



# **Accommodation Standards— Supportive Living Accommodation**

Information Guide

# Accommodation Standards – Supportive Living Accommodation Information Guide (2024)

Created by: Alberta Health, Continuing Care Branch

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Pursuant to the *Continuing Care Regulation* under the *Continuing Care Act*, adherence with the *Accommodation Standards – Supportive Living Accommodation* is a mandated requirement for supportive living accommodation operators in Alberta.

The accommodation standards provide the standards for voluntary, public, and private organizations operating supportive living accommodations in Alberta. The standards direct operators of supportive living accommodations in the delivery of quality accommodation services to residents.

The purpose of the accommodation standards is to ensure that all supportive living accommodations maintain a high quality of accommodation services that promote safety, security, and quality of life for Albertans living in those accommodations.

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## Building Code Requirements

### Standard 1

- 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 *National Building Code – Alberta Edition*, as amended from time to time.

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 <i>National Building Code – Alberta Edition</i> .	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 *National Building Code – Alberta Edition*, as amended from time to time.

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 <i>National Building Code – Alberta Edition</i> .	Documentation provided may include a development permit or occupancy approval.

## Safety Requirements

### Standard 2

- 2(1) 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.

<b>Safe Condition</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
<p>The building, the continuing care home, 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.</p> <p>Hazardous materials (chemicals, sharps, construction materials) are safely stored.</p> <p>See also Maintenance Requirements, as maintenance is a component of ensuring a safe environment.</p>	<ul style="list-style-type: none"> <li>• Observation of interior and exterior of the building, the continuing care home and the grounds.</li> <li>• Documentation demonstrating that the building, the continuing care home and the grounds are maintained in a safe condition. This information may be found in contracts, job descriptions, duty lists or checklists.</li> </ul>

<b>Grounds Maintenance ~ All Seasons</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
<p>Outside grounds maintenance is completed partially or wholly by residents.</p>	<ul style="list-style-type: none"> <li>• Conversations with residents or employees regarding grounds maintenance.</li> <li>• Observation of well maintained grounds.</li> <li>• Documentation demonstrating that grounds maintenance is completed. This information may be found in duty lists, checklists or house rules.</li> </ul>
<p>Outside grounds maintenance is completed by maintenance or other employees.</p>	<ul style="list-style-type: none"> <li>• Conversations with residents or employees regarding grounds maintenance.</li> <li>• Observation of well maintained grounds.</li> <li>• Documentation demonstrating that grounds maintenance is completed. This information may be found in job descriptions, duty lists or checklists.</li> </ul>

<p>Outside grounds maintenance is completed by contract or by an external service provider.</p>	<ul style="list-style-type: none"><li>• Conversations with residents or employees regarding grounds maintenance.</li><li>• Observation of well maintained grounds.</li><li>• Documentation demonstrating that grounds maintenance is completed. This information may be found in contracts, service agreements, quotes or fee schedules.</li></ul>
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## Maintenance Requirements

### Standard 3

- 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	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
<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"> <li>• Observation of the building, the continuing care home itself, equipment and operator-owned furnishings.</li> <li>• Documentation provided may include contracts, job descriptions, duty lists or checklists.</li> </ul>

- 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	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
<p>Preventative maintenance program for the building, the accommodation, its equipment, and any operator-owned furnishings is in a paper based format.</p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<p>Preventative maintenance program for the building, the accommodation, its equipment, and any operator-owned furnishings is in a computer based format.</p>	<ul style="list-style-type: none"> <li>• Observation of the preventative maintenance computerized program.</li> <li>• 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.</li> </ul>

Corrective Maintenance	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>



<p>Repairs, service and replacement of buildings, accommodations, equipment and operator-owned furnishings is completed using a requisition process.</p>	<ul style="list-style-type: none"> <li>• Conversations with residents and employees regarding timely completion of repairs and replacements.</li> <li>• 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.</li> </ul>
<p>Repairs, service and replacement of buildings, accommodations, equipment and operator-owned furnishings is completed using external service providers.</p>	<ul style="list-style-type: none"> <li>• Conversations with residents and employees regarding timely completion of repairs and replacements.</li> <li>• Documentation demonstrating that repairs and replacements occur as needed. This information may be found in receipts or invoices.</li> </ul>

## Environmental Requirements

### Standard 4

- 4(1) 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.

<b>Temperature</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
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"> <li>• Conversations with residents regarding their ability to change the temperature and their overall comfort level in the accommodation.</li> <li>• Observation of the free access to the thermostat.</li> <li>• 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.</li> </ul>
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"> <li>• Conversation with residents regarding their overall comfort level in the accommodation.</li> <li>• Observation of the temperature of the accommodation.</li> <li>• Documentation demonstrating that consultation with residents occurred to determine the appropriate temperature range. This information may be found in meeting minutes, surveys or questionnaires.</li> </ul>
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"> <li>• Conversations with residents regarding their overall comfort level in the accommodation.</li> <li>• Conversations with employees regarding how they ensure residents are comfortable with the temperature.</li> <li>• Observation of the temperature of the accommodation.</li> <li>• Documentation demonstrating the monitoring of temperatures of the accommodation. This information may be found in log books, preventative maintenance forms or electronic recordings.</li> </ul>

## Personalizing Spaces

### Standard 5

- 5(1) An operator shall ensure that each resident of a supportive living accommodation has the opportunity to personalize the resident's room.

<b>Personalization</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Personalization of resident rooms is evident.	<ul style="list-style-type: none"> <li>• Conversations with residents or their representatives regarding the opportunity to personalize their room.</li> <li>• Observation of the personalization of resident's rooms.</li> </ul>
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"> <li>• Conversations with residents or their representatives regarding the opportunity to personalize their room.</li> <li>• Observation of the personalization of resident's rooms.</li> <li>• 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.</li> </ul>
Resident(s) have limitations on their ability to personalize their rooms due to documented resident needs or behaviours.	<ul style="list-style-type: none"> <li>• Observation of the personalization of resident's rooms to the extent possible.</li> <li>• 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.</li> </ul>

## Window Coverings

### Standard 6

- 6(1) 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.

