ASSISTED LIVING and RESIDENTIAL CARE

Fire and Life Safety
Contents:

General Information .............................................................................................................. Page 1
   Introduction ......................................................................................................................... Page 1
   Housing, Support and Care Options Available in BC .......................................................... Page 3
   Roles and Responsibilities .................................................................................................. Page 6
   First Steps and Early Considerations .................................................................................. Page 9

Building & Construction ...................................................................................................... Page 11
   What Everyone Should Know ............................................................................................ Page 11
   What Owners and Operators Should Know ......................................................................... Page 14
   What Developers, Architects and Designers Should Know .................................................. Page 18
   What Fire Officials Should Know .......................................................................................... Page 22
   What Health Officials Should Know .................................................................................... Page 25
   What Building Officials Should Know .................................................................................. Page 29

Occupancy & Operations ...................................................................................................... Page 32
   What Everyone Should Know ............................................................................................ Page 32
   What Owners and Operators Should Know ......................................................................... Page 34
   What Developers, Architects and Designers Should Know .................................................. Page 40
   What Fire Officials Should Know .......................................................................................... Page 41
   What Health Officials Should Know .................................................................................... Page 45
   What Building Officials Should Know .................................................................................. Page 50
Acknowledgements:

This publication was developed by the Community Care and Assisted Living Fire and Life Safety Provisions Advisory Committee. Committee members, who represented a broad cross-section of key government and industry stakeholders, worked collaboratively to consider the relationships among the various laws and policies that apply to the development, operation and regulation of community care facilities and assisted living residences. The Committee then developed this document about the various requirements and people’s roles and responsibilities.

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### Organization and Representatives

<table>
<thead>
<tr>
<th>Organization</th>
<th>Representative</th>
</tr>
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<tbody>
<tr>
<td>Architectural Institute of BC</td>
<td>Scott Gordon</td>
</tr>
<tr>
<td>Assisted Living Centre of Excellence</td>
<td>Colleen Tracy</td>
</tr>
<tr>
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</tr>
<tr>
<td>BC Care Providers Association</td>
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</tr>
<tr>
<td>BC Housing</td>
<td>James Weldon / Tom Ainscough</td>
</tr>
<tr>
<td>Building Officials Association of BC</td>
<td>Jim Weber</td>
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<tr>
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<td>City of Port Moody</td>
</tr>
<tr>
<td>Home and Community Care, Ministry of Health Services</td>
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</tr>
<tr>
<td>Fire Prevention Officers Association of BC</td>
<td>Mike Bourdon</td>
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<tr>
<td></td>
<td>City of Langley</td>
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<tr>
<td>Licensing Leadership Council</td>
<td>Carla Kane</td>
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<td></td>
<td>Vancouver Island Health Authority</td>
</tr>
<tr>
<td>Office of the Fire Commissioner</td>
<td>Stephen Watt</td>
</tr>
<tr>
<td>Planning Institute of BC</td>
<td>Ron Mattiussi</td>
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<tr>
<td></td>
<td>City of Kelowna</td>
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<td>Non-profit/Non-market service providers</td>
<td>Pat Kasprow</td>
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<td>New Vista Society</td>
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Introduction

In British Columbia, there is a growing interest in making available a range of housing, support and care options for seniors and other vulnerable adults. Two of the options in this range, registered assisted living and licensed residential care, are regulated by the provincial government.

The laws governing assisted living residences and residential care facilities are intended to reduce risks to the health and safety of the people living there. Of particular interest to several groups of stakeholders are the provisions governing fire and life safety.

The purpose of this information is to clarify the fire and life safety provisions established for assisted living residences and residential care facilities, particularly small group homes.

How This Document is Organized

This information has been developed with the end user in mind. The organization of the document allows readers to go directly to the information that is relevant or of interest, rather than having to read the document from front to back. The document is divided into three sections: General Information, Building & Construction, and Operations & Occupancy.

The General Information section contains:
- Descriptions of the range of housing, support and care options, including assisted living, Independent Living BC (ILBC) and residential care;
- Roles and responsibilities of the key ministries, agencies and authorities involved; and
- Questions and information regarding fire and life safety that should be considered early in the planning process.

The Building & Construction section contains:
- Information regarding the application of the BC Building Code, BC Fire Code, the Fire Services Act and local bylaws to assisted living residences and residential care facilities; and
- Information regarding the Independent Living BC (ILBC) program.

The Operations & Occupancy section contains:
- Information regarding assisting living, including resident profile and the operating provisions established by legislation and policy to reduce risks to the safety of residents; and
- Information regarding residential care, including a profile of persons in care and the operating provisions established by legislation and policy to reduce risks to the safety of residents.

The Building & Construction and Operations & Occupancy sections begin with a section that highlights the information everyone should know. After that, the information is organized and presented for each of the key stakeholders involved:
- Owners and Operators
- Developers, Architects, Designers
- Fire Officials
- Health Officials
- Building Officials
Also included are suggestions regarding information that can assist in planning and actions that can address concerns or issues. These suggestions have been highlighted throughout the document.

Throughout the document there are links to background or source material. A conscious decision was made not to reproduce detailed information here. Rather, the use of links will ensure that readers are always referred to the most current reference documentation.
Housing, Support and Care Options Available in BC

In British Columbia there is a range of housing, support and care options to meet the needs of seniors and other vulnerable adults. Together these form a continuum of services and care for people who require assistance to maintain their health. In BC, the *Community Care and Assisted Living Act* and associated Regulations govern residences and facilities that provide accommodation and services to three or more persons.

