



# **ASSISTED LIVING PROGRAM OPERATIONS MANUAL**

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# ASSISTED LIVING OPERATIONS MANUAL

## TABLE OF CONTENTS

<b>INTRODUCTION</b> .....	<b>7</b>
<b>LEGISLATIVE &amp; REGULATORY INFORMATION</b> .....	<b>8</b>
<b>ASSISTED LIVING IN THE FRASER HEALTH AUTHORITY</b> .....	<b>9</b>
PROGRAM HISTORY .....	9
PROGRAM APPROACH .....	9
<b>PROGRAM MODEL &amp; SERVICES</b> .....	<b>10</b>
<b>THE ASSISTED LIVING SERVICE DELIVERY PARTNERSHIP</b> .....	<b>14</b>
CONTRACTUAL AGREEMENTS .....	14
OPERATIONAL PROCESSES AND CLINICAL PROTOCOLS IN ASSISTED LIVING .....	15
AREAS OF RESPONSIBILITY IN THE SERVICE DELIVERY PARTNERSHIP .....	16
THE UNIQUE ROLE OF FRASER HEALTH IN THE ASSISTED LIVING PARTNERSHIP .....	17
THE UNIQUE ROLE OF THE SERVICE PROVIDER IN THE ASSISTED LIVING PARTNERSHIP .....	19
<b>THE TENANT JOURNEY INTO ASSISTED LIVING</b> .....	<b>20</b>
THE ACTIVATION PROCESS .....	21
THE EXIT PROCESS .....	23
<b>THE TENANT JOURNEY SUMMARIZED</b> .....	<b>24</b>
<b>THE ASSISTED LIVING FEE</b> .....	<b>25</b>
ASSISTED LIVING RATE.....	25
BENEFITS AND ALLOWABLE CHARGES .....	25
<b>REPORTING REQUIREMENTS</b> .....	<b>26</b>
ASSISTED LIVING REPORTING REQUIREMENTS .....	26
<b>ASSISTED LIVING PERSONNEL ROLE EXPECTATIONS</b> .....	<b>27</b>
FRASER HEALTH PERSONNEL.....	27
ASSISTED LIVING SERVICE PROVIDER PERSONNEL .....	28
<b>ASSISTED LIVING SERVICES – CLINICAL PROTOCOLS</b> .....	<b>29</b>
MEDICATION SUPPORT .....	29
DELEGATION OF TASKS.....	30
TREATMENTS.....	30
CLINICAL DOCUMENTATION .....	30
EMERGENCY RESPONSE PROCEDURES IN ASSISTED LIVING.....	31
CURRENT INITIATIVES IN ASSISTED LIVING.....	30
<b>FRASER HEALTH ASSISTED LIVING RESOURCES</b> .....	<b>32</b>

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## INTRODUCTION

The Fraser Health (FH) Assisted Living Program Operations Manual is intended as a resource to Assisted Living Service Providers who deliver contracted subsidized Assisted Living services within the FH region. These operational processes and protocols apply to units that are funded by FH, and do not extend to services that are privately operated.

This document describes the operational, clinical and administrative processes and protocols related to funded Assisted Living in FH, as well as how they fit with other standards, policies, guidelines, and regulations that direct the program and services. This document is not intended to replace the dialogue that occurs between Assisted Living Service Providers and key stakeholders within our organization. The goal of this manual is to synthesize the information available to provide Assisted Living Service Providers a clear framework that outlines key aspects of the Assisted Living Program and as an extension of the Operating Agreement that exists between Fraser Health and the Assisted Living Service Provider.

### HOW TO USE THIS DOCUMENT

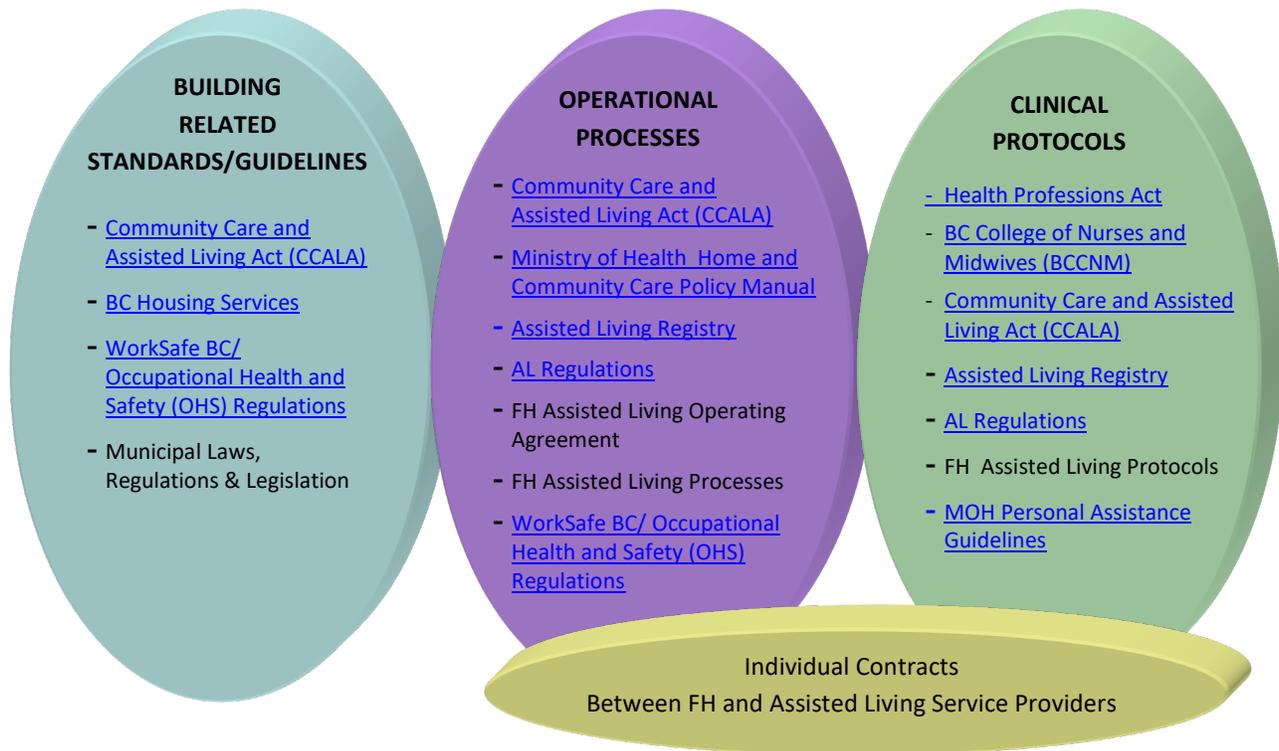
There are standards and regulations that any agency or organization providing Assisted Living services in British Columbia must meet. There are additional standards, policies, guidelines and contractual requirements that relate to the development and operation of publicly subsidized Assisted Living units.

Those outlined in the diagram below (and described on the following page) are only a subset of a larger body of standards and protocols that exist; however, they are generally the most relevant for Assisted Living sites within our region. *(In the event this document presents any discrepancy, the over-arching requirements of the referenced documents will supersede the language in this document.)*

### \*\*NOTE ON TERMINOLOGY

The terms 'tenant' and 'resident' are used interchangeably by Assisted Living Service Providers and in legislative and regulatory documentation. Some Assisted Living Service Providers prefer the use of the word 'tenant' while others prefer the use of 'resident'. For simplicity, the term 'tenant' has been used throughout this document.

