

## **ASSISTED LIVING OPERATING PROCESS TRANSITION PROCESSES**

### **Preamble**

There are a variety of reasons a tenant may decide he/she would like to move out of Assisted Living. The following provides process guidelines that should be considered for each type of transition out of Assisted Living.

### **Transfer to the Community**

A Tenant may decide he/she would like to move out of Assisted Living or, no longer requires the services offered in Assisted Living. They may do so by providing notification to the AL Provider and in accordance to the Tenancy Agreement and inform the FH AL Clinician. The Tenant is responsible to make all the necessary arrangements to facilitate their moving out process including securing alternate housing, discontinuing/restarting utilities, packing their belongings, securing a moving company, etc.

The FH AL Clinician will assist with care planning that will support the Tenant's return to the community. This may include a referral to Home Health for case management (e.g. funded home support, meal program, community pharmacy program (e.g. medication management), etc.)

### **Transfer to another AL Site**

A Tenant may request a transfer to another funded AL site. The FH AL Clinician will meet with the Tenant to review their reasons for the transfer and review the transfer process. The FH AL Clinician will update the RAI-HC and complete a new AL referral in Paris. The screening process will be similar to the one outlined in the *AL Suitability Process*. For an Assisted Living site that is outside of Fraser Health, the FH AL Clinician will need to refer to the appropriate Health Authority where there will be additional screening. If the Tenant is transferring to a private-pay AL site, the process will be similar to the above, Transfer to the Community.

### **Transfer to Long-Term Care**

A Tenant cannot remain in Assisted Living if his/her care/support needs have increased beyond the capabilities of the Assisted Living Provider, is no longer able to make decisions on his or her own behalf, and/or exhibits behaviours that jeopardize the safety and well-being of others. The FH AL Clinician will meet with the Tenant and if desired, the family, to update the RAI-HC, review the LTC placement process, ensure the Outcome Scores match LTC level of care, and complete a Long-Term Care referral. The FH AL Clinician will also work with the AL Provider

to ensure care can still be provided safely in the interim (e.g. with family involvement and/or Supportive Funding) while the Tenant is waiting for LTC placement.

### **Transfer to Acute Care**

A Tenant may be admitted into acute care and there is confirmation that he/she is unable to return to Assisted Living; e.g. the Tenant requires Long-Term Care or hospice and will wait in acute care. The Tenant's Power of Attorney, Representative (named in a Representation Agreement), next of kin, and/or designate will be responsible to pack and move the Tenant's belongings and to settle any outstanding matters with the AL Provider. This should be completed within a reasonable time frame and to avoid paying additional rent.

### **Transfer to Hospice**

A Tenant may be transferred to hospice if he/she can no longer be supported in Assisted Living or does not want to pass away on site. The Tenant's Power of Attorney, Representative (named in a Representation Agreement), next of kin, and/or designate will be responsible to pack and move the Tenant's belongings and to settle any outstanding matters with the AL Provider. This should be completed within a reasonable time frame and to avoid paying additional rent.

## **Death**

### ***EXPECTED DEATH***

A suggested resource for information related to protocols for expected/planned home deaths is the Ministry of Health Services document "Joint Protocol for Expected/Planned Home Deaths in British Columbia." This document can be found on the Ministry of Health website at: [Expected/Planned Home Death](#)

### ***UNEXPECTED DEATH PROCESS***

1. Call 911 in the event of an unexpected death.
2. Staff will not disturb the body or environment in any way until the police or coroner has visited.
3. Depending on the circumstances, either the police or the AL staff will contact the family\*.
4. The AL Provider Manager will complete an incident report and report the unexpected death to the Assisted Living Registry with a copy to the FH Assisted Living Manager via fax and telephone call.
5. The AL Provider Manager or Team Leader will report the death to the FH AL Clinician.

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While it is the responsibility of the police, not AL staff, to contact family in the event of an unexpected death, in some circumstances the AL staff may feel it is more appropriate that they contact family, especially in situations where the death is "sudden", but not completely unanticipated, and where the AL staff have a relationship with the family.

It is the responsibility of the Tenant's executor, next of kin, and/or designate to pack and move the Tenant's belongings and to settle any outstanding matters with the AL Provider. This should be completed within a reasonable time frame and in order to avoid paying additional rent.

**Related Resources:**

1. The [Recommended Charging Practices for AL Clients' Vacating FHA Funded Sites](#) document provides specific charging practices at the time of suite vacancy in each of the above situations.
2. [When Staying in AL is no longer an option – FH](#) brochure outlining transition from AL to LTC.