The residences or facilities described below may be publicly-funded, private pay or a combination of both. They vary in size, from those serving three adults to those serving several hundred.

**Supportive Housing**

Supportive housing combines building features and personal services to enable people to remain in the community as long as they are able and choose to do so. It is housing with a combination of support services, including at a minimum:

- A private space with a lockable door;
- A safe and barrier-free environment;
- Monitoring and emergency response;
- At least one meal a day available; and
- Housekeeping, laundry and recreational opportunities.

Nursing and other health related services are delivered by the local health authority by special arrangement as they would be to any individual living independently in the community. Operators of supportive housing may not, themselves, provide personal assistance services at the prescribed level.

There are no specific provincial regulations in British Columbia that apply to supportive housing.

**Assisted Living**

Assisted living in British Columbia is regulated by the provincial government through the Office of the Assisted Living Registrar. Assisted living residences provide a supportive, semi-independent environment that includes five hospitality services: meals, housekeeping, laundry, social and recreational opportunities and a 24-hour emergency response system and no more than two services from the list of prescribed services found in the *Community Care and Assisted Living Regulation*. Typically, the two prescribed services provided are assistance with activities of daily living (such as eating, mobility, dressing, bathing, grooming or personal hygiene) and assistance with medications. The form of housing can vary, and can range from a self-contained suite with kitchen to a shared house with a private bedroom.

People in assisted living must be capable of living semi-independently. Specifically, residents must be able to:

- Initiate activities to the extent necessary to function safely for the periods they are alone in their unit;
- Find their way within the assisted living residence given available cuing;
- Recognize the consequences of decisions or actions and that some actions may result in injury or harm to themselves or others;
- Recognize an emergency and summon help or follow directions;
• Find their way back to the residence independently;
• Participate in regular reviews of their service needs, that is, respond to questions about needs and services offered; and
• Seek assistance when they have a complaint about something happening at the residence, although family or friends may actually convey the matter to the Assisted Living Registrar.

The person must be able to perform all of these functions at the assisted living residence by himself or herself unless a spouse, living in the same complex, is willing and able to make decisions and is there to provide daily support on the person’s behalf.

A personal service plan is developed for each resident identifying needs, risks and lifestyle preferences. This plan guides staff in the delivery of services. Nursing and other health related services are delivered by the local health authority by special arrangement as they would be to any individual living independently in the community.

Where a resident experiences a limited period of decreased physical or mental functioning, for example during recovery from an injury or surgery, the operator may provide professional care on a short-term basis.

**Independent Living BC**

Independent Living BC (ILBC) provides assisted and supportive housing through a funding partnership between the Government of Canada and the Government of BC. The program is delivered by a provincial partnership that includes BC Housing, the Ministry of Health Services and the regional health authorities.

ILBC provides government financial assistance through BC Housing for the development and/or operation of the housing and hospitality portion of the program. Funding for the personal assistance services is provided by the regional health authorities.

Policies and guidelines have been developed for ILBC, including design and construction standards that go beyond the BC Building Code requirements for assisted living.

**Residential Care**

Licensed residential care facilities provide 24-hour supervision and continuous professional care. Services in residential care facilities typically include: the provision of meals and snacks, medication storage and administration, regular assistance with activities of daily living (such as eating, mobility, dressing, bathing, grooming or personal hygiene), a planned program of social and recreational activities, and maintenance of cash resources or other property of persons in care. These facilities provide three or more services from the provincial list of prescribed services found in the Community Care and Assisted Living Regulation. The legislative framework and provincial policy for residential care is established through the Ministry of Healthy Living and Sport, however, facilities are monitored by the health authorities. Medical health officers and licensing officers have responsibility for administering the Community Care and Assisted Living Act, the Community Care and Assisted Living Regulation and the Adult Care Regulations at the local level.
People in residential care have complex care needs, are dependent on caregivers for continuing assistance or direction and may or may not be able to direct their own care. A personal care plan is developed for each resident that identifies their risks, needs and preferences. This plan guides staff in the delivery of services. People in care are not expected to be able to respond to emergencies without assistance.

Residential care is provided in a variety of settings including long term care facilities that generally serve seniors and community living group home facilities that serve people with developmental disabilities, chronic mental illness, brain injury or addictions.

**Campus of Care**

The campus of care model is relatively new in British Columbia. A campus of care may include any combination of independent housing, supportive housing, assisted living, residential care and community programs. A campus of care offers an integrated continuum of housing, services and care, allowing residents to remain in a familiar setting among a familiar community of people as their needs change. A campus of care model also allows the sharing of amenity and support services, enhancing efficiency and reducing costs.
Roles and Responsibilities

There are a number of agencies and authorities working together to develop and administer the fire and life safety requirements in registered assisted living residences and licensed residential care facilities. Below is a short description of each agency and authority along with the requirements that fall under their jurisdiction.

Provincial Agencies and Authorities

Assisted Living Registrar, Office of the Assisted Living Registrar, Ministry of Healthy Living and Sport

The mandate of the Office of the Assisted Living Registrar is to ensure the delivery of services in assisted living residences does not jeopardize the health and safety of residents. The Registrar’s role includes registering assisted living residences, establishing and administering health and safety standards for the operation of assisted living residences, and resolving complaints about the health and safety of assisted living residents. The Registrar has jurisdiction over all assisted living residences, regardless of the form of ownership or funding.