## LEGISLATIVE & REGULATORY INFORMATION



In British Columbia, Assisted Living is part of the Home and Community Care sector and is governed by the [Community Care and Assisted Living Act](#).

[The Ministry of Health Home and Community Care Policy manual](#) sets out Ministry requirements for Health Authorities in planning and delivering publicly subsidized home and community care services. FH Assisted Living Service Providers are mandated to follow the requirements of this policy manual.

The Assisted Living Registry is appointed by BC's Minister of Health. The mandate of the Assisted Living Registry (ALR) is to protect the health and safety of Assisted Living tenants, and to investigate complaints. [The AL Regulations](#) and [The Assisted Living Registrants Handbook](#) provide program expectations and guidelines for AL Service Providers.

BC Housing's role is to assist British Columbians in need of affordable and appropriate housing by funding options along the continuum. Service Providers funded under the Independent Living BC (ILBC) Program enter into agreements with [BC Housing](#) and the terms and conditions of those agreements are the responsibility of the Service Provider.

[The Health Professions Act](#) governs the practice of its health professionals in the interest of public safety. The primary function of the colleges governed by the Health Professions Act is to ensure their members are qualified, competent and following clearly defined standards of practice and ethics.

[WorkSafe BC/Occupational Health and Safety Regulations](#) are designed to protect the health and safety of the worker. Assisted Living Service Providers must incorporate these regulations into all operating policies and procedures.

## ASSISTED LIVING IN THE FRASER HEALTH AUTHORITY

### PROGRAM HISTORY

The province of BC facilitated the development of the Independent Living BC (ILBC) program in 2002 as a partnership between the Canadian Housing and Mortgage Corp (CMHC), BC Housing, and Provincial Health Authorities. It was intended as a strategy to improve the continuum of housing and care options for British Columbia's seniors and persons with disabilities (the "Tenants"). ILBC is a subsidized assisted living program providing self-contained accommodation combined with support, hospitality services and personal care services that facilitate individuals to remain as independent as long as possible.

BC Housing and Fraser Health enter into multi-year agreements with the selected private sector or non-profit Assisted Living Service Providers (the "AL Service Providers"). BC Housing is responsible to provide shelter subsidies and sometimes hospitality funding which will make up the difference between the tenant's contribution, 70% of their after tax income, and the price of accommodation and services as agreed upon by the AL Service Providers, BC Housing, and Fraser Health. Fraser Health is responsible for subsidizing care and sometimes hospitality services for the AL tenants. The tenants will be identified by Fraser Health for activation into Assisted Living.

As of 2020 there are approximately 4310 Senior's affordable Health Authority Funded Assisted Living suites across the province. Currently there are about 1340 suites in the Fraser Health Authority.

While a prime target of Independent Living BC is people 75 years of age and older, environments designed specifically for other groups of individuals such as young people with disabilities have been developed.

### PROGRAM APPROACH

The Assisted Living (AL) philosophy redefines what a care environment can be, and, *how* care is provided. The program goal is to create a warm, homelike environment designed to maximize the principles of self-direction, choice, dignity, privacy, independence, and individuality, involving not only the tenant, but also their family and friends, if the tenant desires.

Using a client-centered philosophy of care, the AL program approach is designed to meet clients' desires to maintain their independence and remain active in decision making concerning their own welfare using a coordinated and collaborative approach to service delivery.

High quality care is an expectation at all FH Assisted Living sites to ensure clinical, cultural and ethical standards, and the spiritual needs of the tenant have been considered; be consistent with tenant wishes and needs; and ensure freedom from avoidable distress and suffering. The provision of high quality care is an ongoing process that requires continuous effort to ensure that the best available evidence-based practice guidelines are integrated into all program standards and procedures.

## PROGRAM MODEL & SERVICES

The Assisted Living model is a semi-independent form of housing that combines rental accommodation, accessible to older adults and persons with disabilities of varying income levels, personal care and support services to enable tenants to maintain an optimal level of independence.

By definition, Assisted Living must include the following three components:

1. A private housing unit with a lockable door;
2. Hospitality services (meals, housekeeping, laundry, social and recreational activities and 24 hour emergency response) and;
3. Assisted Living services provided by or through the Assisted Living Service Provider.

The component that differentiates a Registered Assisted Living site from all other “supported” housing settings is the personal care component needing to be provided by or through the operator.

Assisted Living Program requirements are detailed below and are consistent with the Operating Agreement that is made between Fraser Health and the Assisted Living Service Provider. Assisted Living Service Providers are responsible for providing the following:

### **1. RENTAL ACCOMODATION**

Rental accommodation to include affordable, private, lockable, unfurnished studio or one bedroom suite with kitchenette and ensuite bathroom. Common dining and socializing spaces are also provided.

### **2. HOSPITALITY SERVICES**

#### **Meals/Snacks**

- A communal meal service program that offers tenants two nutritious meals per day and includes the opportunity for choice of meal times and variety of menu items in accordance with the preferences of the tenants.
- Provision for snacks and beverages throughout the day.
- Menu plans will be reviewed and approved by a Registered Dietician as per the regulations and will meet the Canada Food guidelines.
- Routine modifications to the regular menu plan so that diets provided respond to tenant special or therapeutic requirements and preparation to accommodate chewing and swallowing abilities.
- The AL Service Provider will ensure all staff handling or serving food have completed food safety training.

## **Cleaning**

- Daily cleaning and tidying of common areas.
- Weekly housekeeping services provided within each tenant's unit (vacuum, clean bathroom and kitchen).

## **Laundry**

- Weekly laundry for tenant bed linens and towels.
- Laundry of tenants' personal clothing, if determined by the FH AL Clinician to form part of the AL Service Plan. This includes laundry of linens more frequently than indicated above as required, due to incontinence or other health issues.
- Tenants' use of washer/dryer.

## **Social/Recreational Activities**

- Social recreational and therapeutic programs and opportunities to assist in fulfilling the recreational, intellectual and emotional needs of tenants. e.g., card night, lectures, or outings to community settings, etc.

## **Security**

- At minimum, a 24-hour, 7 days per week emergency response system (wireless preferred), that alerts on-site personnel qualified to provide care services to attend to a tenant requiring assistance.

### **3. ASSISTED LIVING SERVICES**

The AL Service Provider needs to offer at least one assisted living service to meet the requirements of an AL residence as defined by the Assisted Living Regulations. In Fraser Health, as outlined in the Operating Agreement, the following 2 assisted living services must be provided: ADLs/IADLs and medication support.

The following table outlines Assisted Living Services as specified by the AL Regulations and how these services are operationalized in the FHA Assisted Living program.