<b>Window Coverings</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Window coverings on each window in the accommodation as necessary for resident's privacy and comfort are evident.	<ul style="list-style-type: none"> <li>• Observation of the window coverings.</li> </ul>
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"> <li>• Observation of the window coverings in each window in the accommodation as necessary for resident's privacy and comfort.</li> <li>• 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.</li> </ul> <p style="text-align: center;"><b>and</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>

## Bedding

### Standard 7

- 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"> <li>• Conversations with residents or representatives regarding the quality of bedding, towels and other linen.</li> <li>• 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.</li> </ul>

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"> <li>• Conversations with residents or representatives regarding the regularly scheduled bedding, towels and other linen changes.</li> <li>• Observation of implementation of bedding and towel change schedules.</li> <li>• Documentation provided may include bedding and towel change schedules, cleaning schedules, checklists, duty lists, bath schedules, handbooks, resident notices or orientation materials.</li> </ul>
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"> <li>• Conversations with residents regarding their responsibility for their own bedding, towels and other linen changes.</li> <li>• 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.</li> </ul>
Residents may request a permanent reduction in the frequency of the operator established schedule of changes to bedding, towels and other linens.  See also Risk Management.	<ul style="list-style-type: none"> <li>• Documentation provided may include letters, managed risk agreements, or other waivers of services.</li> </ul>

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

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.

<b>As Needed Changes</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Written procedures showing that operator provided bedding, towels and other linens are provided and changed as needed.	<ul style="list-style-type: none"> <li>• Conversations with residents regarding the as needed change of bedding, towels and other linens.</li> <li>• Observation of as needed changes of bedding, towels and other linens.</li> <li>• 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.</li> </ul>
Operator provided bedding, towels and other linens are changed as needed based on documented resident need.	<ul style="list-style-type: none"> <li>• Conversations with residents or employees regarding as needed changes of bedding, towels and other linens.</li> <li>• Observation of bedding, towel or other linen changes.</li> <li>• 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.</li> </ul>
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"> <li>• Conversations with residents regarding the as needed change of bedding, towels and other linens.</li> <li>• Observation of the change of bedding, towels and other linens.</li> <li>• 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.</li> </ul>

## Laundry

### Standard 8

- 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 the residents to do their own laundry,
- and shall inform the residents regarding the services provided or the facilities available, as the case may be.

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

- 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.

<b>Laundry Areas and Equipment</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Resident laundry areas and equipment are appropriate for their intended use, clean and maintained in good repair.	<ul style="list-style-type: none"> <li>• Conversations with residents regarding the laundry area and equipment.</li> <li>• Observation of the appropriateness and cleanliness of laundry areas.</li> </ul>

	<ul style="list-style-type: none"><li>• Documentation provided may include cleaning schedules, duty lists, invoices or maintenance records.</li></ul>
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## Personal Choice Services

### Standard 9

- 9(1) In this section, “personal choice services” includes optional services that may be provided or offered to residents of a supportive living accommodation including, but not limited to, hairdressing, barbering, personal laundry services, manicures, pedicures, massages and facials.

Notes:
<ul style="list-style-type: none"> <li>• 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.</li> <li>• Please note that footcare is not considered a pedicure, as footcare is provided by a health professional.</li> <li>• Please also note that the provision of a laundry service for resident’s personal laundry (i.e. clothing) is captured under this standard.</li> <li>• In this section, personal choice services exclude those professions covered under the Health Professions Act (e.g. Denturists, Dental Hygienists, Hearing Aid Practitioners, Occupational Therapists, Optometrists, Podiatrists, Registered Dietitians, Speech Pathologists, Registered Nurse, Licensed Practical Nurse, etc.). Please refer to these acts and regulations if you require further information on these service providers’ requirements.</li> </ul>

- 9(2) Where an operator provides or offers personal choice services, the operator shall ensure that the personal choice services
- are offered or provided based on the needs and preferences of the residents,
  - are provided in a space that is appropriate for the purpose, and
  - 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"> <li>• Conversations with residents regarding the personal choice services.</li> <li>• Observation of the utilization of the personal choice services.</li> <li>• Documentation provided may include schedules, booking information, appointment books, surveys, resident meeting minutes or other resident comments.</li> </ul>
Residents’ needs and preferences are considered when coordinating new personal choice services.	<ul style="list-style-type: none"> <li>• Conversations with employees regarding the coordination of personal choice services.</li> </ul>

	<ul style="list-style-type: none"> <li>• Documentation provided may include resumes, care plans, personal profiles, surveys, meeting minutes or other resident comments.</li> </ul>
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<b>Personal Choice Service Areas</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Space utilized by the personal choice service is appropriate for the intended purpose.	<ul style="list-style-type: none"> <li>• Conversations with residents, employees or service providers regarding the personal choice areas.</li> <li>• Observation of areas that are utilized for personal choice services.</li> </ul>

<b>Qualifications of Personnel</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Personal choice services are provided by a qualified employee, volunteer or contractor.	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

## Medication Assistance or Medication Reminders

### Standard 10

- 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 for that resident, and
  - (b) “medication reminder” means a reminder given to a resident to take prescribed medication, but does not include medication assistance.

Notes:
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 10(1) is intended for definition purposes only. Methods and evidence of compliance will not be assessed for this sub-section.</li> </ul>

- 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"> <li>• Observation of safe self-administration practices.</li> <li>• Documentation provided may include policies and procedures, consent forms, assessments, care plans, personal profiles, admission agreements, handbooks or training records.</li> </ul>

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"> <li>• Observation of secure storage of medication.</li> <li>• Observation of secure storage of medication.</li> <li>• Documentation provided may include policies and procedures, signage, handbooks, training materials or training records.</li> </ul>
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\*This method is applicable for small accommodations with 4-10 residents.

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

<b>Medication Errors</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Written process are created and implemented for dealing with medication errors.	<ul style="list-style-type: none"> <li>• 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.</li> </ul> <p style="text-align: center;"><b>and</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>

## Contracted Services

### Standard 11

- 11(1) 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.

<b>Contracts</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Where there are site-specific contracts to deliver services, those contracts include all points specified in the standard.	<ul style="list-style-type: none"><li>• Documentation provided may be current contracts or other service provider agreements.</li></ul>

## Social or Leisure Activities

### Standard 12

- 12(1) Where an operator provides social or leisure activities for residents, the operator shall
- (a) provide a variety of activities that appropriately address the needs and preferences of the residents,
  - (b) solicit and consider the opinions of residents in planning and providing social or leisure activities at least every 6 months, and
  - (c) consider and respond to residents' opinions and comments regarding social or leisure activities in a timely and appropriate manner.

