

Accommodation Standards and Licensing Information Guide

Long-term Care Section 7-10 Only

(see <http://www.seniors.alberta.ca/ContinuingCare/Licensing/InformationGuide.pdf> for
the entire Guide)

This guide provides explanations and resources related to Alberta's long-term care accommodation standards.

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Revision 3: Spring 2011

For more information

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For additional copies of this manual:

www.seniors.alberta.ca/ContinuingCare/Licensing/InformationGuide.pdf

Accommodation Standards and Licensing Information Guide

ABOUT THE TABLE OF CONTENTS

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

Example: 2-16

Accommodation Standards & Licensing Information Guide ~ Revision 3
Section 2

Investigation

INTENT
To outline the purpose of an investigator during an investigation.

12(1) When a complaint is referred to an investigator under section 10(2)(b), the investigator, for the purposes of investigating the complaint, has all the powers of an inspector under section 7 in addition to the powers set out in section 12.

(2) An investigator shall inform the operator and the director of the results of an investigation of the operator's supportive living accommodation.

(3) The director shall notify the complainant, if the identity of the complainant is known, the operator of the supportive living accommodation and any other person the director considers appropriate of the results of an investigation of the supportive living accommodation, including whether the complaint was founded or not founded.

(4) Where, after a supportive living accommodation has been investigated, the director is of the opinion that this Act, the regulations, an order issued under this Act or a condition of a license is not being complied with, the director may in writing

(a) order the operator of the supportive living accommodation to take the measures specified in the order within the time limits specified in the order,

(b) issue a stop order in accordance with section 16, or

(c) cancel the license issued to the operator in respect of that supportive living accommodation in accordance with section 17.

(5) The director may direct that an order issued under subsection (4)(a) be posted in a prominent place in the supportive living accommodation.

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

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

Government of Alberta
Alberta
Act Page 16

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

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

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

Example: 4-12-1

Accommodation Standards & Licensing Information Guide ~ Revision 3
Section 4

Standard 12: Social or Leisure Activities

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

DEFINITIONS

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

12(1) Where an operator provides social or leisure activities for residents, the operator shall

a) provide activities that address the needs and preferences of the resident,

b) periodically solicit and consider the opinions of residents in planning and providing social or leisure activities, and

c) respond to resident's opinions and comments regarding social or leisure activities.

Government of Alberta
Alberta
Section 12 Page 1

About this Guide	Section 1-1
A Note on Terminology	1-2
Updates	1-3
Long-term Care Introduction	Section 8-1
Definitions	8-2
Applicability	8-2
Purpose	8-2
Procedure	8-3
Certificate Required	8-3
Certificates Issued	8-4
Renewal of a Certificate	8-6
Monitoring Visits	8-6
Complaints	8-7
Investigations	8-7
Standards	8-7
Comparison to Supportive Living Accommodation Standards	8-8
Review Date	8-8
Coming into Force	8-8
Long-term Care Accommodation Standards	Section 9-1
How to use this Section	9-2
Standard 1: Building Code Requirements	9-1-1
Standard 2: Safety Requirements	9-2-1
Standard 3: Maintenance Requirements	9-3-1
Standard 4: Environmental Requirements	9-4-1
Standard 5: Personalizing Spaces	9-5-1
Standard 6: Window Coverings	9-6-1
Standard 7: Bedding	9-7-1
Standard 8: Personal Laundry Services	9-8-1
Standard 9: Personal Choice Services	9-9-1
Standard 10: Insurance	9-10-1
Standard 11: Contracted Services	9-11-1
Standard 12: Social or Leisure Activities	9-12-1
Standard 13: Nutritional Requirements	9-13-1
Standard 14: Menu Requirements	9-14-1
Standard 15: Cleaning Requirements	9-15-1
Standard 16: Continuation of Services	9-16-1
Standard 17: Prevention of Abuse	9-17-1
Standard 18: Resident Safety and Security	9-18-1
Standard 19: Trust Accounts	9-19-1
Standard 20: Corporate Status	9-20-1
Standard 21: Water Temperature	9-21-1

Accommodation Standards & Licensing Information Guide ~ Revision 3

Standard 22: General Information	9-22-1
Standard 23: Information Respecting the Long-term Care Accommodation	9-23-1
Standard 24: Concerns and Complaints	9-24-1
Standard 25: Certificate Posted	9-25-1
Standard 26: Criminal Record Checks	9-26-1
Standard 27: Privacy and Personal Information	9-27-1
Standard 28: Safety and Security	9-28-1
Standard 29: Job Descriptions	9-29-1
Standard 30: Residents' Personal Affairs	9-30-1
Long-term Care Resources	Section 10-1
Forms	Section 7-1

About this Guide

This information guide is intended for operators of long-term care accommodations and staff employed by the Ministry of Seniors and Community Supports who monitor long-term care accommodations. The information contained within will provide information to assist long-term care operators to comply with provincial accommodation standards.

A Note on Terminology

In this document, “the *Act*” refers to the *Supportive Living Accommodation Licensing Act* unless otherwise specified.

“The Regulation” refers to the Supportive Living Accommodation Licensing Regulation.

“Standards” refers to Schedule 1 of the Supportive Living Accommodation Licensing Regulation.

“The Ministry” refers to Alberta Seniors and Community Supports.

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

“Resident” refers to the individual that resides in an accommodation.

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

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

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

Accommodation Standards & Licensing Information Guide ~ Revision 3
Section 1

Long-term Care Introduction

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

IN THIS SECTION

Definitions	2
Applicability	2
Purpose	2
Procedure	3
Certificate Required	3
Certificate Issued	4
Renewal of a Certificate	6
Monitoring Visits	6
Complaints	7
Investigations	7
Standards	7
Comparison to Supportive Living Accommodation Standards	8
Review Date	8
Coming into Force	8

Definitions

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

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

Applicability

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

Purpose

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

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

Procedure

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

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

Certificate Required

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

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

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

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

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

Certificates Issued

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

New accommodations:

- New accommodations that are compliant or non-compliant to the accommodation standards may be issued a certificate for up to a six month period. After the completion of the sixth month period and the subsequent monitor(s), a certificate may then be issued for up to a six month period to complete the accommodations first year of certification.

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

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

PLEASE NOTE:

The length of time in compliance to the March 2007 Accommodation Standards prior to the approval of the 2010 Long-term Care Accommodation Standards will not be used in determining the duration of a certificate under the current standards.

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

Non-compliances that are rectified within the two week window prior to public reporting of the information are still considered non-compliances for determining the duration of a certificate.

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

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

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

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

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

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

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

Certificates with Conditions

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

The status of an accommodation's certificate is posted on the Alberta Seniors and Community Supports Public Reporting website located at <http://www.asalreporting.gov.ab.ca/astral/>. When a non-compliance to the accommodation standards is issued an operator has two weeks to rectify the non-compliance prior to its posting on the website. Only current non-compliances are posted on the website. When an operator complies with the accommodation standards the non-compliances will be removed from Public Reporting on its next update.

Renewal of a Certificate

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

Monitoring Visits

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

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

Complaints

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

The Complaints Officer may refer the complaint to investigation, refer the complaint to another authority, or refuse to refer the complaint if it is deemed to be resolved, frivolous or vexatious. The decision of a Complaints Officer not to refer a complaint can be appealed by the complainant using the form provided in Section 7 of this Information Guide.

The status of an accommodation's confirmed complaints are posted on the Alberta Seniors and Community Supports Public Reporting website located at <http://www.asalreporting.gov.ab.ca/astral/>. Confirmed complaints are posted on the website for three months after the date in which the non-compliance resulting from the complaint was rectified.

Investigations

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

Standards

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

Comparison to Supportive Living Accommodation Standards

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

- Four additional standards for long-term care accommodations.
 - Personal laundry services are required in long-term care as opposed to optional in supportive living.
 - Posting *Certificates of Compliance* is a requirement in the *Supportive Living Accommodation Licensing Act*.
 - Insurance is a requirement in the *Supportive Living Accommodation Licensing Regulation*.
 - Corporate Status is a requirement in the *Supportive Living Accommodation Licensing Regulation*.
- Six supportive living accommodation standards are not relevant for long-term care accommodations:
 - Assessment (in long-term care this is the responsibility of centralized intake not the operator).
 - Reassessment (in long-term care this is the responsibility of centralized intake not the operator).
 - Risk management (in long-term care this is the responsibility of centralized intake not the operator).
 - Medication assistance and reminders (in long-term care this is the responsibility of Alberta Health Services and monitored under the Health Service Standards).
 - Laundry services for resident-supplied bedding and towels is not applicable in long-term care as bedding is required to be supplied by operators.
 - Safeguarding of personal possessions was removed as this duplicates a requirement under the *Nursing Home Operational Regulation*.
- There are variations in the wording of some of the standards. See Section 9 – LTC Accommodation Standards Resources for a detailed comparison chart.

Review Date

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

Coming into Force

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

Long-term Care Accommodation Standards

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

IN THIS SECTION

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

How to use this Section

Standard 1: Building Code Requirements

Standard 2: Safety Requirements

Standard 3: Maintenance Requirements

Standard 4: Environmental Requirements

Standard 5: Personalizing Spaces

Standard 6: Window Coverings

Standard 7: Bedding

Standard 8: Personal Laundry Services

Standard 9: Personal Choice Services

Standard 10: Insurance

Standard 11: Contracted Services

Standard 12: Social or Leisure Activities

Standard 13: Nutritional Requirements

Standard 14: Menu Requirements

Standard 15: Cleaning Requirements

Standard 16: Continuation of Services

Standard 17: Prevention of Abuse

Standard 18: Resident Safety and Security

Standard 19: Trust Accounts

Standard 20: Corporate Status

Standard 21: Water Temperature

Standard 22: General Information

Standard 23: Information Respecting the Long-term Care Accommodation

Standard 24: Concerns and Complaints

Standard 25: Certificate Posted

Standard 26: Criminal Record Checks

Standard 27: Privacy and Personal Information

Standard 28: Safety and Security

Standard 29: Job Descriptions

Standard 30: Residents' Personal Affairs

How to use this Section

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

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

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

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

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

Example of format to follow on next page:

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

LAUNDRY SERVICES OR FACILITIES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Residents are informed about the internal laundry service.	<ul style="list-style-type: none"> <input type="checkbox"/> <u>Conversations</u> with residents regarding the internal laundry service provided. <input type="checkbox"/> <u>Observation</u> of the internal laundry service. <input type="checkbox"/> <u>Documentation</u> provided may include handbook(s), orientation material(s), laundry schedule(s) or other resident notice(s).
Residents are informed about the external laundry service.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding the external laundry service. <input type="checkbox"/> Documentation provided may include handbook(s), orientation material(s), laundry schedule(s) or other resident notice(s).
Residents are informed about the laundry facilities available on site.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding the laundry facilities. <input type="checkbox"/> Observation of the laundry facilities. <input type="checkbox"/> Documentation provided may include handbook(s), orientation material(s), laundry schedule(s) or other resident notice(s).

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

DEFINITIONS

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

The population served, type and size of long-term care accommodations varies and as such the determination of an accommodation’s compliance with the standards is completed at the discretion of the Accommodation Standards and Licensing Unit.

Standard 1: Building Code Requirements

INTENT

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

DEFINITIONS

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

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

STRUCTURAL CHANGES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Where structural changes have been made to the accommodation there is evidence of the building continuing to meet the Alberta Building Code.	<ul style="list-style-type: none"> □ Documentation provided may include a development and/or building permit or an occupancy approval.

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

POPULATION CHANGES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Where the use of the building or the population residing in the accommodation has changed there is evidence of the building continuing to meet the Alberta Building Code.	<ul style="list-style-type: none"> □ Documentation provided may include a development permit or occupancy approval.

Standard 2: Safety Requirements

INTENT

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

DEFINITIONS

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

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

SAFE CONDITION	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
<p>The building, the long-term care accommodation, and the grounds are safe and hazard free. Essential repairs are completed within appropriate timeframes. Hallways, stairways, exits and ramps are well lit, and kept clear of objects that could cause falls or obstruct passage. Hazardous materials (chemicals, sharps, construction materials) are safely stored.</p> <p><i>See also Maintenance Requirements, as maintenance is a component of ensuring a safe environment.</i></p>	<ul style="list-style-type: none"> □ Observation of interior and exterior of the building, the long-term care accommodation and the grounds. □ Documentation demonstrating that the building, the long-term care accommodation and the grounds are maintained in a safe condition. This information may be found in contract(s), job description(s), duty list(s) or checklist(s).

GROUNDS MAINTENANCE ~ ALL SEASONS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Outside grounds maintenance is completed by maintenance or other employees.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents, their representatives or employees regarding grounds maintenance. <input type="checkbox"/> Observation of well maintained grounds. <input type="checkbox"/> Documentation demonstrating that grounds maintenance is completed. This information may be found in job description(s), duty list(s) or checklist(s).
Outside grounds maintenance is completed by contract or by an external service provider.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents, their representatives or employees regarding grounds maintenance. <input type="checkbox"/> Observation of well maintained grounds. <input type="checkbox"/> Documentation demonstrating that grounds maintenance is completed. This information may be found in contract(s), service agreement(s), quote(s) or fee schedule(s).

Standard 3: Maintenance Requirements

INTENT

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

DEFINITIONS

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

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

WELL MAINTAINED	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
<p>The building, the long-term care accommodation, equipment and operator-owned furnishings are well maintained. Necessary repairs are completed within appropriate timeframes.</p> <p><i>See also 3(2).</i></p>	<ul style="list-style-type: none"> □ Observation of the building, the long-term care accommodation itself, equipment and operator-owned furnishings. □ Documentation provided may include contract(s), job description(s), duty list(s) or checklist(s).

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

PREVENTATIVE MAINTENANCE	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Preventative maintenance program for the building, the accommodation, its equipment, and any operator-owned furnishings is in a paper based format.	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation demonstrating a regularly scheduled preventative maintenance program is implemented. This information may be found in logbook(s), checklist(s), calendar(s), filing system(s), bring forward system(s) or other preventative maintenance program(s).
Preventative maintenance program for the building, the accommodation, its equipment, and any operator-owned furnishings is in a computer based format.	<ul style="list-style-type: none"> <input type="checkbox"/> Observation of the preventative maintenance computerized program. <input type="checkbox"/> Documentation demonstrating a regularly scheduled preventative maintenance program is implemented. This information may be found in computer printout(s), report(s), or other paper based or electronic logging.

CORRECTIVE MAINTENANCE	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Repairs, service and replacement of buildings, accommodations, equipment and operator-owned furnishings is completed using a requisition process.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents, their representatives and employees regarding timely completion of repairs and replacements. <input type="checkbox"/> Documentation demonstrating that repairs and replacements occur as needed. This information may be found in communication book(s), email(s), form(s) or computerized request(s).
Repairs, service and replacement of buildings, accommodations, equipment and operator-owned furnishings is completed using external service providers.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents, their representatives and employees regarding timely completion of repairs and replacements. <input type="checkbox"/> Documentation demonstrating that repairs and replacements occur as needed. This information may be found in receipt(s) or invoice(s).

