ Documentation provided may include policies and procedures, personal property inventory lists or labeling processes.

Standard 21: Water Temperature

Intent

To ensure the safety of residents by preventing scalding and other injuries associated with extreme water temperatures.

Definitions

- **Sufficiently knowledgeable employee or service provider:** has an understanding of the tub operations and controls and is aware of the accommodations process for taking and recording temperatures.
- **Therapeutic tub:** a tub in which a resident is lifted into it or it is fully accessible, often by a side door, which may or may not include a reservoir for water, jets, hydromassage or hydrosound. The resident is assisted to bathe in a therapeutic tub and the water temperature is regulated by the tub and/or the care provider. This is not a residential type tub. Examples of this are: Arjo, century, parker, rhapsody, freedom, advantage, serenity, bellentra or primo tub.
- **Flowing water:** the maximum hot water visually seen flowing from the faucet. An external temperature gauge is necessary to measure the temperature of this water.
- **Regularly scheduled:** a schedule of regular testing of water temperatures that is deemed to be reasonable in relation to the safety of the residents.
- **Safe water temperature as defined by the Alberta Building Code:**
 - “Where a hot water **supply** is required by Sentence 7.2.1.2.(4), equipment shall be installed that is capable of heating to at least 45°C but not above 60°C an adequate supply of service hot water for every dwelling unit.” (2006, 7.2.6.1)
 - “If the authority having jurisdiction deems it necessary to protect children, the elderly, or persons with disabilities or infirmities from burns, ... b) except as provided by the plumbing regulations made pursuant to the *Safety Codes Act*, the temperature of the water from **faucets** shall be limited to a maximum of 54°C.” (2006, 7.2.6.7)
- **Safe water temperature as defined by the National Plumbing Code:**
 - “3) All mixing valves supplying shower heads shall be of the pressure-balanced, thermostatic, or combination pressure-balanced/thermostatic type capable of a) maintaining a water outlet temperature that does not exceed 49°C and b) limiting thermal shock.” (2005, 2.2.10.7)
 - “4) The temperature of water discharging into a bathtub shall not exceed 49°C.” (2005, 2.2.10.7)

Note

- Resident education may not be applicable in some accommodations where residents are independent or have been assessed as capable of ensuring safe water temperatures or where personnel assist residents in all areas related to water usage.
- Where mixing valves have been installed the water testing requirement applies separately to each faucet/area that the mixing valve controls. See also Section 6, Resources for diagram examples.
 - **Example One:** A mixing valve has been installed on the water line after the domestic hot water tank. Each faucet in the accommodation is limited by this mixing valve, so any faucet may be tested to determine the temperature of water for personal use.
 - **Example Two:** A mixing valve has been installed at the faucet in the bathroom for the sink and for the bath. This accommodation would require three temperature checks – one on each faucet where a mixing valve was installed and one elsewhere in the residence where the water is supplied straight from the domestic hot water tank (kitchen, laundry, etc.).
- For therapeutic tubs, the temperature of **hottest** water **flowing** into each tub, **not the bath water temperature that an individual will be bathed in**, must be taken prior to the first bath of the day and documented.

21(1) An operator shall ensure that the temperature of flowing water provided for personal use in areas used by the residents does not exceed the maximum safe level established in the Alberta Building Code.

Safe Water Temperatures	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Regularly scheduled checks of the hot water temperature flowing out of the taps in resident areas to ensure that it does not exceed the predetermined safe level.	<ul style="list-style-type: none"> □ Documentation demonstrating that safe water temperatures are maintained in resident areas. This information may be found in logs, checklists, or calendars.

21(2) An operator shall ensure that safe water temperature for the personal use of residents are maintained through

- a) employee and resident training and education
- b) proper maintenance and monitoring of equipment, and
- c) appropriate risk mitigation procedures.

Education (Residents)	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Information is provided to residents on safe water temperatures.	<ul style="list-style-type: none"> □ Conversations with residents regarding their understanding of safe water temperatures. □ Documentation of education received by residents. This information may be found in orientation materials, meeting minutes, move-in checklists, or posters.

Training (Employee)	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Training on appropriate temperatures and process for reporting undesirable water temperatures.	<ul style="list-style-type: none"> □ Conversations with employees regarding their understanding of safe water temperatures. □ Documentation of training received by employees. This information may be found in training records, orientation forms, meeting minutes, or posters.
Training on measuring hot water temperatures.	<ul style="list-style-type: none"> □ Conversations with employees regarding their understanding of safe water temperatures. □ Documentation of training received by employees. This information may be found in training records, training materials, orientation forms and meeting minutes, or posters.

Maintenance and Monitoring of Equipment	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Corrective maintenance records for the hot water heating system and therapeutic tubs.	<ul style="list-style-type: none"> □ Documentation demonstrating that the hot water heating equipment is repaired and maintained. This information may be found in work orders, requisitions, invoices or logs.
Preventative maintenance records for the hot water heating system and therapeutic tubs.	<ul style="list-style-type: none"> □ Documentation demonstrating that the hot water heating equipment is regularly inspected and maintained. This information may be found in preventative maintenance records, logs, invoices, contracts or checklists.

Risk Mitigation Procedures	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Limiting resident access to high water temperature areas (e.g. laundry and kitchen).	<ul style="list-style-type: none"> □ Observation of limitations to resident access. This may be found as locked doors, signage, etc. □ Documentation demonstrating that certain areas are not for resident use. This information may be found in policies and procedures, resident handbooks, or orientation information.
The installation and maintenance of mixing valves, scald free taps or automatic shut-off systems.	<ul style="list-style-type: none"> □ Conversations with employees regarding the system installed. □ Observation of mixing valves and temperature gauges. □ Documentation demonstrating that there is a preventative maintenance plan for mixing valves, scald free taps or automatic shut off systems. This information may be found in preventative maintenance documents, logs or checklists.

21(3) An operator shall ensure that all maintenance personnel and employees involved with the water system are sufficiently knowledgeable in the function and proper operation of the water gauges, water mixing valves and therapeutic tub controls, if any, to maintain safe water temperatures.

Qualifications of Personnel	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Job descriptions and qualifications for maintenance personnel match the needs of the water system (e.g. Power engineers (Class 1-5) certificate of competency, special boiler operator certificate of competency).	<input type="checkbox"/> Documentation demonstrating that the needs of the building (based on the job description) and the qualifications of maintenance personnel match. This information may be found in job descriptions, certificates, resumes or other verification of qualifications.
Contracts with or procurement of qualified persons for maintenance to the water system (Arjo, plumbers, etc).	<input type="checkbox"/> Documentation demonstrating that the needs of the water system are met with the periodic procurement of an appropriate water system technician. This information may be found in contracts or invoices.

21(4) Where a supportive living accommodation has one or more therapeutic tubs, the operator of the supportive living accommodation shall ensure that a sufficiently knowledgeable employee or service provider tests the temperature of the hot water flowing into each therapeutic tub each day prior to the first bath of the day and documents the temperature in a logbook or on a log sheet kept in the tub room for that purpose.

Therapeutic Tub	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The temperature of the hot water flowing into the therapeutic tub is taken and recorded prior to the first bath of the day. The record of water temperatures is kept in the tub room.	<input type="checkbox"/> Observation of the water temperature logs kept in the tub room. <input type="checkbox"/> Documentation provided may be a log books or log sheets.
Where a therapeutic tub has an automatic shut-off when the tub exceeds a preset temperature, and there is insufficient time to get an external temperature reading the digital temperature read out can be used as the temperature recording.	<input type="checkbox"/> Observation of the water temperature logs kept in the tub room. <input type="checkbox"/> Documentation provided may be a log books or log sheets.

Standard 22: General Information

Intent

This standard is intended to ensure that residents are assisted in locating resources that they are interested in or in need of so that they can make informed decisions. Having access to general information can assist residents to develop meaningful ties within their communities and to improve their access to available resources.

Definition

- **General information:** resources can take the form of pamphlets, booklets, handouts, contact names and phone numbers or links of information that are relevant to the resident. It is not necessary for an accommodation to have all information, but to have some relevant information and to be able to link the resident with other contacts should additional or different information be needed.

22 An operator shall make available as necessary to residents and their representatives current general information respecting relevant community, municipal, provincial, and federal programs.

General Information Provision	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides community resources to residents as they are received (newspapers or mailers). *	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding their access to resources <input type="checkbox"/> Observation of resources.
The operator provides a resource area to display relevant information for residents.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding their access to resources. <input type="checkbox"/> Observation of the resource area.
The operator provides resources to residents in written format.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding their access to resources. <input type="checkbox"/> Documentation provided may include admission packages, handbooks or newsletters.
The operator provides access to community resources via various media outlets.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding their access to resources. <input type="checkbox"/> Observation of media / equipment. <input type="checkbox"/> Documentation demonstrating that all residents are able to access and utilize the media provided. This information may be found in care plans, personal profiles, assessments, meeting minutes, or surveys.
The operator employs a social worker or other employee for the purpose of providing resources to residents.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents/representatives regarding their access to resources. <input type="checkbox"/> Documentation provided may include job descriptions, job duties, or handbooks.

*This method is applicable for small accommodations with 4-10 residents.

Standard 23: Information Respecting the Supportive Living Accommodation

Intent

Information regarding the supportive living accommodation needs to be transparent and accessible to applicants, residents and their representatives. This standard is intended to ensure that prospective and current residents and their representatives are made aware of all relevant information to assist them to make decisions on their accommodation and accommodation related services. The degree of information provided to applicants may vary depending on the information that they have requested. It is, however, necessary that operators make available all applicable information for residents or their representatives.

Definitions

- **Eligibility requirements:** information regarding the type and level of service offered, if specific funding or approval is required and the required functioning level of the resident.
- **Accommodation and services capacity:** information on the specific physical characteristics of the accommodation and services that residents need to know to make an informed choice about their accommodation (e.g. has elevators, wheelchair and barrier free, provides medication assistance, able to accommodate special diets, etc).
- **Move in and orientation:** the process for move in and the expected orientation items to familiarize the resident with the accommodation and the services provided.
- **Monthly basic accommodation charges:** information on the charges for the accommodation and what is covered by this charge.
- **List of optional services and charges:** information on any additional services (e.g. cleaning, laundry, hairdressing, personal choice services, cable, etc) offered by the operator in the accommodation for a fee above and beyond that which is included in the residential services agreement and what the fee is for the service.
- **Information concerning maintenance and cleaning schedules:** information on the frequency of cleaning, hours of service in which service is provided, project work scheduling, repair and replacement schedules and how to report concerns to maintenance.
- **Notice periods for rate increases:** information of the notice period for rate increases stated in days or months or on a specific date (ie. January 1 of each year) for the accommodation and/or accommodation services.

- **Notice periods for termination of services or tenancy:** information of the notice period for services or tenancy to be terminated by the operator or the resident.
- **Required inspections:** Inspections completed by jurisdictions responsible for Accommodation Standards, Environmental Health or the Safety Code, such as Building and Fire.
- **Concerns and complaint resolution process:** forms or information pertaining to how residents can express complaints and concerns and the steps that will be taken to resolve the issue.

23(1) An operator shall provide on request to applicants, residents and their representatives current information and, where necessary, forms respecting the operation of the supportive living accommodation, including

- a) eligibility requirements,
- b) the application process,
- c) the capacity of the supportive living accommodation and the services provided to accommodate the needs of residents,
- d) the process of moving in and orientation,
- e) basic accommodation and service charges on a monthly basis,
- f) available optional personal services and their charges,
- g) cleaning and maintenance schedules,
- h) the policy respecting the giving of gifts by residents to employees and volunteers,
- i) the policy respecting involvement by employees or volunteers in the financial or non-financial affairs of residents,
- j) the notice period applicable to rate increases,
- k) the house rules of the supportive living accommodation and circumstances that could lead to the termination of residency,
- l) information respecting the measures taken by the operator to protect the privacy and personal information of residents,
- m) information respecting
 - i) a risk management process, if the operator has established a process,
 - ii) trust accounts, if the operator maintains trust accounts, and
 - iii) services to safeguard the personal possessions of resident, if the operator provides such services,
- n) information respecting the results of required inspections of the supportive living accommodation, and
- o) the written process for resolving concerns or complaints.

Accommodation Information Provision	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides information to residents/representatives verbally following an orientation checklist.	<input type="checkbox"/> Documentation provided may include orientation materials or checklists.
The operator provides information to residents/representatives in a written format.	<input type="checkbox"/> Documentation provided may include intake packages, application forms, resident agreements, handbooks, welcome packages, policies or pamphlets.
The operator communicates to residents/representatives the availability of information that it has in written format.	<input type="checkbox"/> Documentation demonstrating that residents are notified of the availability of information. Documentation provided may include orientation materials, orientation checklists, or postings. and <input type="checkbox"/> Documentation demonstrating the operator's policies and processes. Documentation provided may include policies, procedures, memorandums, or other documents.

23(2) An operator shall ensure that a residential services agreement is signed by each resident or the resident's representative and by an authorized representative of the supportive living accommodation.

Residential Service Agreement	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides a signed residential services agreement.	<input type="checkbox"/> Documentation provided may include one or more signed service agreements.

23(3) A residential services agreement

- a) may be a separate document on its own or may form part of another document, and
- b) must clearly state
 - i) the residential services provided,
 - ii) the rates charged for those services, and
 - iii) the notice periods that apply to rate increases and the termination of services or residency.

Terms of the Agreement	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator utilizes one residential service agreement covering all points.	<input type="checkbox"/> Documentation provided may include residential service agreements.
The operator utilizes multiple agreements covering all points.	<input type="checkbox"/> Documentation provided may include residential service agreements.
The operator utilizes an agreement in conjunction with signed addendums which may cover some points.	<input type="checkbox"/> Documentation provided may include residential service agreements and addendums.

Standard 24: Concerns and Complaints

Intent

Operators must have a process in place for dispute resolution. Having a process and communicating it with residents and their representatives allows them to have any concerns and complaints addressed quickly.

Definition

- **Concerns and complaints:** issues expressed to the operator by the resident, their representative or others concerning the accommodation, the building that houses it, the grounds or the accommodation services provided or arranged for by the operator.

24 An operator shall develop and maintain a written process for the resolution of concerns and complaints about the supportive living accommodation and the services provided and shall document every concern or complaint received and the measures taken to resolve it.

Written Process	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator has written processes on the resolution of concerns and complaints.	<ul style="list-style-type: none"> □ Documentation provided may include policies and procedures, flowcharts, forms with instructions for use, handbooks, welcome packages, guidelines, posters or pamphlets.

Documentation of Concerns and Complaints	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator retains the concern or complaint and provides evidence of the action taken to rectify the situation.	<ul style="list-style-type: none"> □ Documentation demonstrating that action was taken to rectify the complaint. This information may include requisitions, receipts, referrals, assessments or policies and procedures.
The operator logs the complaints and concerns and the action taken.	<ul style="list-style-type: none"> □ Documentation provided may include log books or communication books.
The operator utilizes meetings to resolve and document complaints.	<ul style="list-style-type: none"> □ Documentation provided may include meeting minutes or agendas.
The operator utilizes complaint forms or correspondence with the complainant to document action taken.	<ul style="list-style-type: none"> □ Documentation provided may include forms, letters or emails.

Standard 25: Assessment

Intent

To verify that residents are aware of the capability of the supportive living accommodation to meet their needs. The unique physical, emotional and cognitive needs of the residents must be considered when determining the suitability of an accommodation. The structural design of the accommodation, accommodation services available, as well as the unique needs of other residents should be considered as well.

Definition

- **Assessments:** review of the resident's needs and capabilities related to the accommodation and the accommodation related services that are provided. The assessment or portion of a larger assessment is specific to the suitability of an accommodation and related services provided to the resident's needs. A care component may or may not be present.

Note

- In health funded accommodations where the residents are placed in the accommodation by a centralized placement process (e.g. designated supportive living, personal/family care homes) this standard is not applicable. These residents are considered applicants to Alberta Health Services and not to the accommodation itself.

25(1) An operator shall develop and maintain written processes for the assessment of applicants for residency in the supportive living accommodation, including assessment of

- a) applicants' physical, emotional and cognitive abilities in relation to the physical design and available services of the supportive living accommodation,
- b) applicants' behaviours in relation to the needs of current residents, and
- c) the suitability of available services in relation to the needs, safety, and security of applicants'.

Initial Assessment	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator utilizes peer matching and an interview process to complete resident assessments.	<input type="checkbox"/> Documentation provided may include policies and procedures, guidelines, interview results, personal profiles or care plans.
The operator has a written process on how resident assessments are completed.	<input type="checkbox"/> Documentation provided may include policies and procedures, guidelines, handbooks, application forms, or training materials.
The operator utilizes internal or external documentation or forms to complete resident assessments.	<input type="checkbox"/> Documentation provided may include assessments, applications, personal profiles, care plans, or other forms.

Standard 26: Reassessment

Intent

This standard is intended to ensure that residents are not put at risk by residing in a residence that cannot meet their accommodation needs. The unique physical, emotional and cognitive needs of the residents must be re-considered when there are changes to ensure that the accommodation and services remains suitable for them.

26 Where a resident's physical, emotional, or cognitive condition changes the operator of the supportive living accommodation shall ensure that the resident's needs are reassessed in relation to the supportive living accommodation and its available services and the needs of the other residents.

Reassessment	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Completed samples of resident reassessments are provided.	<input type="checkbox"/> Documentation provided may include care plan reviews, individual planning meetings, person centered plans, resident/family conferences, home care assessments, care plans, or communication books.
The operator has a written process for resident reassessments.	<input type="checkbox"/> Documentation provided may include policies and procedures or guidelines.

Standard 27: Risk Management

Intent

The intent of this standard is to ensure that operators have risk management procedures for the detection, management and mitigation of risks. Operators, residents and/or their representatives should maintain an open dialogue regarding potential risks associated with the resident's residency at the accommodation. Any recognized increase in risk to the resident or other residents living in the accommodation must be acknowledged while also supporting and promoting their independence as much as possible.

Definition

- **Managed Risk:** where residents choose to engage in a risk activity or choose to live in an accommodation that cannot fully meet their needs, the resident or their representative and the operator enter into an agreement whereby the consequences of or liability for the risk is determined. Examples in which managed risk may be used:
 - Resident smoking in unauthorized areas,
 - Clutter or objects in resident rooms that pose a safety hazard,
 - Unauthorized use of alcohol or drugs, resulting in risk to the resident or others,
 - Behaviour of concern,
 - Refusals to use necessary equipment (wheelchairs, walkers, wanderguard), and
 - Refusals to follow prescribed instructions (textured-modified diets, medications).

27(1) An operator shall advise each resident or the residents representative of the limitations of the services offered in the supportive living accommodation and ensure that the resident or the representative, as the case may be, is aware of and acknowledges the increased risk associated with living in the supportive living accommodation given the residents identified needs and capabilities.

Acknowledgement of Risk	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Written acceptance of risks of living in the accommodation which may not meet all of the resident's needs.	<input type="checkbox"/> Documentation demonstrating that the resident or their representative is aware of and accepts the increased risk when not all needs can be met. This information may be found in managed risk agreements, meeting minutes, waivers, signed resident agreements, reassessments or orientation materials.

27(2) An operator may enter into a written agreement with the resident or the residents representative to manage risk to the resident based on the resident's identified needs and the capacity of the supportive living accommodation to meet those needs.

Managed Risk Agreements	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator utilizes a written agreement when managing risk for residents to identify how the risk will be minimized.	<input type="checkbox"/> Documentation provided may include managed risk agreements, behavioural support plans, positive planned procedures, restrictive planned procedures, environmental intervention guidelines, waivers, care plans, risk assessments, template forms, or meeting minutes.

27(3) An agreement referred to in subsection 2 must be reviewed and, if necessary, amended each time a resident is reassessed in accordance with section 26.

Review of Managed Risk Agreements	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Completed samples are provided of resident reassessments.	<input type="checkbox"/> Documentation provided may include care plan reviews, individual planning meetings, person-centered plans, resident/family conferences, home care assessments, care plans, amended managed risk agreements or communication books.
The operator has a written process for reassessment.	<input type="checkbox"/> Documentation provided may include policies and procedures, managed risk agreements or guidelines.

Standard 28: Safety and Security

Intent

Staff must be aware of the expectations of their employment. This standard is intended to ensure that employees have access and are aware of the policies and procedures that protect resident safety.

Definition

- **Policies and Procedures:** any written document approved for implementation for the safety of residents on the accommodation or an accommodation related service (ie. incident reporting, security systems, communication systems, emergency call systems, safe water temperatures, daily accounting of residents, supervision, contingency plans, abuse, medication assistance or reminders, managed risk, criminal records checks, etc.)

Note

- This standard refers to the sharing of policies and procedures developed and utilized as evidence of compliance for any of the accommodation standards. There is no need to re-create policies for this standard.

28(1) An operator shall create and maintain policies and procedures related to the safety and security of residents to be followed by employees.

Policies and Procedures	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Site specific policies and procedures are created, implemented and current.	<ul style="list-style-type: none"> □ Observation of the implementation of the policies and procedures. □ Documentation demonstrating that policies and procedures are in existence and in use by staff. This information may be found in policy and procedure manuals, orientation materials or computerized records.

28(2) An operator shall ensure that all employees are aware of and have access to the policies and procedures referred to in subsection 1.

Access to Policies and Procedures	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Written policies and procedures are available to all employees.	<ul style="list-style-type: none"> □ Observation of location of policies and procedures in an area accessible to all employees. □ Documentation demonstrating that employees are aware of the location of policies and procedures. This information may be found in employee handbooks, orientation materials or signage.
Electronic version of policies and procedures are available to all employees.	<ul style="list-style-type: none"> □ Observation of location of computer access points for policies and procedures in an area accessible to all employees. □ Documentation demonstrating that employees are aware of the location of computer access points policies and procedures. This information may be found in employee handbooks, orientation materials or signage.

Standard 29: Job Descriptions

Intent

Staff must be aware of the expectations of their employment. This standard is intended to ensure that employees have written job descriptions detailing the scope and responsibilities of their position.

Definitions

- **Job qualifications:** the requirements that the employee must have to complete the specified job. This may include education, training, certificates, experience, or other personal characteristics essential for completion of the job.
- **Employee:** people employed by the operator, who provide accommodation services, but does not include health care professionals.
- **Responsibilities:** the list of duties or types of duties that the position is expected to fulfill.
- **Scope:** parameters around the job duties or responsibilities which the position must abide by (ie. Performing medication reminders, but not assistance).

29(1) An operator shall ensure that a written job description is prepared and made available for each employee employed in the supportive living accommodation.

Job Descriptions	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator has written job descriptions for each position.	□ Documentation provided may be job descriptions or task analysis.

Provision of Job Descriptions	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator makes job descriptions available to employees.	<ul style="list-style-type: none"> □ Conversations with employees regarding knowledge of the job descriptions. □ Documentation provided may be policies and procedures, job description binders or job duties.
The operator provides employees with their job description at application or hire.	<ul style="list-style-type: none"> □ Conversations with employees regarding knowledge of the job descriptions. □ Documentation provided may be an application packages, interview guidelines, commencement packages or policies and procedures.
The operator provides employees with their job descriptions at orientation or initial training.	<ul style="list-style-type: none"> □ Conversations with employees regarding knowledge of the job descriptions. □ Documentation provided may be orientation materials, handbooks or training materials.

29(2) The job description referred to in subsection 1 must set out

- a) the job qualifications,
- b) the responsibilities of the position, and
- c) the scope of the position.

Job Description Requirements	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides written job descriptions covering all points.	<ul style="list-style-type: none"> □ Documentation provided may include job descriptions, job postings or job duties.

Standard 30: Residents' Personal Affairs

Intent

Operators must ensure that residents, their representatives, employees and volunteers are aware of the policies regarding involvement of employees and volunteers in the financial and non-financial affairs of residents. These policies are intended to protect residents from abuse and mistreatment.

30(1) An operator shall develop and maintain written policies respecting the involvement of employees or volunteers in the personal affairs of residents.

Written Processes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator has written processes regarding the extent of involvement allowed for employees and volunteers in resident's personal affairs.	<input type="checkbox"/> Documentation provided may include policies and procedures, guidelines, handbooks, orientation materials, or training materials.

30(2) The written policies referred to in subsection 1 must at minimum address

- a) the accepting of gifts by employees or volunteers from residents,
- b) the involvement of employees or volunteers in the financial affairs of residents, including matters relating to powers of attorney, wills and estate planning, and
- c) the involvement of employees or volunteers in the non-financial affairs of residents, including matter relating to personal directives, decision-making, and guardianship.

Involvement in Residents Personal Affairs	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator has written processes covering all points.	<input type="checkbox"/> Documentation provided may include policies and procedures, guidelines, handbooks, orientation materials, or training materials.

30(3) The written policies referred to in subsection 1 must be provided to resident, their representatives, employees and volunteers.

Communication of Processes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides residents/representatives/employees/volunteers with a copy of the policy referred to in Subsection 1.	<ul style="list-style-type: none"> □ Documentation provided may include policies and procedures.
The operator provides residents/representatives employees/volunteers with information regarding the policy.	<ul style="list-style-type: none"> □ Documentation provided may include handbooks, memos, training materials, posters or admission agreements.
The operator discussed the policy with residents/representatives employees/volunteers and documents that this discussion occurred.	<ul style="list-style-type: none"> □ Conversations with residents/representatives employees/volunteers regarding their awareness of the policy. □ Documentation provided may include orientation materials, orientation checklists or meeting minutes.

Standard 31: Criminal Record Checks

Intent

The intent of this standard is to ensure that all new volunteers, service providers and operators providing direct services to residents undergo a criminal records check to support the safety and security of residents.

Definitions

- **New:** any employee, volunteer, or service provider that commenced after March 31, 2007.
- **Volunteer:** any volunteer that provides direct services to the resident.
- **Service provider:** any accommodation or personal choice service provider that is not employed by the accommodation that has independent (unaccompanied by staff) access to residents.

Note

- For those employees, volunteers and service providers under the age of 18 where a criminal record check cannot be completed, it is recommended that they do not have independent direct access to residents (ie. One on one in resident rooms).
- Criminal record checks are considered to be one way of screening applicants, but should not to be considered the sole determination of an applicant's suitability.
- The content of a criminal record check may vary among communities and police departments. Operators may want to contact their local police department to determine the extent of the information provided.
- Vulnerable Sector Searches may be a part of a Criminal Record Check. The determination to complete a vulnerable sector search is a risk management decision for the operator to make based on the resident population they are serving and the position being hired to.

31 An operator shall ensure that each new employee, each new volunteer, and each new service provider whose duties involve the provision of services directly to residents must provide a criminal record check.

Criminal Record Checks	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Criminal record checks for employees, volunteers and service providers are kept on file.	<input type="checkbox"/> Documentation provided may include criminal record checks.
Criminal record checks for external service providers (e.g. housekeeping, food services, etc.)	<input type="checkbox"/> Documentation provided may include current contracts or other service provider agreements.
Verification records that a criminal record check was viewed and deemed to be satisfactory are completed.	<input type="checkbox"/> Documentation provided may include checklists, records, application forms, or commencement forms.
Criminal record checks for foreign workers are kept on file.	<input type="checkbox"/> Documentation provided may include criminal record checks, or work permits from Canada Immigration.

Standard 32: Privacy and Personal Information

Intent

To ensure that operators maintain the privacy and security of residents' personal information, using it only as required in the delivery of services. Written policies and processes regarding the collection, use or disclosure of the personal information of residents must comply with applicable privacy laws. Any personal information related to residents should only be accessible to the staff members who interact with those residents and not be accessible to other residents, contractors, visitors and staff members who do not work directly with residents or who do not "need to know", or have access to, that personal information.

Definition

- **Personal Information:** information about an identifiable individual. This information may be in written, photographic, verbal or electronic form.

32(1) An operator shall ensure that the privacy and the personal information of residents is protected.

Protection of Information and Privacy	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Personal information of residents is protected regardless of format (digital/ electronic or paper) or location (on site, off site, or during transportation).	<ul style="list-style-type: none"> □ Observation of protection of personal information. □ Documentation provided may include internal or external privacy audits, consent forms or assessments.

- 32(2)** An operator shall develop and maintain written policies respecting the protection of residents' privacy and personal information and shall
- a) train employees and volunteers in implementing the policies, and
 - b) ensure that residents and their representatives are informed respecting the policies.

Written Processes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator has written policies, procedures and processes regarding the collection, use and disclosure of resident personal information and how it ensures resident's privacy.	<ul style="list-style-type: none"> □ Documentation provided may include policies, procedures, guidelines and brochures.
The operator has written processes in place to ensure residents understand their rights to access to their own personal information that the accommodation may have about them.	<ul style="list-style-type: none"> □ Documentation provided may include policies, procedures, guidelines and brochures.

Training	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides training and written information (copies of policies and procedures) to contractors, volunteers and staff regarding the collection, use and disclosure of personal information.	<ul style="list-style-type: none"> □ Conversations with contractors, volunteers or staff regarding the protection of personal information. □ Documentation may include handbooks, orientation materials, training materials, checklists, forms, sign in sheets, or contracts with privacy protection clauses in them.

Information on Processes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator notifies residents/representatives verbally and documents that the discussion has occurred.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding their awareness of the operator's policies in the protection of personal information. □ Documentation provided may include meeting minutes, or orientation checklists.
The operator provides training to residents/representatives in the protection of personal information.	<ul style="list-style-type: none"> □ Conversations with residents and their representatives regarding their awareness of the operator's policies in the protection of personal information. □ Documentation provided may include training materials, orientation materials, sign-in sheets or training records.
The operator provides written information to the residents/representatives on the protection of their personal information.	<ul style="list-style-type: none"> □ Conversations with residents and their representatives regarding their awareness of the operator's policies in the protection of personal information. □ Documentation provided may include policies and procedures, consent forms, handbooks or admission agreements.

Schedule 2 ~ Supportive Living Accommodation Licensing Regulation

In this section Schedule 2 of the Regulation is explained with additional information to assist in the completion of initial and renewal application forms.

In This Section

Section A: Information about Supportive Living Accommodation	2
Section B: Supportive Living Accommodation Contact Person	3
Section C: Information about the Applicant	3
Section D: Owner/Operator Contact Person	4
Section E: Number of Residents	4
Section F: Change in Occupancy	4
Section G: Attachments	5
Declaration	5


Format Used

Each Section of the Licence Application/Renewal form is followed by a brief description of the information to be provided.

Licence Application/Licence Renewal Form

Intent

To ensure that all information on the supportive living accommodation is accurate and up-to-date.




Licence Application / Licence Renewal
Licence under the Supportive Living Accommodation Licensing Act

This information is collected under the authority of section 33(1)(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* and will be used for the purposes of licensing supportive living and monitoring long-term care accommodations. Your personal information will be managed in accordance with the FOIP Act. Should you have any questions about the collection, use, or disclosure of this information, you may contact the Director, Accommodation Standards and Licensing, Alberta Health, at 780-644-8428 (310-0000 toll free), or 11th floor, Telus Plaza North Tower, 10025 Jasper Avenue, Edmonton AB T5J 1S6.

☐ Licence Application ☐ Licence Renewal

Note:

- Each Supportive Living Accommodation requires a separate application
- Applications cannot be processed unless all application sections are complete
- Please PRINT clearly



FOR OFFICE USE ONLY

Supportive Living Accommodation ID

--	--	--	--	--	--	--	--	--	--

- ☐ This form will be sent (mail or e-mail) out with the initial application package and e-mailed out to the operator three months prior to the license expiry date.
- ☐ An application is necessary for each supportive living accommodation that is licensed.

Section A: Information about Supportive Living Accommodation

Section A - Information About Supportive Living Accommodation			
Name under which Supportive Living Accommodation will be operated			
Complete address of Supportive Living Accommodation (including building name, room number or floor if applicable)			
City / Town	Province AB	Postal Code	Telephone
Supportive Living Accommodation mailing address (if different from above)		Province ▼	Postal Code
Date Supportive Living Accommodation was built	Date of last renovation (if applicable)		

- ☐ The name of the accommodation that is provided in this section is the legal name of the accommodation that will be used to identify the site within the Standards Compliance and Licensing (SCL) Branch and on the Public Reporting website.

- ☐ The address used here is the physical address of the building in which the accommodation is housed. If the address requires additional explanation or directions these can be included in this section.
- ☐ The built date of the accommodation is the date on which the building was first granted occupancy (construction was fully completed).
- ☐ The date of last renovation is the date on which the last renovation, requiring a building permit was completed.

Section B: Supportive Living Accommodation Contact Person

Section B - Supportive Living Accommodation Contact Person		
Person in charge at the Supportive Living Accommodation		Position / Title
<input type="text"/>		<input type="text"/>
E-mail	Telephone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

- ☐ The contact person for the accommodation is the person that should be contacted in regards to the completion of consultations and inspections at the accommodation. This is not necessarily the operator.
- ☐ Please refer to Section 3, Change in Contact Persons for additional information.

Section C: Information about the Applicant

Section C - Information About the Applicant	
Legal name of Applicant (as it will appear on licence)	
<input type="text"/>	
Type of Operator (select only one)	
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
<input type="checkbox"/> Charitable Organization	<input type="checkbox"/> Management Body
<input type="checkbox"/> Partnership	<input type="checkbox"/> Society
<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Other (specify) <input type="text"/>
Ownership (select only one)	
<input type="checkbox"/> Private	<input type="checkbox"/> Community Agency
<input type="checkbox"/> Government Owned	
Other Government Involvement (Accommodation or Resident)	
<input type="checkbox"/> PDD	<input type="checkbox"/> Housing and Urban Affairs
<input type="checkbox"/> Alberta Works	<input type="checkbox"/> Unique Homes
<input type="checkbox"/> AISH	<input type="checkbox"/> Health
<input type="checkbox"/> Lodge Assistance Program	

- ☐ The legal name of Applicant is the name of the owner, the business name or the business number under which the operator is incorporated.
- ☐ Check the boxes as they apply to that specific accommodation.

Section D: Owner/Operator Contact Person

Section D - Operator Contact Person <i>(person to whom correspondence should be directed)</i>			
Contact Name		Position / Title	
Mailing Address		City / Town	Province <input type="text"/> Postal Code
E-mail		Telephone	Cell Phone

- ☐ The operator contact information must correspond with the ownership information checked in Section C and the corporate status information provided. The name and contact information for the person associated with the entity indicated in 'legal name of applicant'.
- ☐ This is the person to whom correspondence will be directed to, unless otherwise indicated.
- ☐ Please refer to Section 3, Change in Contact Persons for additional information.

Section E: Number of Residents

Section E - Number of Residents	
Maximum Occupancy	Current Occupancy

- ☐ The number of residents that the accommodation could accommodate and the number of residents that are residing at the accommodation on the date of the application.

Section F: Change in Occupancy

Section F - Change in Occupancy <i>(complete Section F for application renewals ONLY)</i>			
Is there a change in your maximum occupancy?		Is there a change in your current occupancy?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, specify number		If yes, specify number	

- ☐ This section is to be filled out on renewals only to capture any changes in occupancy since the previous application.
- ☐ Please refer to Section 3, Change in Occupancy for additional information.

Section G: Attachments

Section G - Attachments	
<p><i>Submit the following with the completed application form:</i></p> <ul style="list-style-type: none"> (1) Confirmation of current corporate status of the operator of the Supportive Living Accommodation, if applicable. (2) Confirmation of insurance coverage. (3) A copy of: <ul style="list-style-type: none"> → the most recent health inspection, → the safety code approval for a new or renovated supportive living accommodation, → the zoning approval, and → the most recent fire inspection report for pre-existing buildings. 	
<p>NEW Licence</p> <ul style="list-style-type: none"> → Submit items #1 and #2 with licence application. → Item #3 must be submitted before a licence can be issued. 	<p>Renewal Licence</p> <ul style="list-style-type: none"> → Submit item #2 with licence renewal application. → Submit those parts of items #1 and #3, IF there are changes since the previous application.
<p>When complete mail to:</p> <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>Alberta Health Standards Compliance and Licensing Branch 11th Floor, Telus Plaza North Tower 10025 Jasper Avenue Edmonton AB T5J 1S6 Fax: 780-644-8729 asal@gov.ab.ca</p> </div>	

- See Section 2(1) and 3(1) of the Supportive Living Accommodation Licensing Regulation for further details on what to provide.

Declaration

Declaration			
I certify that the information I have provided is true and correct to the best of my knowledge.			
Name	Position / Title		
Current Address			
City / Town	Province: AB <input type="button" value="v"/>	Postal Code	Telephone
Signature of licence applicant		Date (yyyy-mm-dd)	

- The application is required to be signed by a legal representative of the site; either the owner/operator or the accommodation contact.

Supportive Living Resources

In this section resources are provided to assist supportive living operators to find relevant information pertaining to the accommodation standards or other applicable legislation. The resources provided are links to websites that operators may find useful, but are not affiliated with the Standards Compliance and Licensing Branch. Utilizing the resources provided is not a requirement for compliance.

In This Section

Application and Renewal of a Licence	2
Building Code Requirements	3
Safety Requirements	3
Maintenance Requirements	3
Environmental Requirements	4
Personalizing Spaces	4
Personal Choice Services	4
Medication Assistance or Reminders	5
Contracted Services	5
Social or Leisure Activities	5
Menu and Nutritional Requirements	5
Cleaning Requirements	6
Continuation of Services	6
Prevention of Abuse	7
Resident Safety and Security	8
Water Temperature	8
General Information	9
Information Respecting the Supportive Living Accommodation	10
Concerns and Complaints	10
Job Descriptions	10
Residents' Personal Affairs	10
Criminal Record Check	11
Privacy and Personal Information	11
Other Provincial Standards	11
Accommodation Standard 16 – Points to consider when developing plans	Appendix A
Supportive Living Eligibility Criteria	Appendix B
Mixing Valve Examples	Appendix C

Format Used

Resources are listed under the applicable Regulation heading. Resources are not provided for every section of the Regulation.