## ASSISTED LIVING SERVICES DEFINED

Assisted Living Regulations	Operationalized in FHA
<p><b><u>Support with Activities of Daily Living</u></b></p> <p>Provide assistance with the activities of daily living, such as:</p> <ul style="list-style-type: none"> <li>• Eating, meals and snacks;</li> <li>• Mobility;</li> <li>• Dressing;</li> <li>• Grooming; and</li> <li>• Bathing or personal hygiene</li> </ul>	<p><b><u>Assistance with Activities of Daily Living</u></b></p> <p>Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) include, but are not limited to: bathing, dressing, grooming, transferring (may include the use of mechanical lift or other transfer assist device), skin care, mouth care, feeding assistance, toileting, incontinence management, medication reminder/assistance, and home management tasks.</p>
<p><b><u>Assistance with Managing Medication</u></b></p> <p>Medication support can include:</p> <ul style="list-style-type: none"> <li>• Receiving a tenant’s medication from a pharmacy of the tenant’s choice;</li> <li>• Storing medication safely on behalf of tenants;</li> <li>• Distributing medication to tenants from the place where it is kept; and</li> <li>• Administering medication to tenants.</li> </ul>	<p><b><u>Assistance with Managing Medications</u></b></p> <ul style="list-style-type: none"> <li>• Medication administration, monitoring, safe storage and distribution of medication.</li> <li>• Identification of a primary pharmacy dedicated to medication reviews, standard labelling (including hazardous drugs), storage, delivery, and disposal of medications. **Recognizing the AL Regulations state tenant’s do have the right to select their own pharmacy if desired.</li> <li>• The LPN, with demonstrated medication competency, is responsible for medication administration oversight.</li> <li>• All ALW’s are required to have appropriate education and training in safe medication delivery skills and demonstrated competency in these tasks.</li> </ul>
<p><b><u>Safekeeping of Money and Other Personal Property</u></b></p> <ul style="list-style-type: none"> <li>• Keep money and other personal property of tenants safe, as per their requests.</li> </ul>	<p><b><u>Assistance with Safekeeping of Money &amp; Other Personal Property</u></b></p> <ul style="list-style-type: none"> <li>• The AL Provider and/or FH AL Community Health Professional will work with the tenant to have support in place such as a family member or friend, Enduring Power of Attorney, The Bloom Group, Public Guardian &amp; Trustee of BC, etc. to organize the safekeeping of tenant’s money and other personal property.</li> </ul>
<p><b><u>Therapeutic Diets Support</u></b></p> <ul style="list-style-type: none"> <li>• Provide a therapeutic diet for tenants who require it, in consultation with an appropriate health professional, such as a doctor, nurse practitioner or dietician.</li> </ul>	<p><b><u>Assistance with Managing Therapeutic Diets Support</u></b></p> <ul style="list-style-type: none"> <li>• In collaboration with the AL site and the appropriate health professional, the tenant’s therapeutic diet will be supported by a FH Community Health Professional</li> </ul>

<ul style="list-style-type: none"> <li>• Ensure an individual dietary plan is developed and provided and gives instructions to staff about how to modify meals, drinks or snacks.</li> <li>• Support a tenant in following their therapeutic diet.</li> </ul>	<p>on a case by case basis, as the tenant is assessed for this need.</p> <p>** Therapeutic diets differ from specialized diets such as diabetic, vegan, vegetarian, etc. A therapeutic diet is a modification of nutrients, texture, food allergies or food intolerances.</p>
<p><b><u>Behaviour Management Support</u></b></p> <ul style="list-style-type: none"> <li>• Work with an appropriate health professional to first assess the tenant’s needs and capabilities.</li> <li>• Develop a behaviour management plan and revise it as needed, in consultation with the health professional who assessed the tenant.</li> <li>• Support a tenant in following their behaviour management plan.</li> </ul>	<p><b><u>Assistance with Behaviour Management Support</u></b></p> <ul style="list-style-type: none"> <li>• FH provides behaviour support education modules to the AL Provider staff. Care plan templates have been developed to assist with behaviour management in AL.</li> <li>• In consultation with the FH professional, the AL Provider and, as appropriate, the tenant will develop, implement, monitor and revise the behaviour support plan as needed.</li> <li>• In some cases, additional behaviour support may be available from other FH community programs; e.g. Acquired Brain Injury Program and Mental Health &amp; Substance Use.</li> <li>• In very specific cases, FH may provide additional support from an external program; e.g. behavioural analyst.</li> </ul>
<p><b><u>Programming (or Psychosocial) Support</u></b></p> <p>Establish what programming is needed and provide this programming to one or more tenants to promote:</p> <ul style="list-style-type: none"> <li>• Basic living skills, including communication, interpersonal and planning skills;</li> <li>• Wellness management; and</li> <li>• Community integration and engagement.</li> </ul>	<p><b><u>Assistance with Programming (or Psychosocial) Support</u></b></p> <ul style="list-style-type: none"> <li>• Therapeutic recreation activities are designed to support the physical, cognitive, social, and emotional wellbeing of the tenant. The activities are goal driven and can be tenant or group specific. The activities are often designed by a recreation therapist on site and in consultation with an appropriate health professional as needed.</li> <li>• Provision of safety oversight and intervention as required.</li> </ul>

Personal care provided by operators in publicly subsidized Assisted Living sites must follow the [Personal Assistance Guidelines set by the BC Ministry of Health](#) with respect to the assignment and delegation of professional tasks to Unregulated Care Providers, in addition to the incorporation of all related FH Clinical Protocols and Operational Processes.

Any additional AL services provided by a site will do so with the knowledge and collaborative support of FH.

## THE ASSISTED LIVING SERVICE DELIVERY PARTNERSHIP

Assisted Living sites could not exist within Fraser Health Authority without partnerships between FH and Assisted Living Service Providers. This spirit of partnership and collaboration extends into the Assisted Living sites, where all members of the team, including tenants, have a role to play in the provision of care and support.

Fundamental to the success of this collaborative relationship is a shared commitment to excellence, mutual respect and open communication.

### CONTRACTUAL AGREEMENTS

#### Operating Agreement

AL Service Providers must sign a contract with the Fraser Health Authority. Generally, these contracts specify services, payment, access to information and reporting, as well as some information relating to the criteria that Assisted Living Service Providers are expected to meet consistently related to policies, processes and protocols.

Ministry policies and the FH Assisted Living Operating Agreement are updated from time to time. Service Providers are responsible for the implementation of ongoing changes outlined in contract agreements or amendments.

The Service Provider is responsible for providing the services, defined in the Assisted Living Operating Agreement, to eligible persons referred by the Health Authority to the Service Provider in accordance with the service standards set out in the Agreement.

### KEY AGREEMENT SCHEDULES

<b>Schedule A</b>	<b>Hospitality Services and Care Services</b>
<b>Schedule B</b>	<b>Funding and Reporting Requirements</b>
<b>Schedule C</b>	<b>Performance Outcomes</b>
<b>Schedule D</b>	<b>Insurance Requirements</b>
<b>Schedule E</b>	<b>Privacy Schedule</b>
<b>Schedule F</b>	<b>Subcontractor Schedule</b>
<b>Schedule G</b>	<b>Non-Profit Denominational Amendment</b>

## The Residency Agreement

AL Service Providers may accept a person as a tenant by making a written Residency Agreement that includes all applicable content set out in Schedule C of the Assisted Living Regulations. Prior to moving into the AL site, the Residency Agreement is signed by all tenants (or the tenant's personal representative) and the manager or a person authorized to sign on behalf of the Assisted Living Service Provider and a copy provided to the tenant.

As per the Assisted Living Regulations, the Residency Agreement must specifically outline the circumstances under which the tenant may no longer reside in the AL residence and the criteria that will guide a decision to end the tenant's residency.