Standard 4: Environmental Requirements

INTENT

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

DEFINITIONS

- **Comfort of the majority of the residents:** resident's comfort with the temperatures is not only a result of the physical temperature of the accommodation but may also be achieved by taking additional steps, such as the introduction of additional fans or heaters to the environment, adjustment of the clothing worn by the residents or the activation of a contingency plan.
- **Reasonable temperature:** other legislation exists that provide additional temperature requirements for accommodations.
 - Under the *Public Health Act*, the Institutions Regulation states: "Every room in an institution or a day care facility shall be maintained at a minimum temperature of 20 degrees Celsius unless otherwise specified." (AR 143/81 s10)
 - The *Alberta Building Code* states "Except as permitted by Sentence (3), heating facilities capable of maintaining an indoor air temperature of 22°C at the outside winter design temperature shall be provided a) for all sleeping rooms in a care or detention occupancy, or b) in a building used for residential occupancy intended for use in the winter months on a continuing basis" (*Alberta Building Code* 2006, Section 6.2.1.13)

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

TEMPERATURE	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Residents have free access to the thermostat for the accommodation and the temperature is maintained at a level in which the majority of residents are comfortable.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding their ability to change the temperature and their overall comfort level in the accommodation. <input type="checkbox"/> Observation of the free access to the thermostat. <input type="checkbox"/> Documentation demonstrating that residents are aware that they can adjust the temperature. This information may be found in resident handbook(s), memo(s), poster(s) or resident meeting minutes.
Residents may not have free access to the thermostats, but the temperature of the accommodation is determined by the majority of resident preferences.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversation with residents regarding their overall comfort level in the accommodation. <input type="checkbox"/> Observation of the temperature of the accommodation. <input type="checkbox"/> Documentation demonstrating that consultation with residents occurred to determine the appropriate temperature range. This information may be found in meeting minutes, survey(s) or questionnaire(s).
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"> <input type="checkbox"/> Conversations with residents regarding their overall comfort level in the accommodation. <input type="checkbox"/> Conversations with employees regarding how they ensure residents are comfortable with the temperature. <input type="checkbox"/> Observation of the temperature of the accommodation. <input type="checkbox"/> Documentation demonstrating the monitoring of temperatures of the accommodation. This information may be found in log book(s), preventative maintenance form(s) or electronic recording(s).

Standard 5: Personalizing Spaces

INTENT

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

DEFINITIONS

- **Personalization of resident rooms:** this may include adding in personal effects such as pictures, bedding and wall décor or bringing in pieces of furniture.

5 *An operator shall ensure that each resident of a long-term care accommodation has the opportunity to personalize the resident’s room.*

PERSONALIZATION	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Personalization of resident rooms is evident.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding the opportunity to personalize their room. □ Observation of the personalization of resident’s rooms.
Residents are notified of the ability to personalize their rooms within specified parameters, if any. The level of personalization is dependent on resident needs, choice and preferences.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding the opportunity to personalize their room. □ Observation of the personalization of resident’s rooms. □ Documentation demonstrating that the resident is notified of their ability to personalize their room. This information may be found in meeting minutes, questionnaire(s), handbook(s), residential services agreement(s) or orientation checklist(s).
Resident(s) have limitations on their ability to personalize their rooms due to documented resident needs or behaviours.	<ul style="list-style-type: none"> □ Observation of the personalization of resident’s rooms to the extent possible. □ Documentation demonstrating the extent of the limitations on the resident’s personalization of their room. This information may be found in meeting minutes, managed risk agreement(s), assessment(s) or care plan(s).

Standard 6: Window Coverings

INTENT

Comfort and privacy are supported by the provision of window coverings. Operators are responsible for providing residents with window coverings in resident rooms and in common areas where appropriate. Appropriate window coverings promote resident comfort by protecting the privacy of the resident, contributing to a home-like atmosphere and also by helping residents control the amount of light entering their personal spaces.

DEFINITIONS

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

6 An operator of a long-term care accommodation shall ensure that appropriate window coverings are provided in the long-term care accommodation as necessary for the comfort and privacy of the residents, including in each resident's room.

WINDOW COVERINGS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Window coverings on each window in the accommodation as necessary for resident's privacy and comfort are evident.	□ Observation of the window coverings.

Standard 7: Bedding

INTENT

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

DEFINITIONS

- **Bedding:** any linen, comforter, blanket, or other bed covering provided by the operator to the resident for their personal use.
- **Towels:** any bath towel, hand towel and face cloth provided by the operator.
- **Other linens:** includes tablecloths and napkins.

7(1) The operator provides bedding, towels or other linens for the use of residents and shall ensure that they are clean, fresh, dry and in good condition and changed at least weekly to ensure a clean living environment for each resident.

QUALITY	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Clean, fresh and dry bedding and towels in good condition are evident.	<ul style="list-style-type: none"> □ Observation of bedding and towels in good condition that are stored or covered in such a way to ensure that they remains clean, fresh and dry.

WEEKLY SCHEDULED CHANGES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Operator provided bedding, towels and other linens are changed on an at least weekly basis.	<ul style="list-style-type: none"> □ Conversations with residents or representatives regarding the weekly bedding, towel and other linen changes. □ Observation of implementation of bedding and towel change schedules. □ Documentation provided may include bedding and towel change schedule(s), cleaning schedule(s), checklist(s), duty list(s), bath schedule(s), handbook(s), resident notice(s) or orientation material(s).

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

QUANTITY	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Sufficient quantities of bedding and towels are evident.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with employees regarding sufficient quantities of bedding and towels. <input type="checkbox"/> Observation of sufficient quantities of bedding and towels.
The operator has contracts with external sources for bedding and towel provision.	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation provided may include order form(s), invoice(s), or bedding and towel tally(ies).

AS NEEDED CHANGES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Written procedures showing that operator provided bedding, towels and other linens are provided and changed “as needed”.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents, their representatives or employees regarding the “as needed” change of bedding, towels and other linens. <input type="checkbox"/> Observation of “as needed” changes of bedding, towels and other linens. <input type="checkbox"/> Documentation demonstrating that the operator engages in the “as needed” change of bedding, towels and other linens. This information may be found in policy(ies) and procedure(s), duty list(s), bedding and towel tally(ies), resident handbook(s), service agreement(s), fee schedule(s), log book(s), linen change schedule(s) or bed carbolization tracking sheet(s).
Operator provided bedding, towels and other linens are changed “as needed” based on documented resident need.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents, their representatives or employees regarding “as needed” changes of bedding, towels and other linens. <input type="checkbox"/> Observation of bedding, towel or other linen changes. <input type="checkbox"/> Documentation of the needs of the residents for bedding, towel and other linen changes. This information may be found in care plan(s), duty list(s), log(s) or job description(s).

Standard 8: Personal Laundry Services

INTENT

To verify that the operator ensures personal laundry services or facilities are available for residents and their representatives or service providers. It is important that residents, their representatives or their service providers have a means to launder their personal items and garments. Where laundry equipment is provided for residents, their representatives or service providers to do their own laundry, laundry equipment is maintained in good working order and the space provided is appropriate for the intended use.

DEFINITIONS

- **Personal laundry service:** residents’ personal garments, and any bedding, linens or towel that residents have supplied for their own personal use.

*8(1) The operator shall ensure either
a) that personal laundry services are provided, or
b) that personal laundry facilities are made available for residents’ personal laundry to be done on-site.*

LAUNDRY SERVICES OR FACILITIES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
An internal personal laundry service is provided.	<ul style="list-style-type: none"> □ Conversations with residents regarding the laundry service provided. □ Observation of the internal laundry service. □ Documentation provided may include handbook(s), laundry schedule(s) or residential service agreement(s).
Laundry facilities are available on site for residents’ personal laundry to be done by the residents, their representatives or their service providers.	<ul style="list-style-type: none"> □ Conversations with residents or their representatives regarding the laundry facilities. □ Observation of the laundry facilities. □ Documentation provided may include handbook(s), laundry schedule(s) or residential service agreement(s).
An external personal laundry service is provided.	<ul style="list-style-type: none"> □ Conversations with residents regarding the external laundry service. □ Documentation provided may include handbook(s), laundry schedule(s) or residential service agreement(s).

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

LAUNDRY AREAS AND EQUIPMENT	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Resident laundry areas and equipment are appropriate for their intended use, clean and maintained in good repair.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents or their representatives regarding the laundry area and equipment. <input type="checkbox"/> Observation of the appropriateness and cleanliness of laundry area(s). <input type="checkbox"/> Documentation provided may include cleaning schedule(s), duty list(s), invoice(s) or maintenance record(s).

Standard 9: Personal Choice Services

INTENT

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

DEFINITIONS

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

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

PERSONAL CHOICE SERVICES

Personal choice services relate to the provision of a range of optional services that may be or are acquired at resident’s own expense.

In this section, personal choice services exclude those professions covered under the *Health Professions Act* (ie. Denturists, Dental Hygienists, Hearing Aid Practitioners, Occupational Therapists, Optometrists, Registered Dietitians, Speech Pathologists, Registered Nurse, Licensed Practical Nurse, etc) and the *Alberta Podiatry Act*. Please refer to these acts and regulations if you require further information on these service providers’ requirements.

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

RESIDENT'S NEEDS AND PREFERENCES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Pre-existing personal choice services continue to be utilized by residents.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents or their representatives regarding the personal choice services. <input type="checkbox"/> Observation of the utilization of the personal choice services. <input type="checkbox"/> Documentation provided may include schedule(s), booking information, appointment book(s), survey(s), resident meeting minutes or other resident comment(s).
Residents' needs and preferences are considered when coordinating new personal choice services.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with employees regarding the coordination of personal choice services. <input type="checkbox"/> Documentation provided may include resume(s), care plan(s), survey(s), meeting minutes or other resident comment(s).

PERSONAL CHOICE SERVICE AREAS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Space utilized by the personal choice service is appropriate for the intended purpose.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents, employees or service providers regarding the personal choice areas. <input type="checkbox"/> Observation of areas utilized for personal choice services.

QUALIFICATIONS OF PERSONNEL	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Personal choice services are provided by a qualified employee or volunteer.	<ul style="list-style-type: none"> □ Documentation demonstrating that the individual is qualified to perform the service. This information may be found in trades certificate(s), diploma(s), registration certificate(s) to a professional association or letter(s) of good standing.
Personal choice services are provided by a qualified individual or business.	<ul style="list-style-type: none"> □ Documentation demonstrating that the business and the individuals performing the service are qualified. This information may be found in business licence(s), trades certificate(s), diploma(s), registration certificate(s) to a professional association or letter(s) of good standing.

Standard 10: Insurance

INTENT

To ensure that all long-term care accommodations hold sufficient insurance to mitigate risk and to ensure the continuation of the accommodation and services to residents.

10(1) Without limiting any other liability to which an operator may be subject, an operator must insure the long-term care accommodation under a contract of general liability insurance in accordance with the Insurance Act and in an amount of not less than \$2 000 000 per occurrence in respect of the following:

- a) bodily harm;*
- b) personal injury;*
- c) property damage, including loss of use of the property.*

(2) Where an operator operates a long-term care accommodation at more than one location, the requirements of subsection (1) apply in respect of each location separately.

(3) If an operator holds money or personal property of a resident that has monetary value, the operator must obtain a comprehensive crime insurance policy in an amount covering the operator’s potential liability for loss resulting from theft, fraud and other similar offences, whether committed by employees of the operator or by other persons.

(4) An operator must provide a detailed certificate of insurance to the director annually and at any other time when requested by the director to do so.

INSURANCE	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
A certificate of insurance for liability and crime insurance (if applicable) is provided.	<input type="checkbox"/> Documentation provided on-site may include certificate(s) of insurance.
Insurance policies for liability and crime insurance (if applicable) are provided.	<input type="checkbox"/> Documentation provided on-site may include insurance policy(ies).

Standard 11: Contracted Services

INTENT

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

DEFINITIONS

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

11 Where an operator contracts for services to be provided in a long-term care accommodation, the contract must include, at a minimum,

- a) the nature and scope of the service to be provided,*
- b) who will provide the service,*
- c) that person’s qualifications to provide the service, if applicable,*
- d) a requirement that the contractor carry any required insurance, and*
- e) a provision that addresses the handling of personal information about the residents of the long-term care accommodation.*

CONTRACTS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Where there are site-specific contracts to deliver services, those contracts include all points specified in the standard.	<ul style="list-style-type: none"> □ Documentation provided may be current contract(s) or other service provider agreement(s).

Standard 12: Social or Leisure Activities

INTENT

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

DEFINITIONS

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

12(1) Where an operator provides social or leisure activities for residents, the operator shall

- a) provide activities that address the needs and preferences of the residents,*
- b) periodically solicit and consider the opinions of residents in planning and providing social or leisure activities, and*
- c) respond to resident's opinions and comments regarding social or leisure activities.*

RESIDENT'S NEEDS AND PREFERENCES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Social and leisure activities match the resident needs and preferences (collected in 12(1)(b)).	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation pertaining to 12(1)(b). <u>AND</u> <input type="checkbox"/> Documentation of the activities provided for the residents. This information may be found in calendar(s), poster(s), care plan(s), log book(s), sign-up sheet(s) or newsletter(s).
Social and leisure activity programs are evaluated to ensure that they meet the needs and preferences of residents.	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation provided may include attendance record(s), evaluation program(s), meeting minute(s), sign up sheet(s) or report(s).
Individualized social and leisure programs catered to each resident.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents or their representatives regarding the social and leisure activities. <input type="checkbox"/> Documentation of the social and leisure activities. This information may be found in care plan(s), goal sheet(s), schedule(s), leisure interest form(s) or calendar(s).

RESIDENT OPINION	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Meetings are utilized to collect resident opinions.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding their awareness of feedback methods. <input type="checkbox"/> Documentation provided may include meeting minutes or meeting agenda(s).
Surveys, feedback cards, or suggestion boxes are utilized to collect resident opinions.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding awareness of feedback methods. <input type="checkbox"/> Observation of availability of feedback forms (if on an ongoing basis). <input type="checkbox"/> Documentation demonstrating that the opinions of residents are collected. This information may be found in completed survey(s), result tally(ies) or completed comment form(s).

RESPONSE TO RESIDENT OPINIONS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Resident activities are adjusted in response to the opinions collected.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding the changes in social and leisure activities. ❑ Documentation demonstrating that the collected resident opinions are utilized. This information may be found in calendar(s), poster(s), notice(s), care plan(s) or newsletter(s).
Residents are informed of the results of surveys, resident meetings, suggestions, or other opinions received and the planned action.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding the communication of the results and/or planned action of the operator to the feedback received. ❑ Documentation demonstrating that results of resident opinions collected are communicated to residents. This information may be found in meeting minute(s), newsletter(s), memo(s), announcement(s) or notice(s).

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

COMMUNICATING ACTIVITIES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Residents are notified of the social and leisure activities through postings.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of the communication method chosen by the operator. ❑ Observation of the posting(s) on whiteboard(s), bulletin board(s) or in other resident or common areas.
Residents receive copies of activity schedules or may be able to access the information on pre-recorded messages or through other technological media.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of the communication method chosen by the operator. ❑ Observation of the communication material or method. ❑ Documentation demonstrating that all residents are aware and are able to utilize the method of communication. This information may be found in questionnaire(s), newsletter(s) or suggestion box response(s).

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

QUALIFICATIONS OF PERSONNEL	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Job descriptions and qualifications for social and leisure personnel match the needs of the residents.	<ul style="list-style-type: none"> □ 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 description(s), certificate(s), resume(s) or other verification of qualifications.
Contracts with or procurement of service providers for social and leisure activities.	<ul style="list-style-type: none"> □ Documentation demonstrating that the needs of the residents are met by the utilization of a contracted service provider. This information may be found in contract(s), service agreement(s) or invoice(s).

Standard 13: Nutritional Requirements

INTENT

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

DEFINITIONS

- **Meals, fluids and snacks:** includes all foods made available to residents by the operator and includes choice, substituted items and special diet items (e.g. texture-modified, diabetic, vegetarian, celiac, low sodium, etc).
- **Appropriate Manner:** the communication method used in the accommodation needs to be appropriate to the needs and abilities of the population served. Verbal communication may not be considered sufficient if the resident is able to benefit from written communication. Likewise, only written communication would not be sufficient in a setting where the residents were unable to read. Additionally, depending on the needs of the residents, it may be beneficial for the accommodation to provide the menus and meal times to residents right before the meal, the same day, several days in advance or a week in advance.