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

<b>Resident Opinion</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Meetings are utilized to collect resident opinions.	<ul style="list-style-type: none"> <li>• Conversations with residents regarding their awareness of feedback methods.</li> <li>• Documentation provided may include meeting minutes or meeting agendas.</li> </ul>

<p>Surveys, feedback cards, or suggestion boxes are utilized to collect resident opinions.</p>	<ul style="list-style-type: none"> <li>• Conversations with residents regarding their awareness of feedback methods.</li> <li>• Observation of the availability of feedback forms (if on an ongoing basis).</li> <li>• Documentation demonstrating that the opinions of residents are collected. This information may be found in completed surveys, result tallies or completed comment forms.</li> </ul>
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<b>Response to Resident Opinions</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
<p>Resident activities are adjusted in response to the opinions collected.</p>	<ul style="list-style-type: none"> <li>• Conversations with residents regarding the changes in social and leisure activities.</li> <li>• Documentation demonstrating that the collected resident opinions are utilized. This information may be found in calendars, posters, notices, care plans or newsletters.</li> </ul>
<p>Residents are informed of the results of surveys, resident meetings, suggestions, or other opinions received and the planned action.</p>	<ul style="list-style-type: none"> <li>• Conversations with residents regarding the communication of the results and/or planned action of the operator to the feedback received.</li> <li>• 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.</li> </ul>

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

<b>Communicating Activities</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
<p>Residents are notified of the social and leisure activities through postings.</p>	<ul style="list-style-type: none"> <li>• Conversations with residents regarding their awareness of the communication method chosen by the operator.</li> <li>• Observation of the postings on whiteboards, bulletin boards or in other resident or common areas.</li> </ul>

<p>Residents receive copies of activity schedules or may be able to access the information on pre-recorded messages or through other technological media.</p>	<ul style="list-style-type: none"> <li>• Conversations with residents regarding their awareness of the communication method chosen by the operator.</li> <li>• Observation of the communication material or method.</li> <li>• 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.</li> </ul>
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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, or equivalent experience to do so in a way that meets the needs of the residents.

<b>Qualifications of Personnel</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
<p>Job descriptions and qualifications for social and leisure personnel match the needs of the residents.</p>	<ul style="list-style-type: none"> <li>• 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</li> </ul>
<p>Contracts with or procurement of service providers for social and leisure activities.</p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>



## Nutritional Requirements

### Standard 13

- 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 nutritional requirements of Canada's Food Guide (2007),
  - (b) the meals, fluids and snacks are
    - (i) palatable, safe and pleasingly presented, and
    - (ii) provided in sufficient quantities and at frequencies 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.

<b>Quality and Quantity</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
The majority of residents feel that meals are nutritious, tasteful, safe, pleasingly presented and served in sufficient quantities.	<ul style="list-style-type: none"> <li>• Conversations with residents or representatives regarding meal presentation, taste, quantity and quality.</li> <li>• Observation of meal service.</li> </ul>
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"> <li>• Conversation with resident representatives or employees regarding meal presentation, taste, quantity and quality.</li> <li>• Observation of meal service.</li> <li>• Documentation provided may be policies and procedures, surveys, dietitian assessments, food services evaluations or food samplings.</li> </ul>

<b>Communicating Meals and Times</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Residents are notified of meals and meal times by posted information.	<ul style="list-style-type: none"> <li>• Conversations with residents regarding their awareness of the meals, meal times and the communication method chosen by the operator.</li> <li>• Observation of the postings on whiteboards, bulletin boards or in other resident or common areas.</li> </ul>
Residents receive copies of menus and meal time schedules or they may be able to access the information on pre-	<ul style="list-style-type: none"> <li>• Conversations with residents regarding the communication method chosen by the operator.</li> </ul>

<p>recorded messages or through other technological media.</p>	<ul style="list-style-type: none"> <li>• Observation of the communication material or method.</li> <li>• 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.</li> </ul>
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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 nutritional requirements of Canada’s Food Guide (2007) by a registered dietitian or a food and nutrition manager registered with the Canadian Society of Nutrition Management.

## Menu Requirements

### Standard 14

- 14(1) The operator of a supportive living accommodation shall ensure that the menu provided for residents
- offers variety and seasonal variation,
  - provides residents with a choice from within at least one food group at every meal, and
  - 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.	<ul style="list-style-type: none"> <li>Documentation of the seasonal substitutions may be found in substitution records, or special event meal records.</li> </ul>
Seasonal or a variety of cyclical menus are used to provide residents with variety and seasonal variation.	<ul style="list-style-type: none"> <li>Documentation may be found in seasonal menu variations (e.g. Spring/Summer and Fall/Winter).</li> </ul>

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"> <li>Conversations with residents regarding their ability to receive a choice item on request.</li> <li>Observation of the request for a choice item.</li> <li>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.</li> </ul>
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"> <li>Conversations with residents regarding their awareness of the choice available at each meal.</li> <li>Observation of meal service.</li> <li>Documentation demonstrating that the choice is available and communicated to residents. This information may be found in handbooks, menu boards or menus.</li> </ul>
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"> <li>Conversations with residents regarding their awareness of the choice available at each meal.</li> <li>Observation of the choices available.</li> </ul>

	<ul style="list-style-type: none"> <li>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.</li> </ul>
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"> <li>Observation of meal service.</li> <li>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.</li> </ul>

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

- 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.

<b>Menu Substitutions</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>

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).	<ul style="list-style-type: none"> <li>Documentation demonstrating that substitutions to the menu are recorded. This information may be found on meal planning calendars or menus.</li> </ul>
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.	<ul style="list-style-type: none"> <li>Documentation demonstrating that substitutions to the menu are recorded. This information may be found in communication books, log sheets, substitutions sheets or special notices.</li> </ul>

<b>Communication Substitutions</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Residents are notified of meals and any substitutions by posted information.	<ul style="list-style-type: none"> <li>Conversations with residents regarding their awareness of the meals, meal substitutions and the communication method chosen by the accommodation.</li> <li>Observation of the postings on whiteboards, bulletin boards, or in other resident or common areas.</li> </ul>
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"> <li>Conversations with residents regarding their awareness of the communication method chosen by the operator.</li> <li>Observation of the communication material or method.</li> <li>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.</li> </ul>

14(3) An operator shall ensure that residents' opinions and feedback regarding meals, fluids and snacks are collected at least every 6 months and considered in the development of the menu.