Application and Renewal of a License

- **Alberta Safety Services Branch:** this branch of Municipal Affairs administers the *Safety Codes Act*.
http://www.municipalaffairs.alberta.ca/am_safety_services.cfm
- **Permit Information Search:** enables searching by municipality to determine who to contact for fire, building, gas, plumbing or electrical permit.
http://www.municipalaffairs.alberta.ca/cp_permit_information_search.cfm
- **Alberta Safety Codes Act:**
http://www.qp.alberta.ca/574.cfm?page=S01.cfm&leg_type=Acts&isbncln=9780779723652
- **Public Health Act:**
http://www.qp.alberta.ca/574.cfm?page=P37.cfm&leg_type=Acts&isbncln=9780779743742
- **Acts relating to corporate status:**
 - Business Corporations Act*
http://www.qp.alberta.ca/574.cfm?page=B09.cfm&leg_type=Acts&isbncln=9780779743476
 - Cooperatives Act*
http://www.qp.alberta.ca/574.cfm?page=C28P1.cfm&leg_type=Acts&isbncln=9780779779743513
 - Companies Act*
http://www.qp.alberta.ca/574.cfm?page=c21.cfm&leg_type=Acts&isbncln=9780779746361
 - Partnership Act*
http://www.qp.alberta.ca/574.cfm?page=P03.cfm&leg_type=Acts&isbncln=9780779744442
 - Societies Act*
http://www.qp.alberta.ca/574.cfm?page=S14.cfm&leg_type=Acts&isbncln=0779726936
- **Insurance Act:**
http://www.qp.alberta.ca/574.cfm?page=i03.cfm&leg_type=Acts&isbncln=9780779743629
- **Insurance Bureau of Canada:** provides information regarding the insurance industry and descriptors on types of insurance.
<http://www.ibc.ca/>

Building Code Requirements

- Refer to your local municipality bylaws for development and/or building permits.
- **Permit Information Search:** enables searching by municipality to determine who to contact for fire, building, gas, plumbing or electrical permit.
http://www.municipalaffairs.alberta.ca/cp_permit_information_search.cfm

Safety Requirements

- **Alberta Government Minimum Housing and Health Standards:** provides minimum standards to ensure that housing is safe, sanitary and fit for human habitation.
<http://www.health.alberta.ca/documents/Standards-Housing-Minimum.pdf>
- **Snow and Ice Removal Services:** Sample of process used by Alberta Infrastructure.
http://www.infrastructure.alberta.ca/Content/docType486/Production/01_93_51PMS.doc

Maintenance Requirements

- **Life Safety and Planned Maintenance Log Book for Lodge Buildings:** provides a link to Queen's Printer where a lodge maintenance book may be purchased.
- **Safety Codes Act and Regulations:** provides a link to the *Act* and the associated Regulations which govern some aspects of building maintenance.
http://www.qp.alberta.ca/1266.cfm?page=s01.cfm&leg_type=Acts&isbncln=9780779769773
- **Technical Resource Centre:** Samples of processes used by Alberta Infrastructure for maintenance of structures.
<http://www.infrastructure.alberta.ca/3543.htm>
- **Alberta Boilers Safety Association:** information regarding education and legislation related to pressure equipment.
<http://www.absa.ca/>
- **Canada Mortgage and Housing:** General maintenance and repair information.
<http://www.cmhc-schl.gc.ca/en/co/maho/gemare/index.cfm>

Environmental Requirements

- **Alberta Government Minimum Housing and Health Standards:** provides minimum standards to ensure that housing is safe, sanitary and fit for human habitation.
<http://www.health.alberta.ca/documents/Standards-Housing-Minimum.pdf>
- **Institutions Regulation:** governs requirements for institutions with 4 or more persons receiving care.
http://www.qp.alberta.ca/574.cfm?page=1981_143.cfm&leg_type=Regs&isbncln=0773226044

Personalizing Spaces

- **Assisted Living Consult Trends in Resident Focused Design:** Article on the design of supportive living accommodations.
<http://www.assistedlivingconsult.com/issues/04-03/alc56-Trends%20in%20Design-523b.pdf>

Personal Choice Services

- **Personal Services Regulation:** This Regulation under the *Public Health Act* governs the requirements of personal service professionals.
http://www.qp.alberta.ca/574.cfm?page=2003_020.cfm&leg_type=Regs&isbncln=0779716795
- **Alberta Health Standards and Guidelines for Barbering and Hairstyling:** Guidelines specific to hairdressers and barbers.
<http://www.health.alberta.ca/documents/Standards-Barber-Hairstyling.pdf>
- **Massage Therapist Association of Alberta:** information pertaining to practicing Massage Therapy in Alberta <http://www.mtaalberta.com/?page=103>
- **Alberta Podiatry Act:** link to the *Act*.
http://www.qp.alberta.ca/1266.cfm?page=2006_087.cfm&leg_type=Regs&isbncln=0779753070
- **Health Professions Act:** link to the *Act* and associated Regulations that govern Health Professionals in Alberta, e.g.: Denturists, Dental Hygienists, Hearing Aid Practitioners, Occupational Therapists, Optometrists, Registered Dietitians, Speech Pathologists, Registered Nurse, Licensed Practical Nurse
http://www.qp.alberta.ca/1266.cfm?page=H07.cfm&leg_type=Acts&isbncln=9780779766192

Medication Assistance or Medication Reminders

- **Institute for Safe Medication Practices:** provides information to assist accommodations to practice safe medication practices.
<http://www.ismp-canada.org/index.htm>
- **Be Med Wise:** General information on medication.
<http://www.bemedwise.org/index.html>

Contracted Services

- ***Apprenticeship and Industry Training Act:*** provides a link to the *Act* and its associated Regulations which regulates Trades in Alberta.
http://www.qp.alberta.ca/1266.cfm?page=A42.cfm&leg_type=Acts&isbncln=9780779752232
- **Canada Home Builder's Association:** Information on writing a contract.
<http://www.hiringacontractor.com/>

Social or Leisure Activities

- See local municipality or community associations for local programming guides.
- **Culture and Community Spirit:** cultural events around Alberta.
<http://culture.alberta.ca/events/default.aspx>
- **Therapeutic Activity Directory:** provides a listing of activity ideas.
<http://www.recreationtherapy.com/tx/actindex.htm>
- **Public Health Agency of Canada:** Canada's Physical Activity Guide to Healthy Active Living <http://www.phac-aspc.gc.ca/pau-uap/paguide/index.html>
- **Alberta Therapeutic Recreation Association:** Information on the profession of therapeutic recreation in Alberta.
<http://www.alberta-tr.org/pages/home/default.aspx>
- **Leisure Information Network:** a recreation database has a collection of journals and books with information relevant to different ages and disability groups.
<http://lin.ca/htdocs/about.cfm>

Menu and Nutrition Requirements

- **Health Canada:** Eating Well with the Canada Food Guide.
<http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>
- **Dietitians of Canada:** Resources and information on health and nutrition and the Dietetic profession in Canada. <http://www.dietitians.ca/>

- ❑ **Eating and Activity Tracker:** A tool provided by the Dietitians of Canada that tracks food and activity choices. A report can be generated demonstrating the numbers of Canada Food Guide servings for each food group a meal or meals contain. Requires sign up to use (free). <http://www.dietitians.ca/eatracker>
- ❑ **College of Dietitians of Alberta:** information on the dietetic profession in Alberta. <http://www.collegeofdietitians.ab.ca>
- ❑ **Canadian Society of Nutrition Management:** information on education programs and membership. <http://www.csnm.ca/>
- ❑ **Canadian Society of Nutrition Management:** Approved training courses for the purpose of this Regulation. <http://www.csnm.ca/content/csnm-approved-training-programs>
- ❑ **Alberta Healthy U:** information and resources on healthy eating. <http://www.healthyalberta.com/>
- ❑ **BC Ministry of Health:** Food and Nutritional Manual for Homes of Adults and Children with 24 Persons or Fewer in Care. http://www.llbc.leg.bc.ca/public/PubDocs/bcdocs/454480/Meals_and_More_Manual.pdf

Cleaning Requirements

- ❑ **Alberta Health Services:** topics on cleaning and sanitizing. <http://www.albertahealthservices.ca/EnvironmentalHealth/wf-ch-intro-sanitation-program.pdf>
- ❑ **Alberta Infection Prevention and Control Strategy** <http://www.health.alberta.ca/documents/IPC-Alberta-Strategy-2008.pdf>
- ❑ **Alberta Hand Hygiene Strategy** <http://www.health.alberta.ca/documents/IPC-Hand-Hygiene-Strategy-2008.pdf>
- ❑ **Alberta Infrastructure:** sample caretaking services task schedule. http://www.infrastructure.alberta.ca/Content/docType486/Production/00_01_21_1PMS.doc

Continuation of Services

- ❑ **Alberta Emergency Management Agency Resources:**
Alberta Emergency Management Agency (1-780-422-9000)
<http://aema.alberta.ca/>
Alberta's Emergency Plan:
http://www.aema.alberta.ca/ps_alberta_emergency_plan.cfm

- Basic Emergency Management Online Course
<http://apsts.alberta.ca/online-courses/>
- Emergency Preparedness Guide
<http://www.aema.alberta.ca/documents/72hrEMPreparedness.pdf>
- **Public Safety Canada:** Emergency Preparedness Guide
<http://www.getprepared.gc.ca/cnt/rsrscs/pblctns/yprrdnssgd/index-eng.aspx>
 - **Emergency Preparedness Checklist:** for nursing homes, assisted living facilities and group homes – some important points to consider in developing a plan.
 - **Health Canada:** information on extreme heat events.
<http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/envIRON/heat-chaleur-eng.php>

Prevention of Abuse

- **Government of Alberta Resources:**
 - Protection for Persons in Care Act*
http://www.qp.alberta.ca/1266.cfm?page=P29P1.cfm&leg_type=Acts&isbncln=9780779749904
 - Protection for Persons in Care
<http://www.health.alberta.ca/services/protection-persons-care.html>
 - Adult Safeguards poster.
<http://www.health.alberta.ca/documents/PPC-Poster.pdf>
 - Preventing and Responding to Abuse.
<http://resourcefulfutures.org/images/Preventing%20and%20Responding%20to%20Abuse.pdf>
 - Abuse Prevention and Response Protocol
<http://humanservices.alberta.ca/documents/pdd-abuse-prevention-response-protocol-manual.pdf>
 - Financial abuse of seniors fact sheet.
<http://www.health.alberta.ca/documents/ElderAbuse-Financial-Abuse-Facts.pdf>
 - Elder abuse prevention resources.
<http://www.health.alberta.ca/seniors/elder-abuse.html>
- **Abuse reporting phone numbers:**
 - Protection for Persons in Care Reporting Line 1-888-357-9339
 - Calgary Kerby Elder Abuse Line Phone: 403-705-3250 (24 hours)

- Edmonton Seniors Abuse Help Line Phone: 780-454-8888 (24 hours)
- Edmonton Elder Abuse Intervention Team: 780-477-2929
- Lethbridge Senior Citizens Organization Phone: 403-320-2222 (Ext 25)
- Medicine Hat Community Response to Abuse and Neglect of Elders (CRANE)
Phone: 403-529-4798 (24 hours)
- **Government of Canada:** Elder Abuse Pamphlet.
http://www.seniors.gc.ca/images/upload/canada/154/3272_hrsdc_abuse_broch_e ng_v3.pdf
 - **Royal Canadian Mounted Police**
<http://www.rcmp-grc.gc.ca/>
 - **Legal Resource Centre:** Abuse of Older Adults.
<http://www.law-faqs.org/docs/AbuseThirdEdAugFINAL.pdf>
 - **Elder Abuse:** An Alberta Directory of Victim Services for Older Adults
<http://www.ucalgary.ca/~crilf/publications/AlbertaBooklet.pdf>
 - **Elder Advocates Of Alberta Society**
<http://elderadvocates.ca/what-is-elder-abuse/>
 - **Alberta Council on Aging:** A service provider's resource manual for elder abuse in Alberta.
<http://www.acaging.ca/uploads/files/Program%20PDF/ACA%20Multicultural%20Booklet--Text-FINAL-2012.pdf>

Resident Safety and Security

- See manufacturer's information for security, emergency call and communication systems.
- **Alzheimer's Society:** information on searching for missing persons with dementia.
<http://www.alzheimer.ca/en/We-can-help/Resources/Alzheimer-Society-brochures-and-publications>

Water Temperature

- **Power Engineers Regulation** under the *Safety Codes Act*.
http://www.qp.alberta.ca/574.cfm?page=2003_085.cfm&leg_type=Regs&isbncln=0779736435
- **Alberta Building Code:** link to purchase the Code.
http://www.municipalaffairs.alberta.ca/cp_building_codes_standards.cfm

- **Alberta Government Minimum Housing and Health Standards:** provides minimum standards to ensure that housing is safe, sanitary and fit for human habitation.
<http://www.health.alberta.ca/documents/Standards-Housing-Minimum.pdf>
- **Institutions Regulation:** governs requirements for institutions with 4 or more persons receiving care.
http://www.qp.alberta.ca/574.cfm?page=1981_143.cfm&leg_type=Regs&isbncln=0773226044
- **Arjo Therapeutic Tubs:** manufacturer of therapeutic tubs.
<http://www.arjoHuntleigh.com>
- **Apollo:** manufacturer of therapeutic tubs.
<http://www.apollobath.com/>
- **BHM Medical:** manufacturer of therapeutic tubs.
<http://www.bhm-medical.com/>
- See also Appendix C for water system diagram examples.

General Information

- **Alberta Supports:** provincial information about programs and services
<http://www.programs.alberta.ca/Living/13765.aspx?Ns=13705&N=770>
- **Alberta Health Services:** a description of supportive living in Alberta.
<http://www.albertahealthservices.ca/589.asp>
- **Active Living Coalition for Older Adults:** Resource Directory 2008
http://www.alcoa.ca/e/pdf/resource_directory_2008.pdf
- **Alberta Government Programs and Services:** Community Resources
<http://www.programs.alberta.ca/Living/9546.aspx?Ns=9551+9574&N=770>
- **Seniors Association of Greater Edmonton (SAGE)**
<http://www.mysage.ca/about-us>
- **Seniors Programs and Services Guide**
- <http://www.health.alberta.ca/documents/Seniors-ProgramsServicesGuide.pdf>
- **Senior Financial Assistance:** link to information on special needs assistance, dental assistance and optical assistance.
<http://www.health.alberta.ca/seniors.html>
- **Alberta Aids to Daily Living (AADL)**
<http://www.health.alberta.ca/services/aids-to-daily-living.html>

- **Service Canada:** Services for seniors guide.
<http://www.seniors.gc.ca/images/upload/canada/141/ISBP344-03-08E.pdf>
- **Persons with Developmental Disabilities.**
<http://humanservices.alberta.ca/disability-services/pdd.html>
- **Alberta Senior Citizen's Housing Association.**
<http://www.ascha.com/>
- **Assured Income for the Severely Handicapped (AISH).**
<http://humanservices.alberta.ca/disability-services/aish.html>

Information Respecting the Supportive Living Accommodation

- **Sample residential service agreements:**
http://www.health.state.ny.us/facilities/assisted_living/docs/model_residency_agreement.pdf
<http://www.fourwindscommunity.com/Parents/Res%20Svc%20Agrmt-Example.pdf>
http://www.ctassistedliving.com/pdfs/alfa_resident_agreement.pdf
http://www.manorhills.net/pdf/admission_agreement.pdf

Concerns and Complaints

- **Alberta Health Services:** Feedback form.
<https://www.albertahealthservices.ca/273.asp>

Job Descriptions

- **University of Alberta:** guidelines for writing job descriptions.
<http://www.hrs.ualberta.ca/en/HiringandManaging/JobDesign/APO/WritingPositionDesc.aspx>

Residents' Personal Affairs

- ***Adult Guardianship and Trusteeship Act***
http://www.qp.alberta.ca/574.cfm?page=A04P2.cfm&leg_type=Acts&isbncln=9780779743797
- ***Powers of Attorney Act***
http://www.qp.alberta.ca/574.cfm?page=p20.cfm&leg_type=Acts&isbncln=9780779743735

Criminal Record Check

- ***Protections for Persons in Care Act***
http://www.qp.alberta.ca/1266.cfm?page=P29P1.cfm&leg_type=Acts&isbncln=9780779749904
- **Royal Canadian Mounted Police**
<http://www.rcmp-grc.gc.ca/>
- **BackCheck**
<http://www.backcheck.net/>

Privacy and Personal Information

- ***Freedom of Information and Protection of Privacy Act***
http://www.qp.alberta.ca/574.cfm?page=F25.cfm&leg_type=Acts&isbncln=9780779743568
- **Freedom of Information and Protection of Privacy (FOIP) Guidelines and Practices Manual 2009.** Link to purchase document.
http://www.qp.alberta.ca/570.cfm?frm_isbn=9780778585633&search_by=link
- ***Personal Information Protection Act***
<http://pipa.alberta.ca/index.cfm?page=legislation/act/index.html>
- ***Health Information Act***
http://www.qp.alberta.ca/574.cfm?page=H05.cfm&leg_type=Acts&isbncln=9780779743575
- ***Personal Information Protection and Electronic Documents Act* (PIPEDA)**
<http://laws.justice.gc.ca/eng/P-8.6/page-1.html>
- **Guide to PIPEDA** - http://www.priv.gc.ca/information/02_05_d_08_e.cfm

Other Provincial Standards

- **Continuing Care Health Service Standards:**
<http://www.health.alberta.ca/services/continuing-care.html>
- **Creating Excellence Together:**
http://acds.ca/cet_levels_survey_types.html

Resource ~ Appendix A

Accommodation Standard 16: Points to Consider when Developing Plans

This section outlines some scenarios that could occur at an accommodation that may result in the activation of a contingency plan. This section is not intended to be used as a template to create a plan nor is it considered to be best practice. Utilizing this section is not a requirement for compliance. This section is a resource only when developing a contingency plan for Accommodation Standard 16.

In This Section

Loss of electrical power	2
Loss of water	4
Loss of natural gas	5
Loss of telecommunications	6
Breakdown of essential equipment	7
Weather events and naturally occurring emergencies	8
Staff shortages / employment disputes	9
Evacuation / relocation	10
Disruption of meal service	11
Disruption of safety and security service	12
Disruption of cleaning service	13
Disruption of laundry/linen service	14
Disruption of maintenance service	15

Format Used

Questions to consider are listed under each emergency / disruption type. Questions will not apply to all accommodations, nor are they inclusive of all points an operator may need to consider.

Description of Headings Used

- ☐ **At the start of an outage:** questions related to tasks that may need to be completed first following a disruption
- ☐ **Determining cause of the disruption:** questions related to determining possible scenarios that may lead to a disruption
- ☐ **Sheltering in place:** questions related to continuing to provide services at the same location
- ☐ **Evacuation/relocation:** questions related to determining when or if evacuation is necessary
- ☐ **Special Considerations:** questions specific to certain scenarios within the disruption
- ☐ **Recovery:** questions related to recommencing with full services

Loss of Electrical Power

At the start of an outage:	
Consider	Who is responsible for ensuring that all residents are safe and accounted for?
	Who is responsible to determine the cause/potential length of the outage?
	What key contacts need to be informed of the disruption?
Sheltering in Place:	
Consider	What equipment relies on power to operate?
	<input type="checkbox"/> Heating system <input type="checkbox"/> IT equipment <input type="checkbox"/> Elevator
	<input type="checkbox"/> Cooling system <input type="checkbox"/> Safety and security equipment <input type="checkbox"/> Washer and dryers
	<input type="checkbox"/> Hot water heating <input type="checkbox"/> Sanitation equipment <input type="checkbox"/> Cleaning equipment
	<input type="checkbox"/> Communication devices <input type="checkbox"/> Food preparation equipment <input type="checkbox"/> Oxygen concentrators
	<input type="checkbox"/> Security systems <input type="checkbox"/> Fridges, coolers and freezers <input type="checkbox"/> Medical equipment
	<input type="checkbox"/> Fire alarm system <input type="checkbox"/> Food service equipment <input type="checkbox"/> Resident care equipment
	<input type="checkbox"/> Emergency call systems <input type="checkbox"/> Other:
	<input type="checkbox"/> Phones
	Consider
<input type="checkbox"/> Meal service <input type="checkbox"/> Alerts/warnings	
<input type="checkbox"/> Housekeeping service <input type="checkbox"/> Temperature control	
<input type="checkbox"/> Laundry service <input type="checkbox"/> Resident mobility	
<input type="checkbox"/> Safety and security service <input type="checkbox"/> Access to resident information	
<input type="checkbox"/> Resident care <input type="checkbox"/> Other:	
<input type="checkbox"/> Communications	
PLAN	For each identified service/function that may be lost, develop a contingency plan that reduces the impact of the loss/disruption for the residents.
Evacuation/relocation – See <i>Evacuation/relocation</i>	
Consider	At what point would evacuation/relocation be considered?
Special Considerations: Battery Back-ups	
Consider	What equipment/devices have a battery backup?
	How long will the battery backup last for?
	What is the plan if the outage extends past the battery life of the equipment/devices?

Special Considerations: Generators	
Consider	Is there a generator on site?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If an off-site generator will be used, where and how is it accessed?
	How does the generator start?
	<input type="checkbox"/> Automatically <input type="checkbox"/> Manually <ul style="list-style-type: none"> ▪ What if it does not start? ▪ Who starts the generator? ▪ How is it started?
	How long will the generator provide power for?
	Which plugs/equipment will have power while the generator is operating?
	Where is additional fuel ordered from?
	What is the plan if the generator fails?
	What is the plan for any necessary services/equipment that does not receive generator power?
Recovery	
Consider	When service is restored, who is responsible to ensure that all equipment becomes operational again?

Loss of Water

At the start of an outage:															
Consider	Who is responsible to determine the cause/potential length of the outage?														
	If the loss is internal, who should be contacted for repair?														
	What key contacts need to be informed of the disruption?														
Sheltering in Place:															
Consider	What equipment/services rely on water to operate?														
	<table border="0"> <tr> <td><input type="checkbox"/> Heating system</td> <td><input type="checkbox"/> Sanitation equipment (Food)</td> <td><input type="checkbox"/> Clothes washer</td> </tr> <tr> <td><input type="checkbox"/> Cooling system</td> <td><input type="checkbox"/> Food preparation equipment</td> <td><input type="checkbox"/> Housekeeping</td> </tr> <tr> <td><input type="checkbox"/> Hot water heating</td> <td><input type="checkbox"/> Food service equipment</td> <td><input type="checkbox"/> Resident care equipment</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> Other:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Bath/shower/sinks</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Heating system	<input type="checkbox"/> Sanitation equipment (Food)	<input type="checkbox"/> Clothes washer	<input type="checkbox"/> Cooling system	<input type="checkbox"/> Food preparation equipment	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Hot water heating	<input type="checkbox"/> Food service equipment	<input type="checkbox"/> Resident care equipment	<input type="checkbox"/> Toilet	<input type="checkbox"/> Other:		<input type="checkbox"/> Bath/shower/sinks	
<input type="checkbox"/> Heating system	<input type="checkbox"/> Sanitation equipment (Food)	<input type="checkbox"/> Clothes washer													
<input type="checkbox"/> Cooling system	<input type="checkbox"/> Food preparation equipment	<input type="checkbox"/> Housekeeping													
<input type="checkbox"/> Hot water heating	<input type="checkbox"/> Food service equipment	<input type="checkbox"/> Resident care equipment													
<input type="checkbox"/> Toilet	<input type="checkbox"/> Other:														
<input type="checkbox"/> Bath/shower/sinks															
	If that equipment is not operational what services/functions are affected?														
	<table border="0"> <tr> <td><input type="checkbox"/> Meal service</td> <td><input type="checkbox"/> Temperature control</td> </tr> <tr> <td><input type="checkbox"/> Housekeeping service</td> <td><input type="checkbox"/> Sanitation</td> </tr> <tr> <td><input type="checkbox"/> Laundry service</td> <td><input type="checkbox"/> Hydration</td> </tr> <tr> <td><input type="checkbox"/> Resident care</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Meal service	<input type="checkbox"/> Temperature control	<input type="checkbox"/> Housekeeping service	<input type="checkbox"/> Sanitation	<input type="checkbox"/> Laundry service	<input type="checkbox"/> Hydration	<input type="checkbox"/> Resident care	<input type="checkbox"/> Other:						
<input type="checkbox"/> Meal service	<input type="checkbox"/> Temperature control														
<input type="checkbox"/> Housekeeping service	<input type="checkbox"/> Sanitation														
<input type="checkbox"/> Laundry service	<input type="checkbox"/> Hydration														
<input type="checkbox"/> Resident care	<input type="checkbox"/> Other:														
PLAN	For each identified service/function that may be affected develop a contingency plan that reduces the impact of the loss/disruption for the residents.														
Evacuation/relocation – See <i>Evacuation/relocation</i>															
Consider	At what point would evacuation/relocation be considered?														
Special Considerations: Water Storage															
Consider	Is extra water stored on site?														
	<table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td> <ul style="list-style-type: none"> How much extra water is stored on site? Where is the water stored? </td> <td> <ul style="list-style-type: none"> Where can water be accessed? Are any agreements in place for priority delivery? What is the plan until the water arrives? When the water arrives, where will it be stored? </td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<ul style="list-style-type: none"> How much extra water is stored on site? Where is the water stored? 	<ul style="list-style-type: none"> Where can water be accessed? Are any agreements in place for priority delivery? What is the plan until the water arrives? When the water arrives, where will it be stored? 										
	<input type="checkbox"/> Yes	<input type="checkbox"/> No													
	<ul style="list-style-type: none"> How much extra water is stored on site? Where is the water stored? 	<ul style="list-style-type: none"> Where can water be accessed? Are any agreements in place for priority delivery? What is the plan until the water arrives? When the water arrives, where will it be stored? 													
What should the water be used for during an outage?															
What is the plan when the water supply is depleted?															
Recovery															
CONSIDER	When service is restored, who is responsible to ensure that all equipment becomes operational again?														

Loss of Natural Gas

At the start of an outage:	
Consider	Who is responsible to determine the cause/potential length of the outage?
	If the loss is internal, who should be contacted for repair?
	What key contacts need to be informed of the disruption?
Sheltering in Place:	
Consider	What equipment relies on natural gas to operate?
	<input type="checkbox"/> Heating system <input type="checkbox"/> Hot water heating <input type="checkbox"/> Clothes dryers <input type="checkbox"/> Cooling system <input type="checkbox"/> Food preparation <input type="checkbox"/> Other: <input type="checkbox"/> Fireplace equipment
	If that equipment is not operational what services/functions are lost/affected? <input type="checkbox"/> Meal service <input type="checkbox"/> Temperature control <input type="checkbox"/> Laundry service <input type="checkbox"/> Resident care <input type="checkbox"/> Other:
PLAN	For each identified service/function that may be lost develop a contingency plan that reduces the impact of the loss for the residents.
Evacuation/relocation – <i>See Evacuation/relocation</i>	
Consider	At what point would evacuation/relocation be considered?
Recovery	
Consider	When service is restored, who is responsible to ensure that all equipment becomes operational again?

Loss of Telecommunications

At the start of an outage:	
Consider	Who is responsible to determine the cause/potential length of the outage?
	If the loss is internal, who should be contacted for repair?
	What key contacts need to be informed of the disruption?
Sheltering in Place:	
Consider	What telecommunication services are used? <input type="checkbox"/> Phone (landline) <input type="checkbox"/> Internet <input type="checkbox"/> Phone (cell) <input type="checkbox"/> Intranet <input type="checkbox"/> Cable <input type="checkbox"/> Computer services
	What equipment relies on telecommunications to operate? <input type="checkbox"/> Communication devices <input type="checkbox"/> Phones <input type="checkbox"/> Resident care equipment <input type="checkbox"/> Security systems <input type="checkbox"/> Fax <input type="checkbox"/> Other: <input type="checkbox"/> Fire alarm system <input type="checkbox"/> Safety and security equipment <input type="checkbox"/> Emergency call systems <input type="checkbox"/> Computer equipment
	If that equipment is not operational what services/functions are lost/affected? <input type="checkbox"/> Safety and security service <input type="checkbox"/> Communications <input type="checkbox"/> Resident care <input type="checkbox"/> Alerts/warnings <input type="checkbox"/> Access to information <input type="checkbox"/> Temperature control <input type="checkbox"/> Other:
PLAN	For each identified service/function that may be lost develop a contingency plan that reduces the impact of the loss for the residents.
Evacuation/relocation – See <i>Evacuation/relocation</i>	
Consider	At what point would evacuation/relocation be considered?
Special Considerations: Accessing Information	
Consider	What information may be inaccessible without a computer, internet or intranet? <input type="checkbox"/> Resident care information <input type="checkbox"/> Policies and procedures <input type="checkbox"/> Contingency plans <input type="checkbox"/> Forms <input type="checkbox"/> Contact lists <input type="checkbox"/> Emails <input type="checkbox"/> Supply lists <input type="checkbox"/> Resources <input type="checkbox"/> To do lists <input type="checkbox"/> Other:
	What information is essential for employees to have access to in an emergency?
PLAN	For each identified type of crucial information, where can the information also be found (paper based)?
Recovery	
Consider	When service is restored, who is responsible to ensure that all equipment becomes operational again?

Breakdown of Essential Equipment

At the start of an outage:																																		
Consider	Who is responsible for ensuring that all residents are safe, accounted for and are aware of any restrictions due to the breakdown?																																	
	Who is responsible to determine the cause/potential length of the outage?																																	
	Who is responsible to make or arrange for repairs to equipment?																																	
	What key contacts need to be informed of the disruption?																																	
Sheltering in Place:																																		
Consider	<p>What equipment is contained within the accommodation?</p> <table border="0"> <tr> <td><input type="checkbox"/> Heating system</td> <td><input type="checkbox"/> Safety and security equipment</td> <td><input type="checkbox"/> Grounds maintenance equipment</td> </tr> <tr> <td><input type="checkbox"/> Cooling system</td> <td><input type="checkbox"/> Sanitation equipment</td> <td><input type="checkbox"/> Transportation equipment</td> </tr> <tr> <td><input type="checkbox"/> Hot water heating</td> <td><input type="checkbox"/> Food preparation equipment</td> <td><input type="checkbox"/> Resident care equipment</td> </tr> <tr> <td><input type="checkbox"/> Water pumps</td> <td><input type="checkbox"/> Fridges, coolers and freezers</td> <td><input type="checkbox"/> Lifts</td> </tr> <tr> <td><input type="checkbox"/> Elevator</td> <td><input type="checkbox"/> Food service equipment</td> <td><input type="checkbox"/> Therapeutic tubs</td> </tr> <tr> <td><input type="checkbox"/> Generator</td> <td><input type="checkbox"/> Washer and dryers</td> <td><input type="checkbox"/> Oxygen concentrators</td> </tr> <tr> <td><input type="checkbox"/> Communication devices</td> <td><input type="checkbox"/> Cleaning equipment</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Security systems</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fire alarm system</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Emergency call systems</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Phones</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Heating system	<input type="checkbox"/> Safety and security equipment	<input type="checkbox"/> Grounds maintenance equipment	<input type="checkbox"/> Cooling system	<input type="checkbox"/> Sanitation equipment	<input type="checkbox"/> Transportation equipment	<input type="checkbox"/> Hot water heating	<input type="checkbox"/> Food preparation equipment	<input type="checkbox"/> Resident care equipment	<input type="checkbox"/> Water pumps	<input type="checkbox"/> Fridges, coolers and freezers	<input type="checkbox"/> Lifts	<input type="checkbox"/> Elevator	<input type="checkbox"/> Food service equipment	<input type="checkbox"/> Therapeutic tubs	<input type="checkbox"/> Generator	<input type="checkbox"/> Washer and dryers	<input type="checkbox"/> Oxygen concentrators	<input type="checkbox"/> Communication devices	<input type="checkbox"/> Cleaning equipment	<input type="checkbox"/> Other:	<input type="checkbox"/> Security systems			<input type="checkbox"/> Fire alarm system			<input type="checkbox"/> Emergency call systems			<input type="checkbox"/> Phones		
	<input type="checkbox"/> Heating system	<input type="checkbox"/> Safety and security equipment	<input type="checkbox"/> Grounds maintenance equipment																															
	<input type="checkbox"/> Cooling system	<input type="checkbox"/> Sanitation equipment	<input type="checkbox"/> Transportation equipment																															
	<input type="checkbox"/> Hot water heating	<input type="checkbox"/> Food preparation equipment	<input type="checkbox"/> Resident care equipment																															
<input type="checkbox"/> Water pumps	<input type="checkbox"/> Fridges, coolers and freezers	<input type="checkbox"/> Lifts																																
<input type="checkbox"/> Elevator	<input type="checkbox"/> Food service equipment	<input type="checkbox"/> Therapeutic tubs																																
<input type="checkbox"/> Generator	<input type="checkbox"/> Washer and dryers	<input type="checkbox"/> Oxygen concentrators																																
<input type="checkbox"/> Communication devices	<input type="checkbox"/> Cleaning equipment	<input type="checkbox"/> Other:																																
<input type="checkbox"/> Security systems																																		
<input type="checkbox"/> Fire alarm system																																		
<input type="checkbox"/> Emergency call systems																																		
<input type="checkbox"/> Phones																																		
	Of the equipment listed which are essential to maintain services to residents?																																	
	<p>If that equipment is not operational what services/functions are lost/affected?</p> <table border="0"> <tr> <td><input type="checkbox"/> Meal service</td> <td><input type="checkbox"/> Communications</td> </tr> <tr> <td><input type="checkbox"/> Housekeeping service</td> <td><input type="checkbox"/> Alerts/warnings</td> </tr> <tr> <td><input type="checkbox"/> Laundry service</td> <td><input type="checkbox"/> Maintenance services</td> </tr> <tr> <td><input type="checkbox"/> Safety and security service</td> <td><input type="checkbox"/> Temperature control</td> </tr> <tr> <td><input type="checkbox"/> Resident care</td> <td><input type="checkbox"/> Resident mobility</td> </tr> <tr> <td><input type="checkbox"/> Emergency services</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Meal service	<input type="checkbox"/> Communications	<input type="checkbox"/> Housekeeping service	<input type="checkbox"/> Alerts/warnings	<input type="checkbox"/> Laundry service	<input type="checkbox"/> Maintenance services	<input type="checkbox"/> Safety and security service	<input type="checkbox"/> Temperature control	<input type="checkbox"/> Resident care	<input type="checkbox"/> Resident mobility	<input type="checkbox"/> Emergency services	<input type="checkbox"/> Other:																					
<input type="checkbox"/> Meal service	<input type="checkbox"/> Communications																																	
<input type="checkbox"/> Housekeeping service	<input type="checkbox"/> Alerts/warnings																																	
<input type="checkbox"/> Laundry service	<input type="checkbox"/> Maintenance services																																	
<input type="checkbox"/> Safety and security service	<input type="checkbox"/> Temperature control																																	
<input type="checkbox"/> Resident care	<input type="checkbox"/> Resident mobility																																	
<input type="checkbox"/> Emergency services	<input type="checkbox"/> Other:																																	
PLAN	For the equipment identified as essential, develop a contingency plan that reduces the impact of the loss for the residents.																																	
Consider	Who are the appropriate service personnel to repair/replace the equipment?																																	
	Does the contingency plan change seasonally (summer vs. winter)?																																	
Evacuation/relocation – See <i>Evacuation/relocation</i>																																		
Consider	At what point would evacuation/relocation be considered?																																	
Special Considerations: Back-ups / System Redundancies																																		
Consider	What equipment has a battery backup?																																	
	Which systems have redundancies built into them, so they will continue to operate even with the failure of one part/piece of equipment?																																	
	What special considerations may be needed when running on battery back-up or with reduced equipment?																																	

Weather Events and Natural Occurring Emergencies

Determining what natural occurring emergencies may impact your accommodation:	
Consider	What natural occurring emergencies have or may occur in your area? <input type="checkbox"/> Thunderstorm <input type="checkbox"/> Blizzard <input type="checkbox"/> Heat wave <input type="checkbox"/> Hailstorm <input type="checkbox"/> Ice storm <input type="checkbox"/> Wildfire <input type="checkbox"/> Tornado <input type="checkbox"/> Avalanche <input type="checkbox"/> Other: <input type="checkbox"/> Flood <input type="checkbox"/> Extreme cold
	In what situations would the accommodation: <input type="checkbox"/> Shelter in place? <input type="checkbox"/> Evacuate?
	What key contacts need to be informed of the emergency/event?
Sheltering in Place	
Consider	What is the safest place at the site for the residents to be during the event?
	Do modifications to routines/structure need to be made for the duration of the event?
	What disruptions may also occur as a result of the emergency?
	<input type="checkbox"/> Loss of power <input type="checkbox"/> Site isolation <input type="checkbox"/> Loss of heating/cooling <input type="checkbox"/> Loss of water <input type="checkbox"/> Staff shortage <input type="checkbox"/> Loss of natural gas <input type="checkbox"/> Limited supplies <input type="checkbox"/> Other: <input type="checkbox"/> Loss of telecommunications <input type="checkbox"/> Inaccessibility of emergency services
	With these additional disruptions what services/functions may be affected? <input type="checkbox"/> Meal service <input type="checkbox"/> Communications <input type="checkbox"/> Housekeeping service <input type="checkbox"/> Alerts/warnings <input type="checkbox"/> Laundry service <input type="checkbox"/> Temperature control <input type="checkbox"/> Safety and security service <input type="checkbox"/> Resident mobility <input type="checkbox"/> Resident care <input type="checkbox"/> Other:
PLAN	For each identified service/function that may be lost develop a contingency plan that reduces the impact of the loss for the residents.
Evacuation/relocation – <i>See Evacuation/relocation</i>	
Consider	At what point would evacuation/relocation be considered?
	What if evacuation/relocation was not possible to be completed as planned (eg. Roads impassable)?
Recovery	
Consider	Once the emergency/weather event has passed what is necessary to return to full services and reduce further damage?