13(1) An operator of a long-term care accommodation who provides residents with a meal, fluids and a snack daily shall ensure that

- a) the meals, fluids and snacks are*
 - (i) palatable, safe and pleasingly presented, and*
 - (ii) provided in sufficient quantities to ensure adequate hydration and that the residents' nutritional needs are met,*
- and*
- c) the menu and times at which the meals, fluids and snacks will be served are communicated to each resident in an appropriate manner.*

QUALITY AND QUANTITY	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The majority of residents feel that meals are nutritious, tasteful, safe, pleasingly presented and served in sufficient quantities.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents or representatives regarding meal presentation, taste, quantity and quality. <input type="checkbox"/> Observation of meal service.
Where resident conversations are not possible, the operator can demonstrate that meals are nutritious, tasteful, safe, pleasingly presented and served in sufficient quantities.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversation with resident representatives or employees regarding meal presentation, taste, quantity and quality. <input type="checkbox"/> Observation of meal service. <input type="checkbox"/> Documentation provided may be policies and procedures, survey(s), dietitian assessment(s), food services evaluation(s) or food sampling(s).

COMMUNICATING MEALS AND TIMES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Residents are notified of meals and meal times by posted information.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding their awareness of the meals, meal times and the communication method chosen by the operator. <input type="checkbox"/> Observation of the posting(s) on whiteboard(s), bulletin board(s) or in other resident or common areas.
Residents receive copies of menus and meal time schedules or they may be able to access the information on pre-recorded messages or through other technological media.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding the communication method chosen by the operator. <input type="checkbox"/> Observation of the communication material or method. <input type="checkbox"/> Documentation demonstrating that all residents are aware and are able to utilize the method of communication. This information may be found in questionnaire(s), newsletter(s), handbook(s), assessment(s) or service agreement(s).

Standard 14: Menu Requirements

INTENT

To verify that menus which consider residents input offer variety, choice and are provided on a schedule agreeable to the residents. A menu that incorporates choice, seasonal variety and residents’ needs and preferences provides residents opportunities to have input and control over their meals and the feeling of a home-like environment. When substitutions are made to the menu they must be of similar nutritional value to ensure that the integrity of the original menu is preserved. Communicating the substitutions made to the residents meals allows them to plan their day and make any alternate arrangements that they feel necessary. Meal times are determined in collaboration with or in consideration of the residents to ensure that meals are served at times suitable to the needs and/or preferences of the majority of the residents. This provides residents with more opportunity to personalize their service.

DEFINITIONS

- **Food group:** choice and substitutions must be provided within one of the Canada Food Guide recognized four food groups (Vegetables and Fruit, Grain Products, Meat and Alternatives, Milk and Alternatives).
- **Extended meal times:** meal times that occur over a several hour period of time to allow for residents to choose the meal time that fits into their daily schedule.
- **Menu Substitutions:** any alteration of the accommodation’s pre-planned menu(s) to another food item. This does not include individual changes made for a specific resident preference.

14(1) The operator of a long-term care accommodation shall ensure that the menu provided for residents

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

MENU VARIETY	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
One cyclical menu with substitutions made throughout the year to allow for variety and seasonal variation.	<ul style="list-style-type: none"> □ Documentation of the seasonal substitutions may be found in substitution record(s), or special event meal record(s).
Seasonal or a variety of cyclical menus are used to provide residents with variety and seasonal variation.	<ul style="list-style-type: none"> □ Documentation may be found in seasonal menu variations (e.g. Spring/Summer and Fall/Winter).

MENU CHOICE	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator provides choice items at the request of residents. These choice items are catered to the preferences of the resident.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding their ability to receive a choice item on request. <input type="checkbox"/> Observation of the request for a choice item. <input type="checkbox"/> Documentation demonstrating that the residents are aware of their ability to request choice items. This information may be found in handbook(s), menu(s), orientation checklist(s), notice board(s) or memo(s).
The operator provides a choice in one or more food groups at each meal service as specified by the menu.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding their awareness of the choice available at each meal. <input type="checkbox"/> Observation of meal service. <input type="checkbox"/> Documentation demonstrating that the choice is available and communicated to residents. This information may be found in handbook(s), menu board(s) or menu(s).
The operator provides a selection of choice items that are always available (e.g. a la carte menus or other lists of available items).	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding their awareness of the choice available at each meal. <input type="checkbox"/> Observation of the choices available. <input type="checkbox"/> Documentation demonstrating that the always available choices are communicated and available to residents. This information may be found in handbook(s), menu(s), orientation checklist(s), notice board(s) or memo(s).
The operator provides a choice in all food groups or provides a restaurant style menu at every meal service.	<ul style="list-style-type: none"> <input type="checkbox"/> Observation of meal service. <input type="checkbox"/> Documentation demonstrating that the choice is available and communicated to residents at each meal. This information may be found in handbook(s), menu board(s) or menu(s).

RESIDENT'S NEEDS AND PREFERENCES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Residents or their representatives express that meals served meet their food preferences, religious practices and cultural customs.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents or their representatives regarding the meals served.
Meals served match the resident food preferences, religious practices and cultural customs determined at admission.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents or their representatives regarding how the meals served match their food preferences. <input type="checkbox"/> Documentation of the resident's food preferences, religious practices and cultural customs. This information may be found in care plan(s), goal sheet(s), likes/dislikes listing(s) or food interest survey(s).
Meals served reflect the resident food preferences, religious practices and cultural customs (collected in 14(3)).	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation pertaining to 14(3). <u>AND</u> <input type="checkbox"/> Documentation of the menu items. This information may be found in menu(s), special event posting(s) or substitution list(s).

14(2) Where substitutions must be made respecting items on a menu, those substitutions must be

a) from within the same food groups and provide similar nutritional value as the original menu items, and

b) communicated to the residents.

MENU SUBSTITUTIONS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
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"> <input type="checkbox"/> Documentation demonstrating that substitutions to the menu are recorded. This information may be found on meal planning calendar(s) or menu(s).
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"> <input type="checkbox"/> Documentation demonstrating that substitutions to the menu are recorded. This information may be found in communication book(s), log sheet(s), substitutions sheet(s) or special notice(s).

COMMUNICATING SUBSTITUTIONS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Residents are notified of meals and any substitutions by posted information.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of the meals, meal substitutions and the communication method chosen by the accommodation. ❑ Observation of the posting(s) on whiteboard(s), bulletin board(s), or in other resident or common areas.
Residents receive copies of menus and meal substitutions or may be able to access the information on pre-recorded messages or through other technological media.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of the communication method chosen by the operator. ❑ Observation of the communication material or method. ❑ Documentation demonstrating that all residents are aware and are able to utilize the method of communication. This information may be found in questionnaire(s), newsletter(s), handbook(s), assessment(s) or service agreement(s).

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

RESIDENT OPINIONS AND FEEDBACK	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Meetings are utilized to collect resident feedback.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding awareness of feedback methods. ❑ Conversations with employees regarding the consideration of resident feedback. ❑ Documentation demonstrating that the feedback is collected. This information may be found in meeting minute(s). <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> ❑ Documentation demonstrating that the feedback is considered. This information may be found in menu(s), special event meal record(s) or meeting minutes(s).
Surveys, feedback cards, or suggestion boxes are utilized to collect resident feedback.	<ul style="list-style-type: none"> ❑ Conversations with residents regarding their awareness of feedback methods. ❑ Conversations with employees regarding the consideration of resident feedback. ❑ Observation of availability of feedback forms (if on an ongoing basis). ❑ Documentation demonstrating that the feedback is collected. This information may be found in completed survey(s), result tally(ies) or comment form(s). <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> ❑ Documentation demonstrating that the collected feedback is considered. This information may be found in menu(s), special event meal record(s), meeting minutes or newsletter(s).

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

MEAL TIMES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Collaboration with residents on meal times occurs at resident council meetings, through surveys or other discussion methods.	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation demonstrating the collaboration with residents on the meal times. This information may be found in completed survey(s), result summary(ies) or meeting minutes.
Meal service occurs at more than one seating or through extended meal times (window of time) for each meal. Snacks and fluids are readily available for residents to access.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding meal, fluid and snack times. <input type="checkbox"/> Observation of a meal service. <input type="checkbox"/> Documentation demonstrating how operators make residents aware of the flexible meal time options. This information may be found in meal time posting(s), orientation checklist(s) or client handbook(s).

RESPONSE TO OPINIONS AND FEEDBACK	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Resident meal, fluid and snack times are adjusted in response to the feedback collected.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding the changes in meal, fluid and snack times. <input type="checkbox"/> Documentation demonstrating that the collected feedback is utilized. This information may be found in calendar(s), poster(s), notice(s), care plan(s), log book(s), newsletter(s) or communication(s) with menu provider.
Residents are informed of the results of surveys, resident meetings, suggestions, or other feedback received and the planned action.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding the communication of the results and/or planned action of the operator to the feedback received. <input type="checkbox"/> Documentation demonstrating that results of feedback collected is communicated to residents. This information may be found in meeting minutes, newsletter(s), memo(s), announcement(s), notice(s) or communication(s) with menu provider.

Standard 15: Cleaning Requirements

INTENT

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

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

CLEAN AND COMFORTABLE ENVIRONMENT	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The accommodation is clean and comfortable.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents, their representatives, employees, volunteers, visitors or service providers on the cleanliness and comfort of the accommodation. <input type="checkbox"/> Observation of a clean and comfortable environment.

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

REGULARLY SCHEDULED CLEANING	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
A schedule is provided of the regular cleaning that is required and clear responsibility for specific tasks is identified. Supervisor follow up occurs to ensure the completion of the scheduled tasks.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents or their representatives regarding completion of cleaning services. <input type="checkbox"/> Observation of the cleanliness of the accommodation. <input type="checkbox"/> Documentation demonstrating that cleaning is completed on a regularly scheduled basis. This information may be found in job description(s), duty list(s), special task list(s), job routine(s) or schedule(s).
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"> <input type="checkbox"/> Conversations with residents or their representatives regarding completion of cleaning services. <input type="checkbox"/> Observation of the cleanliness of the accommodation. <input type="checkbox"/> Documentation may include audit(s) of work done.
A schedule of the regular cleaning that is required is provided by the operator and the monitoring records of what has been done is completed by the employee responsible (e.g. sign off).	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents or their representatives regarding completion of cleaning services. <input type="checkbox"/> Observation of the cleanliness of the accommodation. <input type="checkbox"/> Documentation may include checklist(s), special task list(s), duty list(s), schedule(s), job routine(s) or project work tracking.

AS NEEDED CLEANING	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Written procedures showing that the operator provides cleaning services on an as needed basis.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents and their representatives regarding the as needed cleaning services. <input type="checkbox"/> Observation of ongoing cleaning services. <input type="checkbox"/> Documentation demonstrating that the operator engages in the as needed cleaning services. This information may be found in policy(ies) and procedure(s), duty list(s), cleaning list(s), resident handbook(s), service agreement(s) or log book(s).
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"> <input type="checkbox"/> Conversations with residents, their representatives or employees regarding as needed cleaning services. <input type="checkbox"/> Observation of ongoing cleaning services. <input type="checkbox"/> Documentation of the needs of the residents for cleaning services. This information may be found in care plan(s), duty list(s), log(s) or job description(s).

RESIDENT PREFERENCES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator communicates the cleaning schedules to residents and considers resident preferences in adjusting the schedules where needed.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents regarding the suitability of cleaning schedules. <input type="checkbox"/> Conversations with employees regarding the consideration of resident preferences in the cleaning schedule. <input type="checkbox"/> Documentation demonstrating that cleaning schedules are communicated to residents and their preferences are considered. This information may be found in welcome card(s), orientation material(s), survey(s), meeting minutes, handbook(s) or service agreement(s).

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

CLEANING PROCEDURES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Written information on how cleaning is to be performed.	<ul style="list-style-type: none"> <input type="checkbox"/> Observation of implementation of the cleaning procedures. <input type="checkbox"/> Documentation demonstrating the cleaning procedures. This information may be found in policy(ies), procedure(s), duty sheet(s), checklist(s) or job description(s).
Training on how cleaning is to be proficiently performed is provided to employees.	<ul style="list-style-type: none"> <input type="checkbox"/> Observation of implementation of the cleaning procedures. <input type="checkbox"/> Documentation demonstrating that information on the cleaning procedures is provided to employees. This information may be found in training manual(s), orientation checklist(s), shadowing checklist(s) or training record(s).

15(4) Appropriate mechanisms must be used to minimize unpleasant odors in the long-term care accommodation.

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

Standard 16: Continuation of Services

INTENT

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

DEFINITIONS

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

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

CONTINGENCY PLANS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
<p>The contingency plan is site specific and ensures the continuation of necessary accommodation services whether evacuating or sheltering in place. Consideration is given to the type of disruption that may lead to an activation of a contingency plan and the appropriate response(s) that may be needed depending on the situation.</p> <p>At a minimum contingency plan(s) must address:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Failure of electrical power <input type="checkbox"/> Failure of other utilities including water and gas <input type="checkbox"/> A plan for the breakdown of essential equipment in the accommodation <input type="checkbox"/> Extreme weather conditions that may reasonably occur in the area of the accommodation <input type="checkbox"/> Staff shortages and/or employment disputes <input type="checkbox"/> Evacuation and relocation <input type="checkbox"/> Disruptions to safety and security services <input type="checkbox"/> Disruptions to meal services <p>Accommodations may also have contingency plan(s) in place for the following, where the occurrence of the event disrupts necessary services for the residents:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Disruption of telecommunications / IT systems <input type="checkbox"/> Flood / sewer back up <input type="checkbox"/> Excessive heat <input type="checkbox"/> Reduced heat <input type="checkbox"/> Disruption of cleaning, laundry or maintenance services 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of the contingency plan. Information may be found in manual(s), policy(ies) and procedure(s), department specific plans or training guide(s). <p><i>Where additional information is required to develop a contingency plan see the resource section 10 for planning websites and Appendix A 'Accommodation Standard 16: Points to Consider when Developing Plans'.</i></p>

16(2) A contingency plan must

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

MITIGATION OF IMPACT AND PRACTICABILITY

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

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

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

COMMUNICATING THE PLAN	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Information on the contingency plan, in whole or part, is posted in the accommodation. If the entire plan is not posted, employees need to know where to access the whole plan and are able to direct others to the whole plan on request.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents, representatives, employees, volunteers and service providers regarding their awareness of the plan locations. <input type="checkbox"/> Observation of information on the contingency plan posted in the accommodation. <input type="checkbox"/> Observation of the postings detailing the location of the contingency plan. <input type="checkbox"/> 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 handbook(s), orientation material(s), or service agreement(s).
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"> <input type="checkbox"/> Conversations with residents, representatives, or employees regarding information provided on the contingency plan. <input type="checkbox"/> 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 certificate(s).
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"> <input type="checkbox"/> Conversations with residents, representatives, or employees regarding information provided on the contingency plan. <input type="checkbox"/> Documentation demonstrating how operators provide information to employees, residents, volunteers, service providers. This information may be found in handbook(s), orientation manual(s) or checklist(s), newsletter(s) or emergency manual(s).

ANNUAL REVIEW	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The contingency plan is reviewed through a meeting discussion format (staff meetings, board meetings, resident and family meetings).	<ul style="list-style-type: none"> □ Documentation demonstrating that the contingency plan was reviewed annually. Information may be found in meeting minutes.
The contingency plan is reviewed through an administrative/committee review process.	<ul style="list-style-type: none"> □ Documentation demonstrating that the contingency plan was reviewed annually. Information may be found in meeting minutes, a review date on the plan(s), a letter of review, or a dated footnote on the plan(s).
Ensure that any changes made to the contingency plan are communicated to residents, their representatives, employees, volunteers, visitors and service providers. See 16(2)(b).	