The system in place to ensure that assisted living operators comply with the health and safety standards is complaint-based. In the course of investigating a complaint, the Registrar has the authority to enter and inspect a residence, including the operator’s records. The Registrar also has the authority to refuse an application for registration, for example, if the operator does not meet health and safety standards, and to suspend, cancel or impose conditions on a registration. Operators of unregistered assisted living residences may be subject to fines.

The act governing registered assisted living is the Community Care and Assisted Living Act, while the relevant regulations are the Community Care and Assisted Living Regulation and the Assisted Living Regulation.

Director of Licensing, Community Care Licensing Branch, Ministry of Healthy Living and Sport

The mandate of the Community Care Licensing Branch is to protect the health and safety of people being cared for in residential care facilities by setting minimum health and safety standards, and to support community care licensing programs and staff located in health authorities across the province. The Director has responsibility for specifying policies, guidelines and standards of practice for all community care facilities. In addition, the Director may request an investigation, report or audit where there is concern about the health and safety of persons in care.

The act governing licensed residential care is the Community Care and Assisted Living Act, while the applicable regulations are the Community Care and Assisted Living Regulation and the Adult Care Regulations.

Building & Safety Policy Branch, Office of Housing and Construction Standards, Ministry of Housing and Social Development

The Building and Safety Policy Branch develops and administers policy and regulations related to provincial building and fire codes. The branch develops and provides direction and support in
the implementation of the **BC Building Code**¹ and the **BC Fire Code**¹. The **BC Building Code** is a provincial regulation for new construction and building alterations, establishing minimum standards for safety, health, accessibility, fire and structural protection of buildings, and protection of the building or facility from water and sewer damage. The **BC Building Code** applies throughout the province. There are, however, exceptions, such as the City of Vancouver where the **City of Vancouver Building By-law** applies. The purpose of the **BC Fire Code** is to maintain the health, safety and fire protection of buildings.

**Office of the Fire Commissioner, Ministry of Public Safety and Solicitor General**
The Provincial Fire Commissioner is the senior fire authority in the province with respect to fire safety and prevention. Services include administration and enforcement of fire safety legislation, training of local assistants to the fire commissioner, fire inspection, response to major fire emergencies, advice to local governments on delivery of fire protection services, public fire safety education and fire fighter certification. The **Office of the Fire Commissioner**, through a provincial network of local assistants to the Fire Commissioner, administers the **Fire Services Act** and the **BC Fire Code**.

**Home and Community Care, Ministry of Health Services**
**Home and Community Care** develops legislation, regulation, policy and performance measures, as well as conducting high level service planning for health care and support services for British Columbians with acute, chronic, palliative or rehabilitative health care needs provided in community-based settings throughout the province. This mandate encompasses care provided in assisted living residences, residential care facilities, hospices and private homes. Program and service delivery and monitoring are the responsibility of the regional health authorities.

**BC Housing**
**BC Housing** is the provincial agency responsible for developing, managing and administering subsidized housing. It is responsible for administering the **Independent Living BC (ILBC)** program. This program, funded jointly by the federal and provincial governments, is creating about 4,000 units of assisted living in BC.

**Other Provincial Funding Programs**
A number of provincial ministries and agencies provide funding for residential and support programs and services to meet the needs of the populations they serve, for example, **Community Living BC** (for people with developmental disabilities) and the Ministry of Children and Family Development (for children and youth). Generally speaking, these programs provide funding for small group homes, which are categorized as small residential care facilities.

**Local Agencies and Authorities**

**Local Government Building Officials**
Local government building officials generally monitor compliance with the all aspects of the **BC Building Code**, including fire and life safety provisions, as well as adherence to local government bylaws. These officials are involved in the development process related to buildings and structures, including construction, demolition, alteration and renovation, insofar as such matters relate to the objectives of the **BC Building Code**. Generally their role is to review building permit applications, issue permits and monitor compliance during construction.

¹ The **BC Building Code** and the **BC Fire Code** are both available for purchase in a variety of printed and electronic formats. These publications may also be available at the public library.
**Local Assistant to the Fire Commissioner**
The Local Assistant to the Fire Commissioner represents the Fire Commissioner at the local level by application and enforcement of the *BC Fire Code* pursuant to the *Fire Services Act*. Other required duties include the investigation of fires, reporting of fires, and preliminary reporting of suspicious fires.

**Fire Prevention Officers**
The role of the fire prevention officer is to assist owners and occupiers in meeting the requirements of local legislation, perform inspections where mandated by a municipal council, provide education and information to the public and any other duties mandated by the local government.

**Medical Health Officers and Licensing Officers, Regional Health Authorities**
Medical health officers and licensing officers located in regional health authorities are responsible for administering community care licensing programs. Their role is to issue licenses, monitor and inspect residential care facilities and investigate incidents and complaints to ensure compliance with the *Community Care and Assisted Living Act* and Regulations.

**Home and Community Care, Regional Health Authorities**
As part of their mandate to provide health services, health authorities deliver home and community care programs and services. Health authority home and community care staff are responsible for working with owners and operators to ensure compliance with home and community care regulations and policies, and establish and monitor contracts and performance measures. They are also responsible for client assessment, and development and ongoing review of an individualized care plan in conjunction with the client and family, which includes referral for appropriate services such as assisted living or residential care.
First Steps and Early Considerations

Developing a project to provide housing and services for seniors or other vulnerable adults requires an enormous commitment of time and resources. The project development phase may be intense and exciting, but it is relatively short. The ongoing operations, however, may span more than 30 years. For these reasons, this commitment should only be undertaken after a significant amount of research and a great deal of consideration.