Staff Shortage/Employment Disputes

Determining potential causes of a staff disruption	
Consider	For what reasons may a staff shortage be likely to occur? <input type="checkbox"/> Lock out <input type="checkbox"/> Pandemic/sickness <input type="checkbox"/> Weather emergencies <input type="checkbox"/> Work to rule <input type="checkbox"/> Site isolation <input type="checkbox"/> Strike <input type="checkbox"/> Failure to fill positions <input type="checkbox"/> Other:
	Will the staff disruption result in: <input type="checkbox"/> No staff <input type="checkbox"/> No replacement staff <input type="checkbox"/> Reduced staff
	Do any employees/positions have specialized knowledge that is essential for the continued operation of the accommodation?
	Are staff cross-trained for these positions/specialized knowledge? Is written information available for reference?
	Will volunteers be used in any capacity and if so, who coordinates this assistance and what training or support would be required?
Sheltering in Place	
Consider	What services are offered by the accommodation? <input type="checkbox"/> Meal service <input type="checkbox"/> Safety and security <input type="checkbox"/> Social and leisure activities <input type="checkbox"/> Housekeeping service <input type="checkbox"/> Maintenance <input type="checkbox"/> Transportation service <input type="checkbox"/> Laundry service <input type="checkbox"/> Resident care <input type="checkbox"/> Medication service <input type="checkbox"/> Other
	What services are essential to continue at the same level that is being offered?
	What services may be offered at a reduced level?
	What services may be discontinued for the duration of the shortage?
PLAN	For each identified service/function that may be lost develop a contingency plan that reduces the impact of the loss for the residents.
Evacuation/relocation – See <i>Evacuation/relocation</i>	
Consider	Will family members / representatives be asked to take residents home?
	Who will be responsible for contacting family/representatives and making arrangements?
	What is the plan for those residents not staying with family/representatives?
Recovery	
Consider	What services are essential to recover first?
	Who will make contact with residents staying with family/representatives?

Preparing		
Consider	Where is the relocation site?	
	Who has keys for the relocation site?	
	Will residents stay at this site or be transported to another site for continuation of services?	
	Does the relocation site meet the needs of the residents?	
	Are multiple relocation sites necessary for residents with differing needs?	
	What key contacts need to be informed of the evacuation/relocation?	
	Will volunteers be used in any capacity and if so, who coordinates this assistance and what training or support would be required?	
Evacuation		
Consider	If able, what items should be brought with residents to the evacuation site?	
	<input type="checkbox"/> Medications	<input type="checkbox"/> Food (including special diets)
	<input type="checkbox"/> Mobility aids	<input type="checkbox"/> Resident information (including important contacts)
	<input type="checkbox"/> Care equipment	<input type="checkbox"/> Clothing/Toiletries
	<input type="checkbox"/> Care items	<input type="checkbox"/> Linens/blankets
	How will the residents be transported to the relocation site?	
Consider	If all residents are not on site who will be responsible for ensuring that the remaining residents are brought to the relocation site?	
	Will some residents go home with family/representatives?	
	Who will track which residents have left with family/representatives?	
	Who will inform families / staff where the relocation site is situated?	
Relocation Site		
Consider	What facilities/services are available at the relocation site?	
	<input type="checkbox"/> Bathrooms	<input type="checkbox"/> Safety and security services
	<input type="checkbox"/> Accessible site	<input type="checkbox"/> Cooking facilities
	<input type="checkbox"/> Beds	<input type="checkbox"/> Food preparation, serving and eating equipment
	<input type="checkbox"/> Linens and towels	<input type="checkbox"/> Mobility equipment
	<input type="checkbox"/> Telecommunications equipment	<input type="checkbox"/> Sanitation equipment
	<input type="checkbox"/> Resident care equipment	<input type="checkbox"/> Laundry equipment
	What supplies are necessary to continue offering services at the relocation site?	
	How will these supplies be made available/accessible at the relocation site?	
Consider	Are additional staff/volunteers required at the relocation site to provide services?	
	What services are unavailable at the relocation site that will need to be arranged for?	
	What services may be offered at a reduced level at the relocation site?	
	What services may be discontinued for the duration of the relocation?	
PLAN	For each identified service/function that may be lost develop a contingency plan that reduces the impact of the loss for the residents.	

Disruption of Meal Service

Determining the cause of the disruption:	
Consider	Consider potential causes of a disruption to meal services:
	<input type="checkbox"/> Staff shortage <input type="checkbox"/> Equipment breakdown <input type="checkbox"/> Loss of utilities <input type="checkbox"/> Site isolation <input type="checkbox"/> Other:
Sheltering in Place:	
Consider	How much food/beverages is kept on site?
	<input type="checkbox"/> Less than one day <input type="checkbox"/> 72 hours <input type="checkbox"/> 24-48 hours <input type="checkbox"/> 72 hours +
	Do changes need to be made on how much food/beverages are stored on site?
	Will alternate food suppliers need to be used during the disruption?
	What changes need to be made to the menu / meal service so that equipment/utilities are not needed?
	Will catering, take out or eating out be required?
	Who will be responsible for paying for eating out / take out?
PLAN	For each identified disruption, develop a contingency plan that reduces the impact of the loss for the residents.
Special Considerations: Alternate food preparation sites	
Consider	Is there an alternate site available where meals can be prepared?
	Have any arrangements been made to use the alternate site?
	How will meals be transported and appropriate temperatures maintained?
	What if transportation of food is not possible (eg. Roads are impassable)?
Special Considerations: Equipment	
Consider	Is there alternate equipment on site that can be used?
	Can replacement equipment be brought to the site?
Recovery	
Consider	Once the disruption is resolved, what steps are necessary to return to full meal service?

Disruption of Safety and Security Service

Determining the cause of the disruption:	
Consider	<p>Consider potential causes of a disruption to safety and security services:</p> <p><input type="checkbox"/> Staff shortage <input type="checkbox"/> Breakdown of equipment</p> <p><input type="checkbox"/> Loss of utilities <input type="checkbox"/> Other:</p>
At the start of a disruption:	
Consider	<p>Who is responsible for ensuring that all residents are safe and accounted for?</p> <p>Who is responsible to determine the cause/potential length of the outage?</p>
Sheltering in Place:	
Consider	<p>What safety and security services are offered?</p> <p><input type="checkbox"/> Accounting for residents <input type="checkbox"/> Security system <input type="checkbox"/> Door alarm</p> <p><input type="checkbox"/> Nurse call <input type="checkbox"/> Security cameras <input type="checkbox"/> Bed alarm</p> <p><input type="checkbox"/> Pendant <input type="checkbox"/> Wanderguard <input type="checkbox"/> Wheelchair alarm</p> <p><input type="checkbox"/> Call bells <input type="checkbox"/> Roam alert <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Fire alarm</p> <p>Which safety and security services are essential to continue?</p>
PLAN	For each identified disruption, develop a contingency plan that reduces the impact of the loss for the residents.
Consider	<p>How will the safety and security services be performed in the absence of electronic alarms/monitors?</p> <p>Will additional staff/volunteers be needed?</p> <p>Who is responsible for arranging for additional staff or volunteers?</p> <p>Who is responsible for arranging for necessary repairs?</p>
Recovery	
Consider	Once the disruption is resolved, what steps are necessary to return to full services?

Disruption of Cleaning Service

Determining the cause of the disruption:	
Consider	<p>Consider potential causes of a disruption to cleaning services:</p> <div> <input type="checkbox"/> Staff shortage <input type="checkbox"/> Breakdown of equipment </div> <div> <input type="checkbox"/> Loss of utilities <input type="checkbox"/> Other: </div> <input type="checkbox"/> Site isolation / pandemic
Sheltering in Place:	
Consider	<p>What cleaning services are offered?</p> <div> <input type="checkbox"/> Regular room cleaning <input type="checkbox"/> Kitchen sanitizing <input type="checkbox"/> Spots/spills cleaning </div> <div> <input type="checkbox"/> Thorough room cleaning <input type="checkbox"/> Common area cleaning <input type="checkbox"/> As needed cleaning </div> <div> <input type="checkbox"/> Daily room cleaning <input type="checkbox"/> Office cleaning <input type="checkbox"/> Other: </div> <input type="checkbox"/> Staff area cleaning
	What cleaning services are essential to continue?
	What methods of cleaning will be changed during the disruption?
	What cleaning services can be stopped until the disruption is resolved?
	<p>PLAN</p> <p>For each identified service that may be lost develop a contingency plan that reduces the impact of the loss for the residents.</p>
Consider	Is there back-up equipment?
	Are there alternate staff or volunteers that can be used to continue the cleaning service?
	Can a cleaning service be hired?
Recovery	
Consider	Once the disruption is resolved, what steps are necessary to return to full services?

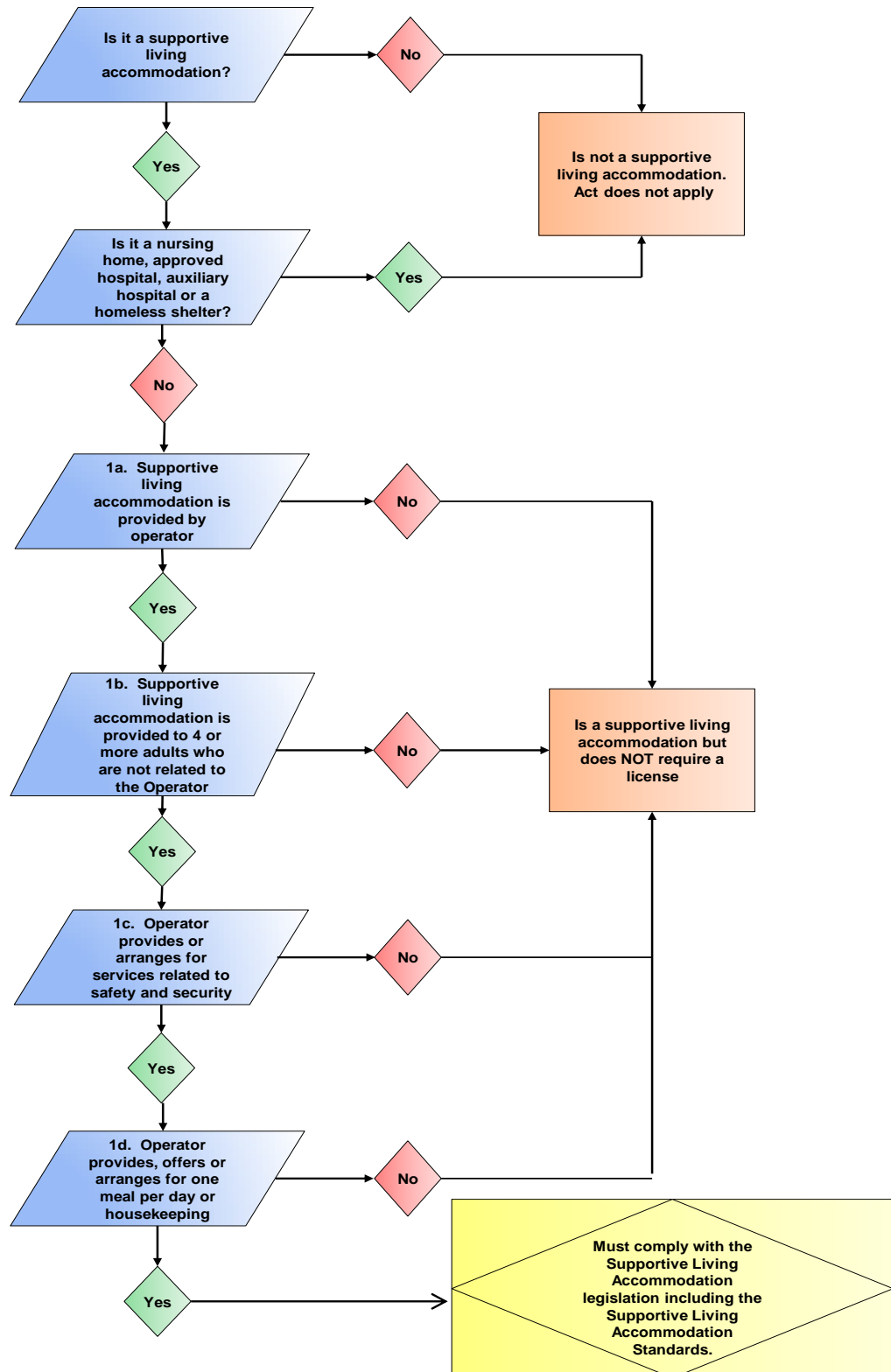
Disruption of Laundry/Linen Service

Determining the cause of the disruption:	
Consider	<p>Consider potential causes of a disruption to laundry/linen services:</p> <div> <input type="checkbox"/> Staff shortage <input type="checkbox"/> Breakdown of equipment </div> <div> <input type="checkbox"/> Loss of utilities <input type="checkbox"/> Other: </div> <input type="checkbox"/> Site isolation / pandemic
Sheltering in Place:	
Consider	How often are laundry/linen services offered?
	<div> <input type="checkbox"/> Daily (Sat – Sun) <input type="checkbox"/> Weekends <input type="checkbox"/> As needed </div> <div> <input type="checkbox"/> Weekdays (Mon-Fri) <input type="checkbox"/> Weekly <input type="checkbox"/> Other </div> <input type="checkbox"/> Occasional weekdays
	How much extra linen is kept on site?
	Considering the supply of linens and frequency of laundry services, how many days can laundry service be discontinued?
	If laundry/linen service is discontinued, how will soiled laundry/linens be stored during the disruption?
PLAN	For each identified disruption, develop a contingency plan that reduces the impact of the loss for the residents.
Consider	Is there back-up equipment at the site that may be used?
	Who is responsible for arranging for repairs to equipment, if required?
Special Considerations: External Providers	
Consider	Is there a suitable location for laundry to be sent out to?
	Will the alternate site pick up and deliver and will arrangements need to be made to transport the linens/laundry?
	Is it necessary to enter into an agreement with the alternate laundry service provider prior to the disruption?
	Will families/representatives be asked to take laundry home to launder?
Recovery	
Consider	Once the disruption is resolved, what steps are necessary to return to full services?

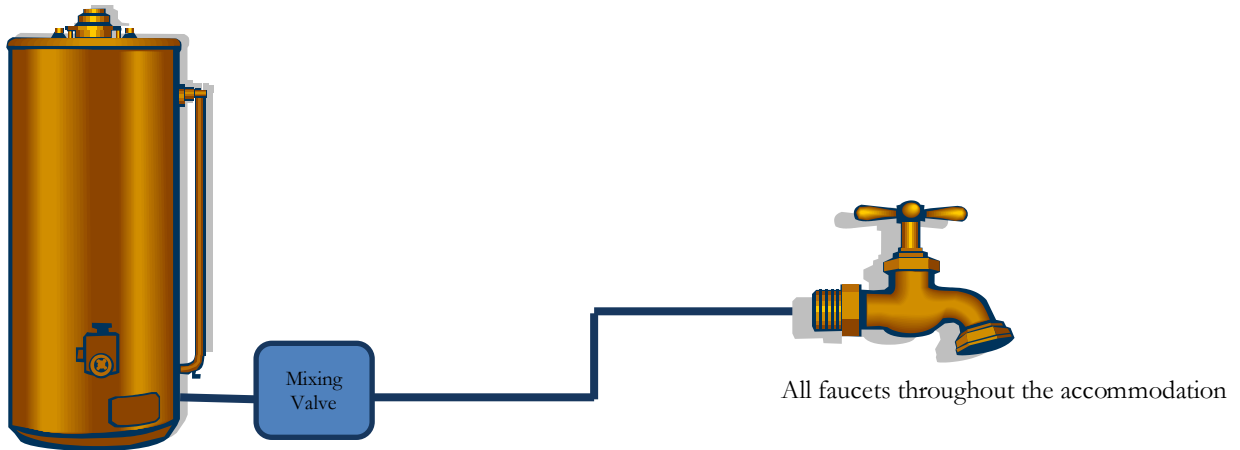
Disruption of Maintenance Service

Determining the cause of the disruption:	
Consider	<p>Consider potential causes of a disruption to maintenance services:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Staff not on site (external oversight of the site) </div> <div style="width: 50%;"> <input type="checkbox"/> Site isolation / pandemic </div> <div style="width: 50%;"> <input type="checkbox"/> Staff shortage </div> <div style="width: 50%;"> <input type="checkbox"/> Staff vacation / other leaves </div> <div style="width: 50%;"> <input type="checkbox"/> Other: </div> </div>
Sheltering in Place:	
Consider	<p>What maintenance services are essential to continue?</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Snow and ice removal </div> <div style="width: 33%;"> <input type="checkbox"/> Monitoring equipment </div> <div style="width: 33%;"> <input type="checkbox"/> Monitoring temperatures </div> <div style="width: 33%;"> <input type="checkbox"/> Basic corrective maintenance </div> <div style="width: 33%;"> <input type="checkbox"/> Emergency response </div> <div style="width: 33%;"> <input type="checkbox"/> Daily checks </div> <div style="width: 33%;"> <input type="checkbox"/> Other </div> </div>
PLAN	For each identified disruption, develop a contingency plan that reduces the impact of the loss for the residents.
Consider	Does cross-training need to occur for the continuation of services? Is written reference material available?
	What tasks can only be completed by qualified personnel?
	Do alternate suppliers/contractors need to be arranged for the completion of maintenance services?
	Who is responsible on an on-call basis?
	Is there any emergency response role that is specific to maintenance (fire marshal)?
	Do maintenance staff have essential items, such as keys to relocation sites, transportation equipment or rooms in the accommodation?
	Do maintenance staff have essential information such as passwords or access codes to electronic monitoring equipment or key areas?
Recovery	
Consider	Once the disruption is resolved, what steps are necessary to return to full services?

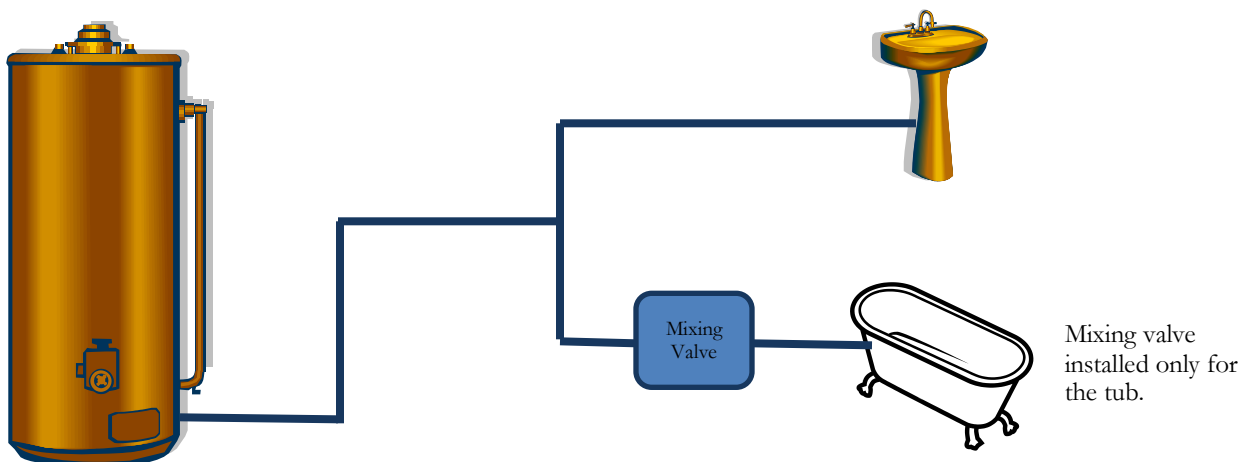
Resources ~ Appendix B: Supportive Living Eligibility Criteria



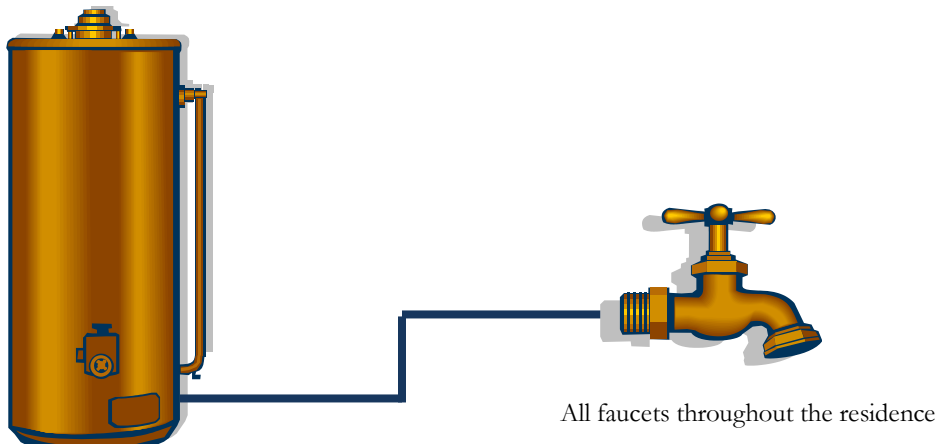
Resources ~ Appendix C: Mixing Valve Examples



Mixing Valve installed at Source
- Temperature can be taken from any faucet in the accommodation



Mixing Valve installed at Tub
- Temperature needs to be taken at the tub and another location in the accommodation



No Mixing Valves
- Temperature can be taken from any faucet in the accommodation

Forms

In this section the forms to be used in both supportive living and long-term care accommodations are provided.

In This Section

Forms – Each form is broken down and page numbered consecutively from 1. Form names and page numbers are found in the bottom right hand corner of each page.

Complainant Decision Appeal Form
Supportive Living Inspection Preparation Checklist
Long-term Care Inspection Preparation Checklist
Reportable Incidents
<ul style="list-style-type: none">• Health Funded Accommodation<ul style="list-style-type: none">○ Decision Guide: Health Funded Accommodations○ Health Funded RI Examples
<ul style="list-style-type: none">• Non-Health Funded Accommodation<ul style="list-style-type: none">○ Decision Guide: Non-Health Funded Accommodations○ Non-Health Funded RI Examples

Complainant Decision Appeal Form

Adobe Reader 7.1+ is required to complete and save this document

**Government
of Alberta** ■

Complaint Decision Appeal

Supportive Living and Long Term Care Branch

The information on this form is collected under the authority of the *Supportive Living Accommodation Licensing Act* and managed in accordance with the *Freedom of Information and Protection of Privacy Act*. The information will be used for the purposes of Alberta Seniors and Community Supports' supportive living programs. Should you have any questions about the collection of this information, you may contact the Director, Accommodation Standards and Licensing, Alberta Seniors and Community Supports, at 780-644 8428 (310 0000), or 4th Floor, Standard Life Centre, 10405 Jasper Avenue, Edmonton AB T5J 4R7.

Contact Information for the Appellant

Name				
Address				
City / Town	Province AB	Postal Code	Daytime Phone (e.g. 999 999 9999)	Alternate Phone (e.g. 999 999 9999)

Accommodation Information

Accommodation Name				
Address				
City / Town	Province AB	Postal Code	Daytime Phone (e.g. 999 999 9999)	Alternate Phone (e.g. 999 999 9999)

I am appealing the decision of the Complaints Officer because

--

I understand that I must return this Appeal form to the Director, Accommodation Standards and Licensing Unit within 30 days of being notified of the Complaints Officer's decision.

Printed name of person appealing

Signature of person appealing

Date

Completed forms are to be dated and signed. Retain a copy for your records and send the original to:

Alberta Seniors and Community Supports
Supportive Living and Long Term Care
Director, Accommodation Standards
P.O. Box 11148 Stn. Main
Edmonton, AB. T5J 3K4
Fax: 780-644-5499
asal@gov.ab.ca

For Office Use Only		
Date Received (yyyy/mm/dd)	Accommodation ID	Director's Decision <input type="checkbox"/> Complaint Officer's Decision Upheld <input type="checkbox"/> Refer to investigation

SCF5526 (2010/03)

Reset Form

Save

Print

Page 1 of 1

A fillable PDF form is available here: <http://www.health.alberta.ca/documents/CC-Complaint-Decision-Appeal-Form.pdf>

Supportive Living Accommodation Standards Inspection Preparation Checklist

The Inspection Preparation Checklist is designed to assist operators to prepare for an accommodation standards inspection. The questions are intended to prompt operators to determine what standards are applicable to them and in what areas evidence of compliance will be reviewed. Further information on each standard and the methods and evidence of compliance is found in Section 4 of the Information Guide.

Mini Inspections

For accommodations that have been successful in obtaining a multi-year licence, mini inspections will be completed annually, until the year the licence expires. The standards that are applicable on a mini inspection have been highlighted throughout this checklist. It is at the Licensing Inspectors discretion to review other standards that may be warranted in certain accommodations (e.g. new renovations). Any non-compliance found during the completion of a mini inspection will result in a full checklist being completed. See Section 2 – Application for Licence for more details on multi-year licences.

Regulation Requirements

If you have received updated insurance, corporate status documents, environmental health reports, fire inspection reports or building inspection reports since the completion of the application package please have these reports ready at the time of the inspection.

Mini inspection item

Standard 1: Building Code Requirements

		Comments
Has there been a change to the structure or use of (population) the accommodation?	Y	
	N	
If Yes, proceed to the next question. If No, proceed to the next standard.		
Is there evidence of continued compliance with the Alberta Building Code?	Y	
	N	

Standard 2: Safety Requirements

		Comments
Are the accommodations, buildings and grounds safe and hazard free?	Y	*Mini inspection item*
	N	
Is there evidence of grounds maintenance being completed in all seasons?	Y	*Mini inspection item*
	N	

Standard 3: Maintenance Requirements

		Comments
Are the accommodations, buildings, grounds, equipment and operator-owned furnishings well maintained?	Y	*Mini inspection item*
	N	
Is there evidence of a preventative maintenance program being followed?	Y	
	N	
Is there evidence of a corrective maintenance program being followed?	Y	
	N	

Standard 4: Environmental Requirements		
		Comments
Are residents unable to adjust the temperature in their rooms or common areas?	Y	
	N	
<p>If Yes, proceed to the next question. If No, proceed to the next standard.</p>		
Is the temperature of the accommodation maintained at a level that supports the safety of all the residents and the comfort of the majority?	Y	
	N	

Standard 5: Personalizing Spaces		
		Comments
Is there evidence of each resident's opportunity to personalize their rooms, and if so, to what extent?	Y	
	N	

Standard 6: Window Coverings		
		Comments
Are there appropriate window coverings in each area of the accommodation (resident rooms and common areas) provided by the operator or resident, as the case may be?	Y	
	N	

Standard 7: Bedding		
		Comments
Is bedding, towels or other linens provided by the operator to the residents?	Y	
	N	
<p align="center">If Yes, proceed to the next four questions. If No, proceed to the next standard.</p>		
Are the bedding, linens and towels maintained in a good condition?	Y	
	N	
Is there evidence of regularly scheduled changes for the bedding, linens and towels?	Y	
	N	
Are there sufficient quantities of bedding, linen and towels for the utilization needs of each resident?	Y	
	N	
Are as needed changes of the bedding, linens and towels provided or arranged for as per the needs of the residents?	Y	
	N	

Standard 8: Laundry		
		Comments
Do residents supply their own bedding and towels?	Y	
	N	
<p align="center">If Yes, proceed to the next two questions. If No, proceed to the next standard.</p>		
Is there a laundry service or facility available for them to use?	Y	
	N	
Are residents informed of the availability of a service or a space for them to use to complete their laundry?	Y	
	N	
Is a space with laundry equipment provided for residents' personal use?	Y	
	N	
<p align="center">If Yes, proceed to the next question. If No, proceed to the next standard.</p>		
Is the space and equipment appropriate, clean and in good repair?	Y	
	N	

Standard 9: Personal Choice Services		
		Comments
Is a personal choice service offered on-site to residents?	Y	*Mini inspection item*
	N	
<p align="center">If Yes, proceed to the next three questions. If No, proceed to the next standard.</p>		
Are the services offered based on the needs and preferences of the residents?	Y	
	N	
Is the space used for the personal choice service appropriate for its intended use?	Y	
	N	
Does the personal choice service provider hold the required licences or certificates for the provision of the service?	Y	*Mini inspection item*
	N	
	N/A	

Standard 10: Medication Assistance or Reminders		
		Comments
Is a medication assistance or reminder program offered by the operator to the residents?	Y	*Mini inspection item*
	N	
<p align="center">If Yes, proceed to the next questions. If No, proceed to the next standard.</p>		
Is there a process for the support/promotion of safe self-administration?	Y	
	N	
Are medications securely stored?	Y	*Mini inspection item*
	N	
Are employees delivering medication assistance or reminders appropriately trained / educated?	Y	
	N	
Is there a process for dealing with errors in the provision of medication assistance or reminders?	Y	
	N	

Standard 11: Contracted Services		
		Comments
Are there contracts in place for services within the supportive living accommodation?	Y	
	N	
<p>If Yes, proceed to the next question. If No, proceed to the next standard.</p>		
Does the contract include: 1. the nature and scope of the service; 2. who will perform the service; 3. the persons qualifications; 4. requirement for insurance; and 5. a provision for the handling of personal information of the residents?	Y	
	N	

Standard 12: Social or Leisure Activities		
		Comments
Are social and leisure activities offered to the residents by the operator?	Y	
	N	
<p>If Yes, proceed to the next five questions. If No, proceed to the next standard.</p>		
Do the activities provided address the needs and preferences of the residents?	Y	
	N	
Are the opinions of residents periodically solicited in regards to the social and leisure activities offered?	Y	
	N	
Are residents' opinions and comments responded to?	Y	
	N	
Are social and leisure activities communicated to residents in an appropriate manner?	Y	
	N	
Are employees or service providers sufficiently knowledgeable or educated to deliver social and leisure activities?	Y	
	N	

Standard 13: Nutritional Requirements		
		Comments
Are residents provided with meals, fluids or snacks?	Y	*Mini inspection item*
	N	
<p>If Yes, proceed to the next four questions. If No, proceed to the next standard.</p>		
Do the meals, fluids and snacks provided meet the Canada Food Guide?	Y	*Mini inspection item*
	N	
Are the meals, fluids and snacks palatable, safe and pleasingly presented?	Y	*Mini inspection item*
	N	
Are meals, fluids and snacks served in sufficient quantities for the residents' nutritional and hydration needs to be met?	Y	*Mini inspection item*
	N	
Are the menus and meal times communicated to residents in an appropriate manner?	Y	*Mini inspection item*
	N	
Are meals, fluids or snacks provided for 11 or more residents?	Y	*Mini inspection item*
	N	
<p>If Yes, proceed to the next question. If No, proceed to the next standard.</p>		
Is there evidence of the menu meeting the requirements of the Canada Food Guide as assessed by a Registered Dietitian or qualified Food and Nutrition Manager?	Y	*Mini inspection item*
	N	

Standard 14: Menu Requirements		
		Comments
Are residents provided with meals, fluids or snacks	Y	*Mini inspection item*
	N	
<p style="text-align: center;">If Yes, proceed to the next nine questions. If No, proceed to the next standard.</p>		
Do the menus offer variety and seasonal variation?	Y	
	N	
Are residents provided with a choice from one food group at every meal?	Y	
	N	
Do the meals served take into consideration residents' food preferences, religious practices and cultural customs?	Y	
	N	
Are menu substitutions made from within the same food group and provide similar nutritional value?	Y	*Mini inspection item*
	N	
Are substitutions communicated to residents?	Y	*Mini inspection item*
	N	
Are residents' opinions regarding meals, fluids and snacks periodically collected and considered?	Y	
	N	
Are residents' opinions regarding meal times periodically collected and considered?	Y	
	N	
Are residents' opinions on meal times responded to?	Y	
	N	
Is there a record of meals served for the last 3 months?	Y	
	N	

Standard 15: Cleaning Requirements		
		Comments
Is a clean and comfortable environment provided for residents, employees, volunteers, service providers and visitors?	Y	*Mini inspection item*
	N	
Is the accommodation thoroughly cleaned on a regularly scheduled basis?	Y	
	N	
Is the level of cleanliness maintained on an as needed basis between regularly scheduled cleanings?	Y	
	N	
Are residents' preferences respected in the scheduling of cleaning?	Y	
	N	
Are written cleaning procedures established and followed?	Y	
	N	
Are appropriate mechanisms in place to minimize unpleasant odours?	Y	
	N	

Standard 16: Continuation of Services		
		Comments
Are site-specific contingency plans in place to ensure the continuation of necessary accommodation services in the event of loss of utilities, breakdown of equipment, extreme weather and staff disruptions?	Y	
	N	
Does the emergency plan mitigate the disruption to the residents?	Y	
	N	
Is the plan communicated and made available to residents, their representatives, visitors, volunteers and service providers?	Y	*Mini inspection item*
	N	
Is the contingency plan practicable?	Y	
	N	
Is the contingency plan reviewed on an annual basis?	Y	*Mini inspection item*
	N	

Standard 17: Prevention of Abuse		
		Comments
Are written processes in place that prevent abuse and identify the process for reporting abuse?	Y	
	N	
Are employees educated in the identification, reporting and prevention of abuse?	Y	
	N	
Are residents, their representatives, volunteers and service providers informed regarding the identification, reporting and prevention of abuse?	Y	
	N	

Standard 18: Resident Safety and Security		
		Comments
Are residents accounted for on a daily basis?	Y	*Mini inspection item*
	N	
Are monitoring mechanisms or personnel in place on a round-the-clock basis?	Y	*Mini inspection item*
	N	
Does the accommodation have a security system?	Y	*Mini inspection item*
	N	
If Yes, proceed to the next two questions. If No, skip the next two questions.		
Is the security system maintained, inspected and tested as recommended by the manufacturer?	Y	*Mini inspection item*
	N	
Are employees, residents, service providers, and volunteers trained in the use of the system in place?	Y	
	N	
Does the accommodation have an emergency call or communication system?	Y	*Mini inspection item*
	N	
If Yes, proceed to the next three questions. If No, skip the next three questions.		
Is the communication or emergency call system suitable for the building and residents it serves?	Y	
	N	
Is the communication or emergency call system maintained, inspected and tested as recommended by the manufacturer?	Y	*Mini inspection item*
	N	

Are employees, residents, service providers, and volunteers trained in the use of the system in place?	Y	
	N	
Are critical incidents reported to the Director? (see Information Guide for criteria for reporting)	Y	*Mini inspection item*
	N	

Standard 19: Trust Accounts		
		Comments
Does the operator hold resident funds for a period longer than 31 days?	Y	
	N	
If Yes , proceed to the next four questions. If No , proceed to the next standard.		
Are the funds deposited into a trust account opened and maintained for that purpose?	Y	
	N	
Are receipts for each transaction provided to the residents or their representatives?	Y	
	N	
Are easy to understand records with opening and closing balances made available for residents or their representatives free of charge?	Y	
	N	
Are the funds returned upon receiving a written request to do so from the resident or the resident's representative?	Y	
	N	

Standard 20: Safeguarding of Personal Possessions		
		Comments
Are personal possessions of a resident retained and safeguarded by the operator?	Y	
	N	
<div>If Yes, proceed to the next question. If No, proceed to the next standard.</div>		
Are written processes developed and maintained for the safeguarding of personal possessions?	Y	
	N	

Standard 21: Water Temperature		
		Comments
Is water temperature maintained at a safe level where it flows out of the taps in resident personal use areas?	Y	*Mini inspection item*
	N	
Does training occur with residents and employees on processes related to ensuring safe water temperatures?	Y	
	N	
Is maintenance and monitoring of hot water heating systems and therapeutic tubs completed?	Y	
	N	
Are risk mitigation procedures in place to ensure safe water temperatures?	Y	
	N	
Are maintenance personnel and employees involved in the water system sufficiently knowledgeable in the operation and function of any gauges, valves or controls?	Y	
	N	
Does the accommodation have therapeutic tubs?	Y	*Mini inspection item*
	N	
<p>If Yes, proceed to the next question.</p> <p>If No, proceed to the next standard.</p>		
Are hot water temperatures flowing into the therapeutic tub prior to the first bath of the day logged on a sheet or book and kept in the tub room?	Y	*Mini inspection item*
	N	

Standard 22: General Information		
		Comments
Is information on relevant community, municipal, provincial and federal programs available for residents and their representatives?	Y	
	N	

Standard 23: Information Respecting the Supportive Living Accommodation		
		Comments
Is information (a-o below) available for applicants, residents and their representatives?	Y	
	N	

a) Eligibility requirements	Y	
	N	
b) Application process	Y	
	N	
c) Capacity of the accommodation and the services provided to meet residents' needs	Y	
	N	
d) Move in and orientation process	Y	
	N	
e) Basic accommodation and service charges on a monthly basis	Y	
	N	
f) Available optional personal services and charges	Y	
	N	
g) Cleaning and maintenance schedules	Y	
	N	
h) Policy respecting giving of gifts by residents to employees and volunteers	Y	
	N	
i) Policy respecting employee and volunteer involvement in resident financial and non-financial personal affairs	Y	
	N	
j) Notice period applicable to rate increases	Y	
	N	
k) House rules of the accommodation and circumstances that could lead to termination of residency	Y	
	N	
l) Information on the measures taken to protect the privacy and personal information of residents	Y	
	N	
m) i) The risk management process, if one is established	Y	
	N	
	N/A	
	Y	
	N	
	N/A	
	Y	
	N	
	N/A	
n) Information on the results of required inspections to the accommodation	Y	
	N	
o) Written process for resolving concerns or complaints	Y	
	N	

Is a residential service agreement signed by each resident or the resident's representative and an authorized representative of the accommodation?	Y	
	N	
Does the agreement include the residential services to be provided, the rates for those services, and notice periods for rate increases and termination of services or tenancy?	Y	
	N	

Standard 24: Concerns and Complaints

		Comments
Is a written process for the resolution of concerns and complaints developed and maintained?	Y	
	N	
Are reported concerns documented as well as the measures taken to resolve them?	Y	
	N	

Standard 25: Assessment

		Comments
Are resident placements completed externally by centralized placement (i.e. Alberta Health Services)?	Y	
	N	
If Yes, proceed to the next question. If No, proceed to the next standard.		
Are written processes developed and maintained for the assessment of applicants for residency in the accommodation?	Y	
	N	

Standard 26: Reassessment

		Comments
Are residents reassessed when their physical, emotional or cognitive condition changes?	Y	
	N	

Standard 27: Risk Management		
		Comments
Are residents notified of the limits of the service offered at the supportive living accommodation and acknowledge the risk, if any, of living there?	Y	
	N	
Are written managed risk agreements currently in place?	Y	*Mini inspection item*
	N	
<p align="center">If Yes, proceed to the next two questions. If No, proceed to the next standard.</p>		
Are written managed risk agreements developed with the resident and/or the resident's representative to manage the risk to the resident?	Y	*Mini inspection item*
	N	
Are managed risk agreements reviewed and amended, if necessary, each time a reassessment is completed?	Y	
	N	
	N/A	

Standard 28: Safety and Security		
		Comments
Are policies and procedures related to the safety and security of residents created, maintained and followed?	Y	
	N	
Are employees hired to work in the supportive living accommodation?	Y	
	N	
<p align="center">If Yes, proceed to the next question. If No, proceed to the next standard.</p>		
Are employees aware and have access to policies and procedures related to the safety and security of residents?	Y	
	N	

Standard 29: Job Descriptions		
		Comments
Are employees hired to work in the supportive living accommodation?	Y	
	N	
<p>If Yes, proceed to the next questions. If No, proceed to the next standard.</p>		
Are written job descriptions prepared and made available for each employee at the accommodation?	Y	
	N	
Do the job descriptions include the job qualifications, responsibilities of the position and the scope of the position?	Y	
	N	

Standard 30: Residents' Personal Affairs		
		Comments
Are written policies in place regarding the involvement of employees or volunteers in the personal affairs of residents?	Y	
	N	
Does the policy address the accepting of gifts by employees and volunteers from residents?	Y	
	N	
Does the policy address the involvement of employees and volunteers in the financial affairs (e.g. wills, estate planning, powers of attorney) of residents?	Y	
	N	
Does the policy address the involvement of employees and volunteers in the non-financial affairs (e.g. personal directives, guardianship) of residents?	Y	
	N	
Are these policies provided to residents, their representatives, employees and volunteers?	Y	
	N	

Standard 31: Criminal Record Checks		
		Comments
Has a new employee, volunteer or service provider been retained after March 31, 2007?	Y	
	N	
<p>If Yes, proceed to the next question. If No, proceed to the next standard.</p>		
Is there evidence that a criminal record check was completed and the results were considered for each new employee, volunteer and service provider?	Y	
	N	

Standard 32: Privacy and Personal Information		
		Comments
Is the privacy and personal information of residents protected?	Y	*Mini inspection item*
	N	
Are written policies developed and maintained regarding the protection of residents' privacy and personal information?	Y	
	N	
Are employees and volunteers trained in implementing these policies?	Y	
	N	
Are residents and their representatives informed respecting the policies?	Y	
	N	

This document is also located on-line at:

<http://www.health.alberta.ca/services/continuing-care-forms.html>

Long-Term Care Accommodation Standards Monitoring Visit Preparation Checklist

The Monitoring Visit Preparation Checklist is designed to assist operators to prepare for an accommodation standards monitoring visit. The questions are intended to prompt operators to determine what standards are applicable to the accommodations and in what areas evidence of compliance will be reviewed. Further information on each standard and the methods and evidence of compliance can be found in Section 9 of the Information Guide.