Standard 17: Prevention of Abuse

INTENT

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

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

WRITTEN PROCESSES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator has a written process on the prevention of abuse and the reporting of suspected abuse.	<input type="checkbox"/> Documentation provided may include policy(ies) and procedure(s), guideline(s), training material(s), handbook(s) or pamphlet(s).

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

TRAINING	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator provides training on the identification, reporting and prevention of abuse to all employees.	<input type="checkbox"/> Documentation provided may include orientation material(s), training manual(s), training record(s), attendance record(s) or certificate(s).

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"> <input type="checkbox"/> Conversations with residents regarding their awareness of the information. <input type="checkbox"/> Observation of postings.
The operator provides written pamphlets, brochures or other media on the identification, reporting and prevention of abuse.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents, their representatives, volunteers or service providers regarding the information provided to them. <input type="checkbox"/> Documentation provided may be handbook(s), orientation material(s), pamphlet(s), brochure(s), policy(ies) or guideline(s).
The operator provides training on the identification, reporting and prevention of abuse.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents, their representatives, volunteers or service providers regarding the information provided to them. <input type="checkbox"/> Documentation provided may be orientation material(s), training material(s), meeting minutes, training record(s) or information session attendance record(s).

Standard 18: Resident Safety and Security

INTENT

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

DEFINITIONS

- **Security systems:** a system that warns the operator of an intruder or other breach. This may include security systems or other intruder alert systems.
- **Communication systems:** a system that the resident may use to access assistance from an employee. This may include nurse call(s), pendant(s), emergency call bell(s) or pull cord(s).
- **Emergency call systems:** a system that lets an employee know that the resident is in an emergency situation. This may be wanderguard(s), door alarm(s), bed alarm(s) or wheelchair alarm(s).
- **Incident:** an event related to the **Accommodation Standards** that has occurred; causing death or serious harm to a resident, a resident unaccounted for, an unplanned for activation of a contingency plan or extensive damage to the accommodation.
 - **Serious Harm:** harm to a resident that includes death, medical intervention to sustain life, permanent disability, loss of limb or hospitalization as a result of a loss, failure or error in the accommodation or accommodation services.
 - **Extensive Damage:** damage to the extent that the ability of the operator to continue to provide accommodation services and a safe and secure environment is affected.
- **Director:** the Director of the Accommodation Standards and Licensing Unit, Alberta Seniors and Community Supports.
- **Monitoring Mechanism:** equipment or processes used to ensure that residents are safe in addition to the personnel on site. These may include security systems, emergency call systems, communication systems or surveillance systems.

NOTE

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

18(1) An operator shall develop and maintain written processes that promote the safety and security of residents, including processes that
a) account for all residents on a daily basis,
and
b) ensure that monitoring mechanisms and personnel are in place on a round-the-clock basis.

ACCOUNTING FOR RESIDENTS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The number of staff and residents is such that staff are aware of residents at all times.	<ul style="list-style-type: none"> □ Documentation provided may include staffing schedule(s), job duty(ies) and care plan(s).
Residents are accounted for during daily routine activities such as meals or medication times.	<ul style="list-style-type: none"> □ Observation of assigned seating at meals allowing for accounting of residents. □ Documentation provided may include MAR sheet(s), meal attendance sheet(s) or handbook information.
Residents are accounted for using formalized tracking tools such as sign in/out books or census documents.	<ul style="list-style-type: none"> □ Documentation provided may include sign in/sign out book(s), daily census recording(s) or bed check(s).

MONITORING OF RESIDENTS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The accommodation is staffed 24 hours per day, seven days per week and monitoring systems are in place.	<ul style="list-style-type: none"> □ Observation of monitoring systems. □ Documentation provided may include staffing schedules or care plans.

18(2) Where a long-term care accommodation has a security system, the security system must be maintained, inspected, and tested as recommended by the manufacturer of the security system.

SECURITY SYSTEMS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The security system is regularly inspected, tested and maintained by an employee or outside contractor.	<ul style="list-style-type: none"> ❑ Documentation demonstrating the manufacturer recommendations. This information may be found in manual(s), guideline(s) or letter(s). <u>AND,</u> ❑ Documentation demonstrating that the recommendations are followed. This information may be found in log sheet(s), invoice(s), maintenance requisition(s), or other preventative maintenance record(s).
Computerized monitoring of all security systems is in place that has the capacity to report on all failures in the system. The computerized system is inspected, tested and maintained to ensure that it is in working order.	<ul style="list-style-type: none"> ❑ Observation of the computerized system. ❑ Documentation demonstrating that the computerized system is able to alarm for all system failures and the system is in working order. This information may be found in manual(s), incident report(s), system description(s) or system log(s).
The security system is checked daily by a designated employee as part of a regular routine and a process exists for reporting deficiencies to ensure the system is maintained in good working order.	<ul style="list-style-type: none"> ❑ Documentation demonstrating that the task is designated to a specific employee. This information may be found in job description(s), duty list(s) or routine(s). <u>AND</u> ❑ Documentation demonstrating that there is a procedure for the checks and the reporting of deficiencies. This information may be found in policy(ies) and procedure(s), maintenance requisition(s), job duty(ies) or other guideline(s).

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

SUITABILITY	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The communication or emergency call system is appropriately matched to the type of building and the needs of the residents.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversation with the operator regarding the suitability of the system in use. <input type="checkbox"/> Observation of the building and the systems in use. <input type="checkbox"/> Documentation demonstrating that the communication or emergency call system is suitable. This information may be found in care plan(s), assessment(s), incident report(s), managed risk agreement(s), residential service agreement(s) or policy(ies) and procedure(s).
Where the communication or emergency call system is not fully suitable for the residents or the building the accommodation has additional practices in place to make up for the deficiency.	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation demonstrating that additional practices are in use to ensure the safety of all residents. This information may be found in policy(ies) and procedure(s), job duty(ies), guideline(s), job description(s), log book(s) or care plan(s).

MAINTENANCE	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The communication and emergency call system is regularly inspected, tested and maintained by an employee or outside contractor.	<ul style="list-style-type: none"> ❑ Documentation demonstrating the manufacturer recommendations. This information may be found in manual(s), guideline(s) or letter(s). <u>AND,</u> ❑ Documentation demonstrating that the communication or emergency call system is regularly inspected, tested and maintained. This information may be found in log sheet(s), invoice(s), maintenance requisition(s), or other preventative maintenance record(s).
Computerized monitoring of all communication and emergency call systems is in place that has the capacity to report on all failures in the system. The computerized system is inspected, tested and maintained to ensure that it is in working order.	<ul style="list-style-type: none"> ❑ Observation of computerized system. ❑ Documentation demonstrating that the computerized system is able to alarm for all system failures and is in good working order. This information may be found in manual(s), system description(s), incident report(s) and system log(s).
The communication and emergency call system is checked daily by a designated employee as part of a regular routine and a process exists for reporting deficiencies to ensure the system is maintained in good working order.	<ul style="list-style-type: none"> ❑ Documentation demonstrating that the task is designated to a specific employee. This information may be found in job description(s), duty list(s) or routine(s). <u>AND</u> ❑ Documentation demonstrating that there is a procedure for the checks and the reporting of deficiencies. This information may be found in policy(ies) and procedure(s), maintenance requisition(s), job duty(ies), or other guideline(s).

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

REPORTING TO THE DIRECTOR

Incident reports are to be submitted to the Director of Accommodation Standards and Licensing within **two business days** of the incident occurring.

Fax (780) 644-8729

Email: asal@gov.ab.ca

Reportable Incidents:	An event related to the Accommodation Standards that has occurred; <ul style="list-style-type: none"> <input type="checkbox"/> Causing death or serious harm to a resident, <input type="checkbox"/> A resident unaccounted for, <input type="checkbox"/> An unplanned for activation of a contingency plan, or <input type="checkbox"/> Extensive damage to the accommodation.
Reporting:	Incident reports are to be submitted from the accommodation to their designated AHS Zone contact.
Alberta Health and Wellness	Alberta Health and Wellness has a reportable incident process as well. For further information on their process, contact ContinuingCareReportableIncidents@gov.ab.ca
Help with determining what to report	A flowchart and examples are provided on the following pages to assist operators to determine which incidents meet the reportable incident criteria for Alberta Seniors and Community Supports.
Reportable Incident Form	<p>Incident reports must be in a written format that include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The date and time of the incident; <input type="checkbox"/> The accommodation name and address; <input type="checkbox"/> The contact name and phone number of the person submitting the information; <input type="checkbox"/> Details of the incidents; <input type="checkbox"/> The number of residents or buildings involved in the incident; <input type="checkbox"/> The status of the residents or buildings involved in the incident; and <input type="checkbox"/> The action that has taken place or is planned. <p>A Reportable Incident Form is included in the Section 7: Forms. This form can be used for reporting to both Alberta Seniors and Community Supports and Alberta Health and Wellness.</p> <p>Other incident reports may be submitted as long as they include the listed information.</p>

Accommodation and Accommodation Services ~ Reportable Incident Flowchart

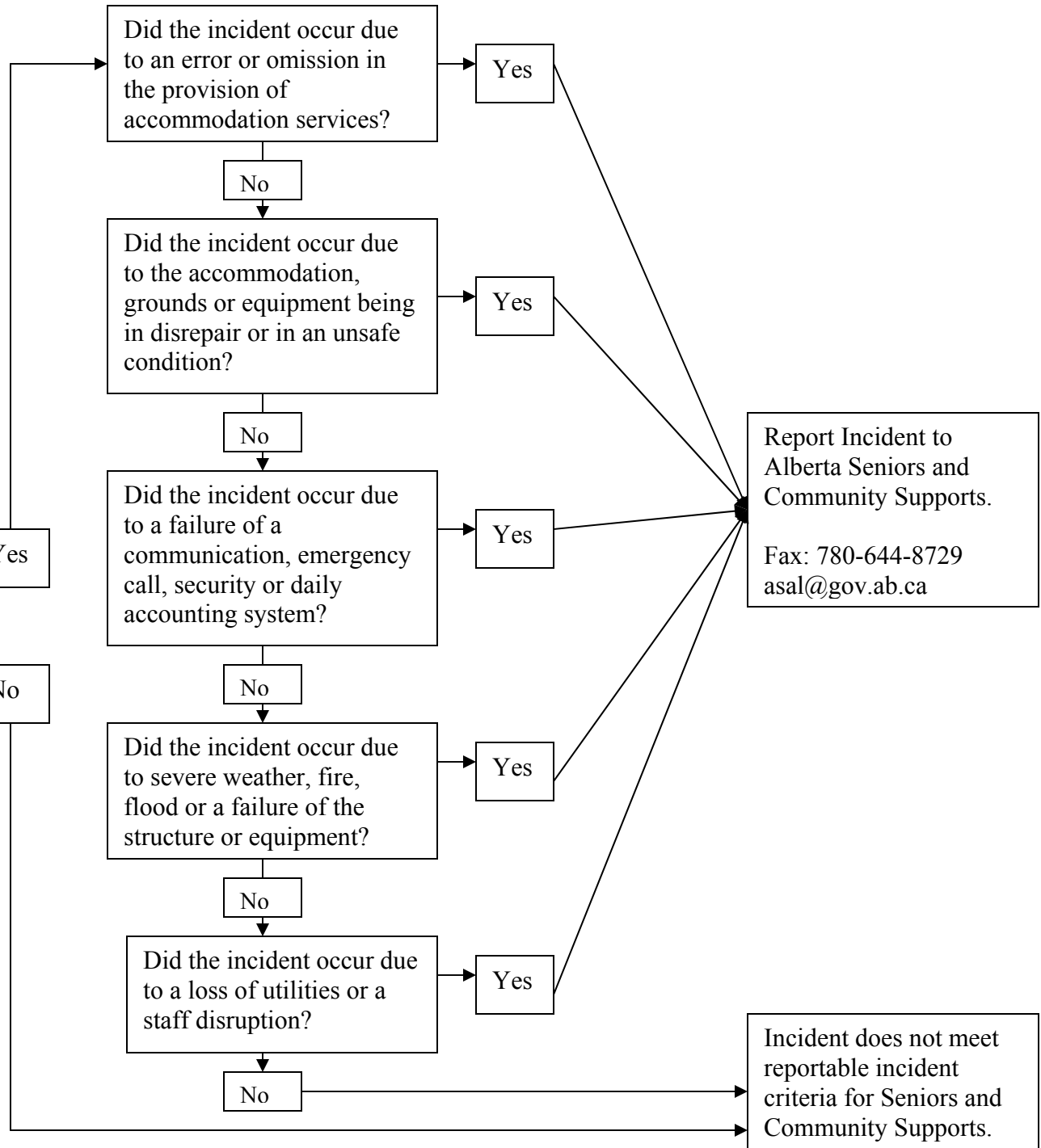
Did the incident result in a death, serious harm, an unaccounted for resident, an activation of a continuation of services plan **or** extensive damage to the accommodation?

Yes

No

Serious Harm: harm to a resident that includes medical intervention to sustain life, permanent disability, loss of limb or hospitalization as a result of a loss, failure or error in the accommodation or accommodation services.

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



Report Incident to Alberta Seniors and Community Supports.
Fax: 780-644-8729
asal@gov.ab.ca

Incident does not meet reportable incident criteria for Seniors and Community Supports.

EXAMPLES OF REPORTABLE INCIDENTS	
<p>The examples provided in this table are provided to assist operators to determine what incidents may be related to the Accommodation Standards. The examples provided are not inclusive of all incidents that may need to be reported to Alberta Seniors and Community Supports.</p>	
<p>Errors or omissions in the provision of accommodation services</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A medication error resulting in a serious injury or death <input type="checkbox"/> Unsecured medication being ingested by a resident <input type="checkbox"/> Scalding or burns due to water temperatures exceeding the maximum safe level
<p>Accommodations, grounds or equipment that are in disrepair or unsafe</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A serious injury or death due to an area of the accommodation that is in disrepair, cluttered or not maintained <ul style="list-style-type: none"> <input type="checkbox"/> Buckled carpet or lifted flooring <input type="checkbox"/> Storage in the hallways that block handrails <input type="checkbox"/> Missing, broken or loose railings <input type="checkbox"/> Broken ramps <input type="checkbox"/> Lifting or crumbling stairs or sidewalks <input type="checkbox"/> Ice or snow that has not been removed <input type="checkbox"/> Broken windows, glass, or other sharp exposed edges <input type="checkbox"/> Operator-owned furnishings in disrepair <input type="checkbox"/> A serious injury or death due to equipment that is not maintained <ul style="list-style-type: none"> <input type="checkbox"/> Transportation equipment breakdown <input type="checkbox"/> Failure of a lift (personal) or elevator
<p>Failures of communication, emergency call, security or daily accounting systems</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Resident unaccounted for <input type="checkbox"/> Door alarms or security systems not activated <input type="checkbox"/> Wanderguard/roam alert, nurse call, pendant or other call system failure <input type="checkbox"/> Staff disruption leading to regular resident checks not being completed
<p>Severe weather, fire, flood or failure of the accommodations structure or equipment</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Tornado, wind or ice storm <input type="checkbox"/> Flood – external or internal (water main break or sprinkler system failure)
<p>Loss of utilities or a staff disruption</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Loss of heat or excessive heat <input type="checkbox"/> Inability to provide meals due to loss of utility, equipment or staff <input type="checkbox"/> Evacuation due to flood, fire, gas leak, loss of utility, etc

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

TRAINING	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
<p>The operator provides training to those persons utilizing the security, communication, or emergency call systems.</p>	<ul style="list-style-type: none"> □ Conversations with residents, employees, volunteers and service providers regarding their awareness of the usage of the system. □ Documentation provided may include handbook(s), orientation material(s), training manual(s) or training record(s).

