

## **Purpose**

The purpose of this worksheet is to help you assess the extent to which you offer personal assistance in any one of six service areas:

- activities of daily living;
- central storage, distribution, administration or monitoring of medication;
- monitoring of food intake or therapeutic diets;
- maintenance or management of cash resources or property;
- psychosocial rehabilitation or intensive physical rehabilitation; and
- structured behavioural program.

Personal assistance service may be provided at either a less intensive support service level or a more intensive prescribed service level. You may perform some or all of the activities in the support services column without triggering a prescribed service.

To be eligible to register your residence, you must perform at least one service, but no more than two, at the prescribed service level. When you apply for registration, please attach this completed worksheet to your application form.

## **Instructions**

1. For each personal assistance service area, read the list of activities under each of the support services and prescribed services columns and place a check mark as appropriate.
2. If you do not offer or perform any activity listed in either column, check the box:
  - Not offered or provided at all.
3. If you offer or provide any one of the activities listed under support services, check the box:
  - Offered or provided at support service level.
4. If you offer or provide any one of the activities listed under prescribed services, check the box:
  - Offered or provided at prescribed service level.

### Service Area: Activities of Daily Living

Service Areas	✓ Support Services	✓ Prescribed Services
	The personal assistance activities listed in this column are <i>not</i> prescribed service activities. Registrants may perform all activities in this column.	Performing any one activity in this column indicates the service listed in the corresponding Service Areas column is a prescribed service.
<b>Activities of daily living</b>	<input type="checkbox"/> Observe changes of concern and bring to resident's attention. <input type="checkbox"/> Provide cueing, reminders, prompts and redirection for daily activities and tasks. <input type="checkbox"/> Provide tactful reminders for individuals with short-term memory loss about to repeat an activity (e.g., have a second meal or wash their hair again). <input type="checkbox"/> Offer group programs to encourage and maintain socialization and awareness of current events in residence and community. <input type="checkbox"/> Provide ongoing assistance not requiring personal contact (e.g., positioning a chair or drawing a bath, getting needed items, being available while resident bathes). <input type="checkbox"/> Provide occasional or intermittent assistance for residents who are usually independent with 'hands-on' tasks such as dressing, bathing, grooming, using the toilet, eating, mobility and transferring. <input type="checkbox"/> Provide occasional or intermittent assistance with activities of daily living in accordance with goals set out in a psychosocial rehabilitation plan (see last service area).	<input type="checkbox"/> Provide daily to weekly assistance on a regular and continuous basis. <sup>1</sup> For example: <ul style="list-style-type: none"> <li>– dressing, grooming, and oral hygiene;</li> <li>– washing, bathing, and perineal care;</li> <li>– mobility assistance;</li> <li>– incontinence care and programs, and assistance to use the toilet.</li> </ul> <input type="checkbox"/> Provide assistance with feeding, including hand feeding and tube feeding. <sup>2</sup> <input type="checkbox"/> Perform other tasks delegated from a professional (e.g., foot care, ostomy care, exercise activation). <sup>2</sup> <input type="checkbox"/> Observe and report any changes in resident's condition.

1 The assistance could be on a scheduled or unscheduled basis.

2 Tasks delegated from a professional must be performed in accordance with the *Personal Assistance Guidelines*, Ministry of Health Services, 1997. Set out at Tab 6 of the Registrant Handbook. Also available on the Registrar's website or from the Registrar's office.

#### Summary of assessment of **activities of daily living**:

- Not offered or provided at all.
- Offered or provided at support service level.
- Offered or provided at prescribed service level.