Mini Monitoring Visits

For accommodations that have been successful in obtaining a multi-year certificate, mini visits will be completed annually, until the year the certificate expires. The standards that are applicable on a mini visit have been highlighted throughout this checklist. It is at the Licensing Inspector's discretion to review other standards that may be warranted in certain accommodations (e.g., new renovations). Any non-compliance found during the completion of a mini visit will result in a full checklist being completed. See Section 8 – Certificates Issued for more details on multi-year certificates.

Standard 1: Building Code Requirements		
		Comments
Has there been a change to the structure or use of (population) the accommodation?	Y	
	N	
<p>If Yes, proceed to the next question. If No, proceed to the next standard.</p>		
Is there evidence of continued compliance with the Alberta Building Code?	Y	
	N	

Standard 2: Safety Requirements		
		Comments
Are the accommodations, buildings and grounds safe and hazard free?	Y	*Mini monitoring visit item*
	N	
Is there evidence of grounds maintenance being completed in all seasons?	Y	*Mini monitoring visit item*
	N	

Standard 3: Maintenance Requirements		
		Comments
Are the accommodations, buildings, grounds, equipment and operator-owned furnishings well maintained?	Y	*Mini monitoring visit item*
	N	
Is there evidence of a preventative maintenance program being followed?	Y	
	N	
Is there evidence of a corrective maintenance program being followed?	Y	
	N	

Standard 4: Environmental Requirements		
		Comments
Is the temperature of the accommodation, where residents are unable to adjust the temperature, maintained at a level that supports the safety of all the residents and the comfort of the majority?	Y	
	N	

Standard 5: Personalizing Spaces		
		Comments
Is there evidence of each resident's opportunity to personalize their rooms, and if so, to what extent?	Y	
	N	

Standard 6: Window Coverings		
		Comments
Are there appropriate window coverings in each area of the accommodation (resident rooms and common areas) provided by the operator?	Y	
	N	

Standard 7: Bedding		
		Comments
Are the bedding, linens and towels maintained in a good condition?	Y	
	N	
Is there evidence of at least weekly changes of the bedding, linens and towels?	Y	
	N	
Are there sufficient quantities of bedding, linen and towels for the utilization needs of each resident?	Y	
	N	
Are as needed changes of the bedding, linens and towels provided or arranged for as per the needs of the residents?	Y	
	N	

Standard 8: Personal Laundry Services		
		Comments
Is there a laundry service or facility available for residents to have their personal laundry completed?	Y	
	N	
Are residents informed of the availability of a service or a space for their personal laundry to be done on site?	Y	
	N	
Is a space with laundry equipment provided for residents, their representatives or their service provider's use?	Y	
	N	
<p>If Yes, proceed to the next question. If No, proceed to the next standard.</p>		
Is the space and equipment appropriate, clean and in good repair?	Y	
	N	

Standard 9: Personal Choice Services		
		Comments
Is a personal choice service offered on-site to residents?	Y	*Mini monitoring visit item*
	N	
<p>If Yes, proceed to the next three questions. If No, proceed to the next standard.</p>		
Are the services offered based on the needs and preferences of the residents?	Y	
	N	
Is the space used for the personal choice service appropriate for its intended use?	Y	
	N	
Does the personal choice service provider hold the required licences or certificates for the provision of the service?	Y	*Mini monitoring visit item*
	N	
	N/A	

Standard 10: Insurance		
		Comments
Does the organization have insurance coverage that includes general liability coverage in respect of bodily harm, personal injury and property damage for an amount not less than \$2 000 000 per occurrence?	Y	
	N	
Does the organization operate a long-term care accommodation at more than one location?	Y	
	N	
<p align="center">If Yes, proceed to the next question. If No, skip the next question.</p>		
Does the general liability insurance coverage apply in respect of each location separately?	Y	
	N	
Does the operator hold money or personal property of residents that has a monetary value?	Y	
	N	
<p align="center">If Yes, proceed to the next question. If No, skip the next question.</p>		
Does the organization hold a comprehensive crime insurance policy?	Y	
	N	
Is a detailed certificate of insurance provided annually to the Director of Accommodation Standards and Licensing?	Y	*Mini monitoring visit item*
	N	

Standard 11: Contracted Services		
		Comments
Are there contracts in place for services within the long-term care accommodation?	Y	
	N	
<p align="center">If Yes, proceed to the next question. If No, proceed to the next standard.</p>		
Does the contract include: a) the nature and scope of the service; b) who will perform the service; c) the persons qualifications; d) requirement for insurance; and e) a provision for the handling of personal information of the	Y	
	N	

residents?		
------------	--	--

Standard 12: Social or Leisure Activities		
		Comments
Are social and leisure activities offered to the residents by the operator?	Y	
	N	
<p style="text-align: center;">If Yes, proceed to the next five questions. If No, proceed to the next standard.</p>		
Do the activities provided address the needs and preferences of the residents?	Y	
	N	
Are the opinions of residents periodically solicited in regards to the social and leisure activities offered?	Y	
	N	
Are residents' opinions and comments responded to?	Y	
	N	
Are social and leisure activities communicated to residents in an appropriate manner?	Y	
	N	
Are employees or service providers sufficiently knowledgeable or educated to deliver social and leisure activities?	Y	
	N	

Standard 13: Nutritional Requirements		
		Comments
Are the meals, fluids and snacks palatable, safe and pleasingly presented?	Y	*Mini monitoring visit item*
	N	
Are meals, fluids and snacks served in sufficient quantities for the residents' nutritional and hydration needs to be met?	Y	*Mini monitoring visit item*
	N	
Are the menus and meal times communicated to residents in an appropriate manner?	Y	*Mini monitoring visit item*
	N	

Standard 14: Menu Requirements		
		Comments
Do the menus offer variety and seasonal variation?	Y	
	N	
Are residents provided with a choice from one food group at every meal?	Y	
	N	
Do the meals served take into consideration residents' food preferences, religious practices and cultural customs?	Y	
	N	
Are menu substitutions made from within the same food group and provide similar nutritional value?	Y	*Mini monitoring visit item*
	N	
Are substitutions communicated to residents?	Y	*Mini monitoring visit item*
	N	
Are residents' opinions regarding meals, fluids and snacks collected at least yearly and considered?	Y	
	N	
Are residents' opinions regarding meal times periodically collected and considered?	Y	
	N	
Are residents' opinions on meal times responded to?	Y	
	N	

Standard 15: Cleaning Requirements		
		Comments
Is a clean and comfortable environment provided for residents, employees, volunteers, service providers and visitors?	Y	*Mini monitoring visit item*
	N	
Is the accommodation thoroughly cleaned on a regularly scheduled basis?	Y	
	N	
Is the level of cleanliness maintained on an as needed basis between regularly scheduled cleanings?	Y	
	N	
Are residents' preferences respected in the scheduling of cleaning?	Y	
	N	
Are written cleaning procedures established and followed?	Y	
	N	
Are appropriate mechanisms in place to minimize unpleasant odours?	Y	
	N	

Standard 16: Continuation of Services		
		Comments
Are site-specific contingency plans in place to ensure the continuation of necessary accommodation services in the event of loss of utilities, breakdown of equipment, extreme weather and staff disruptions?	Y	
	N	
Does the emergency plan mitigate the disruption to the residents?	Y	
	N	
Is the plan communicated and made available to residents, their representatives, employees, visitors, volunteers and service providers?	Y	*Mini monitoring visit item*
	N	
Is the contingency plan practicable?	Y	
	N	
Is the contingency plan reviewed on an annual basis?	Y	*Mini monitoring visit item*
	N	

Standard 17: Prevention of Abuse		
		Comments
Are written processes in place that prevent abuse and identify the process for reporting abuse?	Y	
	N	
Are employees educated in the identification, reporting and prevention of abuse?	Y	
	N	
Are residents, their representatives, volunteers and service providers informed regarding the identification, reporting and prevention of abuse?	Y	
	N	

Standard 18: Resident Safety and Security		
		Comments
Are residents accounted for on a daily basis?	Y	*Mini monitoring visit item*
	N	
Are monitoring mechanisms and personnel in place on a round-the-clock basis?	Y	*Mini monitoring visit item*
	N	
Does the accommodation have a security system?	Y	*Mini monitoring visit item*
	N	
<p align="center">If Yes, proceed to the next two questions. If No, skip the next two questions.</p>		
Is the security system maintained, inspected and tested as recommended by the manufacturer?	Y	*Mini monitoring visit item*
	N	
Are employees, residents, service providers, and volunteers trained in the use of the system in place?	Y	
	N	
Does the accommodation have an emergency call or communication system?	Y	*Mini monitoring visit item*
	N	
<p align="center">If Yes, proceed to the next three questions. If No, skip the next three questions.</p>		
Is the communication or emergency call system suitable for the building and residents it serves?	Y	
	N	
Is the communication or emergency call system maintained, inspected and tested as recommended by the manufacturer?	Y	*Mini monitoring visit item*
	N	
Are employees, residents, service providers, and volunteers trained in the use of the system in place?	Y	
	N	
Are critical incidents reported to the Director? (see Information Guide for criteria for reporting)	Y	*Mini monitoring visit item*
	N	

Standard 19: Trust Accounts		
		Comments
Does the operator hold resident funds for a period longer than 31 days?	Y	
	N	
<p style="text-align: center;">If Yes, proceed to the next four questions. If No, proceed to the next standard.</p>		
Are the funds deposited into a trust account opened and maintained for that purpose?	Y	
	N	
Are receipts for each transaction provided to the residents or their representatives?	Y	
	N	
Are easy to understand records with opening and closing balances made available for residents or their representatives free of charge?	Y	
	N	
Are the funds returned upon receiving a written request to do so from the resident or the resident's representative?	Y	
	N	

Standard 20: Corporate Status		
		Comments
Is the organization a company under the Companies Act, a corporation under the Business Corporations Act, a partnership under the Partnerships Act or a Society under the Societies Act?	Y	*Mini monitoring visit item*
	N	
<p style="text-align: center;">If Yes, proceed to the next question. If No, proceed to the next standard.</p>		
Is the organization in good standing under Alberta law?	Y	*Mini monitoring visit item*
	N	

Standard 21: Water Temperature		
		Comments
Is water temperature maintained at a safe level where it flows out of the taps in resident personal use areas?	Y	*Mini monitoring visit item*
	N	
Does training occur with residents and employees on processes related to ensuring safe water temperatures?	Y	
	N	
Is maintenance and monitoring of hot water heating systems and therapeutic tubs completed?	Y	
	N	
Are risk mitigation procedures in place to ensure safe water temperatures?	Y	
	N	
Are maintenance personnel and employees involved in the water system sufficiently knowledgeable in the operation and function of any gauges, valves or controls?	Y	
	N	
Does the accommodation have therapeutic tubs?	Y	*Mini monitoring visit item*
	N	
<p align="center">If Yes, proceed to the next question. If No, proceed to the next standard.</p>		
Are hot water temperatures flowing into the therapeutic tub prior to the first bath of the day logged on a sheet or book and kept in the tub room?	Y	*Mini monitoring visit item*
	N	

Standard 22: General Information		
		Comments
Is information on relevant community, municipal, provincial and federal programs available for residents and their representatives?	Y	
	N	

Standard 23: Information Respecting the Long-term Care Accommodation		
		Comments
Is information (a-j below) available for applicants, residents and their representatives?	Y	
	N	
a) The process of moving in and orientation	Y	
	N	
b) Basic accommodation and service charges on a monthly basis	Y	
	N	
c) Available optional personal choice services and charges	Y	
	N	
d) Cleaning and maintenance schedules	Y	
	N	
e) Notice period applicable to rate increases	Y	
	N	
f) House rules of the accommodation and circumstances that could lead to termination of residency	Y	
	N	
g) Information on the measures taken to protect the privacy and personal information of residents	Y	
	N	
h) Information respecting trust accounts, if applicable	Y	
	N	
	N/A	
i) Information on the results of required inspections to the accommodation	Y	
	N	
j) Written process for resolving concerns or complaints	Y	
	N	
Is a residential service agreement signed by each resident or the resident's representative and an authorized representative of the accommodation?	Y	
	N	
Does the agreement include the residential services to be provided, the rates for those services, and notice periods for rate increases and termination of services or tenancy?	Y	
	N	

Standard 24: Concerns and Complaints		
		Comments
Is a written process for the resolution of concerns and complaints developed and maintained?	Y	
	N	
Are reported concerns documented as well as the measures taken to resolve them?	Y	
	N	

Standard 25: Certificate Posted		
		Comments
Is the certificate regarding the long-term care accommodation standards posted in a prominent place in the accommodation to which it pertains?	Y	*Mini monitoring visit item*
	N	

Standard 26: Criminal Record Checks		
		Comments
Has a new employee, volunteer or service provider been retained after March 31, 2007?	Y	
	N	
If Yes, proceed to the next question. If No, proceed to the next standard.		
Is there evidence that a criminal record check was completed and the results were considered for each new employee, volunteer and service provider?	Y	
	N	

Standard 27: Privacy and Personal Information		
		Comments
Is the privacy and personal information of residents protected?	Y	*Mini monitoring visit item*
	N	
Are written policies developed and maintained regarding the protection of residents' privacy and personal information?	Y	
	N	
Are employees and volunteers trained in implementing these policies?	Y	
	N	
Are residents and their representatives informed respecting the policies?	Y	
	N	

Standard 28: Safety and Security		
		Comments
Are policies and procedures related to the safety and security of residents created, maintained and followed?	Y	
	N	
Are employees aware and have access to policies and procedures related to the safety and security of residents?	Y	
	N	

Standard 29: Job Descriptions		
		Comments
Are written job descriptions prepared and made available for each employee at the accommodation?	Y	
	N	
Do the job descriptions include the job qualifications, responsibilities of the position and the scope of the position?	Y	
	N	

Standard 30: Residents' Personal Affairs		Comments
Are written policies in place regarding the involvement of employees or volunteers in the personal affairs of residents?	Y	
	N	
Does the policy address the accepting of gifts by employees and volunteers from residents?	Y	
	N	
Does the policy address the involvement of employees and volunteers in the financial affairs (e.g. wills, estate planning, powers of attorney) of residents?	Y	
	N	
Does the policy address the involvement of employees and volunteers in the non-financial affairs (e.g. personal directives, guardianship) of residents?	Y	
	N	
Are these policies provided to residents, their representatives, employees and volunteers?	Y	
	N	

This document is also located on-line at:

<http://www.health.alberta.ca/services/continuing-care-forms.html>

Reportable Incidents

In this Section

Both the Accommodation Standards and the Health Service Standards include a reportable incident component. To streamline this process for those operators that must follow both set of standards a coordinated Reportable Incident approach has been taken. In determining what form, example sheet and decision guide to use, please determine if you are:

- ❑ **Health Funded:** Includes accommodations or services that receive funding from Alberta Health Services. Includes Long-term care, designated supportive living, personal care homes, family care homes, home care and home living services.
- ❑ **Non-Health Funded:** Includes all other accommodations licensed under the *Supportive Living Accommodation Licensing Act* that are not funded by Alberta Health Services. Includes lodges, private assisted living, group homes (private and funded by Persons with Developmental Disabilities).

Note

For fillable PDF form, please see:

<http://www.health.alberta.ca/services/continuing-care-forms.html>

The form will require the user to click either the Health-Funded or the Non-Health Funded checkbox prior to completing the form. Upon doing this, the appropriate step-by-step instructions will appear.

Reportable Incident Form: Health Funded

Decision Guide: Health Funded

Examples: Health Funded

Reportable Incident Form: Non-Health Funded

Decision Guide: Non-Health Funded

Examples: Non-Health Funded



Reportable Incidents

This information is being collected under the authority of section 33(1)(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used for the purposes of licensing supportive living and monitoring long-term care accommodations. Your personal information will be managed in accordance with the FOIP Act. Should you have any questions about the collection, use, or disclosure of this information, you may contact the Director, Continuing Care Standards and Licensing, Alberta Health, at 780-644-8428 (310-0000 toll free), or 10225 Jasper Avenue NW, PO Box 1390, Stn. Main, Edmonton, Alberta T5J 2N5.

Select type of Reportable Incident

☒ Health Funded

Includes accommodations or services that receive funding from Alberta Health Services.
Includes Long-term care, designated supportive living, personal care homes, family care homes, home care and home living services.

☐ Non-Health Funded

Includes all other accommodations licensed under the Supportive Living Accommodation Licensing Act that are not funded by Alberta Health Services.
Includes lodges, private assisted living, group homes (private and funded by Persons with Developmental Disabilities).

- Reportable Incidents are to be submitted to Alberta Health within two business days by the operator/contracted service provider.
- Using the "submit" feature of this form will allow you to send information to asat@gov.ab.ca and reportableincidents@albertahealthservices.ca simultaneously.
- Please ensure that additional notifications are completed as per existing zone processes.
- If you have reason to believe that this incident meets the definition of abuse under the Protection for Persons in Care Act please call 1-888-357-9339 to report.

Date of Incident	<input type="text"/>	Time of Incident	<input type="text"/>
------------------	----------------------	------------------	----------------------

Reportable Incidents: an event related to the Accommodation Standards or the Health Service Standards that has occurred:

<input type="checkbox"/> Resident Death or Serious Harm <input type="checkbox"/> Error or Omission in the provision of health service <input type="checkbox"/> Error or Omission in the provision of accommodation service <input type="checkbox"/> Equipment malfunction or operator error	<input type="checkbox"/> Resident/Client Unaccounted for <input type="checkbox"/> Accommodation, grounds or equipment in disrepair or unsafe <input type="checkbox"/> Assault / Aggression	<input type="checkbox"/> Unplanned Activation of Contingency Plan <input type="checkbox"/> Disruption of Utilities <input type="checkbox"/> Evacuation <input type="checkbox"/> Staff Disruption <input type="checkbox"/> Severe Weather <input type="checkbox"/> Loss of Essential Equipment	<input type="checkbox"/> Extensive Damage to the Accommodation <input type="checkbox"/> Fire or Flood <input type="checkbox"/> Disaster <input type="checkbox"/> Building or Equipment Failure
--	--	--	---

Details of Incident

Status of Person(s)/Accommodation

Action Taken or Planned

Accommodation/Site Name	Accommodation/Site Contact Name
<input type="text"/>	<input type="text"/>

Accommodation/Site Address	Accommodation/Site Phone Number
<input type="text"/>	<input type="text"/>

Accommodation Type

<input type="checkbox"/> Home Living	<input type="checkbox"/> Supportive Living	<input type="checkbox"/> Facility Living
<input type="checkbox"/> Home Care	<input type="checkbox"/> SL3	<input type="checkbox"/> SL4/SL4D
<input type="checkbox"/> Other	<input type="checkbox"/> Other	

Reportable incident form completed by (Please print)	Date
<input type="text"/>	<input type="text"/>

[E-mail Submit](#)

HCB0001 (2013/03)

[Reset Form](#)

[Save](#)

[Print](#)

Page 1 of 1

This form is available on-line at: <http://www.health.alberta.ca/services/continuing-care-forms.html>

Reportable Incident Decision Guide: Health Funded Accommodations

Does the incident relate to the accommodation or health service standards and result in one of the following:

Resident death or serious harm

Yes

Did the incident occur due to an error or omission in the provision of accommodation or health services?

No

Yes, Report

Did the incident occur due to an assault or aggression?

No

Yes, Report

Did the incident occur due to the accommodation, grounds or equipment being in disrepair, in an unsafe condition or used in an unsafe manner?

No, Not Reportable

Yes, Report

Resident/Client unaccounted for

Yes

Did the resident's absence occur outside the limits set out in their assessment, individual plan or accommodation policy?

No

Yes, Report

Did the resident's absence occur as result of equipment or technology failure?

No

Yes, Report

Did the resident's absence occur as result of an error or omission of personnel?

No, Not Reportable

Yes, Report

Unplanned activation of a contingency plan

Yes

Did the activation occur due to a loss of utilities?

No

Yes, Report

Did the activation occur due to a breakdown of essential equipment?

No

Yes, Report

Did the activation occur due to a staff disruption?

No

Yes, Report

Did the activation result in an evacuation?

No

Yes, Report

Did the activation occur due to severe weather?

No, Not Reportable

Yes, Report

Extensive damage to the accommodation

Yes

Did the damage affect the ability to provide accommodation or health services?

No

Yes, Report

Did the damage require residents to be relocated (off site or within the site)?

No

Yes, Report

Is the accommodation, grounds or equipment in disrepair or in an unsafe condition?

No, Not Reportable

Yes, Report

Serious Harm: Physical or psychological injury which is life threatening and/or traumatic to the individual

Extensive damage: damage to the extent that the ability of the operator to continue to provide accommodation services and a safe and secure environment is affected

Reportable Incidents are to be submitted to Alberta Health within two business days by the operator.

Forms can be completed and submitted electronically at: <http://www.health.alberta.ca/services/continuing-care-forms.html>

Health Funded Reportable Incident Examples

Resident Death or Serious Harm	Resident/Client Unaccounted for	Unplanned Activation of Contingency Plan	Extensive Damage to the Accommodation
Examples of reportable incidents may include, but is not limited to:			
Error or Omissions <ul style="list-style-type: none"> ○ Falls* (witnessed & unwitnessed) ○ Medication Errors (unsecured medications being ingested, missed medications, wrong client/dosage/medication/route/time) ○ Risk agreement or care plan not adhered to ○ Choking ○ Burns, scalding ○ Ingestion of chemicals/toxins ○ Sharps injury ○ Unexpected death 	Resident absence <ul style="list-style-type: none"> ○ Unexplained resident absence ○ Abnormal extended absence of a resident ○ Elopement 	Loss of utilities <ul style="list-style-type: none"> ○ Power ○ Gas ○ Water ○ Telephone Service Breakdown of Essential Equipment <ul style="list-style-type: none"> ○ Loss of heating equipment ○ Loss of service equipment ○ Loss of elevator 	Services affected <ul style="list-style-type: none"> ○ Flood (water main break, sprinkler system failure) ○ Damage to section of building
Assault or Aggression <ul style="list-style-type: none"> ○ Self harm ○ Aggressive behaviour to others ○ Sexual Assault ○ Attempted suicide 	Equipment or technology failure <ul style="list-style-type: none"> ○ Failure of door alarms, roam alerts, or wanderguard 	Staff Disruption <ul style="list-style-type: none"> ○ Strike ○ Site isolation ○ Shortage Evacuation <ul style="list-style-type: none"> ○ Full/Partial 	Relocation <ul style="list-style-type: none"> ○ Flood ○ Fire ○ Gas leak ○ Overall building damage
Accommodation, Grounds, Equipment in disrepair/unsafe <ul style="list-style-type: none"> ○ Equipment malfunction ○ Operator error (in use of equipment) ○ Ice or snow that has not been removed ○ Injury due to disrepair ○ Tripping hazards 	Error or omission of personnel <ul style="list-style-type: none"> ○ Failure of daily accounting systems ○ Failure of site security 	Severe Weather <ul style="list-style-type: none"> ○ Tornado ○ Summer or winter storms ○ Excessive Heat 	Unsafe conditions <ul style="list-style-type: none"> ○ Roof leak/collapse ○ Damage to section of building

***Fall:** unintentionally coming to rest on the ground, floor or other lower level (definition as per AHS policy)

Reportable Incident Form: Non-Health Funded



Reportable Incidents

This information is being collected under the authority of section 33(1)(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* and will be used for the purposes of licensing supportive living and monitoring long-term care accommodations. Your personal information will be managed in accordance with the *FOIP Act*. Should you have any questions about the collection, use, or disclosure of this information, you may contact the Director, Continuing Care Standards and Licensing, Alberta Health, at 780-644-8428 (310-0000 toll free), or 10025 Jasper Avenue NW, PO Box 1360, Stn. Main, Edmonton, Alberta T5J 2N3.

Select type of Reportable Incident

☐ **Health Funded**

Includes accommodations or services that receive funding from Alberta Health Services.
Includes Long-term care, designated supportive living, personal care homes, family care homes, home care and home living services.

☒ **Non-Health Funded**

Includes all other accommodations licensed under the *Supportive Living Accommodation Licensing Act* that are not funded by Alberta Health Services.
Includes lodges, private assisted living, group homes (private and funded by Persons with Developmental Disabilities).

- Reportable Incidents are to be submitted to Alberta Health within **two business days** by the operator.
- Using the "submit" feature of this form will allow you to send information to asal@gov.ab.ca.
- If you have reason to believe that this incident meets the definition of abuse under the *Protection for Persons in Care Act* please call 1-888-357-9339 to report.

Date of Incident		Time of Incident	
------------------	--	------------------	--

Reportable Incidents: an event related to the Accommodation Standards that has occurred:

Resident Death or Serious Harm <input type="checkbox"/> <i>Error or Omission in the provision of accommodation service</i> <input type="checkbox"/> <i>Accommodation, grounds or equipment in disrepair or unsafe</i>	Resident/Client Unaccounted for	Unplanned Activation of Contingency Plan <input type="checkbox"/> <i>Disruption of Utilities</i> <input type="checkbox"/> <i>Evacuation</i> <input type="checkbox"/> <i>Staff Disruption</i> <input type="checkbox"/> <i>Severe Weather</i> <input type="checkbox"/> <i>Loss of Essential Equipment</i>	Extensive Damage to the Accommodation <input type="checkbox"/> <i>Fire or Flood</i> <input type="checkbox"/> <i>Disaster</i> <input type="checkbox"/> <i>Building or Equipment Failure</i>
--	--	---	--

Details of Incident	
Status of Person(s)/Accommodation	
Action Taken or Planned	
Accommodation Name	Accommodation Contact Name
Accommodation Address	Accommodation Phone Number
Reportable Incident form completed by (Please print)	Date

E-mail Submit

HCE0001 (2013/03)

Reset Form

Save

Print

Page 1 of 1

This form is available on-line at: <http://www.health.alberta.ca/services/continuing-care-forms.html>

Reportable Incident Decision Guide: Non-Health Funded Accommodations

Does the incident relate to the accommodation standards and result in one of the following:

Resident death or serious harm

Yes

Did the incident occur due to an error or omission in the provision of accommodation services?

No

Yes, Report

Did the incident occur due to the accommodation, grounds or equipment being in disrepair, in an unsafe condition?

No, Not Reportable

Yes, Report

Resident/Client unaccounted for

Yes

Did the resident's absence occur outside the limits set out in their assessment, individual plan or accommodation policy?

No

Yes, Report

Did the resident's absence occur as result of equipment or technology failure?

No

Yes, Report

Did the resident's absence occur as result of an error or omission of personnel?

No, Not Reportable

Yes, Report

Unplanned activation of a contingency plan

Yes

Did the activation occur due to a loss of utilities?

No

Yes, Report

Did the activation occur due to a breakdown of essential equipment?

No

Yes, Report

Did the activation occur due to a staff disruption?

No

Yes, Report

Did the activation result in an evacuation?

No

Yes, Report

Did the activation occur due to severe weather?

No, Not Reportable

Yes, Report

Extensive damage to the accommodation

Yes

Did the damage affect the ability to provide accommodation services?

No

Yes, Report

Did the damage require residents to be relocated (off site or within the site)?

No

Yes, Report

Is the accommodation, grounds or equipment in disrepair or in an unsafe condition?

No, Not Reportable

Yes, Report

Serious Harm: Physical or psychological injury which is life threatening and/or traumatic to the individual

Extensive damage: damage to the extent that the ability of the operator to continue to provide accommodation services and a safe and secure environment is affected

Reportable Incidents are to be submitted to Alberta Health within two business days by the operator.

Forms can be completed and submitted electronically at: <http://www.health.alberta.ca/services/continuing-care-forms.html>

Non-Health Funded Reportable Incident Examples

Resident Death or Serious Harm	Resident/Client Unaccounted for	Unplanned Activation of Contingency Plan	Extensive Damage to the Accommodation
Examples of reportable incidents may include, but is not limited to:			
Error or Omissions <ul style="list-style-type: none"> ○ Medication Error ○ Burns, scalding ○ Ingestion of chemicals/toxins 	Resident absence <ul style="list-style-type: none"> ○ Unexplained resident absence ○ Abnormal extended absence of a resident ○ Elopement 	Loss of utilities <ul style="list-style-type: none"> ○ Power ○ Gas ○ Water ○ Telephone Service 	Services affected <ul style="list-style-type: none"> ○ Flood (water main break, sprinkler system failure) ○ Damage to section of building
		Breakdown of Essential Equipment <ul style="list-style-type: none"> ○ Loss of heating equipment ○ Loss of service equipment ○ Loss of elevator 	
Accommodation, Grounds, Equipment in disrepair or unsafe <ul style="list-style-type: none"> ○ Ice or snow that has not been removed ○ Injury due to disrepair of accommodation or equipment ○ Tripping hazards 	Equipment or technology failure <ul style="list-style-type: none"> ○ Failure of door alarms, roam alerts, or wanderguard 	Staff Disruption <ul style="list-style-type: none"> ○ Strike ○ Site isolation ○ Shortage 	Relocation <ul style="list-style-type: none"> ○ Flood ○ Fire ○ Gas leak ○ Overall building damage
		Evacuation <ul style="list-style-type: none"> ○ Full/Partial 	
	Error or omission of personnel <ul style="list-style-type: none"> ○ Failure of daily accounting systems ○ Failure of site security 	Severe Weather <ul style="list-style-type: none"> ○ Tornado ○ Summer or winter storms ○ Excessive Heat 	Unsafe conditions <ul style="list-style-type: none"> ○ Roof leak/collapse ○ Damage to section of building

Long-term Care Introduction

In this section information is provided on the authority and process used by Alberta Health to monitor long-term care accommodations to the Long-term Care Accommodation Standards.

In This Section

Definitions	2
Applicability	2
Purpose	2
Procedure	3
Certificate Required	3
Change in Contact Persons	3
Certificate Issued	4
Multiple Year Certificate Criteria	5
Certificates with Conditions	6
Public Reporting	6
Renewal of a Certificate	7
Monitoring Visits	7
Concern Resolution Process	7
Complaints	8
Investigations	8
Standards	8
Comparison to Supportive Living Accommodation Standards	9
Review Date	9
Coming into Force	9

Definitions

Definitions are provided for terminology that is utilized in this section of the Information Guide.

- ☐ **Certificate:** a certificate issued by Alberta Health which identifies the long-term care accommodations status of compliance with the long-term care accommodation standards.
- ☐ **Director:** the director of the Continuing Care Standards and Licensing Unit.
- ☐ **Legal representative:** a guardian or surrogate decision-maker of a resident pursuant to a court order.
- ☐ **Long-term care accommodation:** a “nursing home” under the *Nursing Homes Act* is defined as a facility for the provision of nursing home care; or an “auxiliary hospital” under the *Hospitals Act* is defined as a hospital for the treatment of a long-term care or chronic illnesses, diseases or infirmities.
- ☐ **Minister:** the Minister of Alberta Health.
- ☐ **Ministry:** Alberta Health
- ☐ **Operator:** a person who operates a long-term care accommodation.

Applicability

The Long-term Care Accommodation Standards apply to all long-term care accommodations in Alberta. The governing legislation for the accommodation standards is the Nursing Homes General Regulation, section 4(2)(b).

Purpose

The purpose of the long-term care accommodation standards is:

- ☐ to verify that operators of long-term care accommodations meet minimum standards to ensure the safety and well-being of the individuals living in the accommodation and
- ☐ to provide public assurance of the quality of long-term care accommodations.

Procedure

Long-term care accommodations are monitored to their compliance with the Long-term Care Accommodation Standards. Certificates are issued by the Standards Compliance and Licensing (SCL) Branch after a monitoring visit has occurred. Certificates indicate if the accommodation is in full compliance or if there are any non-compliances to be rectified within a specified time period.

Results of monitoring visits completed at long-term care accommodations are forwarded to Alberta Health Services. Alberta Health Services may be requested to assist the operator in achieving compliance to the Long-term Care Accommodation Standards.

Certificate Required

An operator must have certificate for each location at which the operator provides long-term care accommodations.

If there are conditions on a certificate the operator must comply with these conditions of the certificate.

As required in standard 25 an operator must post the certificate in a prominent place in the long-term care accommodation to which it pertains.

A certificate is not transferable. If there is a change in the operator, the location or there is a substantial change in operations the accommodation, the operator will need to notify the Standards Compliance and Licensing Branch.

The certificate indicates that the operator is either in full compliance to the accommodation standards or not in full compliance by identifying the non-compliant standards. It is easily recognizable and provides assurances to the residents, family members, general public, stakeholders, funders and other organizations that the minimum standard of accommodation and accommodation- related services have been met.

Change in Contact Persons

Any changes to operator or accommodation contacts should be communicated to SCL as soon as the change occurs. Contact information is utilized to schedule inspections, investigations, follow up on incident reports and send application and public reporting notifications.

Certificates Issued

The duration of an accommodation's certificate is determined at the discretion of the director based upon the outcome of monitoring visits and investigations.

New accommodations:

- New accommodations that are compliant or non-compliant to the accommodation standards may be issued a certificate for up to a six month period.
- New accommodations that have been fully compliant to the accommodation standards for six months and have received no confirmed complaints in that six month period are eligible for a certificate of up to one year.
- New accommodations that have not been fully compliant to the accommodation standards for six months or have received confirmed complaints in that six month period are eligible for a certificate of up to six months.

After the completion of the first year of certification and previously monitored accommodations:

- Accommodations that have been fully compliant to the accommodation standards for less than one year, or have received confirmed complaints are eligible for a certificate of up to a one year period only.
- Accommodations that have been fully compliant to the accommodation standards and have received no confirmed complaints for one year are eligible for a certificate of up to a two year period.
- Accommodations that have been fully compliant to the accommodation standards and have received no confirmed complaints for three years (1 year + 2 year certificate) are eligible for a certificate of up to a three year period.

The duration of the certificate does not dictate the time between monitoring visits. Operators can expect periodic announced or unannounced monitoring visits throughout their certificate period. At a minimum a mini-monitor will occur annually to review compliance with standards related to the safety and security of residents.

Multiple Year Certificate Criteria

Examples for determining how multiple year certificate duration criteria will be applied (not applicable for new accommodations):

Accommodation A receives annual monitoring visits in April of each year. It is fully compliant at each of the monitoring visits and has no confirmed complaints. It is eligible for multi-year certification.

Monitor Type	Monitoring Date	Non-Compliances	Confirmed Complaints	Certificate Type	Certificate Expiry
Full	April 2010	No	No	Full	April 30, 2011
Full	April 2011	No	No	Full	April 30, 2013
Mini	April 2012	No	No	N/A	N/A
Full	April 2013	No	No	Full	April 30, 2016
Mini	April 2014	No	No	N/A	N/A
Mini	April 2015	No	No	N/A	N/A
Full	April 2016	No	No	Full	April 30, 2019

Accommodation B receives annual monitoring visits in May. It was not fully compliant in the first year of monitoring, but became fully compliant in the second year of monitoring. Note that eligibility for multi-year certification is affected for one year only.

Monitor Type	Monitoring Date	Non-Compliances	Confirmed Complaints	Certificate Type	Certificate Expiry
Full	May 2010	Yes	No	Conditional	Negotiated Date
Full	May 2011	No	No	Full	May 31, 2012
Full	May 2012	No	No	Full	May 31, 2014
Mini	May 2013	No	No	N/A	N/A
Full	May 2014	No	No	Full	May 31, 2017

Accommodation C receives annual monitoring visits in June. It was fully compliant in the first and second year of monitoring, but later was found to be non-compliant. Note that once Accommodation C is found to be non-compliant a mini-monitor will become a full monitor. Upon certificate expiry Accommodation C is returned to a one-year certificate term as they no longer meet the eligibility criteria for multi-year certification.

Monitor Type	Monitoring Date	Non-Compliances	Confirmed Complaints	Certificate Type	Certificate Expiry
Full	June 2010	No	No	Full	June 30, 2011
Full	June 2011	No	No	Full	June 30, 2013
Mini -> Full	June 2012	Yes	No	N/A	N/A
Follow-up visit to occur as necessary to rectify non-compliances.					
Full	June 2013	No	No	Full	June 30, 2014

Certificates with Conditions

Certificates with conditions may be issued to accommodations that do not meet certain accommodation standards while the conditions are being rectified. In situations in which the operator is unable or unwilling to comply, the residents are at risk, or the conditions of a certificate are not being addressed by the operator Alberta Health will work in conjunction with Alberta Health Services to determine the appropriate action to ensure compliance and resident safety.