Standard 19: Trust Accounts

INTENT

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

DEFINITIONS

- **Trust Accounts:** any account (group or individualized) or internal holding system (cash box or safe) where funds held on behalf of the resident(s) are kept. Situations where no money is held and the residents are billed back for services are not considered to be a trust account.
- **Receipt:** an individual receipt or accounting of an expenditure. The receipt may be an accounting of the expenditures after a certain point of time (ie. Monthly) or at the time of each expenditure.

NOTE

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

19(1) Where an operator holds funds on behalf of a resident for a period longer than 31 days, the operator shall

- a) deposit those funds into a trust account opened and maintained for that purpose,*
- and*
- b) provide a receipt for each transaction.*

OPENING AND OPERATING TRUST ACCOUNTS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator demonstrates the trust account system that is in place.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with employees, residents or their representatives regarding the trust accounts. <input type="checkbox"/> Documentation provided may include bank statement(s), transaction receipt(s), ledger book(s) or orientation material(s).
The operator has a written process on how trust accounts are opened and maintained.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with employees, residents or their representatives regarding the trust accounts. <input type="checkbox"/> Documentation provided may include policy(ies) and procedure(s), written guideline(s), transaction receipt(s), trust account agreement(s), handbook(s), orientation material(s) or bank statement(s).

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

TRUST ACCOUNT RECORDS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator provides a regular or periodic trust account statement free of charge.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents/ representatives regarding the issuance of trust account statements. <input type="checkbox"/> Documentation provided may include statement(s), letter(s) or statement issue schedule(s).
The operator provides trust account statements upon request free of charge.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents/ representatives regarding their awareness of how to receive a trust account statement. <input type="checkbox"/> Documentation demonstrating that residents are notified of how they may request trust account statements. This information may be found in handbook(s), terms of occupancy, admission agreement(s), trust account agreement(s), training material(s) or orientation material(s).

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

WITHDRAWAL OF FUNDS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator demonstrates how the process for withdrawing funds from trust accounts works.	<input type="checkbox"/> Documentation provided may include letter(s), email(s), memo(s), receipt(s), request form(s), withdrawal form(s) or other withdrawal documentation.
The operator has written processes dealing with the withdrawal of funds from trust accounts.	<input type="checkbox"/> Documentation provided may include policy(ies) and procedure(s), guideline(s), trust account agreement(s), service agreement(s), handbook(s) or orientation material(s).

Standard 20: Corporate Status

INTENT

To verify that the long-term care operator maintains the incorporated body in good standing.

20 The organization is an incorporated body in good standing to do business in the Province of Alberta and the respective municipality, if applicable.

CORPORATE STATUS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The name of the incorporated body is provided to the Accommodation Standards and Licensing Unit for a corporate registry search.	<input type="checkbox"/> Documentation provided may include incorporation documents of the body.
Corporate registry documentation is provided showing the incorporated body to be active.	<input type="checkbox"/> Documentation provided may include statement(s) or report(s).

Standard 21: Water Temperature

INTENT

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

DEFINITIONS

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

NOTE

- Resident education may not be applicable in some accommodations where residents are independent or have been assessed as capable of ensuring safe water temperatures or where personnel assist residents in all areas related to water usage.

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

SAFE WATER TEMPERATURES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Regularly scheduled checks of the hot water temperature flowing out of the taps in resident areas to ensure that it does not exceed the predetermined safe level.	<input type="checkbox"/> Documentation demonstrating that safe water temperatures are maintained in resident areas. This information may be found in log(s), checklist(s) or calendar(s).

21(2) An operator shall ensure that safe water temperature for the personal use of residents are maintained through
a) employee and resident training and education
b) proper maintenance and monitoring of equipment,
and
c) appropriate risk mitigation procedures.

EDUCATION (RESIDENTS)	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Information provided to residents on safe water temperatures.	<input type="checkbox"/> Conversations with residents regarding their understanding of safe water temperatures. <input type="checkbox"/> Documentation of education received by residents. This information may be found in orientation material(s), meeting minute(s), move-in checklist(s), or poster(s).

TRAINING (EMPLOYEE)	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator provides training on appropriate temperatures and process for reporting undesirable water temperatures.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with employees regarding their understanding of safe water temperatures. <input type="checkbox"/> Documentation of training received by employees. This information may be found in training record(s), orientation form(s), meeting minute(s), move-in checklist(s), or poster(s).
The operator provides training on measuring hot water temperatures.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with employees regarding their understanding of safe water temperatures. <input type="checkbox"/> Documentation of training received by employees. This information may be found in training record(s), training material(s), orientation form(s) and meeting minute(s), or poster(s).

MAINTENANCE AND MONITORING OF EQUIPMENT	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Corrective maintenance records for the hot water heating system and therapeutic tubs.	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation demonstrating that the hot water heating equipment is repaired and maintained. This information may be found in work order(s), requisition(s), invoice(s) or log(s).
Preventative maintenance records for the hot water heating system and therapeutic tubs.	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation demonstrating that the hot water heating equipment is regularly inspected and maintained. This information may be found in preventative maintenance record(s), log(s), invoice(s), contract(s) or checklist(s).

RISK MITIGATION PROCEDURES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Limiting resident access to high water temperature areas (ie. Laundry and kitchen).	<ul style="list-style-type: none"> ❑ Observation of limitations to resident access. This may be found as locked doors, signage, etc. ❑ Documentation demonstrating that certain areas are not for resident use. This information may be found in policy(ies) and procedure(s), resident handbook(s), or orientation information.
The installation and maintenance of mixing valves, scald free taps or automatic shut-off systems.	<ul style="list-style-type: none"> ❑ Conversations with employees regarding the system installed. ❑ Observation of mixing valves and temperature gauges. ❑ Documentation demonstrating that there is a preventative maintenance plan for mixing valves, scald free taps or automatic shut off systems. This information may be found in preventative maintenance document(s), log(s) or checklist(s).

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

QUALIFICATIONS OF PERSONNEL	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Job descriptions and qualifications for maintenance personnel match the needs of the water system (ie. Power engineers (Class 1-5) certificate of competency, special boiler operator certificate of competency).	<ul style="list-style-type: none"> ❑ Documentation demonstrating that the needs of the building (based on the job description) and the qualifications of maintenance personnel match. This information may be found in job description(s), certificate(s), resume(s) or other verification of qualifications.
Contracts with or procurement of qualified persons for maintenance to the water system (Arjo, plumbers, etc).	<ul style="list-style-type: none"> ❑ Documentation demonstrating that the needs of the water system are met with the periodic procurement of an appropriate water system technician. This information may be found in contract(s) or invoice(s).

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

THERAPEUTIC TUB	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The temperature of the hot water flowing into the therapeutic tub is taken and recorded prior to the first bath of the day. The record of water temperatures is kept in the tub room.	<ul style="list-style-type: none"> <input type="checkbox"/> Observation of the water temperature logs kept in the tub room. <input type="checkbox"/> Documentation provided may be a log book(s) or log sheet(s).
Where a therapeutic tub has an automatic shut-off when the tub exceeds a preset temperature, and there is insufficient time to get an external temperature reading the digital temperature read out can be used as the temperature recording.	<ul style="list-style-type: none"> <input type="checkbox"/> Observation of the water temperature logs kept in the tub room. <input type="checkbox"/> Documentation provided may be a log book(s) or log sheet(s).

Standard 22: General Information

INTENT

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

DEFINITIONS

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

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

GENERAL INFORMATION PROVISION	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator provides a resource area to display relevant information for residents.	<ul style="list-style-type: none"> □ Conversations with residents regarding their access to resources. □ Observation of the resource area.
The operator provides resources to residents in written format.	<ul style="list-style-type: none"> □ Conversations with residents regarding their access to resources. □ Documentation provided may include admission package(s), handbook(s) or newsletter(s).
The operator provides access to community resources via various media outlets.	<ul style="list-style-type: none"> □ Conversations with residents regarding their access to resources. □ Observation of media / equipment. □ Documentation demonstrating that all residents are able to access and utilize the media provided. This information may be found in care plan(s), assessment(s), meeting minute(s), or survey(s).
The operator employs a social worker or other employee for the purpose of providing resources to residents.	<ul style="list-style-type: none"> □ Conversations with residents/representatives regarding their access to resources. □ Documentation provided may include job description(s), job duty(ies), or handbook(s).

Standard 23: Information Respecting the Long-term Care Accommodation

INTENT

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

DEFINITIONS

- **Move in and orientation:** the process for move in and the expected orientation items to familiarize the resident with the accommodation and the services provided.
- **Monthly basic accommodation charges:** information on the charges for the accommodation and what is covered by this charge.
- **Information concerning maintenance and cleaning schedules:** information on the frequency of cleaning, hours of service in which service is provided, project work scheduling, repair and replacement schedules and how to report concerns to maintenance.
- **List of optional services and charges:** information on any additional services (e.g. cleaning, laundry, hairdressing, personal choice services, cable, etc) offered by the operator in the accommodation for a fee above and beyond that which is included in the residential services agreement and what the fee is for the service.
- **Notice periods for rate increases:** information of the notice period for rate increases stated in days or months or on a specific date (ie. January 1 of each year) for the accommodation and/or accommodation services.
 - **Note:** Rates for Long-term Care are set by the Ministry of Seniors and Community Supports. This notice period refers to the amount of notice the accommodation commits to provide residents/representatives prior to the implementation of any Ministry approved increases.
- **Notice periods for termination of services or tenancy:** information of the notice periods for services or tenancy to be terminated by the operator or the resident or their representative. The notice period may apply to situations of discharge, transfers or other endings of services at a specific accommodation.
- **Required Inspections:** Inspections completed by jurisdictions responsible for Accommodation Standards, Environmental Health or the Safety Code, such as Building and Fire.

- **Concerns and complaint resolution process:** forms or information pertaining to how residents can express complaints and concerns and the steps that will be taken to resolve the issue.

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

- a) the process of moving in and orientation,**
- b) basic accommodation and service charges on a monthly basis,**
- c) available optional personal services and their charges,**
- d) cleaning and maintenance schedules,**
- e) the notice period applicable to rate increases,**
- f) the house rules of the long-term care accommodation and circumstances that could lead to the termination of residency,**
- g) information respecting the measures taken by the operator to protect the privacy and personal information of residents,**
- h) information respecting trust accounts, if applicable**
- i) information respecting the results of required inspections of the long-term care accommodation,**
- and**
- j) the written process for resolving concerns or complaints.**

ACCOMMODATION INFORMATION PROVISION	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator provides information to residents/representatives verbally following an orientation checklist.	<ul style="list-style-type: none"> □ Documentation provided may include orientation material(s) or checklist(s).
The operator provides information to residents/representatives in a written format.	<ul style="list-style-type: none"> □ Documentation provided may include intake package(s), application form(s), resident agreement(s), handbook(s), welcome package(s), policy(ies) or pamphlet(s).
The operator communicates to residents/representatives the availability of information that it has in written format.	<ul style="list-style-type: none"> □ Documentation demonstrating that residents are notified of the availability of information. Documentation provided may include orientation material(s), orientation checklist(s), or posting(s). <li style="text-align: center;"><u>AND</u> □ Documentation demonstrating the operators policies and processes. Documentation provided may include policy(ies), procedure(s), memorandum(s), or other document(s).

23(2) An operator shall ensure that a residential services agreement is signed by each resident or the resident’s representative and by an authorized representative of the long-term care accommodation.

RESIDENTIAL SERVICE AGREEMENT	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator provides a signed residential services agreement.	<input type="checkbox"/> Documentation provided may include one or more service agreement(s).

23(3) A residential services agreement
a) may be a separate document on its own or may form part of another document,
and
b) must clearly state
i) the residential services provided,
ii) the rates charged for those services, and
iii) the notice periods that apply to rate increases and the termination of services or residency.

TERMS OF THE AGREEMENT	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator utilizes one residential service agreement covering all points.	<input type="checkbox"/> Documentation provided may include residential service agreement(s).
The operator utilizes multiple agreements covering all points.	<input type="checkbox"/> Documentation provided may include residential service agreement(s).
The operator utilizes an agreement in conjunction with signed addendums which may cover some points.	<input type="checkbox"/> Documentation provided may include residential service agreement(s) and addendum(s).

Standard 24: Concerns and Complaints

INTENT

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

DEFINITIONS

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

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

WRITTEN PROCESS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator has written processes on the resolution of concerns and complaints.	<ul style="list-style-type: none"> □ Documentation provided may include policy(ies) and procedure(s), flowchart(s), form(s) with instructions for use, handbook(s), welcome package(s), guideline(s), poster(s) or pamphlet(s).

DOCUMENTATION OF CONCERNS AND COMPLAINTS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator retains the concern or complaint and provides evidence of the action taken to rectify the situation.	<ul style="list-style-type: none"> □ Documentation demonstrating that action was taken to rectify the complaint. This information may include requisition(s), receipt(s), referral(s), assessment(s) or policy(ies) and procedure(s).
The operator logs the complaints and concerns and the action taken.	<ul style="list-style-type: none"> □ Documentation provided may include log book(s) or communication book(s).
The operator utilizes meetings to resolve and document complaints.	<ul style="list-style-type: none"> □ Documentation provided may include meeting minutes or agenda(s).
The operator utilizes complaint forms or correspondence with the complainant to document action taken.	<ul style="list-style-type: none"> □ Documentation provided may include form(s), letter(s) or email(s).

Standard 25: Certificate Posted

INTENT

To ensure that residents and their representatives are aware of the status of the long-term care accommodations certification.

25(1) An operator shall post the certificate of compliance to the long-term care accommodation standards issued to the operator, in a prominent place in the long-term care accommodation to which it pertains.

POSTED CERTIFICATE	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The posted certificate is visible in the accommodation.	<input type="checkbox"/> Observation of the posted certificate.

Standard 26: Criminal Record Checks

INTENT

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

DEFINITIONS

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

NOTE

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

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

CRIMINAL RECORD CHECKS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Criminal record checks for employees, volunteers and service providers are kept on file.	□ Documentation provided may include criminal record check(s).
Verification records that a criminal record check was viewed and deemed to be satisfactory are completed.	□ Documentation provided may include checklist(s), record(s), application form(s) or commencement form(s).

Standard 27: Privacy and Personal Information

INTENT

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

DEFINITIONS

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

27(1) An operator shall ensure that the privacy and the personal information of residents is protected.

PROTECTION OF INFORMATION AND PRIVACY	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Personal information of residents is protected regardless of format (digital/ electronic or paper) or location (on site, off site, or during transportation).	<ul style="list-style-type: none"> □ Observation of protection of personal information. □ Documentation provided may include internal or external privacy audits, consent forms and assessments as appropriate.

27(2) An operator shall develop and maintain written policies respecting the protection of residents’ privacy and personal information and shall
a) train employees and volunteers in implementing the policies,
and
b) ensure that residents and their representatives are informed respecting the policies.

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

TRAINING	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator provides training and written information (copies of policies and procedures) to contractors, volunteers and staff regarding the collection, use and disclosure of personal information.	<ul style="list-style-type: none"> □ Conversations with contractors, volunteers or staff regarding the protection of personal information. □ Documentation may include handbook(s), orientation material(s), training material(s), checklist(s), forms, sign in sheet(s), or contracts with privacy protection clauses in them.

INFORMATION ON PROCESSES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator notified residents/representatives verbally and documents that the discussion has occurred.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents or their representatives regarding their awareness of the operator’s policies in the protection of personal information. <input type="checkbox"/> Documentation provided may include meeting minutes, or orientation checklist(s).
The operator provides training to residents/representatives in how the operator protects their personal information.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents and their representatives regarding their awareness of the operator’s policies in the protection of personal information. <input type="checkbox"/> Documentation provided may include training material(s), orientation materials(s), sign in sheet(s) or training record(s).
The operator provides written information to the residents/representatives on the protection of their personal information.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents and their representatives regarding their awareness of the operator’s policies in the protection of personal information. <input type="checkbox"/> Documentation provided may include policy(ies) and procedure(s), consent form(s), handbook(s) or admission agreement(s).