Below are a number of first steps and early considerations with respect to fire and life safety that can inform the decision regarding the commitment to proceed and, focus project planning. Because this document is solely about fire and life safety, it focuses only on the key considerations related to this area.

Review Relevant Publications and Websites

There are numerous publications and websites that provide background and reference information regarding assisted living and residential care. Reviewing this material will answer many common questions and provide a framework for future research. A number of these resources are listed at the end of this section.

Meet with local health authority officials

Health authority staff are knowledgeable about the health status of the local population and can provide information about the need in the community for assisted living and residential care. Some health authorities prepare local health area profiles that provide population health information. Health authority staff can also answer questions regarding the difference between assisted living and residential care. Information regarding small residential care facilities – those having three to six people in care – can be obtained from community care facilities licensing officers.

Meet with local planning, building and fire officials

Local government planning staff can provide insight regarding zoning, development permit areas and other bylaws. Building and fire officials can provide information regarding the building requirements and emergency response considerations. Input from these individuals can make a significant difference to the project.

The BC Building Code outlines the minimum standards that must be met in constructing assisted living residences and residential care facilities. However, in consideration of local circumstances, the local building authority may request additional measures on issues outside of the scope of the BC Building Code, but within the mandate of a local government. Local circumstances may include fire department response time, servicing capacity (especially water) and ambulance response time. In areas where these are concerns, the local building authority may request that the building include additional features to protect the safety of the people living there. These additional features will add to the project development cost. In some cases, owners and developers may provide additional measures beyond the minimum standards of the codes as part of their marketing strategy.
Understand and respond to community needs

A comprehensive demographic analysis, including current and projected population, the health needs of the population, and other relevant factors would help inform decisions regarding the type of development and the funding or financing approach.

The decision regarding the resident profile to be served is pivotal. Assisted living residences and residential care facilities are designed to serve distinct populations. Assisted living serves a more independent population, who can make the decisions necessary to function safely in the semi-independent supportive environment of assisted living. Residential care serves a dependent population, who require 24-hour supervision and continuous care. Which population is targeted will determine the level of service and care that must be provided and, in turn, the requirements of the building to be constructed. It can be extremely costly, if not impossible, to convert an assisted living residence into a residential care facility.

Understand the ongoing operational requirements involved

The ongoing operational requirements for assisted living residences and residential care facilities demand the existence of a strong and long-lived organization. Given that the operational commitment may span 30 or more years, the organization must be prepared to provide governance and management accountability and oversight over the entire period. Additional considerations may include ongoing requirements for board recruitment and development, risk management, quality assurance and staff recruitment and development.

Further Information for Consideration

Demographic information can be accessed through:

- BC Stats
- Statistics Canada
- Local and regional planning departments

Local health area profiles may be available through the regional health authority.

Information regarding assisted living can be found on the website of the Office of the Assisted Living Registrar.

70 Ways to Reduce the Cost of Developing and Operating Supportive Housing for Seniors, BC Non-Profit Housing Association and the Real Estate Foundation of BC.

Local zoning bylaws and planning documents are available through municipalities and regional districts.
What Everyone Should Know

The construction of assisted living residences and residential care facilities is subject to the requirements of provincial acts, regulations and codes, local bylaws, and, for publicly subsidized residents, program policies and guidelines. Stakeholders involved in the development of assisted living and residential care should be familiar with these requirements.

Foremost among these is the BC Building Code. The Code establishes technical provisions for the design and construction of new buildings. It also applies to the alteration or change of use of existing buildings. These standards address safety, health, accessibility for persons with disabilities and fire protection of buildings. The BC Building Code applies throughout the province and is used by members of the building industry, including architects, designers, engineers, builders and developers.

The safety requirements contained within the BC Building Code vary according to a building’s expected use or occupancy. Assisted living residences, larger residential care facilities (with more than six people in care) and small residential care facilities (three to six people in care) are classified with distinct occupancies, each with provisions covering fire and life safety, such as fire separations between rooms and fire sprinkler systems. A building constructed for a less restrictive occupancy classification cannot be converted to serve a higher occupancy classification without conforming to the requirements of the Code.

The provincial Fire Services Act also includes requirements that may apply to assisted living residences and residential care facilities. As an example; Section 31 outlines requirements for fire doors, signage, emergency lighting, sprinklers, fire alarms and fire drills.

The development of assisted living residences and residential care facilities is also subject to local bylaws. Bylaws are laws passed by the local governing body, either a municipal council or regional district board.

Of particular importance to the development process are Official Community Plans and the zoning bylaws. An Official Community Plan is a bylaw that outlines the broad policies and long-term objectives for development in a given area.

Zoning bylaws are put in place in order to implement Official Community Plans. The principal purpose of a zoning bylaw is to guide growth in a systematic way by ensuring various uses of land and structures are compatible. Zoning bylaws regulate land use and density, as well as the siting, size and dimensions of a building, but they do not regulate who the tenants are.

Use of an Existing Building

The BC Building Code also applies to the development of assisted living residences or residential care facilities involving the use of an existing building. The BC Building Code states provisions that invoke the application of the Code. Code provisions require application of the BC Building Code when there is: a change of use or occupancy, alterations to an existing building, additions to a building and the correction of an unsafe condition. In almost all cases where the Code applies, the local building official will be involved.
The alteration of an existing building may also trigger upgrade requirements to the structure, enhanced accessibility provisions or the application of local bylaws. For example, many jurisdictions will require an assessment of structural upgrades for earthquake safety.