Public Reporting

The status of an accommodation's certificate is posted on the Alberta Health Public Reporting website located at <http://www.asalreporting.gov.ab.ca/astral/>. Changes to the Public Reporting system are anticipated for Fall 2013.

Current: Spring to Fall 2013

When a non-compliance to the Regulation is issued to an operator, they will have two weeks to rectify the non-compliance prior to its' posting on the website. Only current non-compliances are posted on the website. When an operator complies with the regulation, the non-compliances will be removed from Public Reporting on its next update.

Confirmed complaints are posted on the website for three months after the date in which the non-compliance resulting from the complaint was rectified.

Future: Fall 2013 Changes

The public reporting system will display all visits completed at an accommodation and all non-compliances issued, in progress and rectified during those visits for a period of up to three years. Data for historical reporting will be collected starting April 1, 2013, so a full three years of information will not be available until March 31, 2016. Non-compliances rectified during the two week window from April 1, 2013 to Fall 2013 will be displayed within the historical information for the accommodation.

All visit types will be reported on the public reporting website including annual monitoring visits, complaint investigations, follow up visits and consultations. Any non-compliance issued to the accommodation will be posted, regardless of the duration of time to rectify the non-compliance. Non-compliance information will include both the date the non-compliance was issued and the date that it was rectified, or the planned date of completion if it is still in progress.

The public reporting system is updated nightly, although due to Licensing Inspectors' schedules new information on visits and non-compliances issued or rectified will not be displayed on the system for up to 3 business days.

Renewal of a Certificate

Approximately four to six weeks prior to the long-term care accommodation's certificate expiry date a Licensing Inspector will contact the long-term care accommodation operator to schedule a monitoring visit.

Monitoring Visits

An inspector may, with the permission of the operator of a long-term care accommodation,

- ☐ At any reasonable hour enter the long-term care accommodation and inspect that long-term care accommodation;
- ☐ Require the production of any books, records or other documents in respect of the long-term care accommodation;
- ☐ Interview the operator of the long-term care accommodation with respect to matters relevant to the inspection.
- ☐ An inspector may enter the long-term care accommodation of a particular resident only with the permission of that resident or that resident's legal representative.
- ☐ An inspector may interview employees and residents of the long-term care accommodation, relatives of residents, legal representatives of residents and any other person who may have information relevant to the monitor or investigation.

Concern Resolution Process

Operators concerned with a decision of a Licensing Inspector in regards to the issuance of a non-compliance to the accommodation standards as a result of a monitoring visit or investigation may bring their concern to the attention of the Director.

To commence the concerns resolution process the operator must provide in writing within 10 working days of the non-compliance being issued the following information:

- ☐ The specific issue or non-compliance being disputed.
- ☐ The evidence that was presented to the Licensing Inspector to demonstrate compliance.
- ☐ The grounds on which operator believes the non-compliance or findings of an investigation to be inaccurate.

Upon receipt of this information, the Director will delegate the Manager, Licensing Services and the Licensing Supervisor to review the decision utilizing the provided information. Their recommendation will be reviewed by the Director, who may confirm, vary or rescind the decision that has been received.

The Director will provide the operator with the results of the decision and the reasons for the decision in writing within 30 days of the receipt of the concern. The Director's decision is final.

Complaints

Concerned individuals are encouraged to follow the documented concerns or complaints resolution process of the long-term care accommodation. Where complaints are related to a non-compliance to the Long-term Care Accommodation Standards, the concerned individuals have the option of directing complaints to the Complaints Officer of the SCL Branch.

The Complaints Officer may refer the complaint to investigation, refer the complaint to another authority, or refuse to refer the complaint if it is deemed to be resolved, frivolous or vexatious.

Investigations

All complaints that have been referred for investigation will be investigated by a Licensing Inspector. Investigation visits may occur on an announced or an unannounced basis, as per the discretion of the investigator and the Complaints Officer. Entering the long-term care accommodation and investigating an allegation of non-compliance identifies the validity of the complaint. This ensures that operators are maintaining compliance to the standards throughout their certification period. Results of the investigation are shared with the operator at the time of the investigation.

Standards

The standards identify the requirements that long-term care operators must comply with when operating a long-term care accommodations. These standards are outlined in Section 9 of this Information Guide.

Comparison to Supportive Living Accommodation Standards

There are 30 Long-Term Care Accommodation Standards compared to 32 Supportive Living Accommodation Standards. The differences are:

- ☐ Four additional standards for long-term care accommodations.
 - Personal laundry services are required in long-term care as opposed to optional in supportive living.
 - Posting *Certificates of Compliance* is a requirement in the *Supportive Living Accommodation Licensing Act*.
 - Insurance is a requirement in the *Supportive Living Accommodation Licensing Regulation*.
 - Corporate Status is a requirement in the *Supportive Living Accommodation Licensing Regulation*.
- ☐ Six supportive living accommodation standards are not relevant for long-term care accommodations:
 - Assessment (in long-term care this is the responsibility of centralized intake not the operator).
 - Reassessment (in long-term care this is the responsibility of centralized intake not the operator).
 - Risk management (in long-term care this is the responsibility of centralized intake not the operator).
 - Medication assistance and reminders (in long-term care this is the responsibility of Alberta Health Services and monitored under the Continuing Care Health Service Standards).
 - Laundry services for resident-supplied bedding and towels is not applicable in long-term care as bedding is required to be supplied by operators.
 - Safeguarding of personal possessions was removed as this duplicates a requirement under the *Nursing Home Operational Regulation*.

Review Date

To ensure the Standards are reviewed for ongoing relevancy, a review date has been established for March 31, 2015.

Coming into Force

These Long-term Care Accommodation Standards will come into force on April 1, 2010.

Long-term Care Accommodation Standards

In this section the Long-term Care Accommodation Standards are explained with additional information to guide in the adherence to the standards.

In This Section

Standards – Each standard is broken down and numbered consecutively from 1. Standard and page numbers are found in the bottom right hand corner of each page.

Standard 1: Building Code Requirements

Standard 2: Safety Requirements

Standard 3: Maintenance Requirements

Standard 4: Environmental Requirements

Standard 5: Personalizing Spaces

Standard 6: Window Coverings

Standard 7: Bedding

Standard 8: Personal Laundry Services

Standard 9: Personal Choice Services

Standard 10: Insurance

Standard 11: Contracted Services

Standard 12: Social or Leisure Activities

Standard 13: Nutritional Requirements

Standard 14: Menu Requirements

Standard 15: Cleaning Requirements

Standard 16: Continuation of Services

Standard 17: Prevention of Abuse

Standard 18: Resident Safety and Security

Standard 19: Trust Accounts

Standard 20: Corporate Status

Standard 21: Water Temperature

Standard 22: General Information

Standard 23: Information Respecting the Long-term Care Accommodation

Standard 24: Concerns and Complaints

Standard 25: Certificate Posted

Standard 26: Criminal Record Checks

Standard 27: Privacy and Personal Information

Standard 28: Safety and Security

Standard 29: Job Descriptions

Standard 30: Residents' Personal Affairs

How to Use this Section

Each standard of the Long-term Care Accommodation Standards includes an intent statement to provide additional information regarding the rationale behind the creation of the standard, definitions to provide additional information as to the usage of some words or phrases within the section, as well as the standard itself.

Each standard is then explained within the categories of ‘Methods of Compliance’ and ‘Evidence of Compliance’. Some standards are best explained by breaking them into separate topics. For example, ‘maintenance requirements’ includes a section on preventative maintenance and corrective maintenance (see example below). Evidence from each of the sections is necessary to be compliant to the standard.

3(2) An operator shall develop, maintain and implement a scheduled preventative maintenance and repair program to inspect the condition of the long-term care accommodation, the building that houses it and its equipment and operator-owned furnishings and ensure that repairs, service and, where applicable, replacements are provided as needed.	
Preventative Maintenance	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Preventative maintenance program for the building, the accommodation, its equipment, and any operator-owned furnishings is in a paper based format.	<input type="checkbox"/> Documentation demonstrating a regularly scheduled preventative maintenance program is implemented. This information may be found in logbook(s), checklist(s), calendar(s), filing system(s), bring forward system(s) or other preventative maintenance program(s).
Corrective Maintenance	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Repairs, service and replacement of buildings, equipment and operator-owned furnishings is completed using a requisition process.	<input type="checkbox"/> Conversations with residents and employees regarding timely completion of repairs and replacements. <input type="checkbox"/> Documentation demonstrating that repairs and replacements occur as needed. This information may be found in communication book(s), email(s), form(s), computerized request(s) or other requisition format.

In some cases the standard or a section of a standard may not be applicable to an accommodation. This may occur where the operator does not provide that optional service (e.g. personal choice services) or where there have been no changes made to the accommodation (e.g. building code requirements).

For each section one or more possible methods and evidence types are provided. The methods and evidence types are not meant to be exhaustive, but rather to give the range of methods of compliance that are currently utilized by long-term care accommodation operators. The method and evidence chosen by an operator will need to suit the population and level of service provided.

Example of format to follow on next page:

Laundry Services or Facilities	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents are informed about the internal laundry service.	<input type="checkbox"/> <u>Conversations</u> with residents regarding the internal laundry service provided. <input type="checkbox"/> <u>Observation</u> of the internal laundry service. <input type="checkbox"/> <u>Documentation</u> provided may include handbook(s), orientation material(s), laundry schedule(s) or other resident notice(s).
Residents are informed about the external laundry service.	<input type="checkbox"/> Conversations with residents regarding the external laundry service. <input type="checkbox"/> Documentation provided may include handbook(s), orientation material(s), laundry schedule(s) or other resident notice(s).
Residents are informed about the laundry facilities available on site.	<input type="checkbox"/> Conversations with residents regarding the laundry facilities. <input type="checkbox"/> Observation of the laundry facilities. <input type="checkbox"/> Documentation provided may include handbook(s), orientation material(s), laundry schedule(s) or other resident notice(s).

Only one method of compliance is necessary, but some sites may offer multiple levels of service, so they may fall into more than one method.

The evidence provided must coincide with the method chosen. There are a variety of ways in which to provide the evidence, all possible ways are not required. Combinations of or singular evidence types may be sufficient for compliance.

Definitions

- ☐ **Conversations:** informal conversations may occur between the Licensing Inspector and residents, their representatives, employees, volunteers, service providers or the operator.
- ☐ **Observation:** the Licensing Inspector will tour the accommodation and its grounds to observe the services in place, the upkeep of the accommodation, grounds, equipment and furnishings, and the implementation of processes. Resident rooms will be observed with resident/representative permission only.
- ☐ **Documentation:** the Licensing Inspector will review relevant documentation to determine the operator's processes and verify implementation. Where documentation is noted it must be completed consistently and as per the accommodations specified process.

The population served, type and size of long-term care accommodations varies and as such the determination of an accommodation's compliance with the standards is completed at the discretion of the Standards Compliance and Licensing (SCL) Branch.

Standard 1: Building Code Requirements

Intent

To verify that when changes are made to a long-term care accommodation or the population changed therein, the long-term care accommodation is compliant with the Alberta Building Code.

Definitions

- **Structural changes:** any additions or major renovations to the accommodation or within the accommodation in which a building permit is required. Examples include basement developments, deck building, building additions, interior restructuring or the movement of walls.
- **Change of use:** any change to the use of the accommodation or resident population that is served where a development permit is required. Examples include additions of a dementia care unit, changes in use of common areas or changes in residents' ability to self evacuate due to changes in their abilities or changes in the accommodation (e.g. addition of a security or emergency call system).

1(1) Any changes that are made to the physical structure of a building that houses a long-term care accommodation or to the long-term care accommodation itself must meet the requirements of the Alberta Building Code.

Structural Changes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Where structural changes have been made to the accommodation there is evidence of the building continuing to meet the Alberta Building Code.	□ Documentation provided may include a building permit or an occupancy approval.

1(2) Where changes are made in the use of, or to the population residing in, a building that houses a long-term care accommodation, the building must continue to meet the requirements of the Alberta Building Code.

Population Changes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Where the use of the building or the population residing in the accommodation has changed there is evidence of the building continuing to meet the Alberta Building Code.	□ Documentation provided may include a development permit or occupancy approval.

Standard 2: Safety Requirements

Intent

To verify that the operator maintains the long-term care accommodation in a condition that is safe and hazard free. Ensuring the long-term care accommodation, building and grounds remain in good condition allows residents to fully utilize the accommodation and grounds safely.

Definition

- **Grounds maintenance – all seasons:** the timely completion of ice and snow removal, standing ground water removal in quick melt conditions, lawn, garden and pond maintenance, where applicable.

2 An operator must ensure that the building that houses the long-term care accommodation, the long-term care accommodation itself and its grounds or common areas are in a safe condition and maintained so as to remain free of hazards.

Safe Condition	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
<p>The building, the long-term care accommodation, and the grounds are safe and hazard free. Essential repairs are completed within appropriate timeframes. Hallways, stairways, exits and ramps are well lit, and kept clear of objects that could cause falls or obstruct passage. Hazardous materials (chemicals, sharps, construction materials) are safely stored.</p> <p><i>See also Maintenance Requirements, as maintenance is a component of ensuring a safe environment.</i></p>	<ul style="list-style-type: none"> □ Observation of interior and exterior of the building, the long-term care accommodation and the grounds. □ Documentation demonstrating that the building, the long-term care accommodation and the grounds are maintained in a safe condition. This information may be found in contracts, job descriptions, duty lists or checklists.

Grounds Maintenance ~ All Seasons	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Outside grounds maintenance is completed by maintenance or other employees.	<ul style="list-style-type: none"> □ Conversations with residents, their representatives or employees regarding grounds maintenance. □ Observation of well maintained grounds. □ Documentation demonstrating that grounds maintenance is completed. This information may be found in job descriptions, duty lists or checklists.
Outside grounds maintenance is completed by contract or by an external service provider.	<ul style="list-style-type: none"> □ Conversations with residents, their representatives or employees regarding grounds maintenance. □ Observation of well maintained grounds. □ Documentation demonstrating that grounds maintenance is completed. This information may be found in contracts, service agreements, quotes or fee schedules.

Standard 3: Maintenance Requirements

Intent

To verify that the operator takes steps to minimize preventable deterioration of buildings, accommodations, grounds, equipment and operator-owned furnishings. Preventative and corrective maintenance programs reduce the occurrence and severity of situations which can compromise resident safety and disrupt the delivery of services.

Definitions

- **Preventative maintenance:** The care and servicing of buildings, accommodations, equipment and operator-owned furnishings for the purpose of ensuring satisfactory operating condition by providing for systematic inspection, detection and correction of incipient failures either before they occur or before they develop into major defects.
- **Corrective maintenance:** the maintenance which is required when an item or structure has failed or deteriorated, to bring it back to working order.
- **Equipment:** includes all equipment or machinery used in the accommodation, the building or the surrounding grounds. Equipment may include heating equipment, emergency power systems, fire safety equipment, air conditioning equipment, make-up air equipment, domestic hot water heating equipment, lifts, accessibility equipment, elevators, kitchen and laundry equipment, plumbing and drainage equipment, grounds maintenance equipment, and safety and security equipment.
- **Operator-owned furnishings:** includes all furnishings provided by the operator in common areas, outdoor areas or for use in resident rooms.

3(1) An operator must ensure that the building that houses the long-term care accommodation, the long-term care accommodation itself and any equipment and operator-owned furnishings are well maintained and in good working order.

Well Maintained	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
<p>The building, the long-term care accommodation, equipment and operator-owned furnishings are well maintained. Necessary repairs are completed within appropriate timeframes.</p> <p><i>See also 3(2).</i></p>	<ul style="list-style-type: none"> □ Observation of the building, the long-term care accommodation itself, equipment and operator-owned furnishings. □ Documentation provided may include contracts, job descriptions, duty lists or checklists.

3(2) An operator shall develop, maintain and implement a scheduled preventative maintenance and repair program to inspect the condition of the long-term care accommodation, the building that houses it and its equipment and operator-owned furnishings and ensure that repairs, service and, where applicable, replacements are provided as needed.

Preventative Maintenance	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Preventative maintenance program for the building, the accommodation, its equipment, and any operator-owned furnishings is in a paper based format.	<input type="checkbox"/> Documentation demonstrating a regularly scheduled preventative maintenance program is implemented. This information may be found in logbooks, checklists, calendars, filing systems, bring forward systems, external equipment inspection reports or other preventative maintenance programs.
Preventative maintenance program for the building, the accommodation, its equipment, and any operator-owned furnishings is in a computer based format.	<input type="checkbox"/> Observation of the preventative maintenance computerized program. <input type="checkbox"/> Documentation demonstrating a regularly scheduled preventative maintenance program is implemented. This information may be found in computer printouts, reports, or other paper based or electronic logging.

Corrective Maintenance	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Repairs, service and replacement of buildings, accommodations, equipment and operator-owned furnishings is completed using a requisition process.	<ul style="list-style-type: none"> □ Conversations with residents, their representatives and employees regarding timely completion of repairs and replacements. □ Documentation demonstrating that repairs and replacements occur as needed. This information may be found in communication books, emails, forms or computerized requests.
Repairs, service and replacement of buildings, accommodations, equipment and operator-owned furnishings is completed using external service providers.	<ul style="list-style-type: none"> □ Conversations with residents, their representatives and employees regarding timely completion of repairs and replacements. □ Documentation demonstrating that repairs and replacements occur as needed. This information may be found in receipts or invoices.

Standard 4: Environmental Requirements

Intent

To verify that the temperature and ventilation system in a long-term care accommodation supports the safety and comfort of those who live there. Where a comfortable temperature level for the majority of residents is not compatible with the safety needs of a particular resident, measures are taken or mechanisms are put in place to ensure the safety of the resident while still promoting the comfort of all residents.

Definitions

- **Comfort of the majority of the residents:** resident's comfort with the temperatures is not only a result of the physical temperature of the accommodation but may also be achieved by taking additional steps, such as the introduction of additional fans or heaters to the environment, adjustment of the clothing worn by the residents or the activation of a contingency plan.
- **Reasonable temperature:** other legislation exists that provide additional temperature requirements for accommodations.
 - Under the *Public Health Act*, the Institutions Regulation states: "Every room in an institution or a day care facility shall be maintained at a minimum temperature of 20 degrees Celsius unless otherwise specified." (AR 143/81 s10)
 - The Alberta Building Code states "Except as permitted by Sentence (3), heating facilities capable of maintaining an indoor air temperature of 22°C at the outside winter design temperature shall be provided a) for all sleeping rooms in a care or detention occupancy, or b) in a building used for residential occupancy intended for use in the winter months on a continuing basis" (Alberta Building Code 2006, Section 6.2.1.13)

- 4 In a long-term care accommodation where residents are unable to adjust the temperature in their rooms and in the common areas of any long-term care accommodation, the operator shall ensure that heating, cooling and ventilation systems are operated at a level that maintains a temperature that supports the safety of all residents and the comfort of the majority of the residents.

Temperature	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents have free access to the thermostat for the accommodation and the temperature is maintained at a level in which the majority of residents are comfortable.	<ul style="list-style-type: none"> □ Conversations with residents regarding their ability to change the temperature and their overall comfort level in the accommodation. □ Observation of the free access to the thermostat. □ Documentation demonstrating that residents are aware that they can adjust the temperature. This information may be found in resident handbooks, memos, posters or resident meeting minutes.
Residents may not have free access to the thermostats, but the temperature of the accommodation is determined by the majority of resident preferences.	<ul style="list-style-type: none"> □ Conversation with residents regarding their overall comfort level in the accommodation. □ Observation of the temperature of the accommodation. □ Documentation demonstrating that consultation with residents occurred to determine the appropriate temperature range. This information may be found in meeting minutes, surveys or questionnaires.

Temperature (Continued)	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents may not have free access to the thermostats, but the temperature of the accommodation is maintained at a reasonable setting and the majority of residents express satisfaction or appear comfortable with the temperature.	<ul style="list-style-type: none"> □ Conversations with residents regarding their overall comfort level in the accommodation. □ Conversations with employees regarding how they ensure residents are comfortable with the temperature. □ Observation of the temperature of the accommodation. □ Documentation demonstrating the monitoring of temperatures of the accommodation. This information may be found in log books, preventative maintenance forms or recordings.

Standard 5: Personalizing Spaces

Intent

To verify that the operator supports the personalization of resident rooms. The residents' personal space is where residents spend a good deal of time and where some of their most private activities take place. It is important that residents are comfortable in their personal space and that operators support residents in creating a space that is familiar and reflects their individuality.

Definition

- **Personalization of resident rooms:** this may include adding in personal effects such as pictures, bedding and wall décor or bringing in pieces of furniture.

5 An operator shall ensure that each resident of a long-term care accommodation has the opportunity to personalize the resident's room.

Personalization	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Personalization of resident rooms is evident.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding the opportunity to personalize their room. □ Observation of the personalization of resident's rooms.
Residents are notified of the ability to personalize their rooms within specified parameters, if any. The level of personalization is dependent on resident needs, choice and preferences.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding the opportunity to personalize their room. □ Observation of the personalization of resident's rooms. □ Documentation demonstrating that the resident is notified of their ability to personalize their room. This information may be found in meeting minutes, questionnaires, handbooks, residential services agreements or orientation checklists.

Personalization (Continued)	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Resident(s) have limitations on their ability to personalize their rooms due to documented resident needs or behaviours.	<ul style="list-style-type: none"> □ Observation of the personalization of resident's rooms to the extent possible. □ Documentation demonstrating the extent of the limitations on the resident's personalization of their room. This information may be found in meeting minutes, managed risk agreements, assessments or care plans.

Standard 6: Window Coverings

Intent

Comfort and privacy are supported by the provision of window coverings. Operators are responsible for providing residents with window coverings in resident rooms and in common areas where appropriate. Appropriate window coverings promote resident comfort by protecting the privacy of the resident, contributing to a home-like atmosphere and also by helping residents control the amount of light entering their personal spaces.

Definition

- **Appropriate window coverings:** coverings that fit the window, are appropriate for the intended usage, are functional, clean and in good condition.

- 6 An operator of a long-term care accommodation shall ensure that appropriate window coverings are provided in the long-term care accommodation as necessary for the comfort and privacy of the residents, including in each resident's room.

Window Coverings	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Window coverings on each window in the accommodation as necessary for resident's privacy and comfort are evident.	□ Observation of the window coverings.

Standard 7: Bedding

Intent

To verify that operators provide clean bedding, towels and linen in the quantity and frequency to meet the needs of the residents. It is important that bedding, towels or other linens are changed on a regularly scheduled basis that takes into consideration resident's needs, preferences and hygienic concerns.

Definitions

- **Bedding:** any linen, comforter, blanket, or other bed covering provided by the operator to the resident for their personal use.
- **Towels:** any bath towel, hand towel and face cloth provided by the operator.
- **Other linens:** includes tablecloths and napkins.

7(1) The operator provides bedding, towels or other linens for the use of residents and shall ensure that they are clean, fresh, dry and in good condition and changed at least weekly to ensure a clean living environment for each resident.

Quality	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Clean, fresh and dry bedding and towels in good condition are evident.	<ul style="list-style-type: none"> □ Conversations with residents or representatives regarding the quality of bedding, towels and other linen. □ Observation of bedding and towels in good condition that are stored or covered in such a way to ensure that they remain clean, fresh and dry.

Weekly Scheduled Changes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Operator provided bedding, towels and other linens are changed on an at least weekly basis.	<ul style="list-style-type: none"> □ Conversations with residents or representatives regarding the weekly bedding, towels and other linen changes. □ Observation of implementation of bedding and towel change schedules. □ Documentation provided may include bedding and towel change schedules, cleaning schedules, checklists, duty lists, bath schedules, handbooks, resident notices or orientation

	materials.
7(2) When the operator provides bedding and towels for residents, the operator shall do so in keeping with the particular needs of each resident.	

Quantity	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Sufficient quantities of bedding and towels are evident.	<ul style="list-style-type: none"> □ Conversations with employees regarding sufficient quantities of bedding and towels. □ Observation of sufficient quantities of bedding and towels.
The operator has contracts with external sources for bedding and towel provision.	<ul style="list-style-type: none"> □ Documentation provided may include order forms, invoices, or bedding and towel tallies.

As Needed Changes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Written procedures showing that operator provided bedding, towels and other linens are provided and changed “as needed”.	<ul style="list-style-type: none"> □ Conversations with residents, their representatives or employees regarding the “as needed” change of bedding, towels and other linens. □ Documentation demonstrating that the operator engages in the “as needed” change of bedding, towels and other linens. This information may be found in policies and procedures, duty lists, bedding and towel tallies, resident handbooks, service agreements, fee schedules, log books, linen change schedules or bed carbolization tracking sheets.
Operator provided bedding, towels and other linens are changed “as needed” based on documented resident need.	<ul style="list-style-type: none"> □ Conversations with residents, their representatives or employees regarding “as needed” changes of bedding, towels and other linens. □ Observation of bedding, towel or other linen changes. □ Documentation of the needs of the residents for bedding, towel and other linen changes. This information may be found in care plans, duty lists, logs or job descriptions.

Standard 8: Personal Laundry Services

Intent

To verify that the operator ensures personal laundry services or facilities are available for residents and their representatives or service providers. It is important that residents, their representatives or their service providers have a means to launder their personal items and garments. Where laundry equipment is provided for residents, their representatives or service providers to do their own laundry, laundry equipment is maintained in good working order and the space provided is appropriate for the intended use.

Definition

- **Personal laundry service:** residents' personal garments, and any bedding, linens or towel that residents have supplied for their own personal use.

- 8(1)** The operator shall ensure either
- a) that personal laundry services are provided, or
 - b) that personal laundry facilities are made available for residents' personal laundry to be done on-site.

Laundry Services or Facilities	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
An internal personal laundry service is provided.	<ul style="list-style-type: none"> □ Conversations with residents regarding the laundry service provided. □ Observation of the internal laundry service. □ Documentation provided may include handbooks, laundry schedules or residential service agreements.
Laundry facilities are available on site for residents' personal laundry to be done by the residents, their representatives or their service providers.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding the laundry facilities. □ Observation of the laundry facilities. □ Documentation provided may include handbooks, laundry schedules or residential service agreements.
An external personal laundry service is provided.	<ul style="list-style-type: none"> □ Conversations with residents regarding the external laundry service. □ Documentation provided may include handbooks, laundry schedules or residential service agreements.

8(2) Where the operator provides laundry equipment for the personal use of residents, their representatives or their service providers, the operator shall ensure that the equipment and the laundry area are appropriate, clean and in good repair.

Laundry Areas and Equipment	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Resident laundry areas and equipment are appropriate for their intended use, clean and maintained in good repair.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding the laundry area and equipment. □ Observation of the appropriateness and cleanliness of laundry areas. □ Documentation provided may include cleaning schedules, duty lists, invoices or maintenance records.

Standard 9: Personal Choice Services

Intent

To verify that where optional services are available they are provided by qualified persons in an appropriate space. Personal choice services can enhance the quality of life of residents and provide convenient access for residents to meet their personal needs.

Definition

- **Appropriate space:** A location away from food service and dining areas that includes the necessary equipment for the personal choice service and whereby all hazards (equipment or materials) can be appropriately secured. The space provided should also safely and comfortably accommodate those residents using the space.

9(1) In this section, “personal choice services” include optional services that may be provided or offered to residents of a long-term care accommodation such as hairdressing, barbering, manicures, pedicures, massages and facials.

Personal Choice Services
Personal choice services relate to the provision of a range of optional services that may be or are acquired at resident’s own expense.
Please note that footcare is not considered a pedicure, as footcare is provided by a health professional.
In this section, personal choice services exclude those professions covered under the <i>Health Professions Act</i> (e.g. Denturists, Dental Hygienists, Hearing Aid Practitioners, Occupational Therapists, Optometrists, Registered Dietitians, Speech Pathologists, Registered Nurse, Licensed Practical Nurse, etc.) and the <i>Alberta Podiatry Act</i> . Please refer to these acts and regulations if you require further information on these service providers’ requirements.

9(2) Where an operator provides or offers personal choice services, the operator shall ensure that the personal choice services

- a) are offered or provided based on the needs and preferences of the residents,
- b) are provided in a space that is appropriate for the purpose, and
- c) are provided by a person who holds the required licence or other certification, if any, for the provision of those personal choice services.

Resident's Needs and Preferences	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Pre-existing personal choice services continue to be utilized by residents.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding the personal choice services. □ Observation of the utilization of the personal choice services. □ Documentation provided may include schedules, booking information, appointment books, surveys, resident meeting minutes or other resident comments.
Residents' needs and preferences are considered when coordinating new personal choice services.	<ul style="list-style-type: none"> □ Conversations with employees regarding the coordination of personal choice services. □ Documentation provided may include resumes, care plans, surveys, meeting minutes or other resident comments.

Personal Choice Service Areas	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Space utilized by the personal choice service is appropriate for the intended purpose.	<ul style="list-style-type: none"> □ Conversations with residents, employees or service providers regarding the personal choice areas. □ Observation of areas utilized for personal choice services.

Qualifications of Personnel	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Personal choice services are provided by a qualified employee, volunteer or contractor.	<ul style="list-style-type: none"> □ Documentation demonstrating that the individual is qualified to perform the service. This information may be found in trades certificates, diplomas, registration certificates to a professional association or letters of good standing.

Standard 10: Insurance

Intent

To ensure that all long-term care accommodations hold sufficient insurance to mitigate risk and to ensure the continuation of the accommodation and services to residents.

Note

- General liability insurance of at least \$2,000,000 per occurrence is required for all long-term care accommodations. General liability insurance protects the operator's business against third party legal liability related to personal injury, bodily harm or property damage.
- Crime insurance is required in all settings in which the operator holds monies or personal property on behalf of a resident. Crime coverage protects an organization from financial losses of their own and when they are in custody of other people's property. The coverage can be for embezzlement, theft of client's property or other financial crimes against the organization.

10(1) Without limiting any other liability to which an operator may be subject, an operator must insure the long-term care accommodation under a contract of general liability insurance in accordance with the Insurance Act and in an amount of not less than \$2 000 000 per occurrence in respect of the following:

- a) bodily harm;
- b) personal injury;
- c) property damage, including loss of use of the property.

(2) Where an operator operates a long-term care accommodation at more than one location, the requirements of subsection (1) apply in respect of each location separately.

(3) If an operator holds money or personal property of a resident that has monetary value, the operator must obtain a comprehensive crime insurance policy in an amount covering the operator's potential liability for loss resulting from theft, fraud and other similar offences, whether committed by employees of the operator or by other persons.

(4) An operator must provide a detailed certificate of insurance to the director annually and at any other time when requested by the director to do so.

Insurance	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Evidence of current insurance for liability and crime insurance (if applicable) is provided.	□ Documentation provided on-site may include certificates of insurance or insurance policies.

Standard 11: Contracted Services

Intent

The intent of this standard is to ensure the safety and security of residents by ensuring that all persons providing additional services under contract are qualified, insured, licensed, adhere to all relevant legislation and protect the personal information of residents.

Definitions

- **Services:** any accommodation related service occurring on-site, such as personal choice services, hospitality services, maintenance services, safety and security services.
- **Site-specific:** a contract for a service at a specific location identified in the contract by accommodation name or address.

Note

- This standard is applicable only to contracts generated by the operator.

11 Where an operator contracts for services to be provided in a long-term care accommodation, the contract must include, at a minimum,

- a) the nature and scope of the service to be provided,
- b) who will provide the service,
- c) that person's qualifications to provide the service, if applicable,
- d) a requirement that the contractor carry any required insurance, and
- e) a provision that addresses the handling of personal information about the residents of the long-term care accommodation.

Contracts	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Where there are site-specific contracts to deliver services, those contracts include all points specified in the standard.	<ul style="list-style-type: none"> □ Documentation provided may be current contracts or other service provider agreements.

Standard 12: Social or Leisure Activities

Intent

To identify expectations regarding the determination, communication and delivery of social and leisure activities. Social and leisure activities promote healthy lifestyles and residents' enjoyment of their home and community. Operators who provide social and leisure activities must ensure that the activities are appropriate and reflect the preferences of the residents by providing opportunity for residents to give input and feedback. Those persons providing the social and leisure opportunities must be knowledgeable and qualified to proficiently provide these services to the population that they are serving.

Definitions

- **Periodically:** the opinions of residents may be solicited on a regular or intermittent schedule. The special circumstances of the accommodation may require opinions to be collected regularly (ie. surveys, meetings), when there is a significant change in the population or needs of the residents, or when there is a change in the capacity of the accommodation, such as changes in the service level provision or budget.
- **Appropriate manner:** the communication method used in the accommodation needs to be appropriate to the needs and abilities of the population served. Verbal communication alone may not be considered sufficient if the resident is able to benefit from written communication. Likewise, only written communication would not be effective in a setting in which the residents were unable to read.

12(1) Where an operator provides social or leisure activities for residents, the operator shall

- a) provide activities that address the needs and preferences of the residents,
- b) periodically solicit and consider the opinions of residents in planning and providing social or leisure activities, and
- c) respond to resident's opinions and comments regarding social or leisure activities.

Resident's Needs and Preferences	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Social and leisure activities match the resident needs and preferences (collected in 12(1)(b)).	<ul style="list-style-type: none"> ❑ Documentation pertaining to 12(1)(b). and ❑ Documentation of the activities provided for the residents. This information may be found in calendars, posters, care plans, log books, sign-up sheets or newsletters.
Social and leisure activity programs are evaluated to ensure that they meet the needs and preferences of residents.	<ul style="list-style-type: none"> ❑ Documentation provided may include attendance records, evaluation programs, meeting minutes, sign-up sheets or reports.
Individualized social and leisure programs catered to each resident.	<ul style="list-style-type: none"> ❑ Conversations with residents or their representatives regarding the social and leisure activities. ❑ Documentation of the social and leisure activities. This information may be found in care plans, goal sheets, schedules, leisure interest forms or calendars.

Resident Opinion	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Meetings are utilized to collect resident opinions.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of feedback methods. ❑ Documentation provided may include meeting minutes or meeting agendas.
Surveys, feedback cards, or suggestion boxes are utilized to collect resident opinions.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of feedback methods. ❑ Observation of the availability of feedback forms (if on an ongoing basis). ❑ Documentation demonstrating that the opinions of residents are collected. This information may be found in completed surveys, result tallies or completed comment forms.

Response to Resident Opinions	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Resident activities are adjusted in response to the opinions collected.	<ul style="list-style-type: none"> □ Conversations with residents regarding the changes in social and leisure activities. □ Documentation demonstrating that the collected resident opinions are utilized. This information may be found in calendars, posters, notices, care plans or newsletters.
Residents are informed of the results of surveys, resident meetings, suggestions, or other opinions received and the planned action.	<ul style="list-style-type: none"> □ Conversations with residents regarding the communication of the results and/or planned action of the operator to the feedback received. □ Documentation demonstrating that results of resident opinions collected are communicated to residents. This information may be found in meeting minutes, newsletters, memos, announcements or notices.

12(2) An operator shall ensure that information about social or leisure activities is communicated to residents in an appropriate manner.

Communicating Activities	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents are notified of the social and leisure activities through postings.	<ul style="list-style-type: none"> □ Conversations with residents regarding their awareness of the communication method chosen by the operator. □ Observation of the postings on whiteboards, bulletin boards or in other resident or common areas.
Residents receive copies of activity schedules or may be able to access the information on pre-recorded messages or through other technological media.	<ul style="list-style-type: none"> □ Conversations with residents regarding their awareness of the communication method chosen by the operator. □ Observation of the communication material or method. □ Documentation demonstrating that all residents are aware and are able to utilize the method of communication. This information may be found in questionnaires, newsletters or suggestion box responses.

12(3) An operator shall ensure that employees or service providers who are required to plan, develop, coordinate and deliver social or leisure activities have the necessary education and knowledge to do so in a way that meets the needs of the residents.

Qualifications of Personnel	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Job descriptions and qualifications for social and leisure personnel match the needs of the residents.	<input type="checkbox"/> Documentation demonstrating that the needs of the residents (based on the job description) and the qualifications of the social and leisure personnel match. This information may be found in job descriptions, certificates, resumes or other verification of qualifications.
Contracts with or procurement of service providers for social and leisure activities.	<input type="checkbox"/> Documentation demonstrating that the needs of the residents are met by the utilization of a contracted service provider. This information may be found in contracts, service agreements or invoices.

Standard 13: Nutritional Requirements

Intent

To verify that menus address the needs of residents, offer quality and respect the input of residents. Foods are to be safe, palatable, appealing and served in sufficient quantities to allow residents to receive adequate nutrition and enjoyment from their meals. Communicating the menus and meal times in a manner appropriate for the residents allows them to plan their day and have time to communicate any concerns or make any alternate arrangements that they feel are necessary.

Definitions

- **Meals, fluids and snacks:** includes all foods made available to residents by the operator and includes choice, substituted items and special diet items (e.g. texture-modified, diabetic, vegetarian, celiac, low sodium, etc.).
- **Appropriate manner:** the communication method used in the accommodation needs to be appropriate to the needs and abilities of the population served. Verbal communication may not be considered sufficient if the resident is able to benefit from written communication. Likewise, only written communication would not be sufficient in a setting where the residents were unable to read. Additionally, depending on the needs of the residents, it may be beneficial for the accommodation to provide the menus and meal times to residents right before the meal, the same day, several days in advance or a week in advance.

13(1) An operator of a long-term care accommodation who provides residents with a meal, fluids and a snack daily shall ensure that

- a) the meals, fluids and snacks are
 - (iii) palatable, safe and pleasingly presented, and
 - (iv) provided in sufficient quantities to ensure adequate hydration and that the residents' nutritional needs are met,
- and
- c) the menu and times at which the meals, fluids and snacks will be served are communicated to each resident in an appropriate manner.

Quality and Quantity	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The majority of residents feel that meals are nutritious, tasteful, safe, pleasingly presented and served in sufficient quantities.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents or representatives regarding meal presentation, taste, quantity and quality. <input type="checkbox"/> Observation of meal service.
Where resident conversations are not possible, the operator can demonstrate that meals are nutritious, tasteful, safe, pleasingly presented and served in sufficient quantities.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversation with resident representatives or employees regarding meal presentation, taste, quantity and quality. <input type="checkbox"/> Observation of meal service. <input type="checkbox"/> Documentation provided may be policies and procedures, surveys, dietitian assessments, food services evaluations or food samplings.