The Residency Agreement must provide detailed billing practices in the following vacancy situations:

- Move from AL to Long-Term Care
- Hospital admission that will not return to AL
- Transfer to another Health Authority funded AL site
- Move from AL back into the community
- Transfer to Hospice
- Death

## OPERATIONAL PROCESSES AND CLINICAL PROTOCOLS IN ASSISTED LIVING

As the provider of contractual services, each Assisted Living Service Provider must develop its own set of operational policies and procedures. In addition to outlining the operational and clinical expectations of the AL site, these tools should incorporate The Assisted Living Registry's expectations as stated in the AL Regulations, WorkSafe BC/Occupational Health and Safety Regulations and any municipal laws and regulations.

Directing Assisted Living Operations within FH are key operational documents that outline program expectations of Assisted Living service delivery. Service Providers are required to incorporate these expectations into their own policies and guidelines.

A complete listing of all relevant FH Operational Processes and Clinical Protocols are listed in the Appendices of this Operations Manual. The Assisted Living processes, protocols and education tools are also available to Service Providers on the *FH AL Extranet*.

## AREAS OF RESPONSIBILITY IN THE SERVICE DELIVERY PARTNERSHIP

While FH and its AL Service Providers work together to maintain a high level of service, within the partnership there are specific areas of responsibility for both FH staff and the AL Service Provider staff which are outlined in the table below.

Task	Fraser Health Staff	Assisted Living Service Provider
<b>General Role Description</b>	<ul style="list-style-type: none"> <li>▪ Organize and manage health professional staff to provide consultation and support to tenants in AL.</li> <li>• Provide ongoing Case Management (CM) for AL tenants.</li> <li>• Provide funding based on an Operating Agreement with the Assisted Living Service Provider to provide approved services.</li> <li>• Develops all policies and procedures to direct the assessment and service authorization process.</li> </ul>	<ul style="list-style-type: none"> <li>• Provides rental accommodation.</li> <li>• Organize, manage, and provides all personal support, health support, a full range of hospitality services including meals, housekeeping, and social/recreational programs.</li> <li>• Keeping a “watchful eye” over tenants.</li> <li>• Establishes internal policies and procedures to guide the service delivery.</li> <li>• Hires and manages AL staff.</li> <li>• Manages all aspects of the building.</li> <li>• Receives funding from FH through an Operating Agreement to provide approved services required by tenants.</li> </ul>
<b>Determination of Client Suitability</b>	<ul style="list-style-type: none"> <li>• Referring Community Health Professional makes assessment and submits to Access &amp; Care Team who determines suitability and client classification for funding purposes.</li> </ul>	<ul style="list-style-type: none"> <li>• Involvement begins after initial suitability is determined by referring Community Health Professional.</li> </ul>
<b>Approval of Suitable Clients to Move-in</b>	<ul style="list-style-type: none"> <li>• FH AL Clinician identifies urgency of client need, in accordance with FH criteria.</li> <li>• Joint review and approval with AL Service Provider of suitable clients to move-in.</li> </ul>	<ul style="list-style-type: none"> <li>• Joint review and approval with FH AL Clinician of client site suitability.</li> </ul>

<p><b>Development of Personal Service Plans</b></p>	<ul style="list-style-type: none"> <li>• FH AL Clinician meets with tenant to determine what personal and health services will be required.</li> <li>• Authorizes the funding to provide agreed upon services.</li> </ul>	<ul style="list-style-type: none"> <li>• Provides prospective tenant a site tour.</li> <li>• Meets with tenant to review all hospitality services the tenant will receive in addition to authorized services as per the AL Service Plan created by the FH AL Clinician.</li> <li>• In collaboration with the tenant, determines how services will be delivered/scheduled based on tenant preferences.</li> </ul>
<p><b>Changes to Funded Service Needs</b></p>	<ul style="list-style-type: none"> <li>• FH AL Clinician authorizes changes to funding services quarterly and as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• AL staff identify changes in tenant status and needs.</li> <li>• Identified changes to needs/status are discussed with FH AL Clinician.</li> </ul>
<p><b>Task</b></p>	<p><b>Fraser Health Staff</b></p>	<p><b>Assisted Living Service Provider</b></p>
<p><b>Personal and Health Support Services</b></p>	<ul style="list-style-type: none"> <li>• Completion of the professional health assessment as required for tenant’s health concerns or rehabilitation needs.</li> <li>• Assessment and treatments provided by FH Community Health professional.</li> </ul>	<ul style="list-style-type: none"> <li>• Assistance with ADL’s and IADL’s.</li> <li>• Emotional and social support.</li> <li>• Provide tenant oversight. This includes a responsibility of noticing change, respecting independence and decision making and responding appropriately by taking immediate and appropriate action to ensure tenants’ health and safety.</li> <li>• Assisting to maintain tenant safety while respecting the terms of Negotiated Risk Agreements if they exist.</li> <li>• Emergency response and assistance with both scheduled and unscheduled needs 24/7.</li> <li>• Assistance with Assisted Living Services.</li> </ul>
<p><b>Non-Health Related Services</b></p>		<ul style="list-style-type: none"> <li>• Social &amp; leisure opportunities and programs, meal service, personal laundry, housekeeping, security &amp; other services offered by the provider.</li> </ul>

**THE UNIQUE ROLE OF FRASER HEALTH IN THE ASSISTED LIVING PARTNERSHIP**

**Provide Operational Funding**

FH provides operating funds to Assisted Living sites for designated core staffing and operating costs.

Prior to opening, or during contract renewal, the Service Provider and its applicable funding partners (Fraser Health &/or BC Housing) confirm the individual site's specific funding model. All tenants are required to contribute to the cost of accommodation and hospitality services. Depending on a tenant's gross income, they may be required to contribute to the cost of care services.

Site specific details of funding and reporting for services rendered is outlined in Schedule B of the individual Service Provider's Assisted Living Operating Agreement.

### **Establish Staffing Guidelines**

FH, in collaboration with the Assisted Living Service Provider, establish guidelines pertaining to staff/tenant ratios, staffing coverage, required staff positions and qualifications, as part of the funding process. These guidelines and expectations are detailed in the Assisted Living Service Providers individual Operating Agreement.

### **Manage Activation to Assisted Living Sites**

Within FH there are established infrastructure and procedures for managing access and admissions to Assisted Living sites.

Potential tenants are placed on the list in chronological order however; the Access, Care and Transition (ACT) team may utilize additional information to prioritize clients in order of urgency.

Suitability for client access is based on the [Ministry of Health's Service Needs Determination Policy \(5.B.1\)](#) in the Home and Community Care Policy Manual. This process involves the completion of a standardized assessment tool and determination of suitability based on set criteria.

The management of the access process will support client choice but also ensure the functional and operational needs of the Assisted Living program are met. Any decision to cap access is made in consultation with the MOH and the appropriate FH Director(s).

### **Resource Utilization**

The FH Assisted Living Program is committed to supporting Assisted Living tenants with the appropriate resources at the appropriate times. Examples of this include:

#### **1. Supportive Funding**

FH strives to support tenants to remain in Assisted Living for as long as appropriate to do so. Access to Assisted Living Supportive Funding provides enhanced personal care staffing for eligible tenants for a specific and time limited period that cannot be accommodated within existing staff resources. The *Supportive Funding in AL Clinical Guideline and Process* details the expectations and guidelines to access this support resource.

## **2. Other Community Health Professionals**

AL tenants may be referred to other Health Professionals of the Community Care team by the FH Assisted Living Clinician. Their role would be to act as a consultative resource and provide support to AL staff regarding the individual's needs. When appropriate, they would authorize and/or organize for tenant specific equipment and supplies.