**Assisted Living**

Under the *BC Building Code*, assisted living residences are classified as a Group C (Residential) occupancy. For multiple unit projects, this is the same classification that applies to residential apartment buildings. For single-family dwellings, it is the same classification as for a single-family detached home.

The Assisted Living Registrar has developed health and safety policies and standards, which are applicable throughout the province to all assisted living residences. These policies and standards address the need to accommodate the special needs of the resident population and ensure the owner/operator’s compliance with the requirements of applicable legislation, regulations, codes and zoning bylaws, including those covering emergency preparedness and fire safety.

In some cases, owners and developers may choose to provide additional measures beyond the minimum standards outlined in the *BC Building Code* and other acts, regulations and bylaws as part of a marketing strategy.

**Independent Living BC**

In addition to meeting the requirements of Group C (Residential) of the *BC Building Code*, assisted living residences constructed under the Independent Living BC (ILBC) program must incorporate a number of additional fire control and containment requirements outlined in the ILBC design and construction standards. These address sprinklers, fire separations, the fire alarm system and egress systems.

If the project is a conversion of an existing building, only the ILBC standards covering sprinklers, fire alarms and fire separations and ratings apply; the ILBC standards regarding egress systems do not; however, Building Code egress requirements must be achieved.

**Residential Care**

Under the *BC Building Code*, residential care facilities with more than six persons in care are categorized as a Group B, Division 2 (Care or Detention) occupancy, while facilities with six or fewer persons in care are categorized as Group C (Residential), provided:

- The occupants are ambulatory;
- They live as a single housekeeping unit in a dwelling unit with accommodation for not more than ten persons;
- Interconnected smoke alarms are installed in each sleeping room;
- Emergency lighting is provided; and
- The building is sprinklered throughout.

In addition to meeting the requirements of the *BC Building Code*, residential care facilities must incorporate the specific design and construction provisions outlined in *Section 5 of the Adult Care Regulations*. The provisions related to fire and life safety include requirements for signalling...
devices, mobility and access, signage and fire safety requirements over and above what is required by the *BC Building Code*.

**Campus of Care**

Where a residential care facility and an assisted living residence are attached or separated only by a door, the fire and life safety standards that would apply would likely be those for residential care.
What Owners and Operators¹ Should Know

The development process is extremely complex, however, a good understanding of how it works will help owners and operators make better decisions and ensure that they are prepared for the undertaking. Legislation governing assisted living and residential care makes the owner/operator ultimately responsible for ensuring compliance.

The construction of assisted living residences and residential care facilities is subject to the requirements of provincial acts, regulations and codes; local bylaws; and, for publicly-funded projects, program policies and guidelines. Foremost among these is the BC Building Code. The Code establishes technical provisions for the design and construction of new buildings. It also applies to the alteration or change of use of existing buildings. These standards address safety, health, accessibility for persons with disabilities and fire protection of buildings.

The safety requirements contained within the BC Building Code vary according to a building’s expected use or occupancy. Assisted living residences, larger residential care facilities (with more than six people in care) and small residential care facilities (three to six people in care) are classified with distinct occupancies, each with provisions covering fire and life safety, such as fire separations between rooms and fire sprinkler systems. A building constructed for a less restrictive occupancy classification cannot be converted to serve a higher occupancy classification without conforming to the requirements of the Code.

The provincial Fire Services Act also includes requirements that apply to the construction of assisted living residences and residential care facilities. Section 31 outlines requirements for signage, emergency lighting and alarms.

The development of assisted living residences and residential care facilities for more than six persons is also subject to local bylaws. Bylaws are laws passed by the local governing body, either a municipality or regional district.

Of particular importance to the development process are the Official Community Plan and the zoning bylaws. An Official Community Plan is a bylaw that outlines the broad policies and long-term objectives for development in a given area.

Zoning bylaws are put in place in order to implement Official Community Plans. The principal purpose of a zoning bylaw is to guide growth in a systematic way by ensuring various uses of land and structures are compatible. Zoning bylaws regulate land use and density, as well as the siting, size and dimensions of a building, but they do not regulate who the tenants are. If a proposed development fits within the existing zoning for an area, the applicant can apply directly for a development permit, if required, or building permit.

A number of municipal and regional governments designate certain areas as development permit areas. Development permit areas are generally designated to control the form and character of developments and for the purposes of hazard protection or revitalization. Applications in development permit areas are usually reviewed by planning, engineering, environment, and building officials. Some development permit applications require that a public hearing be held before they

¹ In this document, the terms ‘owner’ and ‘operator’ are synonymous with the terms used in the various pieces of legislation, including ‘registrant’, ‘licensee’, ‘owner’ and ‘occupier’.
proceed to the municipal council or regional district board for a decision. Only after a development permit has been issued can the applicant obtain a building permit.

Obtaining a building permit is a final stage in the approval process. For a building permit the applicant must submit an application, including plans and other required documentation. The local building official conducts a review of the plans and documentation for Code compliance and sometimes also reviews the application with the local fire department. If all requirements are met, the building official issues the building permit.

A number of municipal and regional governments require that an occupancy permit is obtained before residents can move into a building. This requires a final inspection involving building officials, fire officials, the coordinating registered professional and the contractor. Upon submission of all required documentation and successful completion of the final inspection, an occupancy permit is granted.