Standard 28: Safety and Security

INTENT

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

DEFINITIONS

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

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

POLICIES AND PROCEDURES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Site specific policies and procedures are created, implemented and current.	<ul style="list-style-type: none"> □ Observation of the implementation of the policies and procedures. □ Documentation demonstrating that policies and procedures are in existence and in use by staff. This information may be found in policy and procedure manual(s), orientation material(s) or computerized record(s).

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

ACCESS TO POLICIES AND PROCEDURES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
Written policies and procedures are available to all employees.	<ul style="list-style-type: none"> ❑ Observation of location of policies and procedures in an area accessible to all employees. ❑ Documentation demonstrating that employees are aware of the location of policies and procedures. This information may be found in employee handbook(s), orientation material(s) or signage.
Electronic version of policies and procedures are available to all employees.	<ul style="list-style-type: none"> ❑ Observation of location of computer access points for policies and procedures in an area accessible to all employees. ❑ Documentation demonstrating that employees are aware of the location of computer access points policies and procedures. This information may be found in employee handbook(s), orientation material(s) or signage.

Standard 29: Job Descriptions

INTENT

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

DEFINITIONS

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

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

JOB DESCRIPTIONS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator has written job descriptions for each position.	<ul style="list-style-type: none"> □ Documentation provided may be job description(s) or task analysis(es).

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"> <input type="checkbox"/> Conversations with employees regarding knowledge of the job descriptions. <input type="checkbox"/> Documentation provided may be policy(ies) and procedure(s), job description binder(s) or job duty(ies).
The operator provides employees with their job description at application or hire.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with employees regarding knowledge of the job descriptions. <input type="checkbox"/> Documentation provided may be an application package(s), interview guideline(s), commencement package(s) or policy(ies) and procedure(s).
The operator provides employees with their job descriptions at orientation or initial training.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with employees regarding knowledge of the job descriptions. <input type="checkbox"/> Documentation provided may be orientation material(s), handbook(s) or training material(s).

29(2) The job description referred to in subsection 1 must set out
a) the job qualifications,
b) the responsibilities of the position,
and
c) the scope of the position.

JOB DESCRIPTION REQUIREMENTS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator provides written job descriptions covering all points.	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation provided may include job description(s), job posting(s) or job duty(ies).

Standard 30: Residents’ Personal Affairs

INTENT

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

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

WRITTEN PROCESSES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator has written processes regarding the extent of involvement allowed for employees and volunteers in residents’ personal affairs.	<input type="checkbox"/> Documentation provided may include policy(ies) and procedure(s), guideline(s), handbook(s), orientation material(s), or training material(s).

30(2) The written policies referred to in subsection 1 must at minimum address
a) the accepting of gifts by employees or volunteers from residents,
b) the involvement of employees or volunteers in the financial affairs of residents, including matters relating to powers of attorney, wills and estate planning,
and
c) the involvement of employees or volunteers in the non-financial affairs of residents, including matter relating to personal directives, decision-making, and guardianship.

INVOLVEMENT IN RESIDENTS PERSONAL AFFAIRS	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator has written processes covering all points.	<input type="checkbox"/> Documentation provided may include policy(ies) and procedure(s), guideline(s), handbook(s), orientation material(s), or training material(s).

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

COMMUNICATION OF PROCESSES	
METHODS OF COMPLIANCE (possible, but not limited to):	EVIDENCE OF COMPLIANCE (possible, but not limited to):
The operator provides residents/representatives/ employees/volunteers with a copy of the policy referred to in Subsection 1.	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation provided may include policy(ies) and procedure(s).
The operator provides residents/representatives employees/volunteers with information regarding the policy.	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation provided may include handbook(s), memo(s), training material(s), poster(s) or admission agreement(s).
The operator discussed the policy with residents/representatives employees/volunteers and documents that this discussion occurred.	<ul style="list-style-type: none"> <input type="checkbox"/> Conversations with residents/representatives employees/volunteers regarding their awareness of the policy. <input type="checkbox"/> Documentation provided may include orientation material(s), orientation checklist(s) or meeting minutes.

Long-term Care Resources

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

IN THIS SECTION

Other Governing Legislation	2	Trust Accounts	7
Building Code Requirements.....	2	Corporate Status	7
Safety Requirements.....	3	Water Temperature	7
Maintenance Requirements.....	3	General Information.....	8
Environmental Requirements.....	3	Information Respecting the Long-term Care Accommodation.....	9
Personal Choice Services.....	3	Concerns and Complaints.....	9
Insurance	4	Criminal Record Check.....	9
Contracted Services.....	4	Privacy and Personal Information.....	10
Social or Leisure Activities.....	4	Job Descriptions.....	10
Menu and Nutritional Requirements.....	5	Residents' Personal Affairs.....	10
Cleaning Requirements.....	5	Other Provincial Standards.....	10
Continuation of Services.....	5	Accommodation Standard 16: Points to consider when developing plans	Appendix A
Prevention of Abuse.....	6	Alberta Health and Wellness Reportable Incident Criteria.....	Appendix B
Resident Safety and Security.....	7		

FORMAT USED

Resources are listed under the applicable Standard heading. Resources are not provided for every standard.

OTHER GOVERNING LEGISLATION

- **Alberta Safety Services Branch:** this branch of Municipal Affairs and Housing administers the *Safety Codes Act*.
http://www.municipalaffairs.alberta.ca/am_safety_services.cfm
- **Alberta Safety Codes Act:**
http://www.qp.alberta.ca/574.cfm?page=S01.cfm&leg_type=Acts&isbncln=9780779723652
- **Public Health Act:**
http://www.qp.alberta.ca/574.cfm?page=P37.cfm&leg_type=Acts&isbncln=9780779743742
- **Hospitals Act:**
http://www.qp.alberta.ca/574.cfm?page=H12.cfm&leg_type=Acts&isbncln=9780779746996
- **Nursing Homes Act:**
http://www.qp.alberta.ca/574.cfm?page=N07.cfm&leg_type=Acts&isbncln=0779705394
- **Nursing Homes General Regulation:**
http://www.qp.alberta.ca/574.cfm?page=1985_232.cfm&leg_type=Regs&isbncln=9780779723881
- **Nursing Homes Operation Regulation:**
http://www.qp.alberta.ca/574.cfm?page=1985_258.cfm&leg_type=Regs&isbncln=9780779735518

BUILDING CODE REQUIREMENTS

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

SAFETY REQUIREMENTS

- **Institutions Regulation:** governs requirements for institutions with 4 or more persons receiving care.
http://www.qp.alberta.ca/574.cfm?page=1981_143.cfm&leg_type=Regs&isbncln=0773226044
- **Snow and Ice Removal Services:** Sample of process used by Alberta Infrastructure.
http://www.infrastructure.alberta.ca/Content/docType486/Production/01_93_51PMS.doc

MAINTENANCE REQUIREMENTS

- **Safety Codes Act and Regulations:** provides a link to the *Act* and the associated Regulations which govern some aspects of building maintenance.
http://www.qp.alberta.ca/570.cfm?frm_isbn=9780779723652&search_by=link
- **Technical Resource Centre:** Samples of processes used by Alberta Infrastructure for maintenance of structures. <http://www.infrastructure.alberta.ca/3543.htm>
- **Alberta Boilers Safety Association:** information regarding education and legislation related to pressure equipment. <http://www.absa.ca/>

ENVIRONMENTAL REQUIREMENTS

- **Institutions Regulation:** governs requirements for institutions with 4 or more persons receiving care.
http://www.qp.alberta.ca/574.cfm?page=1981_143.cfm&leg_type=Regs&isbncln=0773226044

PERSONAL CHOICE SERVICES

- See your local municipality office for details regarding what services require a business licence in your area.
- **Personal Services Regulation:** This Regulation under the Public Health Act governs the requirements of personal service professionals.
http://www.qp.alberta.ca/574.cfm?page=2003_020.cfm&leg_type=Regs&isbncln=0779716795
- **Alberta Health Standards and Guidelines for Barbering and Hairstyling:** Guidelines specific to hairdressers and barbers.
<http://www.health.alberta.ca/documents/Standards-Barber-Hairstyling.pdf>

- **Massage Therapist Association of Alberta:** information pertaining to practicing Massage Therapy in Alberta <http://www.mtaalberta.com/?page=103>
- **Alberta Podiatry Act :** link to the *Act*.
http://www.qp.alberta.ca/574.cfm?page=p16.cfm&leg_type=Acts&isbncln=9780779727216
- **Health Professions Act :** link to the *Act* and associated Regulations that govern Health Professionals in Alberta.
http://www.qp.alberta.ca/570.cfm?frm_isbn=9780779746460&search_by=link

INSURANCE

- **Insurance Act:**
http://www.qp.alberta.ca/574.cfm?page=i03.cfm&leg_type=Acts&isbncln=9780779743629
- **Insurance Bureau of Canada:** provides information regarding the insurance industry and descriptors on types of insurance. <http://www.ibc.ca/>

CONTRACTED SERVICES

- **Apprenticeship and Industry Training Act:** provides a link to the *Act* and its associated Regulations which regulates Trades in Alberta.
http://www.qp.alberta.ca/570.cfm?frm_isbn=9780779727957&search_by=link
- **Canada Home Builder's Association:** Information on writing a contract.
<http://www.hiringacontractor.com/>

SOCIAL OR LEISURE ACTIVITIES

- See local municipality or community associations for local programming guides.
- **Culture and Community Spirit:** cultural events around Alberta.
<http://culture.alberta.ca/events/default.aspx>
- **Therapeutic Activity Directory:** provides a listing of activity ideas.
<http://www.recreationtherapy.com/tx/actindex.htm>
- **Alberta Therapeutic Recreation Association:** Information on the profession of therapeutic recreation in Alberta. <http://www.alberta-tr.org/pages/home/default.aspx>
- **Lifestyle Information Network:** a recreation database has a collection of journals and books with information relevant to different ages and disability groups. <http://lin.ca/htdocs/about.cfm>

MENU AND NUTRITIONAL REQUIREMENTS

- **Health Canada:** Eating Well with the Canada Food Guide.
<http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>
- **Alberta Healthy U:** information and resources on healthy eating.
<http://www.healthyalberta.com/>
- **Nursing Homes Operation Regulation:**
http://www.qp.alberta.ca/574.cfm?page=1985_258.cfm&leg_type=Regs&isbncln=9780779735518

CLEANING REQUIREMENTS

- **Alberta Health Services:** topics on cleaning and sanitizing.
http://www.capitalhealth.ca/YourHealth/BrowseByTopic/level2.htm?NavType=Topic&Level_2_ID=2266&Level_1_ID=72
- **Alberta Infection Prevention and Control Strategy**
<http://www.health.alberta.ca/documents/IPC-Alberta-Strategy-2008.pdf>
- **Alberta Hand Hygiene Strategy**
<http://www.health.alberta.ca/documents/IPC-Hand-Hygiene-Strategy-2008.pdf>
- **Alberta Infrastructure:** sample caretaking services task schedule.
http://www.infrastructure.alberta.ca/Content/docType486/Production/00_01_21_1_PMS.doc
- **Alberta Infection Prevention and Control Stop Bad Bugs:** www.AlbertaIPC.ca

CONTINUATION OF SERVICES

- **Alberta Emergency Management Agency Resources:**
Alberta Emergency Management Agency (1-780-422-9000)
<http://aema.alberta.ca/>
Alberta's Emergency Plan:
[http://aema.alberta.ca/documents/ema/Alberta_Emerg_Plan_2008\(1\).pdf](http://aema.alberta.ca/documents/ema/Alberta_Emerg_Plan_2008(1).pdf)
Basic Emergency Management Online Course
https://mahextranet.gov.ab.ca/quiz/ems_help.htm
Emergency Preparedness Guide
<http://www.aema.alberta.ca/documents/72hrEMPreparedness.pdf>
- **Public Safety Canada:** Emergency Preparedness Guide
<http://www.getprepared.gc.ca/fl/guide/national-eng.pdf>
- **Emergency Preparedness Checklist:** for nursing homes, assisted living facilities and group homes – some important points to consider in developing a plan.
<http://www.montgomerycountymd.gov/content/hhs/phs/APC/apcnursinghomeassess.pdf>

- **Health Canada:** information on extreme heat events. <http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/environ/heat-chaleur-eng.php>

PREVENTION OF ABUSE

- **Alberta Seniors and Community Supports Resources:**
Protection for Persons in Care Act
http://www.qp.alberta.ca/574.cfm?page=P29.cfm&leg_type=Acts&isbncln=0779728998
Protection for Persons in Care
http://www.seniors.gov.ab.ca/CSS/persons_in_care/
Adult Safeguards poster.
http://www.seniors.alberta.ca/CSS/persons_in_care/AdultsSafeguards.pdf

Financial abuse of seniors fact sheet.
http://www.seniors.gov.ab.ca/services_resources/elderabuse/Fact_FinancialAbuse.pdf

Elder abuse prevention resources.
http://www.seniors.gov.ab.ca/services_resources/elderabuse/index.asp
- **Abuse reporting phone numbers:**
Protection for Persons in Care Reporting Line 1-888-357-9339
Calgary Kerby Elder Abuse Line Phone: 403-705-3250 (24 hours)
Edmonton Seniors Abuse Help Line Phone: 780-454-8888 (24 hours)
Lethbridge Senior Citizens Organization Phone: 403-320-2222 (Ext 25)
Medicine Hat Community Response to Abuse and Neglect of Elders (CRANE)
Phone: 403-529-4798 (24 hours)
- **Government of Canada:** Elder Abuse Pamphlet.
http://www.seniors.gc.ca/images/upload/canada/154/3272_hrsdc_abuse_broch_eng_v3.pdf
- **Royal Canadian Mounted Police**
<http://www.rcmp-grc.gc.ca/>
- **Legal Resource Centre:** Abuse of Older Adults.
<http://www.law-faqs.org/docs/AbuseThirdEdAugFINAL.pdf>
- **Elder Abuse:** An Alberta Directory of Victim Services for Older Adults
<http://www.ucalgary.ca/~crilf/publications/AlbertaBooklet.pdf>
- **Elder Advocates Of Alberta Society**
<http://elderadvocates.ca/what-is-elder-abuse/>
- **Alberta Council on Aging:** A service provider's resource manual for elder abuse in Alberta. <http://www.acaging.ca/files/helpinghandsenglish.pdf>

RESIDENT SAFETY AND SECURITY

- See manufacturer's information for security, emergency call and communication systems.
- **Alzheimer's Society:** information on searching for missing persons with dementia.
<http://www.alzheimer.ca/docs/brochure-search-is-an-emerg-eng.pdf>

TRUST ACCOUNTS

- **Nursing Homes Operation Regulation:**
http://www.qp.alberta.ca/574.cfm?page=1985_258.cfm&leg_type=Regs&isbncln=9780779735518

CORPORATE STATUS

- **Business Corporations Act**
http://www.qp.alberta.ca/574.cfm?page=B09.cfm&leg_type=Acts&isbncln=9780779743476
- **Cooperatives Act**
http://www.qp.alberta.ca/574.cfm?page=C28P1.cfm&leg_type=Acts&isbncln=9780779743513
- **Companies Act**
http://www.qp.alberta.ca/574.cfm?page=c21.cfm&leg_type=Acts&isbncln=9780779746361
- **Partnership Act**
http://www.qp.alberta.ca/574.cfm?page=P03.cfm&leg_type=Acts&isbncln=9780779744442
- **Societies Act**
http://www.qp.alberta.ca/574.cfm?page=S14.cfm&leg_type=Acts&isbncln=0779726936