## **3. Support to Assisted Living Service Providers**

FH is committed to ensuring that Assisted Living Service Providers are successful in providing high quality services to their tenants by providing program and educational resource support, i.e. Chronic Illness Management, Palliative Approach to Care, Behaviour support, Lifts, and Safe Client Handling programs. All educational resources, tools, Operational Processes and Clinical Protocols are listed in the Appendices of this manual and can be accessed via the *FH AL Extranet*.

## **THE UNIQUE ROLE OF THE SERVICE PROVIDER IN THE ASSISTED LIVING PARTNERSHIP**

### **Integrate into the Health Care System**

FH's Assisted Living Service Providers are an integral part of the delivery of services to the community. In order to ensure regional consistency, Assisted Living Service Providers participate in a variety of ways, such as: Regional Assisted Living Service Provider meetings, AL Clinical Lead meetings, and Clinical Education sessions. In addition, AL Service Providers and FH staff will work together on joint initiatives as needed to ensure program requirements and expectations are met.

### **Deliver Quality Care**

The Assisted Living Service Provider contributes to the goals of excellence and quality of care within Assisted Living by adopting FH's Assisted Living program operational processes and clinical protocols, participating in key educational and professional development activities, participating in Assisted Living program evaluation, and by integrating quality improvement activities into all aspects of care. Quality care in Assisted Living includes commitment to and advocacy for a caring home like environment within the AL site.

### **Ensure Financial Responsibility**

The Assisted Living Service Providers are responsible for a thorough understanding of the funding mechanisms and financial expectations of both BCH and FH. This includes day-to-day operations that have an impact on provider finances, such as: implications for tenant move in and move out dates, vacancy losses, client contributions, unexpected housing costs, and reconciliation cycles. Specific FH expectations can be found in the Service Provider Assisted Living Operating Agreement (Schedule B) in addition to various FH processes and should be reflected accurately in quarterly financial reporting.

An Assisted Living Service Provider is responsible for the administration of FH allocated funds and for notifying the FH Assisted Living Clinician in the event of tenants who are unable to meet their rental

agreement. Financial accountability, such as submission of an annual and quarterly budget, annual financial statement and reconciliation reports by period to FH, is required.

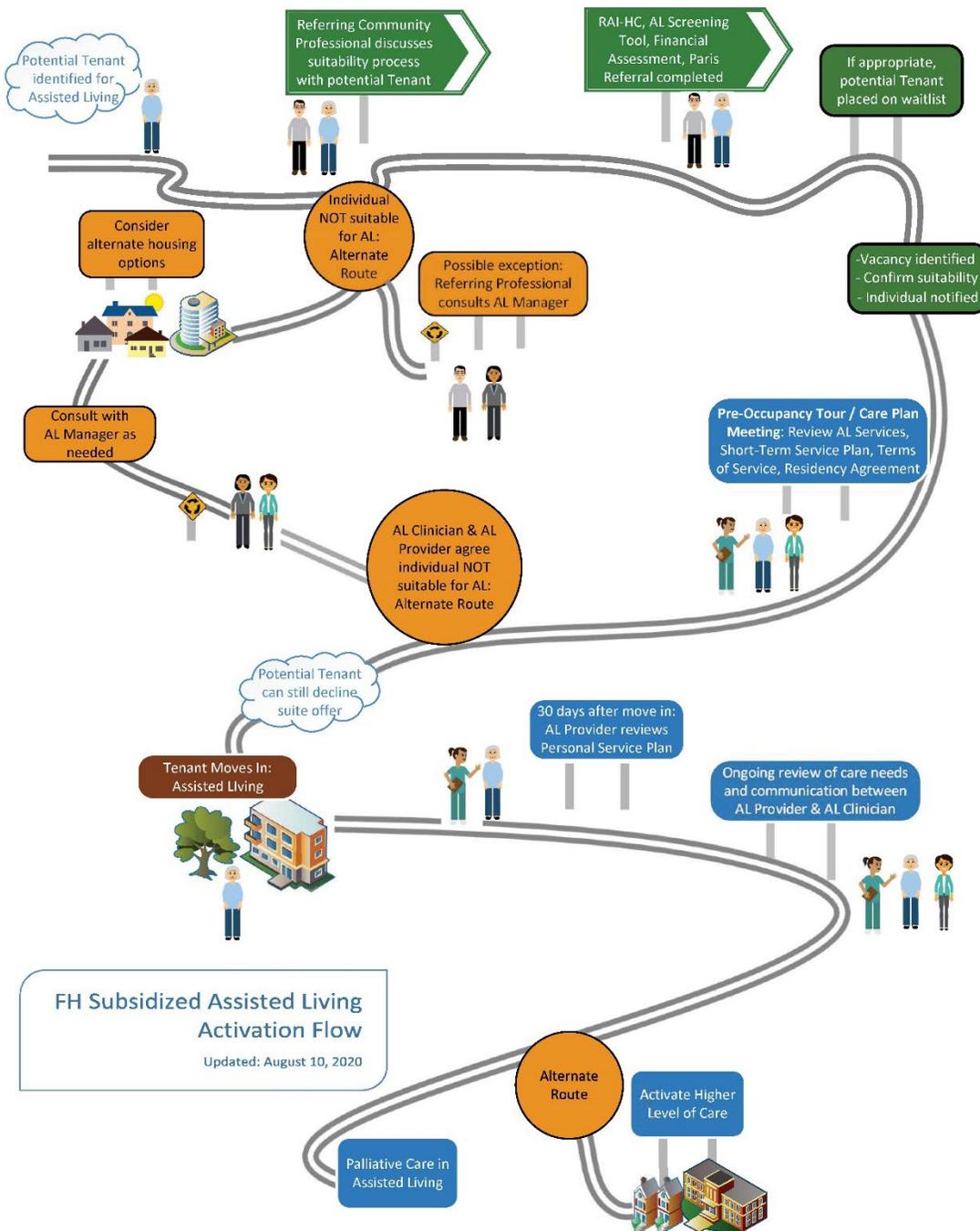
### **Manage Day-to-Day Operations of the Assisted Living Site**

While FH and its Assisted Living Service Providers work together to maintain a high level of service, as the contractor, the daily operations of the site are the sole responsibility of the Assisted Living Service Provider. This includes but is not limited to:

- Hiring orienting, assessing and maintaining qualified staff, completing criminal record checks, validating licensed and non-licensed staff registrations, overseeing staff-related issues, creating a respectful safe and secure workplace. The Service Provider will notify FH management of any staffing related issues that are affecting tenant services.
- Keeping a “watchful eye” over tenants is an ongoing responsibility of Assisted Living operators and staff. Part of this responsibility includes notifying the FH Assisted Living Clinician of any modifications in tenant status such as physical, cognitive or behavioural changes.
- Reporting any issues at the AL site that are impacting day-to-day operations such as fires, floods, bedbugs.

## **THE TENANT JOURNEY INTO ASSISTED LIVING**

The following diagram outlines the referral flow for a potential Assisted Living Tenant.



## THE ACTIVATION PROCESS

### Determining Suitability

FH is responsible for determining initial access suitability based on Ministry of Health’s Service Needs Determination criteria. Once FH determines that a client meets the criteria, the client chooses one site to be waitlisted for. In the meantime, the prospective tenant remains responsible for their own care (seeing a family doctor, going to appointments, etc.) and maintaining contact with the referring FH Clinician, to ensure their care needs can be safely met in Assisted Living.