**Use of an Existing Building**

The *BC Building Code* also applies to the development of assisted living residences and residential care facilities involving the use of an existing building. The Code lists factors that trigger the application of the Code. These triggers may be change of use or occupancy, alterations to a building, additions to a building and the correction of an unsafe condition. In almost all cases where the Code applies, the local building official will be involved.

The alteration of an existing building may also trigger upgrade requirements to the structure, enhanced accessibility provisions or the application of local bylaws. For example, many jurisdictions will require an assessment of structural upgrades for earthquake safety.

**Assisted Living**

Under the *BC Building Code*, assisted living residences are categorized as a Group C (Residential) occupancy. For multiple unit projects, this is the same standard that applies to residential apartment buildings. For single-family dwellings, it is the standard that applies to a single-family detached home.

The Assisted Living Registrar has developed health and safety policies and standards to ensure the operator’s compliance with the requirements of applicable legislation, regulations, codes and bylaws, including emergency preparedness and fire safety. These policies and standards also ensure that the special needs of the resident population are accommodated. The policy regarding compliance stipulates that building design, construction and occupancy must comply with the requirements of applicable legislation, regulations, bylaws and codes. Examples of compliance include:

- Records showing all required approvals and permits to operate are in place, e.g. occupancy permit, food premises permit; and
- Records of inspection by various authorities are in place, e.g. fire authority and environmental health.

The policy regarding special needs stipulates that the design of common areas and resident units accommodates the special needs of the resident population.
Examples of compliance include:
• Building design that allows freedom of movement and provides a barrier-free environment for persons with disabilities, e.g. an elevator is installed in a multi-storey residence, wheelchair accessibility is provided;
• Adequate space for the safe mobility of persons using walkers and/or other mobility aids;
• Adequate space for attendants to assist residents with mobility and/or activities of daily living; and
• Spot checks involving residents that demonstrate that the design is appropriate to their needs.

The policy regarding self-preservation stipulates that owners and operators must provide services and facilities that enable residents to self-preserve in the event of fires or other emergencies. With regard to building design and construction, an example of compliance would be:
• Emergency alarm systems appropriate to the needs of the resident population, e.g. visual alarms to alert people who are deaf.

**Independent Living BC**

Assisted living residences constructed under the Independent Living BC (ILBC) program must, in addition to meeting the requirements of Group C (Residential) of the BC Building Code, incorporate a number of additional program-specific design and construction standards covering fire control and containment, the fire alarm system and egress systems.

The ILBC standards regarding fire control and containment require that:
• The building is sprinklered throughout to NFPA 13 Sprinkler Standard;
• The building is divided into two fire zones by a one-hour fire rated separation; and
• Elevators have firefighter’s emergency operation recall.

The ILBC standards regarding the fire alarm system require the installation of:
• Audible and visual signals in all common areas, e.g. corridors, dining rooms and lounges;
• A personal call system in common areas and suites;
• Audible devices in bedrooms;
• Strobe lights, activated by the fire alarm and suite smoke detectors, in all suites;
• Smoke alarms in suites are annunciated to a main display panel to assist staff and firefighters to locate the origin of the alarm; and
• Smoke detectors, which control the electronic closer at the suite entry and are displayed at the annunciator panel, in all suites.

The ILBC standards regarding egress systems require that:
• Corridors are 1500 millimeters wide, with no dead-ends over two meters;
• All floors have a minimum of two fire zones;
• The travel distance to an exit is no more than 30 meters;
• Normal and emergency lighting levels are doubled in corridors and stairs;
• Corridors are ventilated with 100% fresh air when the sprinklers are activated;
• Exit stairs are a minimum of 1100 millimeters wide;
• Stair riser heights are limited to between 150 and 165 millimeters;
• Handrails are installed on both sides of stairways; and
• Visual and tactile signals are used on landings and stair nosings, e.g. high colour contrasts, tactile warning strips.
If the project is a conversion of an existing building, only the ILBC standards covering sprinklers, fire alarms and fire separations and ratings apply; the ILBC standards regarding egress systems do not; however, Building Code egress requirements must be achieved.

**Residential Care**

Under the *BC Building Code*, residential care facilities with more than six persons in care are categorized as a Group B, Division 2 (Care or Detention) occupancy, while facilities with between three and six persons in care are categorized as Group C (Residential), provided:

- The occupants are ambulatory;
- They live as a single housekeeping unit in a dwelling unit with accommodation for not more than ten persons;
- Interconnected smoke alarms are installed in each sleeping room;
- Emergency lighting is provided; and
- The building is sprinklered throughout.

Facilities with between three and six persons in care, constructed as Group C (Residential), are not subject to local zoning bylaws. This exemption can be found in Section 20 of the *Community Care and Assisted Living Act*. This section ensures that these facilities, small group homes, cannot be banned from communities in the province. However, Section 20 also requires facilities to comply with all enactments of the Province of BC and of the municipality relating to fire and life safety in a single-family dwelling.

In addition to meeting the requirements of the *BC Building Code*, residential care facilities must incorporate the specific design and construction provisions outlined in Section 5 of the *Adult Care Regulations*. The provisions related to fire and life safety include requirements for:

- Signalling devices (Section 5.11);
- Mobility and access (Section 5.12);
- Signage (Section 5.14); and
- Fire safety requirements (Section 5.23).

There must be sufficient staff on duty, or available, at all times to assist with the evacuation of persons in care, as the fire department’s primary role is fire suppression, not evacuation of persons in care.

