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**Operating an Assisted Living Residence**

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POLICY 2
Operating an Assisted Living Residence

2.1 Philosophy and core principles

As a registrant, you are expected to embrace the philosophy and core principles of assisted living. Assisted living is a semi-independent form of housing. The philosophy of assisted living is to provide housing, with appropriate support and personal assistance services to enable residents to maintain an optimal level of independence.

The core principles of assisted living – choice, privacy, independence, individuality, dignity and respect – derive from a recognition that adults, even when they need support and assistance in daily life, retain the ability and right to manage their own lives.

Residents maintain their privacy by living independently in their own lockable, personal space and they maintain their dignity by making choices about their daily activities, based on their personal preferences and lifestyles.

As an operator, you must provide choice and respect the privacy and independence of residents. When requested, staff should provide assistance that is least intrusive and supports residents to live as independently as possible.

The Registrar has produced a brochure, Information About Assisted Living, to provide information about what assisted living is and the philosophy behind it. It talks about the services provided in assisted living residences, how the residences are staffed, and entry and exit requirements. It also outlines residents' rights and what they can expect, as well as explaining the role of the Assisted Living Registrar. Copies are provided to new registrants for distribution to residents and those who care about them.1

2.2 Standard of Care

While not usurping residents' own responsibility for their health and safety, assisted living operators have a duty to keep a ‘watchful eye’ over residents. As a standard of care, ‘keeping a watchful eye’ is higher than the responsibility expected of independent housing operators (where the person receives only housing from the operator) or supportive housing operators (where the person receives housing and one or more hospitality services, for example, meals or laundry, but no personal care, from the operator). It is not as high as that expected of operators of licensed residential care facilities.

In keeping a ‘watchful eye,’ registrants should not intrude unnecessarily into the private lives and personal decision-making of residents. However, if a registrant notices a problem in relation to a resident’s health or safety, the registrant has a responsibility to follow up on the matter with the resident and/or their designated contact person.

1 Additional copies are available from the Office of the Assisted Living Registrar on request.
As long as the resident appears capable of making decisions and is not putting the health or safety of others at risk, they have a right to make their own decisions, even where those decisions include accepting risks to themselves associated with the choices they are making. However, where there are signs that a resident’s decision-making ability is declining, there is a greater onus on operators to assure themselves that the resident is making an informed decision to take the risk, mitigating any harm to themselves and not placing others in the residence at risk.

2.3 Resident population

Your application for registration form identified your target resident population (i.e., seniors; adults with physical disabilities; adults with mental disorders; adults with substance use disorders; or adults with acquired brain injuries). Your resident population may include more than one of these resident groups where their service needs can be accommodated within the one or two prescribed services offered in your residence.

You should be familiar with the following health and safety standards set out at Policy Tab 4:

#1 Registrants must provide a safe, secure and sanitary environment for residents.

#2 Registrants must ensure hospitality services do not place the health or safety of residents at risk.

#4 Registrants must ensure residents are safely accommodated in their assisted living residence, given its design and available hospitality and prescribed services.

Because assisted living is intended for people who are able to live in a semi-independent environment, section 26(3) of the Community Care and Assisted Living Act places an obligation on registrants not to house people who are unable to make decisions on their own behalf. Please refer to section 3.2 under Policy Tab 5, Entry and Exit, for an interpretation of how registrants should apply section 26(3).

2.4 Residence services

Your application for registration form also indicated the one or two prescribed services that you are offering to residents in your assisted living residence. You may not change the number or type of prescribed services offered without first notifying the Registrar. For example, if on your application for registration form you indicated that you offer one prescribed service – activities of daily living – then you may not add a second prescribed service without notifying the Registrar. You also may not change your one prescribed service without first advising the Registrar. For example, you may not cease providing activities of daily living and, instead, offer central storage, distribution, administration and monitoring of medications. Please see Policy Tab 3, How to Maintain Your Registration, for how to notify the Registrar of material changes to your registration information.

In addition to two prescribed services, you may offer any or all of the six personal assistance services at a ‘support level.’ Please refer to Policy Tab 6, Personal Assistance Services, for further information on personal assistance services and what constitutes support versus prescribed services.

2 SBC 2002, c. 75.
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Please become familiar with the following health and safety standards and related policies set out at Policy Tab 4:

#5 Registrants must develop and maintain personal service plans that reflect each resident’s needs, risks, service requests and service plan.

#6 Registrants must ensure personal assistance services are provided in a manner that does not place the health or safety of residents at risk.

2.5 Dealing with two resident populations

Your application for registration form identified your target resident population(s) and the one or two prescribed services you offer.

Some registrants may choose to submit a second application to register a second residence serving a resident population that requires different prescribed services. For example, in one part of your premises you offer activities of daily living and medication as prescribed services to seniors and adults with physical disabilities. In another part of your premises, you offer psychosocial rehabilitation and medication services to adults with mental disorders.

Where you have registered two assisted living residences on one premises, you must house the two groups of residents in distinct areas of the building. For example:

1. on separate floors, where the resident units and common areas are for the exclusive use of each resident population; or

2. in separate wings, where the resident units and common areas are for the exclusive use of each resident population.

The two assisted living populations should not be mixed. This will ensure that each population receives no more than two prescribed services.

Registrants can gain economy of scale savings through shared support services, such as kitchen, laundry and housekeeping.

2.6 Staffing

The Registrar has not set specific staffing requirements. Instead, the health and safety standard, with which you should be familiar set out at Policy Tab 4, is that:

#3 Registrants must ensure sufficient staff is available to meet the service needs of residents and that staff has the knowledge and ability to perform their assigned tasks.

Registrants must ensure that:

- site management is effective and appropriate to the resident population;
- staffing levels are adequate for the setting, number of residents, resident profile and the personal assistance services offered;
volunteers and all staff, whether employed or contracted, have the necessary knowledge, skills, abilities and training to perform their designated tasks and to respond to emergencies; and

- personal services plans\(^3\) are developed by a person with appropriate training and skills.

Staff providing personal assistance services must have the same training as home support workers.\(^4\) Registrants must maintain documentation on staff selection, training, skills and abilities and have this available for the Registrar’s review, upon request.

### 2.7 Role of health professionals

Residents of assisted living have access to professional care (such as physician services or nursing care) in the same way they would have if living independently in the community. Residents may access professional services through health authority programs (home care nursing, physiotherapy, dietitian) or by purchasing these services from a private agency.

Assisted living is primarily a nonprofessional staffing environment. However, each prescribed service includes a level of professional care and/or oversight. Registrants must employ or contract with appropriate health care professionals to provide the personal assistance and/or to delegate or assign professional health care tasks to nonprofessional staff, as appropriate. Professional practice will determine delegation procedures. Registrants are obliged to ensure professional supervision of any delegated tasks.

Please refer to Policy Tab 6, Personal Assistance Services, for further information on the delivery of prescribed services.

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3 The personal services plan is an agreement between the individual resident and the operator and includes the nature of the resident’s needs and service requests, the risks the resident is facing and a plan for the delivery of services.

4 Home support/care aide certification from an accredited educational institution or an equivalent combination of education and experience.