<b>Resident Opinions and Feedback</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Meetings are utilized to collect resident feedback.	<ul style="list-style-type: none"> <li>Conversations with residents regarding their awareness of feedback methods.</li> <li>Conversations with employees regarding the consideration of resident feedback.</li> </ul>

	<ul style="list-style-type: none"> <li>Documentation demonstrating that the feedback is collected. This information may be found in meeting minutes.</li> </ul> <p><b>and</b></p> <ul style="list-style-type: none"> <li>Documentation demonstrating that the feedback is considered. This information may be found in menus, special event meal records or meeting minutes.</li> </ul>
Surveys, feedback cards, or suggestion boxes are utilized to collect resident feedback.	<ul style="list-style-type: none"> <li>Conversations with residents regarding their awareness of feedback methods.</li> <li>Conversations with employees regarding the consideration of resident feedback.</li> <li>Observation of availability of feedback forms (if on an ongoing basis).</li> <li>Documentation demonstrating that the feedback is collected. This information may be found in completed surveys, result tallies or comment forms.</li> </ul> <p><b>and</b></p> <ul style="list-style-type: none"> <li>Documentation demonstrating that the collected feedback is considered. This information may be found in menus, special event meal records, meeting minutes or newsletters.</li> </ul>

14(4) An operator shall ensure that residents are consulted every 6 months at minimum respecting the times of the day at which meals, fluids and snacks are to be provided or made available to them and shall consider and respond to the residents' comments or concerns.

<b>Meal Times</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Collaboration with residents on meal times occurs at resident council meetings, through surveys or other discussion methods.	<ul style="list-style-type: none"> <li>Documentation demonstrating the collaboration with residents on the meal times. This information may be found in completed surveys, result summaries or meeting minutes</li> </ul>
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.	<ul style="list-style-type: none"> <li>Conversations with residents regarding meal, fluid and snack times.</li> <li>Observation of a meal service.</li> <li>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.</li> </ul>

<b>Response to Opinions and Feedback</b>
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<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Resident meal, fluid and snack times are adjusted in response to the feedback collected.	<ul style="list-style-type: none"> <li>• Conversations with residents regarding the changes in meal, fluid and snack times.</li> <li>• 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.</li> </ul>
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"> <li>• Conversations with residents regarding the communication of the results and/or planned action of the operator to the feedback received.</li> <li>• 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.</li> </ul>

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.

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

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

## Cleaning Requirements

### Standard 15

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"> <li>• Conversations with residents, their representatives, employees, volunteers, visitors or service providers on the cleanliness and comfort of the accommodation.</li> <li>• Observation of a clean and comfortable environment.</li> </ul>

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):
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"> <li>• Conversations with residents or their representatives regarding completion of cleaning services.</li> <li>• Observation of the cleanliness of the accommodation.</li> <li>• 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.</li> </ul>
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"> <li>• Conversations with residents or their representatives regarding completion of cleaning services.</li> <li>• Observation of the cleanliness of the accommodation.</li> <li>• Documentation may include audits of work done.</li> </ul>
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"> <li>• Conversations with residents or their representatives regarding completion of cleaning services.</li> </ul>



	<ul style="list-style-type: none"> <li>• Observation of the cleanliness of the accommodation.</li> <li>• Documentation may include checklists, special task lists, duty lists, schedules, job routines or project work tracking.</li> </ul>
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<b>As Needed Cleaning</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Written procedures showing that the operator provides cleaning services on an as needed basis.	<ul style="list-style-type: none"> <li>• Conversations with residents and their representatives regarding the as needed cleaning services.</li> <li>• Observation of ongoing cleaning services.</li> <li>• 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.</li> </ul>
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"> <li>• Conversations with residents, their representatives or employees regarding as needed cleaning services.</li> <li>• Observation of ongoing cleaning services.</li> <li>• Documentation of the needs of the residents for cleaning services. This information may be found in care plans, duty lists, logs or job descriptions.</li> </ul>

<b>Resident Preferences</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
The operator communicates the cleaning schedules to residents and considers resident preferences in adjusting the schedules where needed.	<ul style="list-style-type: none"> <li>• Conversations with residents regarding the suitability of cleaning schedules.</li> <li>• Conversations with employees regarding the consideration of resident preferences in the cleaning schedule.</li> <li>• 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.</li> </ul>

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

<b>Cleaning Procedures</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Written information on how cleaning is to be performed.	<ul style="list-style-type: none"> <li>• Observation of implementation of the cleaning procedures.</li> <li>• Documentation demonstrating the cleaning procedures. This information may be found in policies, procedures, duty sheets, checklists or job descriptions.</li> </ul>
Training on how cleaning is to be proficiently performed is provided to employees.	<ul style="list-style-type: none"> <li>• Observation of implementation of the cleaning procedures.</li> <li>• 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.</li> </ul>
A contractor or external service provider provides cleaning services and written information on how cleaning is performed.	<ul style="list-style-type: none"> <li>• Observation of implementation of the cleaning procedures.</li> <li>• 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.</li> </ul>

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

<b>Odour Control</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Odours are not present.	<ul style="list-style-type: none"> <li>• Conversations with residents, their representatives or employees regarding the presence or absence of odours.</li> <li>• Observation noting the absence of odours.</li> </ul>
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"> <li>• 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.</li> </ul>

## Continuation of Services

### Standard 16

- 16(1) An operator shall develop, implement and maintain accommodation-specific contingency plans to provide for the continuation of services to residents as set out in the regulations and standards in the event of disruptions such as
- (a) the failure of electrical power or other utilities,
  - (b) the breakdown of essential equipment,
  - (c) extreme weather conditions,
  - (d) pandemics and/or communicable disease outbreaks,
  - (e) emergencies,
  - (f) employment disputes,
  - (g) staffing shortages,
  - (h) violent incidents, and
  - (i) other disruptions.