The *FH Assisted Living Suitability Protocol* outlines the criteria used to determine suitability for Assisted Living in FH.

### **Pre-admission & Care Planning**

Once a unit becomes available, or is about to be available, the Assisted Living Service Provider and the referring health professional work together to review the referral and ensure the information is current. If the assessment is more than 12 months old, the referring Clinician is responsible for updating it.

The Assisted Living Service Provider will arrange a Pre-Occupancy Tour with the prospective tenant to determine suitability for the site and to review information about AL services. In some unique situations the FH AL Clinician will also attend the Pre-Occupancy Tour.

If deemed suitable for the Assisted Living site, the Assisted Living Provider will arrange a Pre-Occupancy Care Plan Meeting with the prospective tenant and FH AL Clinician. There are several topics that must be reviewed and provided in writing to the prospective tenant which are outlined in the AL Regulations Schedule C 'Residency Agreement'. The FH AL Clinician will ensure that the Terms for Service document has been reviewed and signed by the prospective tenant, Assisted Living Service Provider and FH AL Clinician. The FH AL Clinician will complete the AL Service Plan in consultation with the prospective tenant which includes the funded services. The AL Service Provider will complete the Short Term Service Plan in consultation with the prospective tenant which includes both the authorized funded services and any additional privately-paid hospitality services. The AL Service Provider's plan will guide the provision and scheduling of all tenant services incorporating the individual's decisions about lifestyle, personal preferences, behaviours and services into the plan.

The Assisted Living Service Provider has the final approval on the suitability of a tenant for their site. In the event the prospective tenant is declined by the AL Provider the referring FH Professional will assist the individual to explore alternative housing options.

## THE EXIT PROCESS

Tenant exit from Assisted Living occurs for a variety of reasons such as death, move to Long-Term Care, transfer to Acute Care, Hospice, or move back into to the Community. It is important that this process be well managed and that expectations (and roles and responsibilities) for all stakeholders are clearly communicated. AL Service Providers must document and have informed tenants of their requirements related to notice periods, charges and process for vacating the suite. *The Exit Charging Practices* document outlines the guiding principles and recommended charging practices for AL client's vacating FHA funded sites. All exits should occur in consultation with the FH AL Clinician to ensure all standards and requirements are met.

Tenants need to be able to reside safely in the Assisted Living residence. A tenant who engages or behaves in a manner that impacts the safety and or well-being of other tenants, staff, visitors or volunteers may need a transition plan to live elsewhere.

Evictions are the responsibility of the Assisted Living Service Provider and there must be a formal process in place in accordance with *FH Eviction Process*. In the event of an eviction, the FH Assisted Living program staff will collaborate with the provider to support both the provider and the tenant during the process. It is the FH AL Program that is responsible to ensure vulnerable tenants are supported appropriately after the eviction from Assisted Living.

## THE TENANT JOURNEY SUMMARIZED

Task	Process	Related Documents
<b>Suitability Criteria</b>	<p>Suitability for Assisted Living services is determined using the Screening Tool for Assisted Living with the involvement of the prospective tenant and, where appropriate, their family. The assessment will include the client's current physical, psychosocial and cognitive status.</p> <p>Tenant must also meet the Service Needs Determination criteria outlined in the Ministry of Health Home and Community Care Policy Manual (5.B.1)</p> <p>Spouses may move in with the applicant providing there is at least one person in each suite who meets the suitability criteria. (See MOH Service Needs Determination criteria for details).</p>	<p><b>MOH H&amp;CC Policy Manual</b>  <b>FH Couples Process</b>  <b>CC &amp; AL Act</b>  <b>FH Funded AL Handbook</b></p>
<b>Activation Process</b>	<p>The Assisted Living Program utilizes the Strata Pathways to enter the client's preferred AL site. Potential tenants are placed in chronological order however, the Access, Care &amp; Transition Coordinator (ACT) has the discretion to expedite tenant placement based on urgent need.</p>	
<b>Pre-admission &amp; Planning</b>	<p>A pre-occupancy meeting and tour is set-up with the potential tenant during which AL services are reviewed, Terms for Service and the Residency Agreement are signed off. The AL Service Plan (includes FH funded service) is created by the FH AL Clinician in consultation with the tenant and AL Provider. A Short-Term service plan is created by the Service Provider in consultation with the tenant and FH AL Clinician.</p> <p>Within 30 days of move-in, the Personal Service Plan is created by the AL Provider in consultation with the tenant and the FH AL Clinician.</p>	<p><b>Pre-occupancy ✓ list</b>  <b>Terms for Service</b>  <b>Residency Agreement</b>  <b>AL Short Term Service Plan</b>  <b>AL Personal Service Plan</b></p>
<b>Ongoing Assessment &amp; Care Planning</b>	<p>While living in AL, tenants will be assessed, and services updated by the Service Provider on a quarterly basis. Additionally, any observed change in tenant status is reported to the FH AL Clinician on an as needed basis. The FH AL Clinician is responsible for the completion of an annual RAI-HC assessment making adjustments to the AL service plan as necessary.</p>	<p><b>Quarterly Tenant Assessment &amp; Service Update</b></p>
<b>Exit Criteria</b>	<p>Tenants must move if he/she meets <u>one</u> or more of the following criteria:</p> <ul style="list-style-type: none"> <li>• Has care needs that can no longer be met in Assisted Living</li> <li>• Is no longer able to make decisions on his or her own behalf (or no longer living with a spouse that can make decisions on their behalf)</li> <li>• Exhibits behaviours that jeopardize that tenant's safety and well-being or the safety and well-being of others;</li> <li>• Requires 24-hour supervision or regularly needs unscheduled professional health care; or</li> <li>• Is not complying with the terms of his or her residency agreement</li> </ul>	<p><b>Residency Agreement</b>  <b>Negotiated Tenant Risk Assessment</b>  <b>Transition processes from AL</b>  <b>Eviction Process</b>  <b>MOH H&amp;CC Policy Manual</b>  <b>AL Handbook for Operators</b>  <b>Exit Charging Practices</b></p>

## THE ASSISTED LIVING FEE

### ASSISTED LIVING RATE

The majority of tenants living in a subsidized Assisted Living unit pay a monthly fee, based on 70% of after-tax income. Some tenants who are receiving specific benefits from the Ministry of Housing and Social Development & Poverty Reduction pay a fixed rate. There are maximum and minimum rates.

The tenant contribution or Assisted Living Rate will include accommodation, authorized personal support services, an emergency response system, activities programs, weekly housekeeping, flat laundry and two meals per day.

There are some costs, such as cable television, medications etc. that are not part of the 70% contribution and must be paid for separately by the tenant. These must be in accordance with Ministry Policy. The monthly rates are adjusted annually, and tenants and Service Providers are notified in writing of new rates by FH in late October or early November with their Assisted Living Rate as of January 1<sup>st</sup> for the following year. Service Providers must ensure the appropriate rate is recorded and documented on the FH Reconciliation Report effective January 1<sup>st</sup>.

People will not be denied access to Assisted Living services based on their financial status. For those individuals who indicate they cannot pay the assessed client rate, there is a standardized temporary rate reduction process. It is the responsibility of the FH Assisted Living Clinician to work with the tenant on rate reduction requests.