**Further Information for Consideration**

The services of a registered architect are required for all assisted living residences and residential care facilities, except very small ones. This requirement can be found in the *Architect’s Act* of BC. The role of an architect is to provide advice and guidance to the developer and be the liaison with the local government officials.

A number of organizations provide research and information that may be of interest to owners and operators. These include:

- BC Care Providers Association
- Real Estate Foundation of British Columbia
- Seniors Housing Information Program
- BC Non-Profit Housing Association
What Developers, Architects and Designers Should Know

While the regulations, codes and policies governing assisted living and residential care provide the framework for a successful project from a fire and life safety perspective, building design and finishing contribute significantly to functionality and effectiveness.

Assisted Living

Although assisted living residents require regular assistance with daily activities, they must be capable of living semi-independently. Specifically, residents must be able to:
- Recognize an emergency, use an emergency response system and/or summon help and follow directions;
- Find their way within the assisted living residence given available cuing;
- Make decisions on their own behalf; and
- Communicate and be understood by personal assistance staff or by a spouse living with them who can communicate on their behalf.

That said, the needs of residents, given their age and physical and mental health, should be understood and considered in the building design. According to the Ministry of Health Services, assisted living residents:
- Are, on average, 81 years of age when they move in
- Require some assistance with activities of daily living (e.g., bathing), but do not require 24-hour professional care or supervision
- May have mobility challenges, including stairs, and may use assists such as walkers, canes or, in some cases, wheelchairs
- Have limited social contact prior to moving in
- Are losing physical strength and endurance prior to moving in
- Are not eating well prior to moving in
- May have visual or auditory impairment

Under the *BC Building Code*, assisted living residences are categorized as a Group C (Residential) occupancy. This means that they can be constructed to residential, not institutional, standards. The Assisted Living Registrar has developed health and safety policies and standards to ensure compliance with the requirements of applicable legislation, regulations, codes and bylaws, including emergency preparedness and fire safety; and the accommodation of special needs of the resident population.

The policy regarding compliance stipulates that building design, construction and occupancy must comply with the requirements of applicable legislation, regulations, bylaws and codes. Examples of compliance include:
- Records showing all required approvals and permits to operate are in place, e.g. occupancy permit, food premises permit; and
- Records of inspection by various authorities are in place, e.g. fire authority and environmental health.

The policy regarding special needs stipulates that the design of common areas and resident units accommodates the special needs of the resident population. Examples of compliance include:
- Building design that allows freedom of movement and provides a barrier-free environment for persons with disabilities, e.g. an elevator is installed in a multi-storey residence, wheelchair accessibility is provided;
- Adequate space for the safe mobility of persons using walkers and/or other mobility aids;
• Adequate space for attendants to assist residents with mobility and/or activities of daily living; and
• Spot checks involving residents that demonstrate that the design is appropriate to their needs.

The policy regarding self-preservation stipulates that owners and operators must provide services and facilities that enable residents to self-preserve in the event of fires or other emergencies. With regard to building design and construction, an example of compliance would be:
• Emergency alarm systems appropriate to the needs of the resident population, e.g. visual alarms to alert people who are deaf.

**Independent Living BC**

Assisted living residences constructed under the Independent Living BC (ILBC) program must, in addition to meeting the requirements of Group C (Residential) of the BC Building Code, incorporate a number of additional program-specific design and construction standards covering fire control and containment, the fire alarm system and egress systems.

The ILBC standards regarding fire control and containment require that:
• The building is sprinklered throughout to NFPA 13 Sprinkler Standard;
• The building is divided into two fire zones by a one-hour fire rated separation; and
• Elevators have firefighter’s emergency operation recall.

The ILBC standards regarding the fire alarm system require the installation of:
• Audible and visual signals in all common areas, e.g. corridors, dining rooms and lounges;
• A personal call system in common areas and suites;
• Audible devices in bedrooms;
• Strobe lights, activated by the fire alarm and suite smoke detectors, in all suites;
• Smoke alarms in suites are annunciated to a main display panel to assist staff and firefighters to locate the origin of the alarm; and
• Smoke detectors, which control the electronic closer at the suite entry and are displayed at the annunciator panel, in all suites.

The ILBC standards regarding egress systems require that:
• Corridors are 1500 millimeters wide, with no dead-ends over two meters;
• All floors have a minimum of two fire zones;
• The travel distance to an exit is no more than 30 meters;
• Normal and emergency lighting levels are doubled in corridors and stairs;
• Corridors are ventilated with 100% fresh air when the sprinklers are activated;
• Exit stairs are a minimum of 1100 millimeters wide;
• Stair riser heights are limited to between 150 and 165 millimeters;
• Handrails are installed on both sides of stairways; and
• Visual and tactile signals are used on landings and stair nosings, e.g. high colour contrasts, tactile warning strips.

If the project is a conversion of an existing building, only the ILBC standards covering sprinklers, fire alarms and fire separations and ratings apply: the ILBC standards regarding egress systems do not; however, Building Code egress requirements must be achieved.
Residential Care

People in residential care facilities are vulnerable because of family circumstances, age, disability, illness or frailty and are dependent on caregivers for continuing assistance and direction. These facilities, therefore, provide 24-hour supervision and continuous professional care in a protective, supportive environment.

Under the BC Building Code, residential care facilities with more than six persons in care are categorized as a Group B, Division 2 (Care or Detention) occupancy, while facilities with between three and six persons in care are categorized as Group C (Residential), provided:
- The occupants are ambulatory;
- They live as a single housekeeping unit in a dwelling unit with accommodation for not more than ten persons;
- Interconnected smoke alarms are installed in each sleeping room;
- Emergency lighting is provided; and
- The building is sprinklered throughout.