**Service Area: Medications**

Service Areas	✓ Support Services	✓ Prescribed Services
	<p>The personal assistance activities listed in this column are <i>not</i> prescribed service activities. Registered assisted living operators may perform all activities in this column.</p>	<p>Performing any one activity in this column indicates the service listed in the corresponding Service Areas column is a prescribed service.</p>
<p><b>Medications<sup>3</sup></b></p>	<p><b>Level 1 – Self administration</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Resident self-administers medications.</li> <li><input type="checkbox"/> Receive from pharmacy on behalf of resident or resident orders and receives medication from pharmacy.</li> </ul> <p><b>Level 2 – Reminder with no follow-up or documentation</b></p> <p>Same as above and in addition:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Give medication reminders with no follow up or documentation.</li> </ul> <p><b>Services Common to All Levels</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Physically assist residents who are fully able to self-direct the taking of their medications.</li> </ul>	<p><b>Services Common to Levels 3 and 4</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Observe/report effects of medications on resident.</li> <li><input type="checkbox"/> Registered nurses or licensed practical nurses may administer narcotics, PRN<sup>4</sup> medications or medications by injection.</li> <li><input type="checkbox"/> Provide PRN prescription medications according to a protocol documented in the resident's personal services plan.</li> <li><input type="checkbox"/> If secured, provide medications to residents at indicated times.</li> <li><input type="checkbox"/> In accordance with a psychosocial rehabilitation plan, provide coaching, instruction and follow up for self-medication, including intervention in and reporting of high risk non-compliance.</li> </ul> <p><b>Level 3 – Remind, observe and record whether medications are taken or not<sup>3</sup></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assist resident to achieve medication compliance:<sup>2</sup> <ul style="list-style-type: none"> <li>– provide a reminder;</li> <li>– observe and record that medication was taken (or not) for a given time; and</li> <li>– provide follow-up for missed medication.</li> </ul> </li> <li><input type="checkbox"/> If resident is unable to secure own medications, secure the medications in resident's room or centrally.</li> <li><input type="checkbox"/> Order/initiate refills and/or receive medication from pharmacy (resident must designate in writing).</li> </ul> <p><b>Level 4 – Temporary administration<sup>3</sup></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provided by exception, when residents are not able to make decisions about their medication services (in palliative, convalescent or transitional situations).</li> <li><input type="checkbox"/> Manage medications<sup>2</sup> and: <ul style="list-style-type: none"> <li>– determine medications for a given time and give to resident; and</li> <li>– record medications by person, date and time taken.</li> </ul> </li> <li><input type="checkbox"/> Order/initiate refills and receive delivery of medications from pharmacy.</li> <li><input type="checkbox"/> Secure the medication in resident's room or centrally.</li> </ul>

(continued on next page)

3 Medication service level to be performed in accordance with *Medication Services* set out at Policy Tab 7.

4 PRNs are medications that do not have to be taken at a certain time and are taken as needed. Medications by injection include daily insulin, palliative pain medication, monthly B12 shots and annual vaccines ordered by a physician.

Summary of assessment of **medications**:

- Not offered or provided at all.
- Offered or provided at support service level.
- Offered or provided at prescribed service level.

**Service Area: Cash resources or property**

Service Areas	✓ Support Services	✓ Prescribed Services
	The personal assistance activities listed in this column are <i>not</i> prescribed service activities. Registered assisted living operators may perform all activities in this column.	Performing any one activity in this column indicates the service listed in the corresponding service areas column is a prescribed service.
<b>Cash resources or property</b>	<input type="checkbox"/> Arrange ongoing, in-house visits by a bank. <input type="checkbox"/> Charge the cost of services on account, provide resident with a statement for payment. <input type="checkbox"/> Make a purchase or pay bills for reimbursement by the resident.	<input type="checkbox"/> Manage comfort funds for residents.

Summary of assessment of **cash resources or property**:

- Not offered or provided at all.
- Offered or provided at support service level.
- Offered or provided at prescribed service level.