<b>Contingency Plans</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
<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 <b>minimum</b> contingency plans must address:</p> <ul style="list-style-type: none"> <li>• Failure of electrical power</li> <li>• Failure of other utilities (i.e. water and gas)</li> <li>• A plan for the breakdown of essential equipment in the accommodation</li> <li>• Extreme weather conditions that may reasonably occur in the area of the accommodation</li> <li>• Staff shortages and/or employment disputes</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of the contingency plan. Information may be found in manuals, policies and procedures, department specific plans or training guides.</li> </ul>

<ul style="list-style-type: none"> <li>• Evacuation and relocation</li> <li>• Disruptions to safety and security services</li> <li>• Disruptions to meal services</li> </ul> <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"> <li>• Disruption of telecommunications / IT systems</li> <li>• Flood / sewer back up</li> <li>• Excessive or reduced heat</li> <li>• Disruption of cleaning, laundry or maintenance services</li> </ul>	
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- 16(2) A contingency plan must
- (a) mitigate the risk and 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) identify relevant agencies, partners, health service providers and funders, and resources that will be involved in responding to the disruption,
  - (d) be developed, reviewed and updated in collaboration with identified relevant agencies, partners, health service providers and funders, and resources that will be involved in responding to the disruption,
  - (e) include communications strategies to ensure that residents and their representatives, visitors, volunteers, employees, service providers, and other impacted parties are updated throughout the disruption,
  - (f) be reviewed and updated on an annual basis and after each implementation to ensure that it remains effective,
  - (g) be routinely practiced or simulated, to the extent reasonably practicable, at frequencies stated in the plan, including with identified relevant agencies, partners, health service providers and funders, and resources that will be involved in responding to the disruption, and
  - (h) identify the primary point of contact during disruptions.

<b>Mitigation of Impact and Practicability</b>
<p>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.</p> <p>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</p>

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.

<b>Communicating the Plan</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
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"> <li>• Conversations with residents, representatives, employees, volunteers and service providers regarding their awareness of the plan locations.</li> <li>• Observation of information on the contingency plan posted in the accommodation.</li> <li>• Observation of the postings detailing the location of the contingency plan.</li> <li>• 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.</li> </ul>
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"> <li>• Conversations with residents, representatives, or employees regarding information provided on the contingency plan.</li> <li>• 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.</li> </ul>
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"> <li>• Conversations with residents, representatives, or employees regarding information provided on the contingency plan.</li> <li>• 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.</li> </ul>

<b>Annual Review</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
The contingency plan is reviewed through a meeting discussion format	<ul style="list-style-type: none"> <li>• Documentation demonstrating that the contingency plan was reviewed annually. Information may be found in meeting minutes.</li> </ul>

(staff meetings, board meetings, resident and family meetings).	
The contingency plan is reviewed through an administrative/committee review process.	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
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).	<ul style="list-style-type: none"> <li>• Conversations with residents, representatives, employees, volunteers and service providers regarding their awareness of the changes made to the contingency plan.</li> <li>• Documentation demonstrating that employees, residents, representatives, volunteers and service providers are notified of the change of the contingency plan.</li> </ul>

## Prevention of Abuse

### Standard 17

- 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.	<ul style="list-style-type: none"> <li>• Documentation provided may include policies and procedures, guidelines, training materials, handbooks or pamphlets.</li> </ul>

- 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.	<ul style="list-style-type: none"> <li>• Documentation provided may include orientation materials, training manuals, training records, attendance records or certificates.</li> </ul>

- 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"> <li>• Conversations with residents regarding their awareness of the information.</li> <li>• Observation of postings.</li> </ul>
The operator provides written pamphlets, brochures or other media on the identification, reporting and prevention of abuse.	<ul style="list-style-type: none"> <li>• Conversations with residents, their representatives, volunteers or service providers regarding the information provided to them.</li> <li>• Documentation provided may be handbooks, orientation materials, pamphlets, brochures, policies or guidelines.</li> </ul>

<p>The operator provides training on the identification, reporting and prevention of abuse.</p>	<ul style="list-style-type: none"><li>• Conversations with residents, their representatives, volunteers or service providers regarding the information provided to them.</li><li>• Documentation provided may be orientation materials, training materials, meeting minutes, training records or information session attendance records.</li></ul>
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## Resident Safety and Security

### Standard 18

- 18(1) An operator shall develop and maintain written processes that promote the safety and security of residents, including processes that
- account for all residents on a daily basis, and
  - ensure that resources are in place to support resident safety at all times.

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"> <li>Documentation provided may include staffing schedules, job duties and care plans.</li> </ul>
Residents are accounted for during daily routine activities such as meals or medication times.	<ul style="list-style-type: none"> <li>Observation of assigned seating at meals allowing for accounting of residents.</li> <li>Documentation provided may include MAR sheets, meal attendance sheets or handbook information.</li> </ul>
Residents are accounted for using formalized tracking tools such as sign in/out books or census documents.	<ul style="list-style-type: none"> <li>Documentation provided may include sign in/sign out books, daily census recordings or bed checks.</li> </ul>

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"> <li>Observation of monitoring systems.</li> <li>Documentation provided may include staffing schedules or care plans.</li> </ul>

- 18(2) Where a supportive living accommodation has a security or safety system, such as an alarm system, the security or safety system must be maintained, inspected and tested as recommended by the manufacturer of the 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"> <li>Documentation demonstrating the manufacturer recommendations. This information may be found in manuals, guidelines or letters.</li> </ul> <p><b>and</b></p>

	<ul style="list-style-type: none"> <li>Documentation demonstrating that the recommendations are followed. This information may be found in log sheets, invoices, maintenance requisitions, or other preventative maintenance records.</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>Observation of the computerized system.</li> <li>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.</li> </ul>
<p>The security system is checked daily by a designated employee as part of a regular routine and a process exists for reporting</p>	<ul style="list-style-type: none"> <li>Documentation demonstrating that the task is designated to a specific employee. This information may be found in job descriptions, duty lists or routines.</li> </ul> <p><b>and</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>

18(3) Where 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.

<b>Suitability</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
<p>The communication or emergency call system is appropriately matched to the type of building and the needs of the residents.</p>	<ul style="list-style-type: none"> <li>Conversation with the operator regarding the suitability of the system in use.</li> <li>Observation of the building and the systems in use.</li> <li>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.</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>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.</li> </ul>

<b>Maintenance</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
The communication and emergency call system is regularly inspected, tested and maintained by an employee or outside contractor.	<ul style="list-style-type: none"> <li>Documentation demonstrating the manufacturer recommendations. This information may be found in manuals, guidelines or letters.</li> </ul> <p style="text-align: center;"><b>and</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>
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"> <li>Observation of computerized system.</li> <li>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.</li> </ul>
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"> <li>Documentation demonstrating that the task is designated to a specific employee. This information may be found in job descriptions, duty lists or routines.</li> </ul> <p style="text-align: center;"><b>and</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>

18(4) In accordance with the *Continuing Care Regulation*, 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 designated under section 38 of the *Continuing Care Act*, along with the actions taken to address the incident or remedy the breach.