Communicating Meals and Times	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents are notified of meals and meal times by posted information.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding their awareness of the meals, meal times and the communication method chosen by the operator. <input type="checkbox"/> Observation of the postings on whiteboards, bulletin boards or in other resident or common areas.
Residents receive copies of menus and meal time schedules or they may be able to access the information on pre-recorded messages or through other technological media.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding the communication method chosen by the operator. <input type="checkbox"/> Observation of the communication material or method. <input type="checkbox"/> Documentation demonstrating that all residents are aware and are able to utilize the method of communication. This information may be found in questionnaires, newsletters, handbooks, assessments or service agreements.

Standard 14: Menu Requirements

Intent

To verify that menus which consider residents input offer variety, choice and are provided on a schedule agreeable to the residents. A menu that incorporates choice, seasonal variety and residents' needs and preferences provides residents opportunities to have input and control over their meals and the feeling of a home-like environment. When substitutions are made to the menu they must be of similar nutritional value to ensure that the integrity of the original menu is preserved. Communicating the substitutions made to the residents meals allows them to plan their day and make any alternate arrangements that they feel necessary. Meal times are determined in collaboration with or in consideration of the residents to ensure that meals are served at times suitable to the needs and/or preferences of the majority of the residents. This provides residents with more opportunity to personalize their service.

Definitions

- **Food group:** choice and substitutions must be provided within one of the Canada Food Guide recognized four food groups (Vegetables and Fruit, Grain Products, Meat and Alternatives, Milk and Alternatives).
- **Extended meal times:** a flexible window of time where meals are available over an hour or more to allow for residents to choose the meal time that fits into their daily schedule.
- **Menu Substitutions:** any alteration of the accommodation's pre-planned menus to another food item. This does not include individual changes made for a specific resident preference.

- 14(1)** The operator of a long-term care accommodation shall ensure that the menu provided for residents
- a) offers variety and seasonal variation,
 - b) provides residents with a choice from within one food group at every meal, and
 - c) as far as is reasonably practicable, recognizes residents' food preferences, religious practices and cultural customs in the planning, preparation and service of meals.

Menu Variety	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
One cyclical menu with substitutions made throughout the year to allow for variety and seasonal variation.	<input type="checkbox"/> Documentation of the seasonal substitutions may be found in substitution records, or special event meal records.
Seasonal or a variety of cyclical menus are used to provide residents with variety and seasonal variation.	<input type="checkbox"/> Documentation may be found in seasonal menu variations (e.g. Spring/Summer and Fall/Winter).

Menu Choice	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides choice items at the request of residents. These choice items are catered to the preferences of the resident.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding their ability to receive a choice item on request. <input type="checkbox"/> Observation of the request for a choice item. <input type="checkbox"/> Documentation demonstrating that the residents are aware of their ability to request choice items. This information may be found in handbooks, menus, orientation checklists, notice boards or memos.
The operator provides a choice in one or more food groups at each meal service as specified by the menu.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding their awareness of the choice available at each meal. <input type="checkbox"/> Observation of meal service. <input type="checkbox"/> Documentation demonstrating that the choice is available and communicated to residents. This information may be found in handbooks, menu boards or menus.
The operator provides a selection of choice items that are always available (e.g. a la carte menus or other lists of available items).	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding their awareness of the choice available at each meal. <input type="checkbox"/> Observation of the choices available. <input type="checkbox"/> Documentation demonstrating that the always available choices are communicated and available to residents. This information may be found in handbooks, menus, orientation checklists, notice boards or memos.
The operator provides a choice in all food groups or provides a restaurant style menu at every meal service.	<ul style="list-style-type: none"> <input type="checkbox"/> Observation of meal service. <input type="checkbox"/> Documentation demonstrating that the choice is available and communicated to residents at each meal. This information may be found in handbooks, menu boards or menus.

Resident's Needs and Preferences	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents or their representatives express that meals served meet their food preferences, religious practices and cultural customs.	<input type="checkbox"/> Conversations with residents or their representatives regarding the meals served.
Meals served match the resident food preferences, religious practices and cultural customs determined at admission.	<input type="checkbox"/> Conversations with residents or their representatives regarding how the meals served match their food preferences. <input type="checkbox"/> Documentation of the resident's food preferences, religious practices and cultural customs. This information may be found in care plans, goal sheets, likes/dislikes listings or food interest surveys.
Meals served reflect the resident food preferences, religious practices and cultural customs (collected in 14(3)).	<input type="checkbox"/> Documentation pertaining to 14(3). and <input type="checkbox"/> Documentation of the menu items. This information may be found in menus, special event postings or substitution lists.

- 14(2)** Where substitutions must be made respecting items on a menu, those substitutions must be
- from within the same food groups and provide similar nutritional value as the original menu items, and
 - communicated to the residents.

Menu Substitutions	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Menu substitutions are recorded on the cyclical menu (e.g. Items are crossed out and the substitution written in so that both items are legible).	<input type="checkbox"/> Documentation demonstrating that substitutions to the menu are recorded. This information may be found on meal planning calendars or menus.
Menu substitutions are recorded on a separate document from the menu. The substitutions reference the date or cyclical menu date to ensure that substitutions can be compared to the original item.	<input type="checkbox"/> Documentation demonstrating that substitutions to the menu are recorded. This information may be found in communication books, log sheets, substitutions sheets or special notices.

Communicating Substitutions	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents are notified of meals and any substitutions by posted information.	<ul style="list-style-type: none"> □ Conversations with residents regarding their awareness of the meals, meal substitutions and the communication method chosen by the accommodation. □ Observation of the postings on whiteboards, bulletin boards, or in other resident or common areas.
Residents receive copies of menus and meal substitutions or may be able to access the information on pre-recorded messages or through other technological media.	<ul style="list-style-type: none"> □ Conversations with residents regarding their awareness of the communication method chosen by the operator. □ Observation of the communication material or method. □ Documentation demonstrating that all residents are aware and are able to utilize the method of communication. This information may be found in questionnaires, newsletters, handbooks, assessments or service agreements.

14(3) An operator shall ensure that residents' opinions and feedback regarding meals, fluids and snacks are collected at least yearly and considered in the development of the menu.

Resident Opinions and Feedback	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Meetings are utilized to collect resident feedback.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of feedback methods. ❑ Conversations with employees regarding the consideration of resident feedback. ❑ Documentation demonstrating that the feedback is collected. This information may be found in meeting minutes. <p>and</p> <ul style="list-style-type: none"> ❑ Documentation demonstrating that the feedback is considered. This information may be found in menus, special event meal records or meeting minutes.
Surveys, feedback cards, or suggestion boxes are utilized to collect resident feedback.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of feedback methods. ❑ Conversations with employees regarding the consideration of resident feedback. ❑ Observation of availability of feedback forms (if on an ongoing basis). ❑ Documentation demonstrating that the feedback is collected. This information may be found in completed surveys, result tallies or comment forms. <p>and</p> <ul style="list-style-type: none"> ❑ Documentation demonstrating that the collected feedback is considered. This information may be found in menus, special event meal records, meeting minutes or newsletters.

14(4) An operator shall ensure that residents are consulted on a periodic basis respecting the times of the day at which meals, fluids and snacks are to be provided or made available to them and shall respond to the residents' comments or concerns.

Meal Times	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Collaboration with residents on meal times occurs at resident council meetings, through surveys or other discussion methods.	<input type="checkbox"/> Documentation demonstrating the collaboration with residents on the meal times. This information may be found in completed surveys, result summaries or meeting minutes.
Meal service occurs at more than one seating or through extended meal times (window of time) for each meal. Snacks and fluids are readily available for residents to access.	<input type="checkbox"/> Conversations with residents regarding meal, fluid and snack times. <input type="checkbox"/> Observation of a meal service. <input type="checkbox"/> Documentation demonstrating how operators make residents aware of the flexible meal time options. This information may be found in meal time postings, orientation checklists or client handbooks.

Response to Opinions and Feedback	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Resident meal, fluid and snack times are adjusted in response to the feedback collected.	<ul style="list-style-type: none"> □ Conversations with residents regarding the changes in meal, fluid and snack times. □ Documentation demonstrating that the collected feedback is utilized. This information may be found in calendars, posters, notices, care plans, log books, newsletters or communications with menu provider.
Residents are informed of the results of surveys, resident meetings, suggestions, or other feedback received and the planned action.	<ul style="list-style-type: none"> □ Conversations with residents regarding the communication of the results and/or planned action of the operator to the feedback received. □ Documentation demonstrating that results of feedback collected is communicated to residents. This information may be found in meeting minutes, newsletters, memos, announcements, notices or communications with menu provider.

Standard 15: Cleaning Requirements

Intent

To verify that the long-term care accommodation is cleaned as necessary while respecting residents' preferences. Regular cleaning schedules following clear and thorough procedures support the comfort of residents and maintain a clean living environment and space. To ensure that residents preferences are met the operator may need to demonstrate how they have communicated the level of service and when it is provided, altered the schedule to meet residents' preferences and that the service does not occur at unreasonable times.

15(1) An operator shall ensure that a clean and comfortable environment is provided for residents, employees, volunteers, service providers and visitors.

Clean and Comfortable Environment	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The accommodation is clean and comfortable.	<ul style="list-style-type: none"> □ Conversations with residents, their representatives, employees, volunteers, visitors or service providers on the cleanliness and comfort of the accommodation. □ Observation of a clean and comfortable environment.

15(2) A long-term care accommodation must be thoroughly cleaned on a regularly scheduled basis and the level of cleanliness must be maintained as necessary between regularly scheduled cleanings while respecting the preferences of the residents as much as possible.

Regularly Scheduled Cleaning	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
A schedule is provided of the regular cleaning that is required and clear responsibility for specific tasks is identified. Supervisor follow up occurs to ensure the completion of the scheduled tasks.	<ul style="list-style-type: none"> ❑ Conversations with residents or their representatives regarding completion of cleaning services. ❑ Observation of the cleanliness of the accommodation. ❑ Documentation demonstrating that cleaning is completed on a regularly scheduled basis. This information may be found in job descriptions, duty lists, special task lists, job routines or schedules.
A schedule of the regular cleaning that is required is provided by the operator and documented verification of work done is completed.	<ul style="list-style-type: none"> ❑ Conversations with residents or their representatives regarding completion of cleaning services. ❑ Observation of the cleanliness of the accommodation. ❑ Documentation may include audits of work done.
A schedule of the regular cleaning that is required is provided by the operator and the monitoring records of what has been done is completed by the employee responsible (e.g. sign off).	<ul style="list-style-type: none"> ❑ Conversations with residents or their representatives regarding completion of cleaning services. ❑ Observation of the cleanliness of the accommodation. ❑ Documentation may include checklists, special task lists, duty lists, schedules, job routines or project work tracking.

As Needed Cleaning	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Written procedures showing that the operator provides cleaning services on an as needed basis.	<ul style="list-style-type: none"> ❑ Conversations with residents and their representatives regarding the as needed cleaning services. ❑ Observation of ongoing cleaning services. ❑ Documentation demonstrating that the operator engages in the as needed cleaning services. This information may be found in policies and procedures, duty lists, cleaning lists, resident handbooks, service agreements or log books.
Operator provides cleaning services based on documented resident need and is in the resident's personal space each day to determine the level of service required.	<ul style="list-style-type: none"> ❑ Conversations with residents, their representatives or employees regarding as needed cleaning services. ❑ Observation of ongoing cleaning services. ❑ Documentation of the needs of the residents for cleaning services. This information may be found in care plans, duty lists, logs or job descriptions.

Resident Preferences	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator communicates the cleaning schedules to residents and considers resident preferences in adjusting the schedules where needed.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding the suitability of cleaning schedules. ❑ Conversations with employees regarding the consideration of resident preferences in the cleaning schedule. ❑ Documentation demonstrating that cleaning schedules are communicated to residents and their preferences are considered. This information may be found in welcome cards, orientation materials, surveys, meeting minutes, handbooks or service agreements.

15(3) Written cleaning procedures must be established and followed at all times to ensure a clean living environment.

Cleaning Procedures	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Written information on how cleaning is to be performed.	<ul style="list-style-type: none"> □ Observation of implementation of the cleaning procedures. □ Documentation demonstrating the cleaning procedures. This information may be found in policies, procedures, duty sheets, checklists or job descriptions.
Training on how cleaning is to be proficiently performed is provided to employees.	<ul style="list-style-type: none"> □ Observation of implementation of the cleaning procedures. □ Documentation demonstrating that information on the cleaning procedures is provided to employees. This information may be found in training manuals, orientation checklists, shadowing checklists or training records.
A contractor or external service provider provides cleaning services and written information on how cleaning is performed.	<ul style="list-style-type: none"> □ Observation of implementation of the cleaning procedures. □ Documentation demonstrating the cleaning procedures. This information may be found in the signed contract between operator and contractor, policies, procedures, duty sheets, checklists or job descriptions.

15(4) Appropriate mechanisms must be used to minimize unpleasant odors in the long-term care accommodation.

Odour Control	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Odours are not present.	<ul style="list-style-type: none"> □ Conversations with residents, their representatives or employees regarding the presence or absence of odours. □ Observation noting the absence of odours.
The operator engages in odour elimination or minimization to the extent required to provide a comfortable and clean living environment for residents.	<ul style="list-style-type: none"> □ Observation of techniques used to eliminate or minimize unpleasant odours. This may be accomplished by the use of garbage or laundry lids, the use of fans or deodorizers, frequent garbage and soiled laundry removal, adequate smoke room ventilation, and/or appropriate cleaning of pet areas.

Standard 16: Continuation of Services

Intent

To verify that there is a plan for the ongoing provision of accommodation services should there be an unexpected emergency. Advanced preparation is the key to mitigating the impact of unexpected events or emergencies leading to the disruption of regular service delivery. Many long-term care residents struggle with limited personal mobility, cognitive impairment and other physical challenges that render them even more vulnerable during emergency situations. With adequate knowledge and planning, the harmful effects of such unanticipated events can be minimized. Contingency plans must be developed with deliberate consideration of the very unique needs of the resident population and reviewed on an annual basis to ensure that they remain current.

Definitions

- **Employment disputes:** unplanned for deviations from normally scheduled staffing presence or any other activity/event that may result in staff shortage that disrupts the ability of the accommodation to provide services to the residents.
- **Essential equipment:** equipment that is vital to the operation of the accommodation that without would require additional actions to be taken to maintain services for the residents. Equipment may include boiler, furnace, hot water tank, elevator, generator, communication equipment, security equipment, emergency call systems, sanitation equipment, food preparation equipment, food storage equipment, food service equipment, laundry or cleaning equipment.
- **Excessive heat:** temperatures at a level that pose a safety risk to residents or may result in a temperature advisory from Environment Canada.
- **Extreme weather:** instances of thunderstorms, hailstorms, tornadoes, heavy precipitation, blizzards, snowstorms, ice storms, dust storms, heat waves or cold waves that may impact an operator's ability to provide services.
- **Necessary accommodation services:** the services deemed necessary by the operator to be continued in an emergency, but must include meeting residents' basic needs.
- **Other disruptions:** may include excessive heat, reduced heat, fire, floods, sewer back ups, evacuation, unscheduled absence of the operator (illness, accident, etc) or a disruption in accommodation related services (safety and security, meals, cleaning, laundry, maintenance and building).
- **Other utilities:** includes water, gas and telephone service.

- **Sheltering in place:** a situation in which a judgment has been made based on the safety and comfort of residents, to keep residents within the accommodation rather than evacuate. Accommodation services continue to be provided within the accommodation at an essential level.

16(1) An operator shall develop, maintain and implement as necessary contingency plans to provide for the continuation of necessary services to residents in the event of the failure of electrical power, or other utilities, the breakdown of essential equipment, extreme weather conditions, employment disputes, and other disruptions.

Contingency Plans	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
<p>The contingency plan is site specific and ensures the continuation of necessary accommodation services whether evacuating or sheltering in place. Consideration is given to the type of disruption that may lead to an activation of a contingency plan and the appropriate responses that may be needed depending on the situation.</p> <p>At a minimum contingency plans must address:</p> <ul style="list-style-type: none"> □ Failure of electrical power □ Failure of other utilities (i.e. water and gas) □ A plan for the breakdown of essential equipment in the accommodation □ Extreme weather conditions that may reasonably occur in the area of the accommodation □ Staff shortages and/or employment disputes □ Evacuation and relocation □ Disruptions to safety and security services □ Disruptions to meal services <p>Accommodations may also have contingency plan(s) in place for the following, where the occurrence of the event disrupts necessary services for the residents:</p> <ul style="list-style-type: none"> □ Disruption of telecommunications / IT systems □ Flood / sewer back up □ Excessive or reduced heat □ Disruption of cleaning, laundry or maintenance services 	<ul style="list-style-type: none"> □ Documentation of the contingency plan. Information may be found in manuals, policies and procedures, department specific plans or training guides. <p><i>Where additional information is required to develop a contingency plan see the resource section 10 for planning websites and Appendix A 'Accommodation Standard 16: Points to Consider when Developing Plans'.</i></p>

16(2) A contingency plan must

- a) mitigate the impact of the disruption on the residents,
- b) be communicated and made available to residents and their representatives, visitors, volunteers, employees and service providers,
- c) be practicable in the circumstances in which it is intended to be used, and
- d) be reviewed on an annual basis to ensure that it remains effective.

Mitigation of Impact and Practicability

The focus of the contingency plan is to ensure that residents are safe and comfortable and that the disruption to their services is kept to a minimum.

The contingency plan needs to be practicable in both situations of evacuation and sheltering in place. Consideration needs to be made as to how residents will be kept safe and comfortable and that services continue to be provided whether they are in the accommodation itself, being transported to another site, or at singular or multiple evacuation sites.

Contingency plans should be sufficiently detailed so that they are feasible and context specific given the size and nature of the accommodation and the resident population that it serves. Plans that exist in the format of blank templates, resource print outs, or lists of contact phone numbers will not be sufficient for compliance.

Communicating the Plan	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Information on the contingency plan, in whole or part, is posted in the accommodation. If the entire plan is not posted, employees need to know where to access the whole plan and are able to direct others to the whole plan on request.	<ul style="list-style-type: none"> ❑ Conversations with residents, representatives, employees, volunteers and service providers regarding their awareness of the plan locations. ❑ Observation of information on the contingency plan posted in the accommodation. ❑ Observation of the postings detailing the location of the contingency plan. ❑ Documentation demonstrating that employees, residents, representatives, volunteers and service providers are notified of the location of the contingency plan. This information may be found in handbooks, orientation materials, or service agreements.
Information on the contingency plan is provided to residents, their representatives, employees, volunteers and service providers through training or other verbal methods.	<ul style="list-style-type: none"> ❑ Conversations with residents, representatives, or employees regarding information provided on the contingency plan. ❑ Documentation demonstrating how operators provide training to employees, residents, representatives, volunteers and service providers. This information may be found in meeting minutes, training documentation, or certificates.
Information on the contingency plan is provided to residents, their representatives, employees, volunteers, visitors and service providers in a written format.	<ul style="list-style-type: none"> ❑ Conversations with residents, representatives, or employees regarding information provided on the contingency plan. ❑ Documentation demonstrating how operators provide information to employees, residents, volunteers, service providers. This information may be found in handbooks, orientation manuals or checklists, newsletters or emergency manuals.

Annual Review	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The contingency plan is reviewed through a meeting discussion format (staff meetings, board meetings, resident and family meetings).	□ Documentation demonstrating that the contingency plan was reviewed annually. Information may be found in meeting minutes.
The contingency plan is reviewed through an administrative/committee review process.	□ Documentation demonstrating that the contingency plan was reviewed annually. Information may be found in meeting minutes, a review date on the plans, a letter of review, or a dated footnote on the plans.
Ensure that any changes made to the contingency plan are communicated to residents, their representatives, employees, volunteers, visitors and service providers. See 16(2)(b).	

Standard 17: Prevention of Abuse

Intent

To verify mechanisms are in place for the prevention, identification and reporting of abuse. Operators of long-term care accommodations are responsible for ensuring that all employees receive appropriate education respecting the identification, prevention and reporting of suspected abuse. Operators are also responsible for ensuring that residents, their representatives, volunteers and service providers are aware of the contacts and resources available to them should they have any concerns or complaints regarding abuse.

- 17(1)** An operator shall develop and maintain written processes that
- a) promote the prevention of abuse of the residents of the long-term care accommodation,
 - and
 - b) provide information respecting the reporting of suspected abuse to the proper authorities.

Written Processes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator has a written process on the prevention of abuse and the reporting of suspected abuse.	<input type="checkbox"/> Documentation provided may include policies and procedures, guidelines, training materials, handbooks or pamphlets.

- 17(2)** An operator shall ensure that all employees receive appropriate education respecting the identification, and reporting of suspected abuse and the prevention of abuse of residents.

Training	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides training on the identification, reporting and prevention of abuse to all employees.	<input type="checkbox"/> Documentation provided may include orientation materials, training manuals, training records, attendance records or certificates.

17(3) An operator shall ensure that information respecting the identification and reporting of suspected abuse and the prevention of abuse of residents is provided to residents, their representatives, volunteers and service providers.

Information Provision	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Postings on the identification, reporting and prevention of abuse is available in a common area of the accommodation.	<ul style="list-style-type: none"> □ Conversations with residents regarding their awareness of the information. □ Observation of postings.
The operator provides written pamphlets, brochures or other media on the identification, reporting and prevention of abuse.	<ul style="list-style-type: none"> □ Conversations with residents, their representatives, volunteers or service providers regarding the information provided to them. □ Documentation provided may be handbooks, orientation materials, pamphlets, brochures, policies or guidelines.
The operator provides training on the identification, reporting and prevention of abuse.	<ul style="list-style-type: none"> □ Conversations with residents, their representatives, volunteers or service providers regarding the information provided to them. □ Documentation provided may be orientation materials, training materials, meeting minutes, training records or information session attendance records.

Standard 18: Resident Safety and Security

Intent

To verify that mechanisms are in place to support resident safety and security on a round-the-clock basis. It is important that long-term care residents feel secure and safe in their living environment and surroundings. Operators can ensure this by having appropriate monitoring mechanisms, accounting mechanisms, security systems, emergency call systems or communication systems in place. Where mechanical or electronic systems are in place they need to be inspected regularly to ensure that they are in good working order and those that utilize them need to be educated in their use. Where an incident of a critical nature occurs in an accommodation, the Director of the SCL Branch is notified so that resident safety and security is not further compromised.

Definitions

- **Security systems:** a system that warns the operator of an intruder or other breach. This may include security systems or other intruder alert systems.
- **Communication systems:** a system that the resident may use to access assistance from an employee. This may include nurse call, pendants, emergency call bells or pull cords.
- **Emergency call systems:** a system that lets an employee know that the resident is in an emergency situation. This may be wanderguards, door alarms, bed alarms or wheelchair alarms.
- **Incident:** an event related to the **Accommodation Standards** that has occurred; causing death or serious harm to a resident, a resident unaccounted for, an unplanned for activation of a contingency plan or extensive damage to the accommodation.
 - **Serious harm:** Physical or psychological injury which is life threatening and/or traumatic to the individual.
 - **Extensive damage:** damage to the extent that the ability of the operator to continue to provide accommodation services and a safe and secure environment is affected.
- **Director:** the Director of the Continuing Care Standards and Licensing Unit, Alberta Health.
- **Monitoring Mechanism:** equipment or processes used to ensure that residents are safe in addition to the personnel on site. These may include security systems, emergency call systems, communication systems or surveillance systems.

Note

- Where manufacturer's recommendations are not available or do not state inspection recommendations for security, emergency call and communication system the operator may set out a schedule of regular inspections and testing of the system(s) that is deemed to be reasonable in relation to the safety of the residents.

18(1) An operator shall develop and maintain written processes that promote the safety and security of residents, including processes that

- a) account for all residents on a daily basis,
- and
- b) ensure that monitoring mechanisms and personnel are in place on a round-the-clock basis.

Accounting for Residents	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The number of staff and residents is such that staff are aware of residents at all times.	□ Documentation provided may include staffing schedules, job duties and care plans.
Residents are accounted for during daily routine activities such as meals or medication times.	<ul style="list-style-type: none"> □ Observation of assigned seating at meals allowing for accounting of residents. □ Documentation provided may include MAR sheets, meal attendance sheets or handbook information.
Residents are accounted for using formalized tracking tools such as sign in/out books or census documents.	□ Documentation provided may include sign in/sign out books, daily census recordings or bed checks.

Monitoring of Residents	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The accommodation is staffed 24 hours per day, seven days per week and monitoring systems are in place.	<ul style="list-style-type: none"> □ Observation of monitoring systems. □ Documentation provided may include staffing schedules or care plans.

18(2) Where a long-term care accommodation has a security system, the security system must be maintained, inspected, and tested as recommended by the manufacturer of the security system.

Security Systems	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The security system is regularly inspected, tested and maintained by an employee or outside contractor.	<ul style="list-style-type: none"> □ Documentation demonstrating the manufacturer recommendations. This information may be found in manuals, guidelines or letters. and □ Documentation demonstrating that the recommendations are followed. This information may be found in log sheets, invoices, maintenance requisitions, or other preventative maintenance records.
Computerized monitoring of all security systems is in place that has the capacity to report on all failures in the system. The computerized system is inspected, tested and maintained to ensure that it is in working order.	<ul style="list-style-type: none"> □ Observation of the computerized system. □ Documentation demonstrating that the computerized system is able to alarm for all system failures and the system is in working order. This information may be found in manuals, incident reports, system descriptions or system logs.
The security system is checked daily by a designated employee as part of a regular routine and a process exists for reporting deficiencies to ensure the system is maintained in good working order.	<ul style="list-style-type: none"> □ Documentation demonstrating that the task is designated to a specific employee. This information may be found in job descriptions, duty lists or routines. and □ Documentation demonstrating that there is a procedure for the checks and the reporting of deficiencies. This information may be found in policies and procedures, maintenance requisitions, job duties or other guidelines.

18(3) Where a long-term care accommodation has a communication system or an emergency call system, the system must be one that is appropriate to the type of building in which it is located and suitable for the needs of the residents and must be maintained, inspected and tested as recommended by the manufacturer of the system.

Suitability	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The communication or emergency call system is appropriately matched to the type of building and the needs of the residents.	<ul style="list-style-type: none"> □ Conversation with the operator regarding the suitability of the system in use. □ Observation of the building and the systems in use. □ Documentation demonstrating that the communication or emergency call system is suitable. This information may be found in care plans, assessments, incident reports, managed risk agreements, residential service agreements or policies and procedures.
Where the communication or emergency call system is not fully suitable for the residents or the building the accommodation has additional practices in place to make up for the deficiency.	<ul style="list-style-type: none"> □ Documentation demonstrating that additional practices are in use to ensure the safety of all residents. This information may be found in policies and procedures, job duties, guidelines, job descriptions, log books or care plans.

Maintenance	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The communication and emergency call system is regularly inspected, tested and maintained by an employee or outside contractor.	<ul style="list-style-type: none"> □ Documentation demonstrating the manufacturer recommendations. This information may be found in manuals, guidelines or letters. and □ Documentation demonstrating that the communication or emergency call system is regularly inspected, tested and maintained. This information may be found in log sheets, invoices, maintenance requisitions, or other preventative maintenance records.
Computerized monitoring of all communication and emergency call systems is in place that has the capacity to report on all failures in the system. The computerized system is inspected, tested and maintained to ensure that it is in working order.	<ul style="list-style-type: none"> □ Observation of computerized system. □ Documentation demonstrating that the computerized system is able to alarm for all system failures and is in good working order. This information may be found in manuals, system descriptions, incident reports and system logs.
The communication and emergency call system is checked daily by a designated employee as part of a regular routine and a process exists for reporting deficiencies to ensure the system is maintained in good working order.	<ul style="list-style-type: none"> □ Documentation demonstrating that the task is designated to a specific employee. This information may be found in job descriptions, duty lists or routines. and □ Documentation demonstrating that there is a procedure for the checks and the reporting of deficiencies. This information may be found in policies and procedures, maintenance requisitions, job duties, or other guidelines.

18(4) Any incident within the long-term care accommodation or its grounds in which the safety or security of a resident is breached must be documented and reported to the director along with the actions taken to address the incident or remedy the breach, as the case may be.

Reporting to the Director	
Reportable incident are to be submitted to the Director within two business days of the incident occurring by the operator.	
Reportable Incidents:	<p>An event related to the Accommodation Standards that has occurred:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Causing death or serious harm to a resident, <input type="checkbox"/> A resident unaccounted for, <input type="checkbox"/> An unplanned for activation of a contingency plan, or <input type="checkbox"/> Extensive damage to the accommodation.
Reportable Incident Form:	<ul style="list-style-type: none"> ➤ The reportable incident form can be found in Section 7 of the Information Guide or on-line at: http://www.health.alberta.ca/services/continuing-care-forms.html. ➤ Check 'Health Funded' when opening the form to populate the appropriate sections. ➤ Forms may be submitted electronically using the on-line form, or if sending manually should be sent by e-mail to asal@gov.ab.ca and reportable.incidents@albertahealthservices.ca ➤ Please ensure that additional notifications are completed as per existing zone processes.
Help with determining what to report	A decision guide and examples are provided in Section 7 to assist operators in determining what incidents meet the reportable incident criteria.
Continuing Care Health Service Standards	There is also a requirement to report incidents under the Continuing Care Health Service Standards. The reportable incident form, decision guide, examples, and process can also be utilized in reporting incidents under these standards.

18(5) An operator shall ensure that all employees and, where appropriate, residents, service providers and volunteers receive adequate training respecting any security, communication or emergency call system in use in the long-term care accommodation.

Training	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides training to those persons utilizing the security, communication, or emergency call systems.	<ul style="list-style-type: none"> □ Conversations with residents, employees, volunteers and service providers regarding their awareness of the usage of the system. □ Documentation provided may include handbooks, orientation materials, training manuals or training records.

Standard 19: Trust Accounts

Intent

To verify there are mechanisms in place to safeguard any funds entrusted to the operator by the resident. To ensure that residents have access to funds held in trust.

Definitions

- **Trust accounts:** any account (group or individualized) or internal holding system (cash box or safe) where funds held on behalf of the residents are kept. This includes situations where the operator receives regular monthly deposits from the resident/responsible person at the first of each month and the resident withdraws the funds during the course of the month. Situations where no money is held and the residents are billed back for services are not considered to be a trust account.
- **Receipt:** an individual receipt or accounting of an expenditure. The receipt may be an accounting of the expenditures after a certain point of time (ie. Monthly) or at the time of each expenditure.

Note

- Where an operator provides funds or statements to residents/representatives on an 'upon request' basis, a reasonable length of time for fulfilling the request is within two business days for day to day transactions and within 60 calendar days for a closure of a trust account.

19(1) Where an operator holds funds on behalf of a resident for a period longer than 31 days, the operator shall

- a) deposit those funds into a trust account opened and maintained for that purpose,
- and
- b) provide a receipt for each transaction.

Opening and Operating Trust Accounts	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator demonstrates the trust account system that is in place.	<ul style="list-style-type: none"> □ Conversations with employees, residents or their representatives regarding the trust accounts. □ Documentation provided may include bank statements, transaction receipts, ledger books or orientation materials.
The operator has a written process on how trust accounts are opened and maintained.	<ul style="list-style-type: none"> □ Conversations with employees, residents or their representatives regarding the trust accounts. □ Documentation provided may include policies and procedures, written guidelines, transaction receipts, trust account agreements, handbooks, or orientation materials.

19(2) An operator shall ensure that easily understandable records are maintained in respect of the trust account showing opening and closing balances and make those records available for inspection by residents or their representatives free of charge.

Trust Account Records	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides a regular or periodic trust account statement free of charge.	<ul style="list-style-type: none"> □ Conversations with residents/representatives regarding the issuance of trust account statements. □ Documentation provided may include statements, letters or statement issue schedules.
The operator provides trust account statements upon request free of charge.	<ul style="list-style-type: none"> □ Conversations with residents/representatives regarding their awareness of how to receive a trust account statement. □ Documentation demonstrating that residents are notified of how they may request trust account statements. This information may be found in handbooks, terms of occupancy, admission agreements, trust account agreements, training materials or orientation materials.

19(3) An operator shall return funds held in trust to the resident or the resident's representative on receiving a request in writing to do so.

Withdrawal of Funds	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator demonstrates how the process for withdrawing funds from trust accounts works.	<input type="checkbox"/> Documentation provided may include letters, emails, memos, receipts, request forms, withdrawal forms or other withdrawal documentation.
The operator has written processes dealing with the withdrawal of funds from trust accounts.	<input type="checkbox"/> Documentation provided may include policies and procedures, guidelines, trust account agreements, service agreements, handbooks or orientation materials.

Standard 20: Corporate Status

Intent

To verify that the long-term care operator maintains the incorporated body in good standing.

20 The organization is an incorporated body in good standing to do business in the Province of Alberta and the respective municipality, if applicable.

Corporate Status	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The name of the incorporated body is provided to the SCL Branch for a corporate registry search.	<input type="checkbox"/> Documentation provided may include incorporation documents of the body.
Corporate registry documentation is provided showing the incorporated body to be active.	<input type="checkbox"/> Documentation provided may include statements or annual returns.

Standard 21: Water Temperature

Intent

To ensure the safety of residents by preventing scalding and other injuries associated with extreme water temperatures.

Definitions

- **Sufficiently knowledgeable employee or service provider:** has an understanding of the tub operations and controls and is aware of the accommodation's process for taking and recording temperatures.
- **Therapeutic tub:** a tub in which a resident is lifted into it or it is fully accessible, often by a side door, which may or may not include a reservoir for water, jets, hydromassage or hydrosound. The resident is assisted to bathe in a therapeutic tub and the water temperature is regulated by the tub and/or the care provider. This is not a residential type tub. Examples of this are: Arjo, century, parker, rhapsody, freedom, advantage, serenity, bellentra or primo tub.
- **Flowing water:** the maximum hot water visually seen flowing from the faucet. An external temperature gauge is necessary to measure the temperature of this water.
- **Safe water temperature as defined by the Alberta Building Code:**
 - "Where a hot water **supply** is required by Sentence 7.2.1.2.(4), equipment shall be installed that is capable of heating to at least 45°C but not above 60°C an adequate supply of service hot water for every dwelling unit." (2006, 7.2.6.1)
 - "If the authority having jurisdiction deems it necessary to protect children, the elderly, or persons with disabilities or infirmities from burns, ... b) except as provided by the plumbing regulations made pursuant to the *Safety Codes Act*, the temperature of the water from **faucets** shall be limited to a maximum of 54°C." (2006, 7.2.6.7)
- **Safe water temperature as defined by the National Plumbing Code:**
 - "(3) All mixing valves supplying shower heads shall be of the pressure-balanced, thermostatic, or combination pressure-balanced/thermostatic type capable of a) maintaining a water outlet temperature that does not exceed 49°C and b) limiting thermal shock." (2005, 2.2.10.7)
 - "(4) The temperature of water discharging into a bathtub shall not exceed 49°C." (2005, 2.2.10.7)

Note

- Resident education may not be applicable in some accommodations where residents are independent or have been assessed as capable of ensuring safe water temperatures or where personnel assist residents in all areas related to water usage.
- Where mixing valves have been installed the water testing requirement applies separately to each faucet/area that the mixing valve controls. See also Section 10, Resources for diagram examples.
 - **Example one:** A mixing valve has been installed on the water line after the domestic hot water tank. Each faucet in the accommodation is limited by this mixing valve, so any faucet may be tested to determine the temperature of water for personal use.
 - **Example two:** A mixing valve has been installed at the faucet in the bathroom for the sink and for the bath. This accommodation would require three temperature checks – one on each faucet where a mixing valve was installed and one elsewhere in the residence where the water is supplied straight from the domestic hot water tank (kitchen, laundry, etc.).
- For therapeutic tubs, the temperature of **hottest** water **flowing** into each tub, **not the bath water temperature that an individual will be bathed in**, must be taken prior to the first bath of the day and documented.

21(1) An operator shall ensure that the temperature of flowing water provided for personal use in areas used by the residents does not exceed the maximum safe level established in the Alberta Building Code.

Safe Water Temperatures	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Regularly scheduled checks of the hot water temperature flowing out of the taps in resident areas to ensure that it does not exceed the predetermined safe level.	<ul style="list-style-type: none"> □ Documentation demonstrating that safe water temperatures are maintained in resident areas. This information may be found in logs, checklists or calendars.

21(2) An operator shall ensure that safe water temperature for the personal use of residents are maintained through

- a) employee and resident training and education
- b) proper maintenance and monitoring of equipment,
and
- c) appropriate risk mitigation procedures.

Education (Residents)	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Information provided to residents on safe water temperatures.	<ul style="list-style-type: none"> □ Conversations with residents regarding their understanding of safe water temperatures. □ Documentation of education received by residents. This information may be found in orientation materials, meeting minutes, move-in checklists, or posters.

Training (Employee)	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides training on appropriate temperatures and process for reporting undesirable water temperatures.	<ul style="list-style-type: none"> □ Conversations with employees regarding safe water temperatures. □ Documentation of training received by employees. This information may be found in training records, orientation forms, meeting minutes, move-in checklists, or posters.
The operator provides training on measuring hot water temperatures.	<ul style="list-style-type: none"> □ Conversations with employees regarding their understanding of safe water temperatures. □ Documentation of training received by employees. This information may be found in training records, training materials, orientation forms and meeting minutes, or posters.

Maintenance and Monitoring of Equipment	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Corrective maintenance records for the hot water heating system and therapeutic tubs.	<ul style="list-style-type: none"> □ Documentation demonstrating that the hot water heating equipment is repaired and maintained. This information may be found in work orders, requisitions, invoices or logs.
Preventative maintenance records for the hot water heating system and therapeutic tubs.	<ul style="list-style-type: none"> □ Documentation demonstrating that the hot water heating equipment is regularly inspected and maintained. This information may be found in preventative maintenance records, logs, invoices, contracts or checklists.