**Service Area: Therapeutic diets**

Service Areas	✓ Support Services	✓ Prescribed Services
	<p>The personal assistance activities listed in this column are <i>not</i> prescribed service activities. Registered assisted living operators may perform all activities in this column.</p>	<p>Performing any one activity in this column indicates the service listed in the corresponding Service Areas column is a prescribed service.</p>
<p><b>Therapeutic diets</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modify meals in accordance with diets requested by residents and as recommended and monitored by the resident's dietitian or physician:               <ul style="list-style-type: none"> <li>– includes provision of expertise necessary to prepare individual menu plans for diets requested by the resident and incorporate same into rotating menus.</li> </ul> </li> <li><input type="checkbox"/> Provide a voluntary program for residents to weigh in or weigh a resident upon their request.</li> <li><input type="checkbox"/> Monitor food consumption for purposes of resident satisfaction and quality control.</li> <li><input type="checkbox"/> Observe changes in eating habits and bring changes of concern to resident's or other's attention.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide expertise to assess a resident's health/nutritional status and implement a special or therapeutic diet.</li> <li><input type="checkbox"/> Provide expertise to monitor the appropriateness of a resident's special or therapeutic diet and modify the meal plan where indicated.</li> <li><input type="checkbox"/> Observe/report whether resident complies with special or therapeutic diet.</li> <li><input type="checkbox"/> Monitor/measure/record food/fluid intake.</li> <li><input type="checkbox"/> Determine and chart residents' weights on a regular and/or compulsory basis.</li> </ul>

**Summary of assessment of therapeutic diets:**

- Not offered or provided at all.
- Offered or provided at support service level.
- Offered or provided at prescribed service level.

**Service Area: Structured behavioural program**

Service Areas	✓ Support Services	✓ Prescribed Services
	<p>The personal assistance activities listed in this column are <i>not</i> prescribed service activities. Registered assisted living operators may perform all activities in this column.</p>	<p>Performing any one activity in this column indicates the service listed in the corresponding Service Areas column is a prescribed service.</p>
<p><b>Structured behavioural management</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide cueing, reminders, prompts and redirection for daily activities/tasks.</li> <li><input type="checkbox"/> Identify other support level programs (e.g., elderly outreach services that reinforce certain behaviours).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Carry out individualized therapeutic programs developed and supervised by a professional for the purpose of changing behaviour.</li> </ul>

Summary of assessment of **structured behavioural program**:

- Not offered or provided at all.
- Offered or provided at support service level.
- Offered or provided at prescribed service level.

**Service Area: Psychosocial or physical rehabilitation**

Service Areas	✓ Support Services	✓ Prescribed Services
	The personal assistance activities listed in this column are <i>not</i> prescribed service activities. Registered assisted living operators may perform all activities in this column.	Performing any one activity in this column indicates the service listed in the corresponding Service Areas column is a prescribed service.

**Psychosocial Rehabilitation**

Psychosocial rehabilitation programs focus on one or more of the life-related domains: personal life, leisure, education and work. Rehabilitation or recovery plans set out goals and services designed to increase the resident's capacity for independence.

<b>Psychosocial rehabilitation</b>	<input type="checkbox"/> Provide suggestions and opportunities for daily activities, but resident is responsible for self and decides own actions and daily direction. <input type="checkbox"/> Observe resident and bring changes of concern to their attention.	<input type="checkbox"/> Develop a rehabilitation or recovery service plan with the resident and their professional case manager. <sup>5</sup> <input type="checkbox"/> Provide non-professional direct services, in accordance with the service plan, which assist and support the resident to achieve their goals. <input type="checkbox"/> Services include nonprofessional activities outlined in the rehabilitation or recovery plan including: <ul style="list-style-type: none"> <li>– general oversight of activities outlined in the plan;</li> <li>– counselling, teaching, coaching; and</li> <li>– instrumental activities of daily living.<sup>6</sup></li> </ul> <input type="checkbox"/> Monitor resident changes, discuss with resident and record and report to case manager, as outlined in the rehabilitation or recovery plan.
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**Physical Rehabilitation**

<b>Physical rehabilitation<sup>5</sup></b>	<input type="checkbox"/> Provide exercise and activation activities.	<input type="checkbox"/> Provide individualized services that are planned and supervised by a physical rehabilitation therapist as a principal service to a resident. <sup>2</sup>
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5 Professional case manager includes a primary care physician, psychiatrist, professional working from mental health centre, professional in private practice, or professional working from an alcohol and drug clinic.

6 Instrumental activities of daily living include planning and execution skills associated with tasks such as shopping, getting to places, preparing meals and managing money.

**Summary of assessment of psychosocial or physical rehabilitation:**

- Not offered or provided at all.
- Offered or provided at support service level.
- Offered or provided at prescribed service level.