### BENEFITS AND ALLOWABLE CHARGES

The Ministry of Health outlines all benefits and allowable charges in Assisted Living in the [Home & Community Care Policy Manual](#) (Policy 5.B 3).

As per the Assisted Living Operating Agreement, FH has provided further direction related to security deposits. The Service Provider may charge the tenant a one-time security deposit at the beginning of occupancy based half of the tenant fee.

### Tenant Insurance

Service Providers cannot have tenant Insurance (content or liability) as a mandatory charge. Service Providers can strongly recommend that tenants have insurance and should provide information regarding the costs and possible ramifications for tenants who do not have insurance.

## Rent Collection & Arrears

Tenants are responsible for paying rent on time. Dealing with arrears is the responsibility of the Service Provider. However, if the tenant is not paying rent it could lead to eviction in which case, the Service Provider must consult with the FH AL Clinician and the FH Manager of Assisted Living prior to issuing an eviction notice as detailed in the *FH Eviction Process*.

## Temporary Absences, in Relation to Monthly Tenant Contribution

As per Ministry policy, Health Authorities may require a tenant absent for more than 30 days for personal reasons to pay the full unsubsidized cost for that period of time, unless the Health Authority has approved an extended absence. Service Providers are responsible for tracking temporary absences and communicating with the FH AL Clinician. See the *Temporary Absences Process* for details.

## Publicly Funded Services

The Ministry of Health provides direction regarding cost to tenants who are using other publicly funded resident-based services (e.g. Long-Term Care, Transitional Care, Overnight Respite, and Hospice). Please discuss with the FH AL Clinician or the FH Assisted Living Manager if there are questions.

# REPORTING REQUIREMENTS

## ASSISTED LIVING REPORTING REQUIREMENTS

FH has established indicators for subsidized Assisted Living Service Providers operating within the region. These include qualitative and quantitative indicators. The goal of collecting these indicators is to ensure a high level of service as well as to track trends. Using an electronic platform, AL Service Providers will submit reporting requirements based on the frequencies outlined in the Operating Agreement noting that reporting requirements may change from time to time.

The following are examples of information and reports required at this time:

### Financial Reporting:

- AL Financials (Quarterly with a budget submission)
- Reconciliation Report (quarterly)
- Tenant Count (quarterly)
- Staffing Plan (annually)
- Staffing Report (quarterly)
- Annual Audited Financials

### **Operational Reporting:**

(Quality Indicator reporting occurs quarterly unless noted otherwise in the list below.)

- Falls
- Medication Errors
- Unscheduled ED visits
- Average Suite Turnaround days
- Authorized Care Hours
- Client Discharge data
- Serious Incidents in Assisted Living (reported no longer than the next business day)
- Client Satisfaction Survey Results (bi-annually)

***NB: Additional reporting requirements are added as needed.***

## **ASSISTED LIVING PERSONNEL ROLE EXPECTATIONS**

### **FRASER HEALTH PERSONNEL**

There are many people involved in supporting tenants in subsidized Assisted Living. The following list identifies key personnel of the FH Assisted Living program team. Detailed and specific role expectations for FH staff are outlined in the *Roles and Responsibilities* reference document.

- Referring Community Health Nurse/Professional
- Access, Care & Transition Coordinator
- Assisted Living Clinician (Assisted Living Community Health Nurse)
- Assisted Living Clinical Lead
- Assisted Living Enhancement Team (Clinical Nurse Educator, Social Worker & Occupational Therapist)
- Clinical Nurse Specialist
- Assisted Living Manager
- Assisted Living Operations Director
- Program Assistants
- Other FH Community Professionals (e.g. Wound Care Nurses, Mental Health, Rehab, or Social Worker)

## ASSISTED LIVING SERVICE PROVIDER PERSONNEL

The following list provides a general overview of typical Assisted Living Service Provider staff. *The Roles and Responsibility* reference document outlines full responsibility expectations. These standards are based on FH and its Assisted Living Service Providers' experiences and research into best practices. Additional information related to staffing expectations can also be found in the Service Provider's Assisted Living Operating Agreement, Schedule A & B.

AL Provider staff typically include:

- Services Manager (Administrative Lead)
- Clinical Lead (RN/LPN)
- Licensed Practical Nurses (LPN)
- Assisted Living Worker (ALW)
- Recreation Staff (Therapist, Assistants, Activity Aides)
- Food service staff
- Housekeeping staff
- Maintenance staff
- Clerical support

### Staff Orientation and Ongoing Education

The Assisted Living Service Provider is responsible for developing and providing orientation for new staff when hired. Orientation should include information on such things as: Assisted Living Program philosophy, approach, operational processes and clinical protocols, in addition to collaborative practice; expectations regarding performance; individual and team roles and responsibilities; safe use of equipment, supplies and devices; and site safety/violence prevention policies and procedures.

Service Providers will incorporate WorkSafe BC's Occupational Health and Safety Regulations into their orientation content including such topics as Safe Patient Handling, Musculoskeletal Injury Prevention, Risk Assessment, Falls Prevention, Lifts & Transfers, and Equipment Safety checklists.

Assisted Living Service Providers will support ongoing education, training and development for their staff, both formally and informally. This can include in-service education, formal or informal mentoring, conferences, education provided by FH or another external organization, and other activities that promote lifelong learning.

## ASSISTED LIVING SERVICES – CLINICAL PROTOCOLS

Clinical support (personal care) in Assisted Living is similar to the model for the provision of Home Support. That is, the bulk of care being provided by Assisted Living Service Providers is by unlicensed, unregulated care providers (UCP'S). It is important to note, however, that the responsibility of an Assisted Living Service Provider is unique from Home Support, in that the support is provided in the context of due diligence that is extended to 24 hrs./day and is combined with housing components.

FH is committed to the continuing process of defining specific best practice standards for Assisted Living Services. Current clinical protocols that have been developed for reference as samples for use in FH Assisted Living sites are listed in the appendices of the Operations Manual. There are several key clinical standards that are significant to program quality and are therefore highlighted below.

### KEY CLINICAL STANDARDS

#### MEDICATION SUPPORT

Assistance with managing medication is one of the key assisted living services offered to Assisted Living tenants. This includes one or more of the following:

- Receiving tenants' medication from a pharmacy
- Safekeeping medication on behalf of tenants
- Distributing medication to tenants from the place where it is kept
- Administering medication to tenants

Assisted Living Service Providers must have written policies and procedures for medication management that demonstrate consistent and safe support related to medications, are in accordance with the Assisted Living Regulations related to medication services and the [Personal Assistance Guidelines set by the BC Ministry of Health](#) for the delegation of professional tasks.

All medication management services are provided through Fraser Health funding and are authorized by the FH Assisted Living Clinician. If a tenant is receiving assistance with managing medication, the tenant's personal service plan must describe the supports, if any, the tenant needs to administer the medication safely, taking into consideration that tenant's needs and capabilities.

Assisted Living Workers (ALWs) who have received appropriate education and training may be assigned the task of assisting the tenant by giving regularly scheduled medications. For medications that cannot be assigned to an ALW, LPNs may provide assistance or administration of all medications.

## DELEGATION OF TASKS

Under certain conditions, where it is safe and in the best interest of the tenant, a Registered Nurse may delegate selected tasks for a specific tenant to an unregulated care provider (UCP). It is the responsibility of the FH professional staff and the Assisted Living Service Provider to ensure the regulations of the Health Professions Act and the Ministry of Health Personal Assistance Guidelines – Criteria for the Delegation of Professional Tasks have been met.