WATER TEMPERATURE

- **Power Engineers Regulation** under the *Safety Codes Act*.
http://www.qp.alberta.ca/574.cfm?page=2003_085.cfm&leg_type=Regs&isbncln=0779736435
- **Alberta Building Code:** link to purchase the Code.
http://www.municipalaffairs.alberta.ca/cp_building_codes_&_standards.cfm
- **Institutions Regulation:** governs requirements for institutions with 4 or more persons receiving care.
http://www.qp.alberta.ca/574.cfm?page=1981_143.cfm&leg_type=Regs&isbncln=0773226044

- **Arjo Therapeutic Tubs:** manufacturer of therapeutic tubs.
<http://www.arjoHuntleigh.com>
- **Apollo:** manufacturer of therapeutic tubs.
<http://www.apollobath.com/>
- **BHM Medical:** manufacturer of therapeutic tubs.
<http://www.bhm-medical.com/>

GENERAL INFORMATION

- **Alberta Supports:** provincial information about programs and services
<http://www.albertasupports.ca>
- **Active Living Coalition for Older Adults:** Resource Directory 2008
http://www.alcoa.ca/e/pdf/resource_directory_2008.pdf
- **Alberta Government Programs and Services:** Community Resources
<http://www.programs.alberta.ca/Living/9546.aspx?Ns=9551+9574&N=770>
- **Seniors Association of Greater Edmonton (SAGE)**
<http://www.mysage.ca/aboutus.cfm>
- **Seniors Programs and Services Guide**
http://www.seniors.gov.ab.ca/services_resources/programs_services/booklet/ProgramsServices_InfoGuide.pdf
- **Senior Financial Assistance:** link to information on special needs assistance, dental assistance and optical assistance.
<http://www.seniors.gov.ab.ca/FinancialAssistance/>
- **Alberta Aids to Daily Living (AADL)**
<http://www.seniors.gov.ab.ca/AADL/>
- **Service Canada:** Services for seniors guide.
<http://www.seniors.gc.ca/images/upload/canada/141/ISBP344-03-08E.pdf>
- **Assured Income for the Severely Handicapped (AISH).**
<http://www.seniors.gov.ab.ca/AISH/>
- **Alberta Continuing Care Association:** <http://www.ab-cca.ca/>

INFORMATION RESPECTING THE LONG-TERM CARE ACCOMMODATION

- ***Nursing Homes Act:***
http://www.qp.alberta.ca/574.cfm?page=N07.cfm&leg_type=Acts&isbncln=0779705394
- **Nursing Homes General Regulation:**
http://www.qp.alberta.ca/574.cfm?page=1985_232.cfm&leg_type=Regs&isbncln=9780779723881
- **Nursing Homes Operation Regulation:**
http://www.qp.alberta.ca/574.cfm?page=1985_258.cfm&leg_type=Regs&isbncln=9780779735518
- **Sample residential service agreements:**
http://www.health.state.ny.us/facilities/assisted_living/docs/model_residency_agreement.pdf

<http://www.fourwindscommunity.com/Parents/Res%20Svc%20Agrmt-Example.pdf>

http://www.ctassistedliving.com/pdfs/alfa_resident_agreement.pdf

http://www.manorhills.net/pdf/admission_agreement.pdf

CONCERNS AND COMPLAINTS

- **Alberta Health Services:** Feedback form.
<http://www.albertahealthservices.ca/files/pc-brochure.pdf>

CRIMINAL RECORD CHECK

- ***Protections for Persons in Care Act***
http://www.qp.alberta.ca/574.cfm?page=P29.cfm&leg_type=Acts&isbncln=0779728998
- **Royal Canadian Mounted Police**
<http://www.rcmp-grc.gc.ca/>
- **BackCheck**
<http://www.backcheck.net/>

PRIVACY AND PERSONAL INFORMATION

- ***Freedom of Information and Protection of Privacy Act***
http://www.qp.alberta.ca/574.cfm?page=F25.cfm&leg_type=Acts&isbncln=9780779743568
- **Freedom of Information and Protection of Privacy (FOIP) Guidelines and Practices Manual 2009**
http://www.qp.alberta.ca/570.cfm?frm_isbn=9780778585633&search_by=link
- ***Personal Information Protection Act***
<http://pipa.alberta.ca/index.cfm?page=legislation/act/index.html>
- ***Health Information Act***
http://www.qp.alberta.ca/574.cfm?page=H05.cfm&leg_type=Acts&isbncln=9780779743575
- ***Personal Information Protection and Electronic Documents Act* (PIPEDA)**
<http://laws.justice.gc.ca/eng/P-8.6/page-1.html>
- **Guide to PIPEDA** - http://www.priv.gc.ca/information/02_05_d_08_e.cfm
- ***Nursing Homes Act***: http://www.qp.alberta.ca/574.cfm?page=N07.cfm&leg_type=Acts&isbncln=0779705394

JOB DESCRIPTIONS

- **University of Alberta**: guidelines for writing job descriptions.
<http://www.hrs.ualberta.ca/JobEval/APO/PD-Writing.aspx>

RESIDENTS' PERSONAL AFFAIRS

- ***Adult Guardianship and Trusteeship Act***
http://www.qp.alberta.ca/574.cfm?page=A04P2.cfm&leg_type=Acts&isbncln=9780779743797
- ***Personal Directives Act***
http://www.qp.alberta.ca/574.cfm?page=p06.cfm&leg_type=Acts&isbncln=9780779747368
- **Personal Directive Registry** <http://www.seniors.gov.ab.ca/opg/registry>
- ***Powers of Attorney Act***
http://www.qp.alberta.ca/574.cfm?page=p20.cfm&leg_type=Acts&isbncln=9780779743735

OTHER PROVINCIAL STANDARDS

- **Continuing Care Health Service Standards:**
<http://www.continuingcare.alberta.ca/download/Continuing-Care-Standards-2008.pdf>

Resource ~ Appendix A

Accommodation Standard 16: Points to Consider when Developing Plans

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

IN THIS SECTION

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

FORMAT USED

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

DESCRIPTION OF HEADINGS USED

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



Loss of Electrical Power

At the start of an outage:																									
CONSIDER	Who is responsible for ensuring that all residents are safe and accounted for?																								
CONSIDER	Who is responsible to determine the cause/potential length of the outage?																								
CONSIDER	What key contacts need to be informed of the disruption?																								
Sheltering in Place:																									
CONSIDER	<p>What equipment relies on power to operate?</p> <table border="0"> <tr> <td><input type="checkbox"/> Heating system</td> <td><input type="checkbox"/> IT equipment</td> <td><input type="checkbox"/> Elevator</td> </tr> <tr> <td><input type="checkbox"/> Cooling system</td> <td><input type="checkbox"/> Safety and security equipment</td> <td><input type="checkbox"/> Washer and dryers</td> </tr> <tr> <td><input type="checkbox"/> Hot water heating</td> <td><input type="checkbox"/> Sanitation equipment</td> <td><input type="checkbox"/> Cleaning equipment</td> </tr> <tr> <td><input type="checkbox"/> Communication devices</td> <td><input type="checkbox"/> Food preparation equipment</td> <td><input type="checkbox"/> Oxygen concentrators</td> </tr> <tr> <td><input type="checkbox"/> Security systems</td> <td><input type="checkbox"/> Fridges, coolers and freezers</td> <td><input type="checkbox"/> Medical equipment</td> </tr> <tr> <td><input type="checkbox"/> Fire alarm system</td> <td><input type="checkbox"/> Food service equipment</td> <td><input type="checkbox"/> Resident care equipment</td> </tr> <tr> <td><input type="checkbox"/> Emergency call systems</td> <td></td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Phones</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Heating system	<input type="checkbox"/> IT equipment	<input type="checkbox"/> Elevator	<input type="checkbox"/> Cooling system	<input type="checkbox"/> Safety and security equipment	<input type="checkbox"/> Washer and dryers	<input type="checkbox"/> Hot water heating	<input type="checkbox"/> Sanitation equipment	<input type="checkbox"/> Cleaning equipment	<input type="checkbox"/> Communication devices	<input type="checkbox"/> Food preparation equipment	<input type="checkbox"/> Oxygen concentrators	<input type="checkbox"/> Security systems	<input type="checkbox"/> Fridges, coolers and freezers	<input type="checkbox"/> Medical equipment	<input type="checkbox"/> Fire alarm system	<input type="checkbox"/> Food service equipment	<input type="checkbox"/> Resident care equipment	<input type="checkbox"/> Emergency call systems		<input type="checkbox"/> Other:	<input type="checkbox"/> Phones		
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<input type="checkbox"/> Emergency call systems		<input type="checkbox"/> Other:																							
<input type="checkbox"/> Phones																									
CONSIDER	<p>If that equipment is not operational what services/functions are affected?</p> <table border="0"> <tr> <td><input type="checkbox"/> Meal service</td> <td><input type="checkbox"/> Alerts/warnings</td> </tr> <tr> <td><input type="checkbox"/> Housekeeping service</td> <td><input type="checkbox"/> Temperature control</td> </tr> <tr> <td><input type="checkbox"/> Laundry service</td> <td><input type="checkbox"/> Resident mobility</td> </tr> <tr> <td><input type="checkbox"/> Safety and security service</td> <td><input type="checkbox"/> Access to resident information</td> </tr> <tr> <td><input type="checkbox"/> Resident care</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Communications</td> <td></td> </tr> </table>	<input type="checkbox"/> Meal service	<input type="checkbox"/> Alerts/warnings	<input type="checkbox"/> Housekeeping service	<input type="checkbox"/> Temperature control	<input type="checkbox"/> Laundry service	<input type="checkbox"/> Resident mobility	<input type="checkbox"/> Safety and security service	<input type="checkbox"/> Access to resident information	<input type="checkbox"/> Resident care	<input type="checkbox"/> Other:	<input type="checkbox"/> Communications													
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<input type="checkbox"/> Resident care	<input type="checkbox"/> Other:																								
<input type="checkbox"/> Communications																									
PLAN	For each identified service/function that may be lost develop a contingency plan that reduces the impact of the loss/disruption for the residents.																								
Evacuation/relocation – See Evacuation/relocation																									
CONSIDER	At what point would evacuation/relocation be considered?																								
Special Considerations: Battery Back-ups																									
CONSIDER	What equipment/devices have a battery backup?																								
CONSIDER	How long will the battery backup last for?																								
CONSIDER	What is the plan if the outage extends past the battery life of the equipment/devices?																								
Special Considerations: Generators																									
CONSIDER	<p>Is there a generator on site?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No																								
CONSIDER	If an off-site generator will be used, where and how is it accessed?																								
CONTINUED ON NEXT PAGE																									



Loss of Natural Gas

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



Breakdown of Essential Equipment

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



Weather Events and Natural Occurring Emergencies

Determining what natural occurring emergencies may impact your accommodation:													
CONSIDER	<p>What natural occurring emergencies have or may occur in your area?</p> <p><input type="checkbox"/> Thunderstorm <input type="checkbox"/> Blizzard <input type="checkbox"/> Heat wave</p> <p><input type="checkbox"/> Hailstorm <input type="checkbox"/> Ice storm <input type="checkbox"/> Wildfire</p> <p><input type="checkbox"/> Tornado <input type="checkbox"/> Avalanche <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Flood <input type="checkbox"/> Extreme cold</p>												
CONSIDER	<p>In what situations would the accommodation:</p> <p><input type="checkbox"/> Shelter in place? <input type="checkbox"/> Evacuate?</p>												
CONSIDER	What key contacts need to be informed of the emergency/event?												
Sheltering in Place													
CONSIDER	What is the safest place at the site for the residents to be during the event?												
CONSIDER	Do modifications to routines/structure need to be made for the duration of the event?												
CONSIDER	What disruptions may also occur as a result of the emergency?												
	<table border="0"> <tr> <td><input type="checkbox"/> Loss of power</td> <td><input type="checkbox"/> Site isolation</td> <td><input type="checkbox"/> Loss of heating/cooling</td> </tr> <tr> <td><input type="checkbox"/> Loss of water</td> <td><input type="checkbox"/> Staff shortage</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Loss of natural gas</td> <td><input type="checkbox"/> Limited supplies</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Loss of telecommunications</td> <td><input type="checkbox"/> Inaccessibility of emergency services</td> <td></td> </tr> </table>	<input type="checkbox"/> Loss of power	<input type="checkbox"/> Site isolation	<input type="checkbox"/> Loss of heating/cooling	<input type="checkbox"/> Loss of water	<input type="checkbox"/> Staff shortage	<input type="checkbox"/> Other:	<input type="checkbox"/> Loss of natural gas	<input type="checkbox"/> Limited supplies		<input type="checkbox"/> Loss of telecommunications	<input type="checkbox"/> Inaccessibility of emergency services	
<input type="checkbox"/> Loss of power	<input type="checkbox"/> Site isolation	<input type="checkbox"/> Loss of heating/cooling											
<input type="checkbox"/> Loss of water	<input type="checkbox"/> Staff shortage	<input type="checkbox"/> Other:											
<input type="checkbox"/> Loss of natural gas	<input type="checkbox"/> Limited supplies												
<input type="checkbox"/> Loss of telecommunications	<input type="checkbox"/> Inaccessibility of emergency services												
CONSIDER	<p>With these additional disruptions what services/functions may be affected?</p> <p><input type="checkbox"/> Meal service <input type="checkbox"/> Communications</p> <p><input type="checkbox"/> Housekeeping service <input type="checkbox"/> Alerts/warnings</p> <p><input type="checkbox"/> Laundry service <input type="checkbox"/> Temperature control</p> <p><input type="checkbox"/> Safety and security service <input type="checkbox"/> Resident mobility</p> <p><input type="checkbox"/> Resident care <input type="checkbox"/> Other:</p>												
PLAN	For each identified service/function that may be lost develop a contingency plan that reduces the impact of the loss for the residents.												
Evacuation/relocation – See Evacuation/relocation													
CONSIDER	At what point would evacuation/relocation be considered?												
CONSIDER	What if evacuation/relocation was not possible to be completed as planned (eg. Roads impassable)?												
Recovery													
CONSIDER	Once the emergency/weather event has passed what is necessary to return to full services and reduce further damage?												



Disruption of Meal Service

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



Disruption of Cleaning Service

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



Disruption of Maintenance Service

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

Appendix B ~

Alberta Health and Wellness Reportable Incident Criteria

Information pending.

For further information contact ContinuingCareReportableIncidents@gov.ab.ca

Accommodation Standards & Licensing Information Guide ~ Revision 3
Section 10

Forms

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

IN THIS SECTION

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

Reportable Incident Form

Long-term Care Inspection Preparation Checklist

Please see Alberta Seniors website for fillable PDF form.

Reportable Incident Form

Alberta Seniors and Community Supports (ASCS)

Fax: (780) 644-8729

Alberta Health and Wellness (AHW)

Email: asal@gov.ab.ca

Fax: (780) 643-1527

Alberta Health Services Zone (please check appropriate zone)

Email: ContinuingCareReportableIncidents@gov.ab.ca

- North Central South
 Edmonton Calgary Other (specify) _____

Instructions: PLEASE REFER TO BACK OF THIS PAGE FOR SUBMISSION CRITERIA.

Date of Incident:	Time of Incident:	Type of Incident:
Details of Incident:		
Accommodation/Program name:	Accommodation/Program Address:	
Number of person(s) involved in the incident: _____ Client/resident(s): ___ Staff member(s) ___ Visitor(s) ___ Other ___		
Status of person(s)/accommodation:		
Action Taken or Planned:		
Has disclosure of this incident occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, to whom (category/group) _____

Accommodation/Program

Contact name _____

AHS contact name _____

Date (yyyy/mm/dd) _____

AHS contact phone number _____

For Non-health Funded Supportive Living Accommodations Accountable to Accommodation Standards ONLY (e.g. private funded accommodations, PDD funded homes, group homes, lodges) – Incident reports are to be submitted directly from the accommodation to Alberta Seniors and Community Supports (see below).