<b>Reporting to Director</b>	
Duty to Notify incidents are to be submitted to the Director within 48 hours of the incident occurring by the operator.	
Duty to Notify Incidents:	<p>An event related to the <b>Accommodation Standards</b> that has occurred:</p> <ul style="list-style-type: none"> <li>Causing death or serious harm to a resident,</li> <li>A resident unaccounted for,</li> </ul>

	<ul style="list-style-type: none"> <li>• An unplanned for activation of a contingency plan, or</li> <li>• Extensive damage to the accommodation.</li> </ul>
Duty to Notify Incident Form:	<ul style="list-style-type: none"> <li>• The reportable incident form can be found on-line at: <a href="#">Continuing care – Mandatory reporting   Alberta.ca</a>.</li> <li>• Check 'Health Funded' when opening the form to populate the appropriate sections.</li> <li>• Forms may be submitted electronically using the on-line</li> <li>• form, by e-mail to <a href="mailto:CCLO@gov.ab.ca">CCLO@gov.ab.ca</a> and <a href="mailto:reportable.incidents@albertahealthservices.ca">reportable.incidents@albertahealthservices.ca</a></li> <li>• Please ensure that additional notifications are completed as per existing zone processes.</li> </ul>
Help with determining what to report	A decision guide and examples are provided to assist operators in determining what incidents meet the duty to notify incident criteria (on-line at: <a href="#">Continuing care – Mandatory reporting   Alberta.ca</a> ).
Continuing Care Health Service Standards	There is also a requirement to report incidents under the Continuing Care Health Service Standards. The duty to notify incident form, decision guide, examples, and process can also be utilized in reporting incidents under these standards.
Duty to Notify	There is a requirement to report incidents under Section 44 of the <i>Continuing Care Act</i> .

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.

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

## Safeguarding of Resident Property

### Standard 19

- 19(1) Where an operator agrees to safeguard personal property, which includes items and money held for less than 31 days, on behalf of a resident, the operator shall, in accordance with the requirements in the *Continuing Care Regulation*, develop, implement and maintain a written policy for the safeguarding of the property that considers at minimum
- (a) how property is collected,
  - (b) how property is maintained and kept secure, including secure storage and identification of articles,
  - (c) how property can be accessed,
  - (d) the accessibility of records, receipts and/or statements,
  - (e) how property is returned and a timeframe, not more than 31 days, in which property must be returned, and
  - (f) the identification of property and the declaration of the value of property entrusted to an operator.
- 19(2) An operator shall ensure that the written policy developed under subsection (1) is communicated to residents and their representatives.

Written Processes	
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"><li>• Observation of the safeguarding of personal possessions.</li><li>• Documentation provided may include policies and procedures, personal property inventory lists or labeling processes.</li></ul>

## Trust Accounts

### Standard 20

- 20(1) Where an operator holds money on behalf of a resident for a period longer than 31 days, the operator shall, in accordance with the requirements in the *Continuing Care Regulation*, develop, implement and maintain a written policy for trust accounts that at minimum includes
- (a) how money is collected,
  - (b) how money will be kept secure,
  - (c) how money can be accessed,
  - (d) how regular statements will be provided,
  - (e) accessibility of records, receipts, and/or statements,
  - (f) communication of times that money may be deposited or withdrawn, and
  - (g) the process for returning money and a timeframe, not more than 31 days, in which money must be returned.

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

- 20(2) An operator shall ensure that the written policy developed under subsection (1) is communicated to residents and their representatives.

<b>Communicating Trust Accounts</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
The operator provides a regular or periodic trust account statement free of charge.	<ul style="list-style-type: none"> <li>• Conversations with residents/ representatives regarding the issuance of trust account statements.</li> </ul>

	<ul style="list-style-type: none"> <li>• Documentation provided may include statements, letters or statement issue schedules.</li> </ul>
<p>The operator provides trust account statements upon request free of charge.</p>	<ul style="list-style-type: none"> <li>• Conversations with residents/ representatives regarding their awareness of how to receive a trust account statement.</li> <li>• 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.</li> </ul>

## Water Temperature

### Standard 21

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	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
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"> <li>Documentation demonstrating that safe water temperatures are maintained in resident areas. This information may be found in logs, checklists or calendars.</li> <li>Documentation demonstrating that safe water temperatures are tested by inspector at time of inspection.</li> </ul>

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

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

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

Training (Employee)	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
The operator provides training on appropriate temperatures and process for reporting undesirable water temperatures.	<ul style="list-style-type: none"> <li>Conversations with employees regarding safe water temperatures.</li> <li>Documentation of training received by employees. This information may be found in training records,</li> </ul>



	orientation forms, meeting minutes, move-in checklists, or posters.
The operator provides training on measuring hot water temperatures.	<ul style="list-style-type: none"> <li>• Conversations with employees regarding their understanding of safe water temperatures.</li> <li>• Documentation of training received by employees. This information may be found in training records, training materials, orientation forms and meeting minutes, or posters.</li> </ul>

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

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

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.

<b>Qualifications of Personnel</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
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"> <li>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.</li> </ul>
Contracts with or procurement of qualified persons for maintenance to the water system (Arjo, plumbers, etc).	<ul style="list-style-type: none"> <li>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.</li> </ul>

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 log book or on a log sheet kept in the tub room for that purpose.

<b>Therapeutic Tub</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
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"> <li>Observation of the water temperature logs kept in the tub room.</li> <li>Documentation provided may be a log books or log sheets.</li> </ul>
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"> <li>Observation of the water temperature logs kept in the tub room.</li> <li>Documentation provided may be a log books or log sheets.</li> </ul>

## General Information

### Standard 22

22(1) An operator shall make available as necessary to residents and their representatives current general information respecting relevant community, municipal, provincial and federal programs.

<b>General Information Provision</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
The operator provides a resource area to display relevant information for residents.	<ul style="list-style-type: none"> <li>• Conversations with residents regarding their access to resources.</li> <li>• Observation of the resource area.</li> </ul>
The operator provides resources to residents in written format.	<ul style="list-style-type: none"> <li>• Conversations with residents regarding their access to resources.</li> <li>• Documentation provided may include admission packages, handbooks or newsletter.</li> </ul>
The operator provides access to community resources via various media outlets.	<ul style="list-style-type: none"> <li>• Conversations with residents regarding their access to resources.</li> <li>• Observation of media / equipment.</li> <li>• 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.</li> </ul>
The operator employs a social worker or other employee for the purpose of providing resources to residents.	<ul style="list-style-type: none"> <li>• Conversations with residents/representatives regarding their access to resources.</li> <li>• Documentation provided may include job descriptions, job duties, or handbooks.</li> </ul>

## Information Respecting the Supportive Living Accommodation

### Standard 23

- 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 personal choice 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 residents, 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.