Risk Mitigation Procedures	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Limiting resident access to high water temperature areas (ie. Laundry and kitchen).	<ul style="list-style-type: none"> □ Observation of limitations to resident access. This may be found as locked doors, signage, etc. □ Documentation demonstrating that certain areas are not for resident use. This information may be found in policies and procedures, resident handbooks, or orientation information.
The installation and maintenance of mixing valves, scald free taps or automatic shut-off systems.	<ul style="list-style-type: none"> □ Conversations with employees regarding the system installed. □ Observation of mixing valves and temperature gauges. □ Documentation demonstrating that there is a preventative maintenance plan for mixing valves, scald free taps or automatic shut off systems. This information may be found in preventative maintenance documents, logs or checklists.

21(3) An operator shall ensure that all maintenance personnel and employees involved with the water system are sufficiently knowledgeable in the function and proper operation of the water gauges, water mixing valves and therapeutic tub controls, if any, to maintain safe water temperatures.

Qualifications of Personnel	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Job descriptions and qualifications for maintenance personnel match the needs of the water system (ie. Power engineers (Class 1-5) certificate of competency, special boiler operator certificate of competency).	<ul style="list-style-type: none"> □ Documentation demonstrating that the needs of the building (based on the job description) and the qualifications of maintenance personnel match. This information may be found in job descriptions, certificates, resumes or other verification of qualifications.
Contracts with or procurement of qualified persons for maintenance to the water system (Arjo, plumbers, etc).	<ul style="list-style-type: none"> □ Documentation demonstrating that the needs of the water system are met with the periodic procurement of an appropriate water system technician. This information may be found in contracts or invoices.

21(4) Where a long-term care accommodation has one or more therapeutic tubs, the operator of the long-term care accommodation shall ensure that a sufficiently knowledgeable employee or service provider tests the temperature of the hot water flowing into each therapeutic tub each day prior to the first bath of the day and documents the temperature in a logbook or on a log sheet kept in the tub room for that purpose.

Therapeutic Tub	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The temperature of the hot water flowing into the therapeutic tub is taken and recorded prior to the first bath of the day. The record of water temperatures is kept in the tub room.	<ul style="list-style-type: none"> <input type="checkbox"/> Observation of the water temperature logs kept in the tub room. <input type="checkbox"/> Documentation provided may be a log books or log sheets.
Where a therapeutic tub has an automatic shut-off when the tub exceeds a preset temperature, and there is insufficient time to get an external temperature reading the digital temperature read out can be used as the temperature recording.	<ul style="list-style-type: none"> <input type="checkbox"/> Observation of the water temperature logs kept in the tub room. <input type="checkbox"/> Documentation provided may be a log books or log sheets.

Standard 22: General Information

Intent

This standard is intended to ensure that residents are assisted in locating resources that they are interested in or in need of so that they can make informed decisions. Having access to general information can assist residents to develop meaningful ties within their communities and to improve their access to available resources.

Definitions

- **General information:** resources can take the form of pamphlets, booklets, handouts, contact names and phone numbers or links of information that is relevant to the resident. It is not necessary for an operator to have all information, but to have some relevant information and to be able to link the resident with other contacts should additional or different information be needed.

22 An operator shall make available as necessary to residents and their representatives current general information respecting relevant community, municipal, provincial, and federal programs.

General Information Provision	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides a resource area to display relevant information for residents.	<ul style="list-style-type: none"> □ Conversations with residents regarding their access to resources. □ Observation of the resource area.
The operator provides resources to residents in written format.	<ul style="list-style-type: none"> □ Conversations with residents regarding their access to resources. □ Documentation provided may include admission packages, handbooks or newsletter.
The operator provides access to community resources via various media outlets.	<ul style="list-style-type: none"> □ Conversations with residents regarding their access to resources. □ Observation of media / equipment. □ Documentation demonstrating that all residents are able to access and utilize the media provided. This information may be found in care plans, assessments, meeting minutes, or surveys.

General Information Provision (Continued)	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator employs a social worker or other employee for the purpose of providing resources to residents.	<ul style="list-style-type: none">□ Conversations with residents/representatives regarding their access to resources.□ Documentation provided may include job descriptions, job duties, or handbooks.

Standard 23: Information Respecting the Long-term Care Accommodation

Intent

Information regarding the long-term care accommodation needs to be transparent and accessible to applicants, residents and their representatives. This standard is intended to ensure that prospective and current residents and their representatives are made aware of all relevant information to assist them to make decisions on their accommodation and accommodation related services. The degree of information provided to applicants may vary depending on the information that they have requested. It is, however, necessary that operators make available all applicable information for residents or their representatives.

Definitions

- **Move in and orientation:** the process for move in and the expected orientation items to familiarize the resident with the accommodation and the services provided.
- **Monthly basic accommodation charges:** information on the charges for the accommodation and what is covered by this charge.
- **Information concerning maintenance and cleaning schedules:** information on the frequency of cleaning, hours of service in which service is provided, project work scheduling, repair and replacement schedules and how to report concerns to maintenance.
- **List of optional services and charges:** information on any additional services (e.g. cleaning, laundry, hairdressing, personal choice services, cable, etc) offered by the operator in the accommodation for a fee above and beyond that which is included in the residential services agreement and what the fee is for the service.
- **Notice periods for rate increases:** information of the notice period for rate increases stated in days or months or on a specific date (ie. January 1 of each year) for the accommodation and/or accommodation services.
 - **Note:** Rates for Long-term Care are set by the Ministry of Health. This notice period refers to the amount of notice the accommodation commits to provide residents/representatives prior to the implementation of any Ministry approved increases.
- **Notice periods for termination of services or tenancy:** information of the notice periods for services or tenancy to be terminated by the operator or the resident or their representative. The notice period may apply to situations of discharge, transfers or other endings of services at a specific accommodation.

- **Required inspections:** Inspections completed by jurisdictions responsible for Accommodation Standards, Environmental Health or the Safety Code, such as Building and Fire.
- **Concerns and complaint resolution process:** forms or information pertaining to how residents can express complaints and concerns and the steps that will be taken to resolve the issue.

23(1) An operator shall provide on request to applicants, residents and their representatives current information and, where necessary, forms respecting the operation of the long-term care accommodation, including

- a) the process of moving in and orientation,
- b) basic accommodation and service charges on a monthly basis,
- c) available optional personal services and their charges,
- d) cleaning and maintenance schedules,
- e) the notice period applicable to rate increases,
- f) the house rules of the long-term care accommodation and circumstances that could lead to the termination of residency,
- g) information respecting the measures taken by the operator to protect the privacy and personal information of residents,
- h) information respecting trust accounts, if applicable
- i) information respecting the results of required inspections of the long-term care accommodation,
and
- j) the written process for resolving concerns or complaints.

Accommodation Information Provision	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides information to residents/representatives verbally following an orientation checklist.	□ Documentation provided may include orientation materials or checklists.
The operator provides information to residents/representatives in a written format.	□ Documentation provided may include intake packages, application forms, resident agreements, handbooks, welcome packages, policies or pamphlets.

Accommodation Information Provision (Continued)	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator communicates to residents/representatives the availability of information that it has in written format.	<ul style="list-style-type: none"> □ Documentation demonstrating that residents are notified of the availability of information. Documentation provided may include orientation materials, orientation checklists, or postings. and □ Documentation demonstrating the operators policies and processes. Documentation provided may include policies, procedures, memorandums, or other documents.

23(2) An operator shall ensure that a residential services agreement is signed by each resident or the resident's representative and by an authorized representative of the long-term care accommodation.

Residential Service Agreement	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides a signed residential services agreement.	<ul style="list-style-type: none"> □ Documentation provided may include one or more signed service agreements.

23(3) A residential services agreement

- a) may be a separate document on its own or may form part of another document, and
- b) must clearly state
 - i) the residential services provided,
 - ii) the rates charged for those services, and
 - iii) the notice periods that apply to rate increases and the termination of services or residency.

Terms of the Agreement	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator utilizes one residential service agreement covering all points.	<input type="checkbox"/> Documentation provided may include residential service agreements.
The operator utilizes multiple agreements covering all points.	<input type="checkbox"/> Documentation provided may include residential service agreements.
The operator utilizes an agreement in conjunction with signed addendums which may cover some points.	<input type="checkbox"/> Documentation provided may include residential service agreements and addendums.

Standard 24: Concerns and Complaints

Intent

Operators must have a process in place for dispute resolution. Having a process and communicating it with residents and their representatives allows them to have any concerns and complaints addressed quickly.

Definition

- **Concerns and complaints:** issues expressed to the operator by the resident, their representative or others concerning the accommodation, the building that houses it, the grounds or the accommodation services provided or arranged for by the operator.

24 An operator shall develop and maintain a written process for the resolution of concerns and complaints about the long-term care accommodation and the services provided and shall document every concern or complaint received and the measures taken to resolve it.

Written Process	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator has written processes on the resolution of concerns and complaints.	<ul style="list-style-type: none"> □ Documentation provided may include policies and procedures, flowcharts, forms with instructions for use, handbooks, welcome packages, guidelines, posters or pamphlets.

Documentation of Concerns and Complaints	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator retains the concern or complaint and provides evidence of the action taken to rectify the situation.	<ul style="list-style-type: none"> □ Documentation demonstrating that action was taken to rectify the complaint. This information may include requisitions, receipts, referrals, assessments or policies and procedures.
The operator logs the complaints and concerns and the action taken.	<ul style="list-style-type: none"> □ Documentation provided may include log books or communication books.
The operator utilizes meetings to resolve and document complaints.	<ul style="list-style-type: none"> □ Documentation provided may include meeting minutes or agendas.
The operator utilizes complaint forms or correspondence with the complainant to document action taken.	<ul style="list-style-type: none"> □ Documentation provided may include forms, letters or emails.

Standard 25: Certificate Posted

Intent

To ensure that residents and their representatives are aware of the status of the long-term care accommodations certification.

25(1) An operator shall post the certificate of compliance to the long-term care accommodation standards issued to the operator, in a prominent place in the long-term care accommodation to which it pertains.

Posted Certificate	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The posted certificate is visible in the accommodation.	<input type="checkbox"/> Observation of the posted certificate.

Standard 26: Criminal Record Checks

Intent

The intent of this standard is to ensure that all new volunteers, service providers and operators providing direct services to resident undergo a criminal records check to support the safety and security of residents.

Definitions

- **New:** any employee, volunteer, or service provider that commenced after March 31, 2007.
- **Volunteer:** any volunteer that provides direct services to the resident.
- **Service Provider:** any accommodation or personal choice service provider that is not employed by the accommodation that has independent (unaccompanied by staff) access to residents.

Note

- For those employees, volunteers and service providers under the age of 18 where a criminal record check cannot be completed, it is recommended that they do not have independent direct access to residents (ie. One on one in resident rooms).
- Criminal record checks are considered to be one way of screening applicants, but should not to be considered the sole determination of an applicant's suitability.
- The content of a criminal record check may vary among communities and police departments. Operators may want to contact their local police department to determine the extent of the information provided.
- Vulnerable Sector Searches may be a part of a Criminal Record Check. The determination to complete a vulnerable sector search is a risk management decision for the operator to make based on the resident population they are serving and the position being hired to.

26 An operator shall ensure that each new employee, each new volunteer, and each new service provider whose duties involve the provision of services directly to residents must provide a criminal record check.

Criminal Record Checks	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Criminal record checks for employees, volunteers and service providers are kept on file.	<input type="checkbox"/> Documentation provided may include criminal record checks.
Criminal record checks for external service providers (e.g. housekeeping, food services, etc.)	<input type="checkbox"/> Documentation provided may include current contracts or other service provider agreements.
Verification records that a criminal record check was viewed and deemed to be satisfactory are completed.	<input type="checkbox"/> Documentation provided may include checklists, records, application forms, or commencement forms.
Criminal record checks for foreign workers are kept on file.	<input type="checkbox"/> Documentation provided may include criminal record checks, or work permits from Canada Immigration.

Standard 27: Privacy and Personal Information

Intent

To ensure that operators maintain the privacy and security of residents' personal information, using it only as required in the delivery of services. Written policies and processes regarding the collection, use or disclosure of the personal information of residents must comply with applicable privacy laws. Any personal information related to residents should only be accessible to the staff members who interact with those residents and not be accessible to other residents, contractors, visitors and staff members who do not work directly with residents or who do not "need to know", or have access to, that personal information.

Definition

- **Personal information:** information about an identifiable individual. This information may be in written, photographic, verbal or electronic form.

27(1) An operator shall ensure that the privacy and the personal information of residents is protected.

Protection of Information and Privacy	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Personal information of residents is protected regardless of format (digital/ electronic or paper) or location (on site, off site, or during transportation).	<ul style="list-style-type: none"> □ Observation of protection of personal information. □ Documentation provided may include internal or external privacy audits, consent forms and assessments as appropriate.

- 27(2) An operator shall develop and maintain written policies respecting the protection of residents' privacy and personal information and shall
- a) train employees and volunteers in implementing the policies, and
 - b) ensure that residents and their representatives are informed respecting the policies.

Written Processes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator has written policies, procedures and processes regarding the collection, use and disclosure of resident personal information and how it ensures resident's privacy.	<input type="checkbox"/> Documentation provided may include policies, procedures, guidelines and brochures.
The operator has written processes in place to ensure residents understand their rights to access to their own personal information that the accommodation may have about them.	<input type="checkbox"/> Documentation provided may include policies, procedures, guidelines and brochures.

Training	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides training and written information (copies of policies and procedures) to contractors, volunteers and staff regarding the collection, use and disclosure of personal information.	<input type="checkbox"/> Conversations with contractors, volunteers or staff regarding the protection of personal information. <input type="checkbox"/> Documentation may include handbooks, orientation materials, training materials, checklists, forms, sign in sheets, or contracts with privacy protection clauses in them.

Information on Processes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator notified residents/representatives verbally and documents that the discussion has occurred.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding their awareness of the operator's policies in the protection of personal information. □ Documentation provided may include meeting minutes, or orientation checklists.
The operator provides training to residents/representatives in how the operator protects their personal information.	<ul style="list-style-type: none"> □ Conversations with residents and their representatives regarding their awareness of the operator's policies in the protection of personal information. □ Documentation provided may include training materials, orientation materials, sign-in sheets or training records.
The operator provides written information to the residents/representatives on the protection of their personal information.	<ul style="list-style-type: none"> □ Conversations with residents and their representatives regarding their awareness of the operator's policies in the protection of personal information. □ Documentation provided may include policies and procedures, consent forms, handbooks or admission agreements.

Standard 28: Safety and Security

Intent

Staff must be aware of the expectations of their employment. This standard is intended to ensure that employees have access and are aware of the policies and procedures that protect resident safety.

Definition

- **Policies and procedures:** any written document approved for implementation for the safety of residents on the accommodation or an accommodation related service (e.g. incident reporting, security systems, communication systems, emergency call systems, safe water temperatures, daily accounting of residents, supervision, contingency plans, abuse, criminal records checks, etc.)

Note

- This standard refers to the sharing of policies and procedures developed and utilized as evidence of compliance for any of the accommodation standards. There is no need to re-create policies for this standard.

28(1) An operator shall create and maintain policies and procedures related to the safety and security of residents to be followed by employees.

Policies and Procedures	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Site specific policies and procedures are created, implemented and current.	<ul style="list-style-type: none"> □ Observation of the implementation of the policies and procedures. □ Documentation demonstrating that policies and procedures are in existence and in use by staff. This information may be found in policy and procedure manuals, orientation materials or computerized records.

28(2) An operator shall ensure that all employees are aware of and have access to the policies and procedures referred to in subsection 1.

Access to Policies and Procedures	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Written policies and procedures are available to all employees.	<ul style="list-style-type: none"> □ Observation of location of policies and procedures in an area accessible to all employees. □ Documentation demonstrating that employees are aware of the location of policies and procedures. This information may be found in employee handbooks, orientation materials or signage.
Electronic version of policies and procedures are available to all employees.	<ul style="list-style-type: none"> □ Observation of location of computer access points for policies and procedures in an area accessible to all employees. □ Documentation demonstrating that employees are aware of the location of computer access points policies and procedures. This information may be found in employee handbooks, orientation materials or signage.

Standard 29: Job Descriptions

Intent

Staff must be aware of the expectations of their employment. This standard is intended to ensure that employees have written job descriptions detailing the scope and responsibilities of their position.

Definitions

- **Employee:** people employed by the operator, who provide accommodation services, but does not include health care professionals.
- **Job qualifications:** the requirements that the employee must have to complete the specified job. This may include education, training, certificates, experience, or other personal characteristics essential for completion of the job.
- **Responsibilities:** the list of duties or types of duties that the position is expected to fulfill.
- **Scope:** parameters around the job duties or responsibilities which the position must abide by (ie. Performing medication reminders, but not assistance).

29(1) An operator shall ensure that a written job description is prepared and made available for each employee employed in the long-term care accommodation.

Job Description	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator has written job descriptions for each position.	□ Documentation provided may be job descriptions or task analyses.

Provision of Job Descriptions	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator makes job descriptions available to employees.	<ul style="list-style-type: none"> □ Conversations with employees regarding knowledge of the job descriptions. □ Documentation provided may be policies and procedures, job description binders or job duties.
The operator provides employees with their job description at application or hire.	<ul style="list-style-type: none"> □ Conversations with employees regarding knowledge of the job descriptions. □ Documentation provided may be an application packages, interview guidelines, commencement packages or policies and procedures.
The operator provides employees with their job descriptions at orientation or initial training.	<ul style="list-style-type: none"> □ Conversations with employees regarding knowledge of the job descriptions. □ Documentation provided may be orientation materials, handbooks or training materials.

29(2) The job description referred to in subsection 1 must set out

- a) the job qualifications,
- b) the responsibilities of the position, and
- c) the scope of the position.

Job Description Requirements	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides written job descriptions covering all points.	<ul style="list-style-type: none"> □ Documentation provided may include job descriptions, job postings or job duties.

Standard 30: Residents' Personal Affairs

Intent

Operators must ensure that residents, their representatives, employees and volunteers are aware of the policies regarding involvement of employees and volunteers in the financial and non-financial affairs of residents. These policies are intended to protect residents from abuse and mistreatment.

30(1) An operator shall develop and maintain written policies respecting the involvement of employees or volunteers in the personal affairs of residents.

Written Processes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator has written processes regarding the extent of involvement allowed for employees and volunteers in residents' personal affairs.	<input type="checkbox"/> Documentation provided may include policies and procedures, guidelines, handbooks, orientation materials, or training materials.

30(2) The written policies referred to in subsection 1 must at minimum address

- a) the accepting of gifts by employees or volunteers from residents,
- b) the involvement of employees or volunteers in the financial affairs of residents, including matters relating to powers of attorney, wills and estate planning, and
- c) the involvement of employees or volunteers in the non-financial affairs of residents, including matter relating to personal directives, decision-making, and guardianship.

Involvement in Residents Personal Affairs	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator has written processes covering all points.	<input type="checkbox"/> Documentation provided may include policies and procedures, guidelines, handbooks, orientation materials, or training materials.

30(3) The written policies referred to in subsection 1 must be provided to resident, their representatives, employees and volunteers.

Communication of Processes	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
The operator provides residents/representatives/employees/volunteers with a copy of the policy referred to in Subsection 1.	<input type="checkbox"/> Documentation provided may include policies and procedures.
The operator provides residents/representatives employees/volunteers with information regarding the policy.	<input type="checkbox"/> Documentation provided may include handbooks, memos, training materials, posters or admission agreements.
The operator discussed the policy with residents/representatives employees/volunteers and documents that this discussion occurred.	<input type="checkbox"/> Conversations with residents/representatives employees/volunteers regarding their awareness of the policy. <input type="checkbox"/> Documentation provided may include orientation materials, orientation checklists or meeting minutes.

Long-term Care Resources

In this section resources are provided to assist long-term care operators to find relevant information pertaining to the accommodation standards or other applicable legislation. The resources provided are links to websites that operators may find useful, but are not affiliated with the Standards Compliance and Licensing Branch. Utilizing the resources provided is not a requirement for compliance.

In This Section

Other Governing Legislation	2	Trust Accounts	7
Building Code Requirements	2	Corporate Status	7
Safety Requirements	3	Water Temperature	7
Maintenance Requirements	3	General Information	8
Environmental Requirements	3	Information Respecting the Long-term Care Accommodation	9
Personal Choice Services	3	Concerns and Complaints	9
Insurance	4	Criminal Record Check	9
Contracted Services	4	Privacy and Personal Information	10
Social and Leisure Activities	4	Job Descriptions	10
Menu and Nutritional Requirements	5	Residents' Personal Affairs	10
Cleaning Requirements	5	Other Provincial Standards	10
Continuation of Services	5	Accommodation Standard 16: Points to consider when developing Plans	Appendix A
Prevention of Abuse	6	Water Temperature Examples	Appendix B
Resident Safety and Security	7		

Format Used

Resources are listed under the applicable Standard heading. Resources are not provided for every standard.

Other Governing Legislation

- **Alberta Safety Services Branch:** this branch of Municipal Affairs and Housing administers the *Safety Codes Act*.
http://www.municipalaffairs.alberta.ca/am_safety_services.cfm
- **Alberta Safety Codes Act:**
http://www.qp.alberta.ca/574.cfm?page=S01.cfm&leg_type=Acts&isbncln=9780779723652
- **Public Health Act:**
http://www.qp.alberta.ca/574.cfm?page=P37.cfm&leg_type=Acts&isbncln=9780779743742
- **Hospitals Act:**
http://www.qp.alberta.ca/574.cfm?page=H12.cfm&leg_type=Acts&isbncln=9780779746996
- **Nursing Homes Act:**
http://www.qp.alberta.ca/574.cfm?page=N07.cfm&leg_type=Acts&isbncln=0779705394
- **Nursing Homes General Regulation:**
http://www.qp.alberta.ca/574.cfm?page=1985_232.cfm&leg_type=Regs&isbncln=9780779723881
- **Nursing Homes Operation Regulation:**
http://www.qp.alberta.ca/574.cfm?page=1985_258.cfm&leg_type=Regs&isbncln=9780779735518

Building Code Requirements

- Refer to your local municipality bylaws for development and/or building permits.
- **Permit Information Search:** enables searching by municipality to determine who to contact for fire, building, gas, plumbing or electrical permit.
http://www.municipalaffairs.alberta.ca/cp_permit_information_search.cfm

Safety Requirements

- **Institutions Regulation:** governs requirements for institutions with 4 or more persons receiving care.
http://www.qp.alberta.ca/574.cfm?page=1981_143.cfm&leg_type=Regs&isbncIn=0773226044
- **Snow and Ice Removal Services:** Sample of process used by Alberta Infrastructure.
http://www.infrastructure.alberta.ca/Content/docType486/Production/01_93_51PMS.doc

Maintenance Requirements

- **Safety Codes Act and Regulations:** provides a link to the *Act* and the associated Regulations which govern some aspects of building maintenance.
http://www.qp.alberta.ca/1266.cfm?page=s01.cfm&leg_type=Acts&isbncIn=9780779769773
- **Technical Resource Centre:** Samples of processes used by Alberta Infrastructure for maintenance of structures. <http://www.infrastructure.alberta.ca/3543.htm>
- **Alberta Boilers Safety Association:** information regarding education and legislation related to pressure equipment. <http://www.absa.ca/>

Environmental Requirements

- **Institutions Regulation:** governs requirements for institutions with 4 or more persons receiving care.
http://www.qp.alberta.ca/574.cfm?page=1981_143.cfm&leg_type=Regs&isbncIn=0773226044

Personal Choice Services

- **Personal Services Regulation:** This Regulation under the *Public Health Act* governs the requirements of personal service professionals.
http://www.qp.alberta.ca/574.cfm?page=2003_020.cfm&leg_type=Regs&isbncIn=0779716795
- **Alberta Health Standards and Guidelines for Barbering and Hairstyling:** Guidelines specific to hairdressers and barbers.
<http://www.health.alberta.ca/documents/Standards-Barber-Hairstyling.pdf>

- **Massage Therapist Association of Alberta:** information pertaining to practicing Massage Therapy in Alberta
<http://www.mtaalberta.com/?page=103>
- **Alberta Podiatry Act:** link to the *Act*.
http://www.qp.alberta.ca/1266.cfm?page=2006_087.cfm&leg_type=Regs&isbncln=0779753070
- **Health Professions Act:** link to the *Act* and associated Regulations that govern Health Professionals in Alberta.
http://www.qp.alberta.ca/1266.cfm?page=H07.cfm&leg_type=Acts&isbncln=9780779766192

Insurance

- **Insurance Act:**
http://www.qp.alberta.ca/574.cfm?page=i03.cfm&leg_type=Acts&isbncln=9780779743629
- **Insurance Bureau of Canada:** provides information regarding the insurance industry and descriptors on types of insurance. <http://www.ibc.ca/>

Contracted Services

- **Apprenticeship and Industry Training Act:** provides a link to the *Act* and its associated Regulations which regulates Trades in Alberta.
http://www.qp.alberta.ca/1266.cfm?page=A42.cfm&leg_type=Acts&isbncln=9780779752232
- **Canada Home Builder's Association:** Information on writing a contract.
<http://www.hiringacontractor.com/>

Social or Leisure Activities

- See local municipality or community associations for local programming guides.
- **Culture and Community Spirit:** cultural events around Alberta.
<http://culture.alberta.ca/events/default.aspx>
- **Therapeutic Activity Directory:** provides a listing of activity ideas.
<http://www.recreationtherapy.com/tx/actindex.htm>
- **Alberta Therapeutic Recreation Association:** Information on the profession of therapeutic recreation in Alberta.
<http://www.alberta-tr.org/pages/home/default.aspx>

- **Leisure Information Network:** a recreation database has a collection of journals and books with information relevant to different ages and disability groups.
<http://lin.ca/htdocs/about.cfm>

Menu and Nutritional Requirements

- **Health Canada:** Eating Well with the Canada Food Guide.
<http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>
- **Alberta Healthy U:** information and resources on healthy eating.
<http://www.healthyalberta.com/>
- **Nursing Homes Operation Regulation:**
http://www.qp.alberta.ca/574.cfm?page=1985_258.cfm&leg_type=Regs&isbncln=9780779735518

Cleaning Requirements

- **Alberta Health Services:** topics on cleaning and sanitizing.
<http://www.albertahealthservices.ca/EnvironmentalHealth/wf-eh-intro-sanitation-program.pdf>
- **Alberta Infection Prevention and Control Strategy**
<http://www.health.alberta.ca/documents/IPC-Alberta-Strategy-2008.pdf>
- **Alberta Hand Hygiene Strategy**
<http://www.health.alberta.ca/documents/IPC-Hand-Hygiene-Strategy-2008.pdf>
- **Alberta Infrastructure:** sample caretaking services task schedule.
http://www.infrastructure.alberta.ca/Content/docType486/Production/00_01_21_1PMS.doc
- **Alberta Infection Prevention and Control**
<http://www.albertahealthservices.ca/ipc/hi-ipc-resource-manual-main-document.pdf>

Continuation of Services

- **Alberta Emergency Management Agency Resources:**

Alberta Emergency Management Agency (1-780-422-9000)
<http://aema.alberta.ca/>

Alberta's Emergency Plan:
http://www.aema.alberta.ca/ps_alberta_emergency_plan.cfm

- Basic Emergency Management Online Course
<http://apsts.alberta.ca/online-courses/>
- Emergency Preparedness Guide
<http://www.acma.alberta.ca/documents/72hrEMPreparedness.pdf>
- **Public Safety Canada:** Emergency Preparedness Guide
<http://www.getprepared.gc.ca/cnt/rsrscs/pblctns/yprprdnssgd/index-eng.aspx>
 - **Health Canada:** information on extreme heat events.
<http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/environ/heat-chaleur-eng.php>

Prevention of Abuse

- **Alberta Seniors Resources:**
Protection for Persons in Care Act
http://www.qp.alberta.ca/1266.cfm?page=P29P1.cfm&leg_type=Acts&isbncln=9780779749904

Protection for Persons in Care
<http://www.health.alberta.ca/services/protection-persons-care.html>

Adult Safeguards poster
<http://www.health.alberta.ca/documents/PPC-Poster.pdf>

Financial abuse of seniors fact sheet
<http://www.health.alberta.ca/documents/ElderAbuse-Financial-Abuse-Facts.pdf>

Elder abuse prevention resources
<http://www.health.alberta.ca/seniors/elder-abuse.html>
- **Abuse reporting phone numbers:**
Protection for Persons in Care Reporting Line 1-888-357-9339
Calgary Kerby Elder Abuse Line Phone: 403-705-3250 (24 hours)
Edmonton Seniors Abuse Help Line Phone: 780-454-8888 (24 hours)
Edmonton Elder Abuse Intervention Team: 780-477-2929
Lethbridge Senior Citizens Organization Phone: 403-320-2222 (Ext 25)
Medicine Hat Community Response to Abuse and Neglect of Elders (CRANE)
Phone: 403-529-4798 (24 hours)
- **Government of Canada:** Elder Abuse Pamphlet.
http://www.seniors.gc.ca/images/upload/canada/154/3272_hrsdc_abuse_broch_e ng_v3.pdf

- ❑ **Royal Canadian Mounted Police**
<http://www.rcmp-grc.gc.ca/>
- ❑ **Legal Resource Centre: Abuse of Older Adults.**
<http://www.law-faqs.org/docs/AbuseThirdEdAugFINAL.pdf>
- ❑ **Elder Abuse: An Alberta Directory of Victim Services for Older Adults**
<http://www.ucalgary.ca/~crilf/publications/AlbertaBooklet.pdf>
- ❑ **Elder Advocates Of Alberta Society**
<http://elderadvocates.ca/what-is-elder-abuse/>
- ❑ **Alberta Council on Aging: A service provider's resource manual for elder abuse in Alberta.**
<http://www.acaging.ca/uploads/files/Program%20PDF/ACA%20Multicultural%20Booklet--Text-FINAL-2012.pdf>

Resident Safety and Security

- ❑ See manufacturer's information for security, emergency call and communication systems.
- ❑ **Alzheimer's Society:** information on searching for missing persons with dementia.
<http://www.alzheimer.ca/en/We-can-help/Resources/Alzheimer-Society-brochures-and-publications>

Trust Accounts

- ❑ **Nursing Homes Operation Regulation:**
http://www.qp.alberta.ca/574.cfm?page=1985_258.cfm&leg_type=Regs&isbncln=9780779735518

Corporate Status

- ❑ ***Business Corporations Act***
http://www.qp.alberta.ca/574.cfm?page=B09.cfm&leg_type=Acts&isbncln=9780779743476
- ❑ ***Cooperatives Act***
http://www.qp.alberta.ca/574.cfm?page=C28P1.cfm&leg_type=Acts&isbncln=9780779743513

- ***Companies Act***
http://www.qp.alberta.ca/574.cfm?page=c21.cfm&leg_type=Acts&isbncIn=9780779746361
- ***Partnership Act***
http://www.qp.alberta.ca/574.cfm?page=P03.cfm&leg_type=Acts&isbncIn=9780779744442
- ***Societies Act***
http://www.qp.alberta.ca/574.cfm?page=S14.cfm&leg_type=Acts&isbncIn=0779726936

Water Temperature

- **Power Engineers Regulation** under the *Safety Codes Act*.
http://www.qp.alberta.ca/574.cfm?page=2003_085.cfm&leg_type=Regs&isbncIn=0779736435
- **Alberta Building Code**: link to purchase the Code.
http://www.qp.alberta.ca/1266.cfm?page=2007_117.cfm&leg_type=Regs&isbncIn=9780779769070
- **Institutions Regulation**: governs requirements for institutions with 4 or more persons receiving care.
http://www.qp.alberta.ca/574.cfm?page=1981_143.cfm&leg_type=Regs&isbncIn=0773226044
- **Arjo Therapeutic Tubs**: manufacturer of therapeutic tubs.
<http://www.arjoHuntleigh.com>
- **Apollo**: manufacturer of therapeutic tubs.
<http://www.apollobath.com/>
- **BHM Medical**: manufacturer of therapeutic tubs.
<http://www.bhm-medical.com/>

General Information

- **Alberta Supports**: provincial information about programs and services
<http://www.programs.alberta.ca/Living/13765.aspx?Ns=13705&N=770>
- **Active Living Coalition for Older Adults**: Resource Directory 2008
http://www.alcoa.ca/e/pdf/resource_directory_2008.pdf
- **Alberta Government Programs and Services**: Community Resources
<http://www.programs.alberta.ca/Living/9546.aspx?Ns=9551+9574&N=770>

- **Seniors Association of Greater Edmonton (SAGE)**
<http://www.mysage.ca/about-us>
- **Seniors Programs and Services Guide**
<http://www.health.alberta.ca/documents/Seniors-ProgramsServicesGuide.pdf>
- **Senior Financial Assistance:** link to information on special needs assistance, dental assistance and optical assistance.
<http://www.health.alberta.ca/seniors.html>
- **Alberta Aids to Daily Living (AADL)**
<http://www.health.alberta.ca/services/aids-to-daily-living.html>
- **Service Canada:** Services for seniors guide.
<http://www.seniors.gc.ca/images/upload/canada/141/ISBP344-03-08E.pdf>
- **Assured Income for the Severely Handicapped (AISH).**
<http://humanservices.alberta.ca/disability-services/aish.html>
- **Alberta Continuing Care Association:** <http://www.ab-cca.ca/>

Information Respecting the Long-term Care Accommodation

- ***Nursing Homes Act:***
http://www.qp.alberta.ca/574.cfm?page=N07.cfm&leg_type=Acts&isbncln=0779705394
- **Nursing Homes General Regulation:**
http://www.qp.alberta.ca/574.cfm?page=1985_232.cfm&leg_type=Regs&isbncln=9780779723881
- **Nursing Homes Operation Regulation:**
http://www.qp.alberta.ca/574.cfm?page=1985_258.cfm&leg_type=Regs&isbncln=9780779735518
- **Sample residential service agreements:**
http://www.health.state.ny.us/facilities/assisted_living/docs/model_residency_agreement.pdf
<http://www.fourwindscommunity.com/Parents/Res%20Svc%20Agrmt-Example.pdf>
http://www.ctassistedliving.com/pdfs/alfa_resident_agreement.pdf
http://www.manorhills.net/pdf/admission_agreement.pdf

Concerns and Complaints

- **Alberta Health Services:** Feedback form.
<https://www.albertahealthservices.ca/273.asp>

Criminal Record Check

- ***Protections for Persons in Care Act***
http://www.qp.alberta.ca/1266.cfm?page=P29P1.cfm&leg_type=Acts&isbncln=9780779749904
- **Royal Canadian Mounted Police**
<http://www.rcmp-grc.gc.ca/>
- **BackCheck**
<http://www.backcheck.net/>

Privacy and Personal Information

- ***Freedom of Information and Protection of Privacy Act***
http://www.qp.alberta.ca/574.cfm?page=F25.cfm&leg_type=Acts&isbncln=9780779743568
- **Freedom of Information and Protection of Privacy (FOIP) Guidelines and Practices Manual 2009**
http://www.qp.alberta.ca/570.cfm?frm_isbn=9780778585633&search_by=link
- ***Personal Information Protection Act***
<http://pipa.alberta.ca/index.cfm?page=legislation/act/index.html>
- ***Health Information Act***
http://www.qp.alberta.ca/574.cfm?page=H05.cfm&leg_type=Acts&isbncln=9780779743575
- ***Personal Information Protection and Electronic Documents Act* (PIPEDA)**
<http://laws.justice.gc.ca/eng/P-8.6/page-1.html>
- **Guide to PIPEDA**
http://www.priv.gc.ca/information/02_05_d_08_e.cfm
- ***Nursing Homes Act:***
http://www.qp.alberta.ca/574.cfm?page=N07.cfm&leg_type=Acts&isbncln=0779705394

Job Descriptions

- **University of Alberta:** guidelines for writing job descriptions.
<http://www.hrs.ualberta.ca/en/HiringandManaging/JobDesign/APO/WritingPositionDesc.aspx>

Residents' Personal Affairs

- *Adult Guardianship and Trusteeship Act*
http://www.qp.alberta.ca/574.cfm?page=A04P2.cfm&leg_type=Acts&isbncln=9780779743797
- *Personal Directives Act*
http://www.qp.alberta.ca/574.cfm?page=p06.cfm&leg_type=Acts&isbncln=9780779747368
- **Personal Directive Registry**
<http://humanservices.alberta.ca/guardianship-trusteeship/opg-personal-directives-registry.html>
- *Powers of Attorney Act*
http://www.qp.alberta.ca/574.cfm?page=p20.cfm&leg_type=Acts&isbncln=9780779743735

Other Provincial Standards

- **Continuing Care Health Service Standards:**
<http://www.health.alberta.ca/services/continuing-care.html>

Resource ~ Appendix A

Accommodation Standard 16: Points to Consider when Developing Plans

This section outlines some scenarios that could occur at an accommodation that may result in the activation of a contingency plan. This section is not intended to be used as a template to create a plan nor is it considered to be best practice. Utilizing this section is not a requirement for compliance. This section is a resource only when developing a contingency plan for Accommodation Standard 16.

In This Section

Loss of electrical power	2
Loss of water	4
Loss of natural gas	5
Loss of telecommunications	6
Breakdown of essential equipment	7
Weather events and naturally occurring emergencies	8
Staff shortages / employment disputes	9
Evacuation / relocation	10
Disruption of meal service	11
Disruption of safety and security service	12
Disruption of cleaning service	13
Disruption of laundry/linen service	14
Disruption of maintenance service	15

Format Used

Questions to consider are listed under each emergency / disruption type. Questions will not apply to all accommodations, nor are they inclusive of all points an operator may need to consider.