## TREATMENTS

Treatments will either be identified on a care plan developed by a FH Community Health Nurse (CHN), or through direction from the tenant's physician. The CHN will support the AL site clinical lead to ensure the required treatments, which are within the LPN Scope of Practice, are completed as required. Treatments may include:

- dressing changes
- catheter changes
- bowel care/ ostomy care
- administration of insulin and other sub-cutaneous, IM injectables
- assessment of tenant health status

## CLINICAL DOCUMENTATION

Clinical documentation in Assisted Living is somewhat unique with the advantage of consistent staff, a stable environment, and tenants who are able to make decisions on their own behalf. The FH Clinical Documentation Policy is currently under review and will soon be available as a reference to Service Providers to support accurate documentation of services by contracted staff. Although most support services in Assisted Living are not high-risk activities, for clinical and/or tenant follow up reasons, evidence does need to be available to reflect what services are being provided, and key information about ongoing tenant conditions and changes.

FH is a public body subject to the provisions of the Freedom of Information and Protection of Privacy Act (British Columbia) ("FOIPPA"). As a result, all contracted Service Providers are required to comply with all requirements of FOIPPA, including those related to the collection, use, disclosure, or release of personal information.

## EMERGENCY RESPONSE PROCEDURES IN ASSISTED LIVING

In accordance with the Assisted Living Regulations, all Assisted Living Service Providers must comply with the emergency response requirements that outline a clear emergency response plan including:

- Emergency measures
- First aid
- Opioid overdose response
- Outbreak response team

The AL Service Provider must also provide services and/or facilities that enable tenants to self-preserve in the event of fires or other emergencies including emergency alarm systems, documentation of individual support needs in the event of an emergency, posted evacuation protocols, and completion of regular emergency response drills.

AL Service Providers are required to ensure that in an emergency situation they can be self-sufficient for 72 hours, even in the event of a power outage. *The FH Emergency Response Protocol* is a template that outlines the minimum Emergency Response requirements in FH for Assisted Living Service Providers.

## CURRENT INITIATIVES IN ASSISTED LIVING

The Fraser Health LTC-AL Network determines goals we want to achieve in FH Assisted Living each year. The network goals help to inform and define the current work to be done in AL and any new initiatives.

## PALLIATIVE APPROACH IN ASSISTED LIVING

The goal is to support AL staff providing care to tenants with chronic, life-limiting illnesses by maintaining quality of life and supporting palliative care at home if they wish. The education supports:

- Meeting the needs of the changing complexity of AL clients
- Providing more palliative care in home (AL) settings
- Ensuring resources (e.g. hospice) remain available for those not in a supportive setting
- Delaying or avoiding admission to complex care

- Achieving a more person-centred approach for seniors accessing AL
- Offering more choice and flexibility of where clients want to die

## **COPD IN ASSISTED LIVING**

The goal is to improve quality of life for clients with COPD by remaining safer and longer in AL with more control over their condition and symptoms. The COPD project in AL is designed to:

- Prevent flare-ups in clients with COPD
- Give AL clients and staff more confidence in preventing, recognizing and managing a COPD Flare-up
- Utilize an annually renewed Action Plan to initiate a timely response when flare-ups occur
- Reduce the frequency of Emergency Department (ED) visits and lengthy hospitalizations

## **SAIL IN ASSISTED LIVING**

Strategies and Actions for Independent Living – Home Activity Program (SAIL- HAP) is a B.C. Injury and Prevention Unit falls prevention initiative used throughout B.C. to support community living clients/tenants. SAIL-HAP is simple, adaptable and requires no special equipment. It has three levels making it appropriate for most tenants in Assisted Living regardless of their physical ability. The goal is to reduce the incidence of falls and injury among Assisted Living tenants through maintaining/improving strength and balance. This education is designed to:

- Review risks, prevalence, and outcomes of falls among older adults
- Enhance staff knowledge of the importance of falls prevention
- Support AL Clinical Professionals (FH AL Clinicians and AL Clinical Leads) to identify/screen tenants for SAIL-HAP
- Provide all care staff (LPN, Recreation, and care aids) with the knowledge and skills to support their roles for implementing SAIL-HAP
- Support tenants who are unable or unwilling to participate in group exercise classes

## **UTI PROJECT IN ASSISTED LIVING**

The goal is to reduce the inappropriate treatment of asymptomatic bacteriuria by promoting best practice in the assessment, prevention, and management of UTI in AL.

## **GENERAL PHYSICIAN ATTACHMENT INITIATIVE IN ASSISTED LIVING**

The goal is to have a general physician attachment to Assisted Living sites across Fraser Health, with the aim of improving tenants' chronic diseases management and overall health outcomes and reducing ED visits and hospitalizations.

*For any questions related to this Operations Manual, please contact your  
FH Assisted Living Manager*

## FRASER HEALTH ASSISTED LIVING RESOURCES

The following table has been created to provide a complete listing of the Fraser Health Assisted Living Operational Processes, Clinical Protocols, & Reference Tools. Service Providers should use these tools and the Assisted Living Regulations as a guideline in the development of their own policies and procedures. It is the responsibility of the Service Provider to maintain up-to-date information to ensure the consistent ongoing delivery of quality care.

Resources listed below can be accessed at [Assisted Living Resources](#)

Assisted Living Operational Processes
Move-in Process for Assisted Living
Pre-occupancy Meeting Process Pre-Occupancy Meeting Checklist

Negotiated Tenant Risk Agreement
Transition Processes from AL Move to Community Move to another AL Site Move to Long-Term Care Transfer from AL to Acute Transfer to Hospice Death
Eviction Process
Exit Charging Practices
Assisted Living Supportive Funding Clinical Guideline Behaviour Trending Worksheet
Complaint Process
Tenant Absences Process
Emergency Response Plan

<b>Assisted Living Clinical Protocols</b>
Assisted Living Suitability Criteria Protocol
Reduction of Falls and Related Injuries CPG
Hazardous Drugs
Mechanical lift CPG (Consult a FH OT/PT for additional Transfer & Lift Protocols)
Quarterly Tenant Assessment and Service Update Protocol
Safe Client Handling Policy, Procedures and Protocols

<b>Assisted Living Program Reference Tools</b>
Assisted Living Service Plan
Assisted Living Terms for Service
Assisted Living Toolkit for the Prevention & Control of Gastrointestinal and Respiratory illnesses
Equipment Safety Checklists for Assisted Living
Fraser Health Funded Assisted Living Handbook
Long-Term Care, Assisted Living COVID19 Resource Toolkit
Personal Service Plan Cover Letter
Roles & Responsibilities in Assisted Living Reference Document

Short Term Service Plan

### **Assisted Living External Resources**

[Assisted Living in BC – A Handbook for Operators](#)

[Assisted Living Registry](#)

[Assisted Living Registry Tools & Resources](#)

[The Assisted Living Regulations](#)

[British Columbia College of Nursing Professionals](#)

[BCCNP – Licensed Practical Nurse Scope of Practice](#)

[BCCNP Delegation of Professional Tasks to Unregulated Care Providers](#)

[Community Care and Assisted Living Act](#)

[The Ministry of Health Home and Community Care Policy manual](#)

[The Ministry of Health Personal Assistance Guidelines](#)

[The Ministry of Health - Provincial Infection Control Network of BC \(PICNet\)](#)