<b>Accommodation Information Provision</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
The operator provides information to residents/representatives verbally following an orientation checklist.	<ul style="list-style-type: none"> <li>• Documentation provided may include orientation materials or checklists.</li> </ul>

The operator provides information to residents/representatives in a written format.	<ul style="list-style-type: none"> <li>Documentation provided may include intake packages, application forms, resident agreements, handbooks, welcome packages, policies or pamphlets.</li> </ul>
The operator communicates to residents/representatives the availability of information that it has in written format.	<ul style="list-style-type: none"> <li>Documentation demonstrating that residents are notified of the availability of information. Documentation provided may include orientation materials, orientation checklists, or postings.</li> </ul> <p><b>and</b></p> <ul style="list-style-type: none"> <li>Documentation demonstrating the operators policies and processes. Documentation provided may include policies, procedures, memorandums, or other documents.</li> </ul>

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.

<b>Residential Service Agreement</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
The operator provides a signed residential services agreement.	<ul style="list-style-type: none"> <li>Documentation provided may include one or more signed service agreements.</li> </ul>

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.

<b>Terms of the Agreement</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
The operator utilizes one residential service agreement covering all points.	<ul style="list-style-type: none"> <li>Documentation provided may include residential service agreements.</li> </ul>
The operator utilizes multiple agreements covering all points.	<ul style="list-style-type: none"> <li>Documentation provided may include residential service agreements.</li> </ul>

<p>The operator utilizes an agreement in conjunction with signed addendums which may cover some points.</p>	<ul style="list-style-type: none"><li>• Documentation provided may include residential service agreements and addendums.</li></ul>
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## Concerns and Complaints

### Standard 24

- 24(1) An operator shall develop, implement and maintain a written process for the resolution of concerns and complaints provided to the operator 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"> <li>Documentation provided may include policies and procedures, flowcharts, forms with instructions for use, handbooks, welcome packages, guidelines, posters or pamphlets.</li> </ul>

- 24(2) The written process must
- be provided to residents, their representatives, visitors, volunteers, employees, and the resident and family council, where established,
  - identify the method and a timeframe in which the operator will respond to complaints or concerns from a resident, the resident's representative, if applicable, or the resident's family, and
  - include
    - information on how the resident, the resident's representative, or the resident's family can make a complaint or concern known and to whom,
    - the operator's process for responding to a complaint or concern, and
    - record keeping by the operator of any actions taken.

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

<p>The operator utilizes complaint forms or correspondence with the complainant to document action taken.</p>	<ul style="list-style-type: none"><li>• Documentation provided may include forms, letters or emails.</li></ul>
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## Assessment

### Standard 25

- 25(1) An operator shall develop and maintain written processes for the assessment of applicants for residency in the supportive living accommodation, including the 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.	<ul style="list-style-type: none"><li>• Documentation provided may include policies and procedures, guidelines, interview results, personal profiles or care plans.</li></ul>
The operator has a written process on how resident assessments are completed.	<ul style="list-style-type: none"><li>• Documentation provided may include policies and procedures, guidelines, handbooks, application forms, or training materials.</li></ul>
The operator utilizes internal or external documentation or forms to complete resident assessments.	<ul style="list-style-type: none"><li>• Documentation provided may include assessments, applications, personal profiles, care plans, or other forms.</li></ul>

## Reassessment

### Standard 26

- 26(1) 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.	<ul style="list-style-type: none"><li>Documentation provided may include care plan reviews, individual planning meetings, person centered plans, resident/family conferences, home care assessments, care plans, or communication books.</li></ul>
The operator has a written process for resident reassessments.	<ul style="list-style-type: none"><li>Documentation provided may include policies and procedures or guidelines.</li></ul>

## Risk Management

### Standard 27

- 27(1) An operator shall advise each resident or the resident’s 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 resident’s 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.	<ul style="list-style-type: none"> <li>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.</li> </ul>

- 27(2) An operator may enter into a written agreement with a resident or the resident’s 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.

Acknowledgement of Risk	
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.	<ul style="list-style-type: none"> <li>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.</li> </ul>

- 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.	<ul style="list-style-type: none"> <li>Documentation provided may include care plan reviews, individual planning meetings, person-centered plans, resident/family conferences, home</li> </ul>

	care assessments, care plans, amended managed risk agreements or communication books.
The operator has a written process for reassessment.	<ul style="list-style-type: none"><li>• Documentation provided may include policies and procedures, managed risk agreements or guidelines.</li></ul>

## Policies Respecting Safety and Security

### Standard 28

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

Policy 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"> <li>• Observation of the implementation of the policies and procedures.</li> <li>• 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.</li> </ul>

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 Policy 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"> <li>• Observation of location of policies and procedures in an area accessible to all employees.</li> <li>• 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.</li> </ul>
Electronic version of policies and procedures are available to all employees.	<ul style="list-style-type: none"> <li>• Observation of location of computer access points for policies and procedures in an area accessible to all employees.</li> <li>• 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.</li> </ul>

## Job Descriptions

### Standard 29

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 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.	<ul style="list-style-type: none"> <li>Documentation provided may be job descriptions or task analyses.</li> </ul>

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"> <li>Conversations with employees regarding knowledge of the job descriptions.</li> <li>Documentation provided may be policies and procedures, job description binders or job duties.</li> </ul>
The operator provides employees with their job description at application or hire.	<ul style="list-style-type: none"> <li>Conversations with employees regarding knowledge of the job descriptions.</li> <li>Documentation provided may be an application packages, interview guidelines, commencement packages or policies and procedures.</li> </ul>
The operator provides employees with their job descriptions at orientation or initial training.	<ul style="list-style-type: none"> <li>Conversations with employees regarding knowledge of the job descriptions.</li> <li>Documentation provided may be orientation materials, handbooks or training materials.</li> </ul>

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

- the job qualifications,
- the responsibilities of the position, and
- 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"> <li>Documentation provided may include job descriptions, job postings or job duties.</li> </ul>

## Residents' Personal Affairs

### Standard 30

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.	<ul style="list-style-type: none"> <li>Documentation provided may include policies and procedures, guidelines, handbooks, orientation materials, or training materials.</li> </ul>

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

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

Involvement in 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.	<ul style="list-style-type: none"> <li>Documentation provided may include policies and procedures, guidelines, handbooks, orientation materials, or training materials.</li> </ul>

30(3) The written policies referred to in subsection (1) must be provided to residents, 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"> <li>Documentation provided may include policies and procedures.</li> </ul>
The operator provides residents/representatives employees/volunteers with information regarding the policy.	<ul style="list-style-type: none"> <li>Documentation provided may include handbooks, memos, training materials, posters or admission agreements.</li> </ul>

<p>The operator discussed the policy with residents/representatives employees/volunteers and documents that this discussion occurred.</p>	<ul style="list-style-type: none"><li>• Conversations with residents/representatives employees/volunteers regarding their awareness of the policy.</li><li>• Documentation provided may include orientation materials, orientation checklists or meeting minutes.</li></ul>
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## Criminal Record Check

### Standard 31

31(1) 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.