For Accommodations with Home Care Services – Incidents occurring as a result of or during the delivery of Home Care services are reported through the designated Alberta Health Services Zone (follow health funded accommodation or program - below). Incidents that occur as a result of the operation of the accommodation or the provision of accommodation services are to be reported directly to Alberta Seniors and Community Supports (follow non-health funded- above).

For Health Funded Accommodations or Programs Accountable to Accommodation Standards and/or Health Service Standards (e.g. Long-term Care, Auxiliary Hospitals, Nursing Homes, Designated Assisted Living, Family/Personal Care Homes, Home Living Services) - Accommodations/programs are to notify their designated Alberta Health Services Zone by phone (leave a voice message if after-hours). The accommodation/program are then to submit the completed incident report form via e-mail to the designated AHS Zone contact. The AHS Zone contact will direct the form to Alberta Seniors and Community Supports or Alberta Health and Wellness within 2 business days of the incident.

ALBERTA SENIORS AND COMMUNITY SUPPORTS (ASCS)

Incident reports are to be submitted to the Director of Accommodation Standards and Licensing within **two business days** of the incident occurring. Fax : (780) 644-8729 or e-mail: asal@gov.ab.ca

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

- causing death or serious harm to a resident,
- a resident unaccounted for,
- an unplanned for activation of a contingency plan, or
- extensive damage to the accommodation.

Further information and definitions of reportable incidents can be found in the Accommodation Standards and Licensing Information Guide located on-line:

www.seniors.alberta.ca/ContinuingCare/Licensing/InformationGuide.pdf

ALBERTA HEALTH AND WELLNESS (AHW)

Incident reports are to be submitted to Health Standards Compliance Branch within **two business days** of the incident occurring. Fax : (780) 643-1527 or E-mail: ContinuingCareReportableIncidents@gov.ab.ca

Reportable Incidents: an event related to the Continuing Care Health Service Standards that has occurred;

- causing death or serious harm to a client/resident, or
- a client/resident unaccounted for.

Questions on reportable incident submissions to Alberta Health and Wellness can be directed via e-mail: ContinuingCareReportableIncidents@gov.ab.ca

LONG-TERM CARE ACCOMMODATION STANDARDS INSPECTION PREPARATION CHECKLIST

The Inspection Preparation Checklist is designed to assist operators to prepare for an accommodation standards inspection. The questions are intended to prompt operators to determine what standards are applicable to them and in what areas evidence of compliance needs to be collected. Further information on each standard and the methods and evidence of compliance is found in Section 9 of the Information Guide.

STANDARD 1: BUILDING CODE REQUIREMENTS		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
<i>Has there been a change to the structure or use of (population) the accommodation?</i>	Y	
	N	
IF YES , proceed to the next question. IF NO , this standard is not applicable.		
Is there evidence of continued compliance with the Alberta Building Code?	Y	
	N	

STANDARD 2: SAFETY REQUIREMENTS		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Are the accommodations, buildings and grounds safe and hazard free?	Y	
	N	
Is there evidence of grounds maintenance being completed in all seasons?	Y	
	N	

STANDARD 3: MAINTENANCE REQUIREMENTS		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Are the accommodations, buildings, grounds, equipment and operator-owned furnishings well maintained?	Y	
	N	
Is there evidence of a preventative maintenance program being followed?	Y	
	N	
Is there evidence of a corrective maintenance program being followed?	Y	
	N	

STANDARD 4: ENVIRONMENTAL REQUIREMENTS		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Is the temperature of the accommodation, where residents are unable to adjust the temperature, maintained at a level that supports the safety of all the residents and the comfort of the majority?	Y	
	N	

STANDARD 5: PERSONALIZING SPACES		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Is there evidence of each resident's opportunity to personalize their rooms, and if so, to what extent?	Y	
	N	

STANDARD 6: WINDOW COVERINGS		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Are there appropriate window coverings in each area of the accommodation (resident rooms and common areas) provided by the operator?	Y	
	N	

STANDARD 7: BEDDING		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Are the bedding, linens and towels maintained in a good condition?	Y	
	N	
Is there evidence of at least weekly changes of the bedding, linens and towels?	Y	
	N	
Are there sufficient quantities of bedding, linen and towels for the utilization needs of each resident?	Y	
	N	
Are as needed changes of the bedding, linens and towels provided or arranged for as per the needs of the residents?	Y	
	N	

STANDARD 8: PERSONAL LAUNDRY SERVICES		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Is there a laundry service or facility available for residents to have their personal laundry completed?	Y	
	N	
Are residents informed of the availability of a service or a space for their personal laundry to be done on site?	Y	
	N	
<i>Is a space with laundry equipment provided for residents, their representatives or their service provider's use?</i>	Y	
	N	
IF YES , proceed to the next question. IF NO , skip the next question.		
Is the space and equipment appropriate, clean and in good repair?	Y	
	N	

STANDARD 9: PERSONAL CHOICE SERVICES		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
<i>Is a personal choice service offered on-site to residents?</i>	Y	
	N	
IF YES , proceed to the next 3 questions. IF NO , this standard is not applicable.		
Are the services offered based on the needs and preferences of the residents?	Y	
	N	
Is the space used for the personal choice service appropriate for its intended use?	Y	
	N	
Does the personal choice service provider hold the required licence(s) or certificate(s) for the provision of the service?	Y	
	N	
	N/A	

STANDARD 10: INSURANCE		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Does the organization have insurance coverage that includes general liability coverage in respect of bodily harm, personal injury and property damage for an amount not less than \$2 000 000 per occurrence?	Y N	
<i>Does the organization operate a long-term care accommodation at more than one location?</i>	Y N	
IF YES , proceed to the next question. IF NO , skip the next question.		
Does the general liability insurance coverage apply in respect of each location separately?	Y N	
<i>Does the operator hold money or personal property of residents that has a monetary value?</i>	Y N	
IF YES , proceed to the next question. IF NO , skip the next question.		
Does the organization hold a comprehensive crime insurance policy?	Y N	
Is a detailed certificate of insurance provided annually to the Director of Accommodation Standards and Licensing?	Y N	

STANDARD 11: CONTRACTED SERVICES		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
<i>Are there contracts in place for services within the long-term care accommodation?</i>	Y	
	N	
<p>IF YES, proceed to the next question. IF NO, this standard is not applicable.</p>		
<p>Does the contract include:</p> <ol style="list-style-type: none"> 1) the nature and scope of the service; 2) who will perform the service; 3) the persons qualifications; 4) requirement for insurance; and 5) a provision for the handling of personal information of the residents? 	Y	
	N	

STANDARD 12: SOCIAL OR LEISURE ACTIVITIES		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Are social and leisure activities offered to the residents by the operator?	Y	
	N	
IF YES , proceed to the next 5 questions. IF NO , this standard is not applicable.		
Do the activities provided address the needs and preferences of the residents?	Y	
	N	
Are the opinions of residents periodically solicited in regards to the social and leisure activities offered?	Y	
	N	
Are residents' opinions and comments responded to?	Y	
	N	
Are social and leisure activities communicated to residents in an appropriate manner?	Y	
	N	
Are employees or service providers sufficiently knowledgeable or educated to deliver social and leisure activities?	Y	
	N	

STANDARD 13: NUTRITIONAL REQUIREMENTS		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Are the meals, fluids and snacks palatable, safe and pleasingly presented?	Y	
	N	
Are meals, fluids and snacks served in sufficient quantities for the residents' nutritional and hydration needs to be met?	Y	
	N	
Are the menus and meal times communicated to	Y	

residents in an appropriate manner?	N	
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STANDARD 14: MENU REQUIREMENTS		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Do the menus offer variety and seasonal variation?	Y	
	N	
Are residents provided with a choice from one food group at every meal?	Y	
	N	
Do the meals served take into consideration residents' food preferences, religious practices and cultural customs?	Y	
	N	
Are menu substitutions made from within the same food group and provide similar nutritional value?	Y	
	N	
Are substitutions communicated to residents?	Y	
	N	
Are residents' opinions regarding meals, fluids and snacks collected at least yearly and considered?	Y	
	N	
Are residents' opinions regarding meal times periodically collected and considered?	Y	
	N	
Are residents' opinions on meal times responded to?	Y	
	N	

STANDARD 15: CLEANING REQUIREMENTS		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Is a clean and comfortable environment provided for residents, employees, volunteers, service providers and visitors?	Y	
	N	
Is the accommodation thoroughly cleaned on a regularly scheduled basis?	Y	
	N	
Is the level of cleanliness maintained on an as needed basis between regularly scheduled cleanings?	Y	
	N	
Are residents' preferences respected in the scheduling of cleaning?	Y	
	N	
Are written cleaning procedures established and followed?	Y	
	N	
Are appropriate mechanisms in place to minimize unpleasant odours?	Y	
	N	

STANDARD 16: CONTINUATION OF SERVICES		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Are site-specific contingency plans in place to ensure the continuation of necessary accommodation services in the event of loss of utilities, breakdown of equipment, extreme weather and staff disruptions?	Y	
	N	
Does the emergency plan mitigate the disruption to the residents?	Y	
	N	
Is the plan communicated and made available to residents, their representatives, visitors, volunteers and service providers?	Y	
	N	
Is the contingency plan practicable?	Y	
	N	
Is the contingency plan reviewed on an annual basis?	Y	
	N	

STANDARD 17: PREVENTION OF ABUSE		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Are written processes in place that prevent abuse and identify the process for reporting abuse?	Y	
	N	
Are employees educated in the identification, reporting and prevention of abuse?	Y	
	N	
Are residents, their representatives, volunteers and service providers informed regarding the identification, reporting and prevention of abuse?	Y	
	N	

STANDARD 18: RESIDENT SAFETY AND SECURITY		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Are residents accounted for on a daily basis?	Y	
	N	
Are monitoring mechanisms and personnel in place on a round-the-clock basis?	Y	
	N	
<hr/>		
<i>Does the accommodation have a security system?</i>	Y	
	N	
IF YES , proceed to the next 2 questions. IF NO , skip the next 2 questions.		
Is the security system maintained, inspected and tested as recommended by the manufacturer?	Y	
	N	
Are employees, residents, service providers, and volunteers trained in the use of the system in place?	Y	
	N	
<hr/>		
<i>Does the accommodation have an emergency call or communication system?</i>	Y	
	N	
IF YES , proceed to the next 3 questions. IF NO , skip the next 3 questions.		
Is the communication or emergency call system suitable for the building and residents it serves?	Y	
	N	
Is the communication or emergency call system maintained, inspected and tested as recommended by the manufacturer?	Y	
	N	
Are employees, residents, service providers, and volunteers trained in the use of the system in place?	Y	
	N	
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Are critical incidents reported to the Director? (see Information Guide for criteria for reporting)	Y	
	N	

STANDARD 19: TRUST ACCOUNTS		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
<i>Does the operator hold resident funds for a period longer than 31 days?</i>	Y	
	N	
IF YES , proceed to the next 4 questions. IF NO , this standard is not applicable.		
Are the funds deposited into a trust account opened and maintained for that purpose?	Y	
	N	
Are receipts for each transaction provided to the residents or their representatives?	Y	
	N	
Are easy to understand records with opening and closing balances made available for residents or their representatives free of charge?	Y	
	N	
Are the funds returned upon receiving a written request to do so from the resident or the resident's representative?	Y	
	N	

STANDARD 20: CORPORATE STATUS		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
<i>Is the organization a company under the Companies Act, a corporation under the Business Corporations Act, a partnership under the Partnerships Act or a Society under the Societies Act?</i>	Y	
	N	
IF YES , proceed to the next question. IF NO , this standard is not applicable.		
Is the organization in good standing under Alberta law?	Y	
	N	

STANDARD 21: WATER TEMPERATURE		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Is water temperature maintained at a safe level where it flows out of the taps in resident personal use areas?	Y	
	N	
Does training occur with residents and employees on processes related to ensuring safe water temperatures?	Y	
	N	
Is maintenance and monitoring of hot water heating systems and therapeutic tubs completed?	Y	
	N	
Are risk mitigation procedures in place to ensure safe water temperatures?	Y	
	N	
Are maintenance personnel and employees involved in the water system sufficiently knowledgeable in the operation and function of any gauges, valves or controls?	Y	
	N	
<i>Does the accommodation have therapeutic tubs?</i>	Y	
	N	
IF YES , proceed to the next question. IF NO , skip the next question.		
Are hot water temperatures flowing into the therapeutic tub prior to the first bath of the day logged on a sheet or book and kept in the tub room?	Y	
	N	

STANDARD 22: GENERAL INFORMATION		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Is information on relevant community, municipal, provincial and federal programs available for residents and their representatives?	Y	
	N	

STANDARD 23: INFORMATION RESPECTING THE LONG-TERM CARE ACCOMMODATION		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Is information (a-j below) available for applicants, residents and their representatives?	Y	
	N	
a The process of moving in and orientation	Y	
	N	
b Basic accommodation and service charges on a monthly basis	Y	
	N	
c Available optional personal choice services and charges	Y	
	N	
d Cleaning and maintenance schedules	Y	
	N	
e Notice period applicable to rate increases	Y	
	N	
f House rules of the accommodation and circumstances that could lead to termination of residency	Y	
	N	
g Information on the measures taken to protect the privacy and personal information of residents	Y	
	N	
h Information respecting trust accounts, if applicable	Y	
	N	
	N/A	
i Information on the results of required inspections to the accommodation	Y	
	N	
j Written process for resolving concerns or complaints	Y	
	N	

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

STANDARD 24: CONCERNS AND COMPLAINTS

See Information Guide Section 9 for further information.

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

STANDARD 25: CERTIFICATE POSTED

See Information Guide Section 9 for further information.

		Comments
Is the certificate regarding the long-term care accommodation standards posted in a prominent place in the accommodation to which it pertains?	Y	
	N	

STANDARD 26: CRIMINAL RECORD CHECKS		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
<i>Has a new employee, volunteer or service provider been retained after March 31, 2007?</i>	Y	
	N	
IF YES , proceed to the next question. IF NO , this standard is not applicable.		
Is there evidence that a criminal record check was completed and the results were considered for each new employee, volunteer and service provider?	Y	
	N	

STANDARD 27: PRIVACY AND PERSONAL INFORMATION		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Is the privacy and personal information of residents protected?	Y	
	N	
Are written policies developed and maintained regarding the protection of residents' privacy and personal information?	Y	
	N	
Are employees and volunteers trained in implementing these policies?	Y	
	N	
Are residents and their representatives informed respecting the policies?	Y	
	N	

STANDARD 28: SAFETY AND SECURITY		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Are policies and procedures related to the safety and security of residents created, maintained and followed?	Y	
	N	
Are employees aware and have access to policies and procedures related to the safety and security of residents?	Y	
	N	

STANDARD 29: JOB DESCRIPTIONS		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Are written job descriptions prepared and made available for each employee at the accommodation?	Y	
	N	
Do the job descriptions include the job qualifications, responsibilities of the position and the scope of the position?	Y	
	N	

STANDARD 30: RESIDENTS' PERSONAL AFFAIRS		
<i>See Information Guide Section 9 for further information.</i>		
		Comments
Are written policies in place regarding the involvement of employees or volunteers in the personal affairs of residents?	Y	
	N	
Does the policy address the accepting of gifts by employees and volunteers from residents?	Y	
	N	
Does the policy address the involvement of employees and volunteers in the financial affairs (e.g. wills, estate planning, powers of attorney) of residents?	Y	
	N	
Does the policy address the involvement of employees and volunteers in the non-financial affairs (e.g. personal directives, guardianship) of residents?	Y	
	N	
Are these policies provided to residents, their representatives, employees and volunteers?	Y	
	N	