Description of Headings Used

- ☐ **At the start of an outage:** questions related to tasks that may need to be completed first following a disruption
- ☐ **Determining cause of the disruption:** questions related to determining possible scenarios that may lead to a disruption
- ☐ **Sheltering in place:** questions related to continuing to provide services at the same location
- ☐ **Evacuation/relocation:** questions related to determining when or if evacuation is necessary
- ☐ **Special Considerations:** questions specific to certain scenarios within the disruption
- ☐ **Recovery:** questions related to recommencing with full service

Loss of Electrical Power

At the start of an outage:																									
Consider	Who is responsible for ensuring that all residents are safe and accounted for?																								
	Who is responsible to determine the cause/potential length of the outage?																								
	What key contacts need to be informed of the disruption?																								
Sheltering in Place:																									
Consider	<p>What equipment relies on power to operate?</p> <table border="0"> <tr> <td><input type="checkbox"/> Heating system</td> <td><input type="checkbox"/> IT equipment</td> <td><input type="checkbox"/> Elevator</td> </tr> <tr> <td><input type="checkbox"/> Cooling system</td> <td><input type="checkbox"/> Safety and security equipment</td> <td><input type="checkbox"/> Washer and dryers</td> </tr> <tr> <td><input type="checkbox"/> Hot water heating</td> <td><input type="checkbox"/> Sanitation equipment</td> <td><input type="checkbox"/> Cleaning equipment</td> </tr> <tr> <td><input type="checkbox"/> Communication devices</td> <td><input type="checkbox"/> Food preparation equipment</td> <td><input type="checkbox"/> Oxygen concentrators</td> </tr> <tr> <td><input type="checkbox"/> Security systems</td> <td><input type="checkbox"/> Fridges, coolers and freezers</td> <td><input type="checkbox"/> Medical equipment</td> </tr> <tr> <td><input type="checkbox"/> Fire alarm system</td> <td><input type="checkbox"/> Food service equipment</td> <td><input type="checkbox"/> Resident care equipment</td> </tr> <tr> <td><input type="checkbox"/> Emergency call systems</td> <td></td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Phones</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Heating system	<input type="checkbox"/> IT equipment	<input type="checkbox"/> Elevator	<input type="checkbox"/> Cooling system	<input type="checkbox"/> Safety and security equipment	<input type="checkbox"/> Washer and dryers	<input type="checkbox"/> Hot water heating	<input type="checkbox"/> Sanitation equipment	<input type="checkbox"/> Cleaning equipment	<input type="checkbox"/> Communication devices	<input type="checkbox"/> Food preparation equipment	<input type="checkbox"/> Oxygen concentrators	<input type="checkbox"/> Security systems	<input type="checkbox"/> Fridges, coolers and freezers	<input type="checkbox"/> Medical equipment	<input type="checkbox"/> Fire alarm system	<input type="checkbox"/> Food service equipment	<input type="checkbox"/> Resident care equipment	<input type="checkbox"/> Emergency call systems		<input type="checkbox"/> Other:	<input type="checkbox"/> Phones		
	<input type="checkbox"/> Heating system	<input type="checkbox"/> IT equipment	<input type="checkbox"/> Elevator																						
<input type="checkbox"/> Cooling system	<input type="checkbox"/> Safety and security equipment	<input type="checkbox"/> Washer and dryers																							
<input type="checkbox"/> Hot water heating	<input type="checkbox"/> Sanitation equipment	<input type="checkbox"/> Cleaning equipment																							
<input type="checkbox"/> Communication devices	<input type="checkbox"/> Food preparation equipment	<input type="checkbox"/> Oxygen concentrators																							
<input type="checkbox"/> Security systems	<input type="checkbox"/> Fridges, coolers and freezers	<input type="checkbox"/> Medical equipment																							
<input type="checkbox"/> Fire alarm system	<input type="checkbox"/> Food service equipment	<input type="checkbox"/> Resident care equipment																							
<input type="checkbox"/> Emergency call systems		<input type="checkbox"/> Other:																							
<input type="checkbox"/> Phones																									
Consider	<p>If that equipment is not operational what services/functions are affected?</p> <table border="0"> <tr> <td><input type="checkbox"/> Meal service</td> <td><input type="checkbox"/> Alerts/warnings</td> </tr> <tr> <td><input type="checkbox"/> Housekeeping service</td> <td><input type="checkbox"/> Temperature control</td> </tr> <tr> <td><input type="checkbox"/> Laundry service</td> <td><input type="checkbox"/> Resident mobility</td> </tr> <tr> <td><input type="checkbox"/> Safety and security service</td> <td><input type="checkbox"/> Access to resident information</td> </tr> <tr> <td><input type="checkbox"/> Resident care</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Communications</td> <td></td> </tr> </table>	<input type="checkbox"/> Meal service	<input type="checkbox"/> Alerts/warnings	<input type="checkbox"/> Housekeeping service	<input type="checkbox"/> Temperature control	<input type="checkbox"/> Laundry service	<input type="checkbox"/> Resident mobility	<input type="checkbox"/> Safety and security service	<input type="checkbox"/> Access to resident information	<input type="checkbox"/> Resident care	<input type="checkbox"/> Other:	<input type="checkbox"/> Communications													
<input type="checkbox"/> Meal service	<input type="checkbox"/> Alerts/warnings																								
<input type="checkbox"/> Housekeeping service	<input type="checkbox"/> Temperature control																								
<input type="checkbox"/> Laundry service	<input type="checkbox"/> Resident mobility																								
<input type="checkbox"/> Safety and security service	<input type="checkbox"/> Access to resident information																								
<input type="checkbox"/> Resident care	<input type="checkbox"/> Other:																								
<input type="checkbox"/> Communications																									
PLAN	For each identified service/function that may be lost, develop a contingency plan that reduces the impact of the loss/disruption for the residents.																								
Evacuation/relocation – See <i>Evacuation/relocation</i>																									
Consider	At what point would evacuation/relocation be considered?																								
Special Considerations: Battery Back-ups																									
Consider	What equipment/devices have a battery backup?																								
	How long will the battery backup last for?																								
	What is the plan if the outage extends past the battery life of the equipment/devices?																								

Appendix A 3

Loss of Water

At the start of an outage:																			
Consider	Who is responsible to determine the cause/potential length of the outage?																		
	If the loss is internal, who should be contacted for repair?																		
	What key contacts need to be informed of the disruption?																		
Sheltering in Place:																			
Consider	<p>What equipment/services rely on water to operate?</p> <table border="0"> <tr> <td><input type="checkbox"/> Heating system</td> <td><input type="checkbox"/> Sanitation</td> <td><input type="checkbox"/> Clothes washer</td> </tr> <tr> <td><input type="checkbox"/> Cooling system</td> <td><input type="checkbox"/> equipment (Food)</td> <td><input type="checkbox"/> Housekeeping</td> </tr> <tr> <td><input type="checkbox"/> Hot water heating</td> <td><input type="checkbox"/> Food preparation</td> <td><input type="checkbox"/> Resident care</td> </tr> <tr> <td><input type="checkbox"/> Toilet</td> <td><input type="checkbox"/> equipment</td> <td><input type="checkbox"/> equipment</td> </tr> <tr> <td><input type="checkbox"/> Bath/shower/sinks</td> <td><input type="checkbox"/> Food service</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> equipment</td> <td></td> </tr> </table>	<input type="checkbox"/> Heating system	<input type="checkbox"/> Sanitation	<input type="checkbox"/> Clothes washer	<input type="checkbox"/> Cooling system	<input type="checkbox"/> equipment (Food)	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Hot water heating	<input type="checkbox"/> Food preparation	<input type="checkbox"/> Resident care	<input type="checkbox"/> Toilet	<input type="checkbox"/> equipment	<input type="checkbox"/> equipment	<input type="checkbox"/> Bath/shower/sinks	<input type="checkbox"/> Food service	<input type="checkbox"/> Other:		<input type="checkbox"/> equipment	
	<input type="checkbox"/> Heating system	<input type="checkbox"/> Sanitation	<input type="checkbox"/> Clothes washer																
<input type="checkbox"/> Cooling system	<input type="checkbox"/> equipment (Food)	<input type="checkbox"/> Housekeeping																	
<input type="checkbox"/> Hot water heating	<input type="checkbox"/> Food preparation	<input type="checkbox"/> Resident care																	
<input type="checkbox"/> Toilet	<input type="checkbox"/> equipment	<input type="checkbox"/> equipment																	
<input type="checkbox"/> Bath/shower/sinks	<input type="checkbox"/> Food service	<input type="checkbox"/> Other:																	
	<input type="checkbox"/> equipment																		
	<p>If that equipment is not operational what services/functions are affected?</p> <table border="0"> <tr> <td><input type="checkbox"/> Meal service</td> <td><input type="checkbox"/> Temperature control</td> </tr> <tr> <td><input type="checkbox"/> Housekeeping service</td> <td><input type="checkbox"/> Sanitation</td> </tr> <tr> <td><input type="checkbox"/> Laundry service</td> <td><input type="checkbox"/> Hydration</td> </tr> <tr> <td><input type="checkbox"/> Resident care</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Meal service	<input type="checkbox"/> Temperature control	<input type="checkbox"/> Housekeeping service	<input type="checkbox"/> Sanitation	<input type="checkbox"/> Laundry service	<input type="checkbox"/> Hydration	<input type="checkbox"/> Resident care	<input type="checkbox"/> Other:										
<input type="checkbox"/> Meal service	<input type="checkbox"/> Temperature control																		
<input type="checkbox"/> Housekeeping service	<input type="checkbox"/> Sanitation																		
<input type="checkbox"/> Laundry service	<input type="checkbox"/> Hydration																		
<input type="checkbox"/> Resident care	<input type="checkbox"/> Other:																		
PLAN	For each identified service/function that may be affected develop a contingency plan that reduces the impact of the loss/disruption for the residents.																		
Evacuation/relocation – See <i>Evacuation/relocation</i>																			
Consider	At what point would evacuation/relocation be considered?																		
Special Considerations: Water Storage																			
Consider	<p>Is extra water stored on site?</p> <table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td> <ul style="list-style-type: none"> How much extra water is stored on site? Where is the water stored? </td> <td> <ul style="list-style-type: none"> Where can water be accessed? Are any agreements in place for priority delivery? What is the plan until the water arrives? When the water arrives, where will it be stored? </td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<ul style="list-style-type: none"> How much extra water is stored on site? Where is the water stored? 	<ul style="list-style-type: none"> Where can water be accessed? Are any agreements in place for priority delivery? What is the plan until the water arrives? When the water arrives, where will it be stored? 														
	<input type="checkbox"/> Yes	<input type="checkbox"/> No																	
	<ul style="list-style-type: none"> How much extra water is stored on site? Where is the water stored? 	<ul style="list-style-type: none"> Where can water be accessed? Are any agreements in place for priority delivery? What is the plan until the water arrives? When the water arrives, where will it be stored? 																	
	What should the water be used for during an outage?																		
What is the plan when the water supply is depleted?																			
Recovery																			
CONSIDER	When service is restored, who is responsible to ensure that all equipment becomes operational again?																		

Loss of Natural Gas

At the start of an outage:	
Consider	Who is responsible to determine the cause/potential length of the outage?
	If the loss is internal, who should be contacted for repair?
	What key contacts need to be informed of the disruption?
Sheltering in Place:	
Consider	<p>What equipment relies on natural gas to operate?</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Heating system <input type="checkbox"/> Hot water heating <input type="checkbox"/> Clothes dryers </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Cooling system <input type="checkbox"/> Food preparation <input type="checkbox"/> Other: </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Fireplace equipment </div>
	<p>If that equipment is not operational what services/functions are lost/affected?</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Meal service <input type="checkbox"/> Temperature control </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Laundry service <input type="checkbox"/> Resident care </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Other: </div>
PLAN	For each identified service/function that may be lost develop a contingency plan that reduces the impact of the loss for the residents.
Evacuation/relocation – <i>See Evacuation/relocation</i>	
Consider	At what point would evacuation/relocation be considered?
Recovery	
Consider	When service is restored, who is responsible to ensure that all equipment becomes operational again?

Loss of Telecommunications

At the start of an outage:	
Consider	Who is responsible to determine the cause/potential length of the outage?
	If the loss is internal, who should be contacted for repair?
	What key contacts need to be informed of the disruption?
Sheltering in Place:	
Consider	What telecommunication services are used? <input type="checkbox"/> Phone (landline) <input type="checkbox"/> Internet <input type="checkbox"/> Phone (cell) <input type="checkbox"/> Intranet <input type="checkbox"/> Cable <input type="checkbox"/> Computer services
	What equipment relies on telecommunications to operate? <input type="checkbox"/> Communication devices <input type="checkbox"/> Phones <input type="checkbox"/> Resident care equipment <input type="checkbox"/> Security systems <input type="checkbox"/> Fax <input type="checkbox"/> Other: <input type="checkbox"/> Fire alarm system <input type="checkbox"/> Safety and security equipment <input type="checkbox"/> Emergency call systems <input type="checkbox"/> Computer equipment
	If that equipment is not operational what services/functions are lost/affected? <input type="checkbox"/> Safety and security service <input type="checkbox"/> Communications <input type="checkbox"/> Resident care <input type="checkbox"/> Alerts/warnings <input type="checkbox"/> Access to information <input type="checkbox"/> Temperature control <input type="checkbox"/> Other:
PLAN	For each identified service/function that may be lost develop a contingency plan that reduces the impact of the loss for the residents.
Evacuation/relocation – <i>See Evacuation/relocation</i>	
Consider	At what point would evacuation/relocation be considered?
Special Considerations: Accessing Information	
Consider	What information may be inaccessible without a computer, internet or intranet? <input type="checkbox"/> Resident care information <input type="checkbox"/> Policies and procedures <input type="checkbox"/> Contingency plans <input type="checkbox"/> Forms <input type="checkbox"/> Contact lists <input type="checkbox"/> Emails <input type="checkbox"/> Supply lists <input type="checkbox"/> Resources <input type="checkbox"/> To do lists <input type="checkbox"/> Other:
	What information is essential for employees to have access to in an emergency?
PLAN	For each identified type of crucial information, where can the information also be found (paper based)?
Recovery	
Consider	When service is restored, who is responsible to ensure that all equipment becomes operational again?

Breakdown of Essential Equipment

At the start of an outage:																																		
Consider	Who is responsible for ensuring that all residents are safe, accounted for and are aware of any restrictions due to the breakdown?																																	
	Who is responsible to determine the cause/potential length of the outage?																																	
	Who is responsible to make or arrange for repairs to equipment?																																	
	What key contacts need to be informed of the disruption?																																	
Sheltering in Place:																																		
Consider	<p>What equipment is contained within the accommodation?</p> <table border="0"> <tr> <td><input type="checkbox"/> Heating system</td> <td><input type="checkbox"/> Safety and security equipment</td> <td><input type="checkbox"/> Grounds maintenance equipment</td> </tr> <tr> <td><input type="checkbox"/> Cooling system</td> <td><input type="checkbox"/> Sanitation equipment</td> <td><input type="checkbox"/> Transportation equipment</td> </tr> <tr> <td><input type="checkbox"/> Hot water heating</td> <td><input type="checkbox"/> Food preparation equipment</td> <td><input type="checkbox"/> Resident care equipment</td> </tr> <tr> <td><input type="checkbox"/> Water pumps</td> <td><input type="checkbox"/> Fridges, coolers and freezers</td> <td><input type="checkbox"/> Lifts</td> </tr> <tr> <td><input type="checkbox"/> Elevator</td> <td><input type="checkbox"/> Food service equipment</td> <td><input type="checkbox"/> Therapeutic tubs</td> </tr> <tr> <td><input type="checkbox"/> Generator</td> <td><input type="checkbox"/> Washer and dryers</td> <td><input type="checkbox"/> Oxygen concentrators</td> </tr> <tr> <td><input type="checkbox"/> Communication devices</td> <td><input type="checkbox"/> Cleaning equipment</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Security systems</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fire alarm system</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Emergency call systems</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Phones</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Heating system	<input type="checkbox"/> Safety and security equipment	<input type="checkbox"/> Grounds maintenance equipment	<input type="checkbox"/> Cooling system	<input type="checkbox"/> Sanitation equipment	<input type="checkbox"/> Transportation equipment	<input type="checkbox"/> Hot water heating	<input type="checkbox"/> Food preparation equipment	<input type="checkbox"/> Resident care equipment	<input type="checkbox"/> Water pumps	<input type="checkbox"/> Fridges, coolers and freezers	<input type="checkbox"/> Lifts	<input type="checkbox"/> Elevator	<input type="checkbox"/> Food service equipment	<input type="checkbox"/> Therapeutic tubs	<input type="checkbox"/> Generator	<input type="checkbox"/> Washer and dryers	<input type="checkbox"/> Oxygen concentrators	<input type="checkbox"/> Communication devices	<input type="checkbox"/> Cleaning equipment	<input type="checkbox"/> Other:	<input type="checkbox"/> Security systems			<input type="checkbox"/> Fire alarm system			<input type="checkbox"/> Emergency call systems			<input type="checkbox"/> Phones		
	<input type="checkbox"/> Heating system	<input type="checkbox"/> Safety and security equipment	<input type="checkbox"/> Grounds maintenance equipment																															
	<input type="checkbox"/> Cooling system	<input type="checkbox"/> Sanitation equipment	<input type="checkbox"/> Transportation equipment																															
	<input type="checkbox"/> Hot water heating	<input type="checkbox"/> Food preparation equipment	<input type="checkbox"/> Resident care equipment																															
<input type="checkbox"/> Water pumps	<input type="checkbox"/> Fridges, coolers and freezers	<input type="checkbox"/> Lifts																																
<input type="checkbox"/> Elevator	<input type="checkbox"/> Food service equipment	<input type="checkbox"/> Therapeutic tubs																																
<input type="checkbox"/> Generator	<input type="checkbox"/> Washer and dryers	<input type="checkbox"/> Oxygen concentrators																																
<input type="checkbox"/> Communication devices	<input type="checkbox"/> Cleaning equipment	<input type="checkbox"/> Other:																																
<input type="checkbox"/> Security systems																																		
<input type="checkbox"/> Fire alarm system																																		
<input type="checkbox"/> Emergency call systems																																		
<input type="checkbox"/> Phones																																		
	Of the equipment listed which are essential to maintain services to residents?																																	
	<p>If that equipment is not operational what services/functions are lost/affected?</p> <table border="0"> <tr> <td><input type="checkbox"/> Meal service</td> <td><input type="checkbox"/> Communications</td> </tr> <tr> <td><input type="checkbox"/> Housekeeping service</td> <td><input type="checkbox"/> Alerts/warnings</td> </tr> <tr> <td><input type="checkbox"/> Laundry service</td> <td><input type="checkbox"/> Maintenance services</td> </tr> <tr> <td><input type="checkbox"/> Safety and security service</td> <td><input type="checkbox"/> Temperature control</td> </tr> <tr> <td><input type="checkbox"/> Resident care</td> <td><input type="checkbox"/> Resident mobility</td> </tr> <tr> <td><input type="checkbox"/> Emergency services</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Meal service	<input type="checkbox"/> Communications	<input type="checkbox"/> Housekeeping service	<input type="checkbox"/> Alerts/warnings	<input type="checkbox"/> Laundry service	<input type="checkbox"/> Maintenance services	<input type="checkbox"/> Safety and security service	<input type="checkbox"/> Temperature control	<input type="checkbox"/> Resident care	<input type="checkbox"/> Resident mobility	<input type="checkbox"/> Emergency services	<input type="checkbox"/> Other:																					
<input type="checkbox"/> Meal service	<input type="checkbox"/> Communications																																	
<input type="checkbox"/> Housekeeping service	<input type="checkbox"/> Alerts/warnings																																	
<input type="checkbox"/> Laundry service	<input type="checkbox"/> Maintenance services																																	
<input type="checkbox"/> Safety and security service	<input type="checkbox"/> Temperature control																																	
<input type="checkbox"/> Resident care	<input type="checkbox"/> Resident mobility																																	
<input type="checkbox"/> Emergency services	<input type="checkbox"/> Other:																																	
PLAN	For the equipment identified as essential, develop a contingency plan that reduces the impact of the loss for the residents.																																	
Consider	Who are the appropriate service personnel to repair/replace the equipment?																																	
	Does the contingency plan change seasonally (summer vs. winter)?																																	
Evacuation/relocation – See <i>Evacuation/relocation</i>																																		
Consider	At what point would evacuation/relocation be considered?																																	
Special Considerations: Back-ups / System Redundancies																																		
Consider	What equipment has a battery backup?																																	
	Which systems have redundancies built into them, so they will continue to operate even with the failure of one part/piece of equipment?																																	
	What special considerations may be needed when running on battery back-up or with reduced equipment?																																	

Weather Events and Natural Occurring Emergencies

Determining what natural occurring emergencies may impact your accommodation:	
Consider	<p>What natural occurring emergencies have or may occur in your area?</p> <div> <input type="checkbox"/> Thunderstorm <input type="checkbox"/> Blizzard <input type="checkbox"/> Heat wave </div> <div> <input type="checkbox"/> Hailstorm <input type="checkbox"/> Ice storm <input type="checkbox"/> Wildfire </div> <div> <input type="checkbox"/> Tornado <input type="checkbox"/> Avalanche <input type="checkbox"/> Other: </div> <div> <input type="checkbox"/> Flood <input type="checkbox"/> Extreme cold </div>
	<p>In what situations would the accommodation:</p> <div> <input type="checkbox"/> Shelter in place? <input type="checkbox"/> Evacuate? </div>
	<p>What key contacts need to be informed of the emergency/event?</p>
Sheltering in Place	
Consider	<p>What is the safest place at the site for the residents to be during the event?</p>
	<p>Do modifications to routines/structure need to be made for the duration of the event?</p>
	<p>What disruptions may also occur as a result of the emergency?</p>
	<div> <input type="checkbox"/> Loss of power <input type="checkbox"/> Site isolation <input type="checkbox"/> Loss of heating/cooling </div> <div> <input type="checkbox"/> Loss of water <input type="checkbox"/> Staff shortage <input type="checkbox"/> Other: </div> <div> <input type="checkbox"/> Loss of natural gas <input type="checkbox"/> Limited supplies </div> <div> <input type="checkbox"/> Loss of telecommunications <input type="checkbox"/> Inaccessibility of emergency services </div>
	<p>With these additional disruptions what services/functions may be affected?</p> <div> <input type="checkbox"/> Meal service <input type="checkbox"/> Communications </div> <div> <input type="checkbox"/> Housekeeping service <input type="checkbox"/> Alerts/warnings </div> <div> <input type="checkbox"/> Laundry service <input type="checkbox"/> Temperature control </div> <div> <input type="checkbox"/> Safety and security service <input type="checkbox"/> Resident mobility </div> <div> <input type="checkbox"/> Resident care <input type="checkbox"/> Other: </div>
PLAN	<p>For each identified service/function that may be lost develop a contingency plan that reduces the impact of the loss for the residents.</p>
Evacuation/relocation – See <i>Evacuation/relocation</i>	
Consider	<p>At what point would evacuation/relocation be considered?</p>
	<p>What if evacuation/relocation was not possible to be completed as planned (eg. Roads impassable)?</p>
Recovery	
Consider	<p>Once the emergency/weather event has passed what is necessary to return to full services and reduce further damage?</p>

Staff Shortage/Employment Disputes

Determining potential causes of a staff disruption	
Consider	For what reasons may a staff shortage be likely to occur? <input type="checkbox"/> Lock out <input type="checkbox"/> Pandemic/sickness <input type="checkbox"/> Weather emergencies <input type="checkbox"/> Work to rule <input type="checkbox"/> Site isolation <input type="checkbox"/> Strike <input type="checkbox"/> Failure to fill positions <input type="checkbox"/> Other:
	Will the staff disruption result in: <input type="checkbox"/> No staff <input type="checkbox"/> No replacement staff <input type="checkbox"/> Reduced staff
	Do any employees/positions have specialized knowledge that is essential for the continued operation of the accommodation?
	Are staff cross-trained for these positions/specialized knowledge? Is written information available for reference?
	Will volunteers be used in any capacity and if so, who coordinates this assistance and what training or support would be required?
Sheltering in Place	
Consider	What services are offered by the accommodation? <input type="checkbox"/> Meal service <input type="checkbox"/> Safety and security <input type="checkbox"/> Social and leisure activities <input type="checkbox"/> Housekeeping service <input type="checkbox"/> Maintenance <input type="checkbox"/> Transportation service <input type="checkbox"/> Laundry service <input type="checkbox"/> Resident care <input type="checkbox"/> Medication service <input type="checkbox"/> Other
	What services are essential to continue at the same level that is being offered?
	What services may be offered at a reduced level?
	What services may be discontinued for the duration of the shortage?
PLAN	For each identified service/function that may be lost develop a contingency plan that reduces the impact of the loss for the residents.
Evacuation/relocation – See <i>Evacuation/relocation</i>	
Consider	Will family members / representatives be asked to take residents home?
	Who will be responsible for contacting family/representatives and making arrangements?
	What is the plan for those residents not staying with family/representatives?
Recovery	
Consider	What services are essential to recover first?
	Who will make contact with residents staying with family/representatives?

Evacuation / Relocation

Preparing	
Consider	Where is the relocation site?
	Who has keys for the relocation site?
	Will residents stay at this site or be transported to another site for continuation of services?
	Does the relocation site meet the needs of the residents?
	Are multiple relocation sites necessary for residents with differing needs?
	What key contacts need to be informed of the evacuation/relocation?
	Will volunteers be used in any capacity and if so, who coordinates this assistance and what training or support would be required?
Evacuation	
Consider	If able, what items should be brought with residents to the evacuation site?
	<input type="checkbox"/> Medications <input type="checkbox"/> Food (including special diets) <input type="checkbox"/> Resident information (including important contacts)
	<input type="checkbox"/> Mobility aids <input type="checkbox"/> Clothing/Toiletries
	<input type="checkbox"/> Care equipment <input type="checkbox"/> Linens/blankets
	<input type="checkbox"/> Care items
	How will the residents be transported to the relocation site?
	If all residents are not on site who will be responsible for ensuring that the remaining residents are brought to the relocation site?
	Will some residents go home with family/representatives?
	Who will track which residents have left with family/representatives?
	Who will inform families / staff where the relocation site is situated?
Relocation Site	
Consider	What facilities/services are available at the relocation site?
	<input type="checkbox"/> Bathrooms <input type="checkbox"/> Cooking facilities
	<input type="checkbox"/> Accessible site <input type="checkbox"/> Food preparation, serving and eating equipment
	<input type="checkbox"/> Beds <input type="checkbox"/> Mobility equipment
	<input type="checkbox"/> Linens and towels <input type="checkbox"/> Sanitation equipment
	<input type="checkbox"/> Telecommunications equipment <input type="checkbox"/> Laundry equipment
	<input type="checkbox"/> Resident care equipment
	<input type="checkbox"/> Safety and security services
	What supplies are necessary to continue offering services at the relocation site?
	How will these supplies be made available/accessible at the relocation site?
	Are additional staff/volunteers required at the relocation site to provide services?
	What services are unavailable at the relocation site that will need to be arranged for?
	What services may be offered at a reduced level at the relocation site?
	What services may be discontinued for the duration of the relocation?
PLAN	For each identified service/function that may be lost develop a contingency plan that reduces the impact of the loss for the residents.

Disruption of Meal Service

Determining the cause of the disruption:	
Consider	Consider potential causes of a disruption to meal services: <input type="checkbox"/> Staff shortage <input type="checkbox"/> Equipment <input type="checkbox"/> Loss of utilities <input type="checkbox"/> Site isolation breakdown <input type="checkbox"/> Other:
Sheltering in Place:	
Consider	How much food/beverages is kept on site?
	<input type="checkbox"/> Less than one day <input type="checkbox"/> 72 hours <input type="checkbox"/> 24-48 hours <input type="checkbox"/> 72 hours +
	Do changes need to be made on how much food/beverages are stored on site?
	Will alternate food suppliers need to be used during the disruption?
	What changes need to be made to the menu / meal service so that equipment/utilities are not needed?
	Will catering, take out or eating out be required?
PLAN	Who will be responsible for paying for eating out / take out?
	For each identified disruption, develop a contingency plan that reduces the impact of the loss for the residents.
Special Considerations: Alternate food preparation sites	
Consider	Is there an alternate site available where meals can be prepared?
	Have any arrangements been made to use the alternate site?
	How will meals be transported and appropriate temperatures maintained?
	What if transportation of food is not possible (eg. Roads are impassable)?
Special Considerations: Equipment	
Consider	Is there alternate equipment on site that can be used?
	Can replacement equipment be brought to the site?
Recovery	
Consider	Once the disruption is resolved, what steps are necessary to return to full meal service?

Disruption of Safety and Security Service

Determining the cause of the disruption:	
Consider	<p>Consider potential causes of a disruption to safety and security services:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Staff shortage <input type="checkbox"/> Loss of utilities </div> <div> <input type="checkbox"/> Breakdown of equipment <input type="checkbox"/> Other: </div> </div>
At the start of a disruption:	
Consider	Who is responsible for ensuring that all residents are safe and accounted for?
	Who is responsible to determine the cause/potential length of the outage?
Sheltering in Place:	
Consider	<p>What safety and security services are offered?</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Accounting for residents <input type="checkbox"/> Nurse call <input type="checkbox"/> Pendant <input type="checkbox"/> Call bells </div> <div style="width: 33%;"> <input type="checkbox"/> Security system <input type="checkbox"/> Security cameras <input type="checkbox"/> Wanderguard <input type="checkbox"/> Roam alert <input type="checkbox"/> Fire alarm </div> <div style="width: 33%;"> <input type="checkbox"/> Door alarm <input type="checkbox"/> Bed alarm <input type="checkbox"/> Wheelchair alarm <input type="checkbox"/> Other: </div> </div>
	Which safety and security services are essential to continue?
PLAN	For each identified disruption, develop a contingency plan that reduces the impact of the loss for the residents.
Consider	How will the safety and security services be performed in the absence of electronic alarms/monitors?
	Will additional staff/volunteers be needed?
	Who is responsible for arranging for additional staff or volunteers?
	Who is responsible for arranging for necessary repairs?
Recovery	
Consider	Once the disruption is resolved, what steps are necessary to return to full services?

Disruption of Cleaning Service

Determining the cause of the disruption:			
Consider	Consider potential causes of a disruption to cleaning services: <input type="checkbox"/> Staff shortage <input type="checkbox"/> Breakdown of equipment <input type="checkbox"/> Loss of utilities <input type="checkbox"/> Other: <input type="checkbox"/> Site isolation / pandemic		
Sheltering in Place:			
Consider	What cleaning services are offered?		
	<input type="checkbox"/> Regular room cleaning	<input type="checkbox"/> Kitchen sanitizing	<input type="checkbox"/> Spots/spills cleaning
	<input type="checkbox"/> Thorough room cleaning	<input type="checkbox"/> Common area cleaning	<input type="checkbox"/> As needed cleaning
	<input type="checkbox"/> Daily room cleaning	<input type="checkbox"/> Office cleaning	<input type="checkbox"/> Other:
	<input type="checkbox"/> Staff area cleaning		
	What cleaning services are essential to continue?		
	What methods of cleaning will be changed during the disruption?		
	What cleaning services can be stopped until the disruption is resolved?		
PLAN	For each identified service that may be lost develop a contingency plan that reduces the impact of the loss for the residents.		
Consider	Is there back-up equipment?		
	Are there alternate staff or volunteers that can be used to continue the cleaning service?		
	Can a cleaning service be hired?		
Recovery			
Consider	Once the disruption is resolved, what steps are necessary to return to full services?		

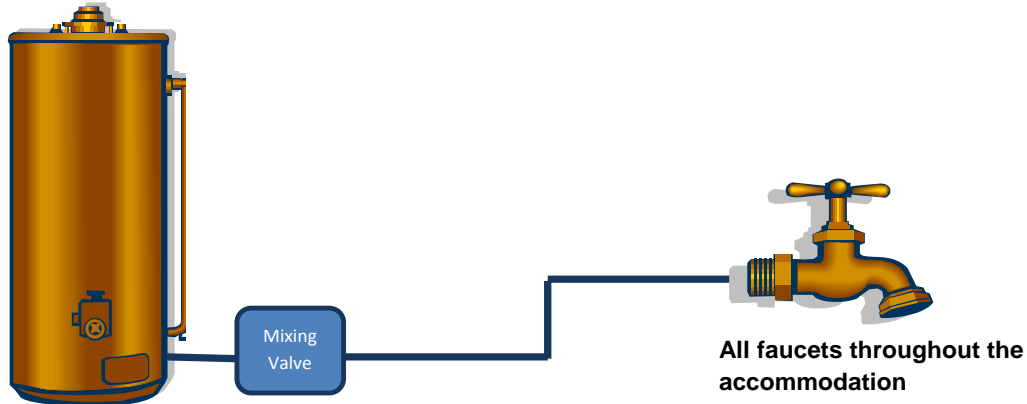
Disruption of Laundry/Linen Service

Determining the cause of the disruption:	
Consider	<p>Consider potential causes of a disruption to laundry/linen services:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Staff shortage <input type="checkbox"/> Loss of utilities <input type="checkbox"/> Site isolation / pandemic </div> <div> <input type="checkbox"/> Breakdown of equipment <input type="checkbox"/> Other: </div> </div>
Sheltering in Place:	
Consider	<p>How often are laundry/linen services offered?</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Daily (Sat – Sun) <input type="checkbox"/> Weekdays (Mon-Fri) <input type="checkbox"/> Occasional weekdays </div> <div> <input type="checkbox"/> Weekends <input type="checkbox"/> Weekly </div> <div> <input type="checkbox"/> As needed <input type="checkbox"/> Other </div> </div>
	How much extra linen is kept on site?
	Considering the supply of linens and frequency of laundry services, how many days can laundry service be discontinued?
	If laundry/linen service is discontinued, how will soiled laundry/linens be stored during the disruption?
PLAN	For each identified disruption, develop a contingency plan that reduces the impact of the loss for the residents.
Consider	Is there back-up equipment at the site that may be used?
	Who is responsible for arranging for repairs to equipment, if required?
Special Considerations: External Providers	
Consider	Is there a suitable location for laundry to be sent out to?
	Will the alternate site pick up and deliver and will arrangements need to be made to transport the linens/laundry?
	Is it necessary to enter into an agreement with the alternate laundry service provider prior to the disruption?
	Will families/representatives be asked to take laundry home to launder?
Recovery	
Consider	Once the disruption is resolved, what steps are necessary to return to full services?

Disruption of Maintenance Service

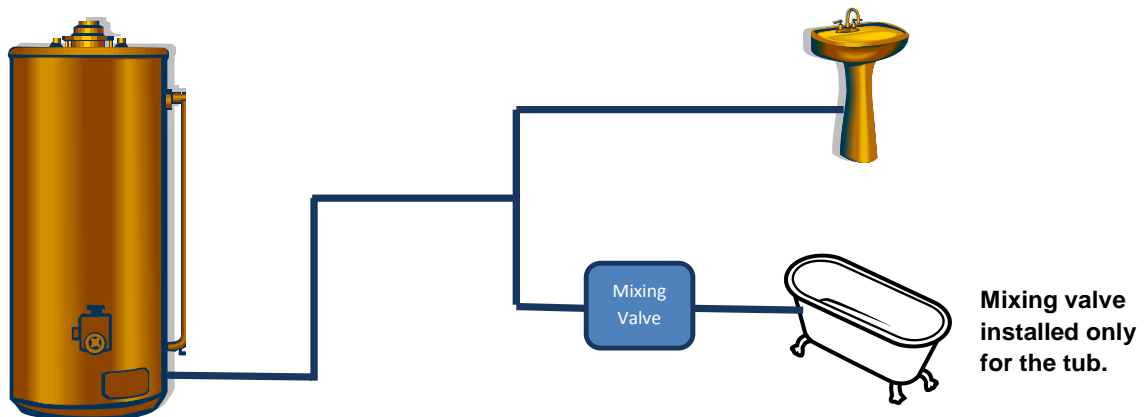
Determining the cause of the disruption:	
Consider	<p>Consider potential causes of a disruption to maintenance services:</p> <div> <input type="checkbox"/> Staff not on site (external oversight of the site) <input type="checkbox"/> Site isolation / pandemic </div> <div> <input type="checkbox"/> Staff shortage <input type="checkbox"/> Staff vacation / other leaves <input type="checkbox"/> Other: </div>
Sheltering in Place:	
Consider	<p>What maintenance services are essential to continue?</p> <div> <input type="checkbox"/> Snow and ice removal <input type="checkbox"/> Monitoring equipment <input type="checkbox"/> Monitoring temperatures </div> <div> <input type="checkbox"/> Basic corrective maintenance <input type="checkbox"/> Emergency response <input type="checkbox"/> Daily checks <input type="checkbox"/> Other </div>
PLAN	For each identified disruption, develop a contingency plan that reduces the impact of the loss for the residents.
Consider	Does cross-training need to occur for the continuation of services? Is written reference material available?
	What tasks can only be completed by qualified personnel?
	Do alternate suppliers/contractors need to be arranged for the completion of maintenance services?
	Who is responsible on an on-call basis?
	Is there any emergency response role that is specific to maintenance (fire marshal)?
	Do maintenance staff have essential items, such as keys to relocation sites, transportation equipment or rooms in the accommodation?
	Do maintenance staff have essential information such as passwords or access codes to electronic monitoring equipment or key areas?
Recovery	
Consider	Once the disruption is resolved, what steps are necessary to return to full services?

Appendix B: Mixing Valve Examples



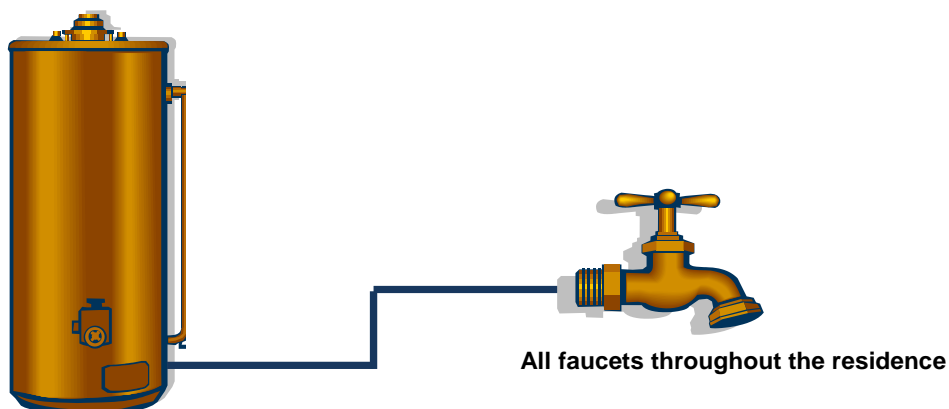
Mixing Valve Installed at Source

- Temperature can be taken from any faucet in the accommodation



Mixing Valve Installed at Tub

- Temperature needs to be taken at the tub and another location in the accommodation



No Mixing Valves

- Temperature can be taken from any faucet in the accommodation