<b>Criminal Record Check</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Criminal record checks for employees, volunteers and service providers are kept on file.	<ul style="list-style-type: none"> <li>Documentation provided may include criminal record checks.</li> </ul>
Criminal record checks for external service providers (e.g. housekeeping, food services, etc.)	<ul style="list-style-type: none"> <li>Documentation provided may include current contracts or other service provider agreements.</li> </ul>
Verification records that a criminal record check was viewed and deemed to be satisfactory are completed.	<ul style="list-style-type: none"> <li>Documentation provided may include checklists, records, application forms, or commencement forms.</li> </ul>
Criminal record checks for foreign workers are kept on file.	<ul style="list-style-type: none"> <li>Documentation provided may include criminal record checks, or work permits from Canada Immigration.</li> </ul>

# Privacy and Personal Information

## Standard 32

32(1) An operator shall ensure that the privacy and personal information of residents are 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"> <li>• Observation of protection of personal information.</li> <li>• Documentation provided may include internal or external privacy audits, consent forms and assessments as appropriate.</li> </ul>

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"> <li>• Documentation provided may include policies, procedures, guidelines and brochures.</li> </ul>
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"> <li>• Documentation provided may include policies, procedures, guidelines and brochures.</li> </ul>

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"> <li>• Conversations with contractors, volunteers or staff regarding the protection of personal information.</li> <li>• Documentation may include handbooks, orientation materials, training materials, checklists, forms, sign in sheets, or contracts with privacy protection clauses in them.</li> </ul>

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

## Resident and Family Involvement

### Standard 33

33(1) In this section, “family member” means any relatives, friends, guardians, caregivers or other individuals to be considered as members of the resident’s family, in accordance with section 37(2) of the *Continuing Care Act*.

33(2) Operators must clearly communicate with residents and families about matters that impact daily life, including, but not limited to, changes to leadership, house rules and the results of any inspection.

Communication with residents and families about matters that impact daily life	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Residents are informed of matters in a timely manner.	<ul style="list-style-type: none"> <li>• Conversations with residents regarding the communication of matters.</li> <li>• Documentation demonstrating that relevant matters have been communicated. This information may be found in meeting minutes, newsletters, memos, announcements or notices.</li> </ul>

33(3) Operators must ensure that there are mechanisms in place to involve residents, residents’ representatives, and family members in decisions that affect daily life, and

- (a) demonstrate that these mechanisms are appropriate for the population served,
- (b) ensure the mechanisms include, but are not limited to, at least one of subsection (4) or subsection (5), and
- (c) solicit and demonstrate consideration of resident and family input on the established resident and family involvement mechanisms.

Mechanisms to involve in decisions	
Methods of Compliance (possible, but not limited to):	Evidence of Compliance (possible, but not limited to):
Policies and processes are in place to involve residents, residents’ representatives, and family members in decisions that affect daily life	<ul style="list-style-type: none"> <li>• Documentation demonstrating policies and processes</li> </ul>
Operator involves residents, residents’ representatives, and family members in decisions that affect daily life	<ul style="list-style-type: none"> <li>• Conversations with residents or their representatives regarding the opportunity to be involved in decisions.</li> <li>• Documentation demonstrating the involvement of residents, representatives, or families. This</li> </ul>

	information may be found in meeting minutes, questionnaires, surveys, or memos.
If no council is in place, mechanisms are in place to achieve the purpose	<ul style="list-style-type: none"> <li>• Documentation demonstrating the mechanism is in place and is offered at least once every six months</li> <li>• Documentation demonstrating that residents, representatives, and families are notified about how they can participate in the established mechanism</li> <li>• Documentation of the issues discussed/submitted through the established mechanism and the actions taken by the operator to respond or address them</li> </ul>

33(4) Where there is a resident and family council, an operator must

- (a) document, consider and respond to requests, concerns, and proposed solutions communicated to the operator,
- (b) take into account requests, concerns, and proposed solutions expressed by a resident, a resident’s representative, family members, or a resident and family council when making decisions that affect residents,
- (c) attend, or have a representative attend, resident and family council meetings where invited to do so,
- (d) make meeting space and technology for virtual meetings available within the supportive living accommodation, to the extent reasonably practicable, and
- (e) provide administrative assistance, to the extent reasonably practicable, when requested.

<b>Resident and family councils</b>	
<b>Methods of Compliance (possible, but not limited to):</b>	<b>Evidence of Compliance (possible, but not limited to):</b>
Operators supports existing resident and family council	<ul style="list-style-type: none"> <li>• Conversations with residents or families outlining participation on council</li> <li>• Documentation of the council and its activities, which could include meeting notices, meeting minutes, or memos</li> <li>• Demonstration of administrative support, meeting space, or technology is provided to council</li> </ul>

33(5) Where, to the best of an operator’s knowledge, no established resident and family council has met within a 6-month period, an operator must

- (a) in accordance with the *Continuing Care Regulation*, have a mechanism in place to achieve the purposes of a resident and family council and coordinate this mechanism,

- (b) document, consider and respond to requests, concerns, and proposed solutions communicated to the operator or accommodation representative,
- (c) take into account requests, concerns, and proposed solutions expressed by a resident, a resident's representative, or family members through the mechanism when making decisions that affect residents, and
- (d) regularly communicate (including but not limited to posting a notice) with residents, residents' representatives, and family members about how they can participate in the operator-established mechanism at least once every 6 months.

Full versions of the *Continuing Care Act*, the Regulations and the standards can be accessed from King's Printer on-line at: <https://www.alberta.ca/alberta-kings-printer>