Facilities with between three and six persons in care, constructed as Group C (Residential), are not subject to local zoning bylaws. This exemption can be found in Section 20 of the Community Care and Assisted Living Act. This section ensures that these facilities, small group homes, cannot be banned from communities in the province. However, Section 20 also requires facilities to comply with all enactments of the Province of BC and of the municipality relating to fire and life safety in a single family dwelling.

In addition to meeting the requirements of the BC Building Code, residential care facilities must incorporate the specific design and construction provisions outlined in Section 5 of the Adult Care Regulations. The provisions related to fire and life safety include requirements for:
- Signalling devices (Section 5.11);
- Mobility and access (Section 5.12);
- Signage (Section 5.14); and
- Fire safety requirements (Section 5.23).

Information for Further Consideration

Although assisted living is a relatively new regulated option in BC, a number of design challenges have already been identified, including:
- Difficulty in opening suite doors due to the weight of the door closer;
- Restriction in traffic flows in halls outside of common areas such as dining rooms and lounges because walkers and scooters must be left in the halls; and
- The need for aids to stamina, e.g. handrails and small seating alcoves

A number of resources are available that provide information that may assist in developing solutions to the design challenges in assisted living. These include:
- Automated Doors: Towards Universal
- Automated Doors: State of the Art Report
- Checklist for Readily Achievable Barrier Removal
Small residential care facilities, those with between three and six persons in care, generally serve people with developmental disabilities, chronic mental illness and brain injury or addictions. In many cases, residents in these small facilities enter when they are in their late teens and never leave. As a result of this pattern of occupancy, it is desirable to ensure that the home will continue to meet the needs of the residents as they age. Features such as ceiling tracks for lifts, the option to install ramps, rooms that can accommodate wheelchairs, and areas for the safe storage of wheelchairs or scooters may be appropriate to ensure the viability of the home over the long-term.
What Fire Officials Should Know

Local fire officials may be involved with assisted living residences and residential care facilities during design, construction and operation. The information and guidance provided to the owners, operators and the professionals involved in the project can include reviewing plans and providing input, usually pertaining to fire fighting access and available fire fighting capabilities.

Assisted Living

Under the \textit{BC Building Code}, assisted living residences are categorized as a Group C (Residential) occupancy. This means that they can be constructed to residential, not institutional, standards.

Although assisted living residents require regular assistance with daily activities, they must be capable of semi-living independently. Specifically, residents must be able to:
- Initiate activities to the extent necessary to function safely for the periods they are alone in their unit;
- Find their way within the assisted living residence given available cuing;
- Recognize the consequences of decisions or actions and that some actions may result in injury or harm to themselves or others;
- Recognize an emergency and summon help or follow directions;
- Find their way back to the residence independently;
- Participate in regular reviews of their service needs, that is, respond to questions about needs and services offered; and
- Seek assistance if they have a complaint about something happening at the residence, although family or friends may actually convey the matter to the Assisted Living Registrar.

Information regarding the assessment process in place to ensure the resident profile is maintained is provided on pages 41 and 42 of this document.

The Assisted Living Registrar has developed health and safety policies and standards to ensure compliance with the requirements of applicable legislation, regulations, codes and bylaws, including emergency preparedness and fire safety; and the accommodation of special needs of the resident population.

The policy regarding compliance stipulates that building design, construction and occupancy must comply with the requirements of applicable legislation, regulations, codes and bylaws. Examples of compliance include:
- Records showing all required approvals and permits to operate are in place, e.g. occupancy permit, food premises permit; and
- Records of inspection by various authorities are in place, e.g. fire authority and environmental health.

The policy regarding special needs stipulates that the design of common areas and resident units accommodates the special needs of the resident population. Examples of compliance include:
- Building design that allows freedom of movement and provides a barrier-free environment for
persons with disabilities, e.g. an elevator is installed in a multi-storey residence, wheelchair accessibility is provided;

- Adequate space for the safe mobility of persons using walkers and/or other mobility aids;
- Adequate space for attendants to assist residents with mobility and/or activities of daily living; and
- Spot checks involving residents that demonstrate that the design is appropriate to their needs.

The policy regarding self-preservation stipulates that owners and operators must provide services and facilities that enable residents to self-preserve in the event of fires or other emergencies. With regard to building design and construction, an example of compliance would be:

- Emergency alarm systems appropriate to the needs of the resident population, e.g. visual alarms to alert people who are deaf.

**Independent Living BC**

Assisted living residences constructed under the Independent Living BC (ILBC) program must, in addition to meeting the requirements of Group C (Residential) of the BC Building Code, incorporate a number of additional program-specific design and construction standards covering fire control and containment, the fire alarm system and egress systems.

The ILBC standards regarding fire control and containment require that:

- The building is sprinklered throughout to NFPA 13 Sprinkler Standard;
- The building is divided into two fire zones by a one-hour fire rated separation; and
- Elevators have firefighter’s emergency operation recall.

The ILBC standards regarding the fire alarm system require the installation of:

- Audible and visual signals in all common areas, e.g. corridors, dining rooms and lounges;
- A personal call system in common areas and suites;
- Audible devices in bedrooms;
- Strobe lights, activated by the fire alarm and suite smoke detectors, in all suites;
- Smoke alarms in suites are annunciated to a main display panel to assist staff and firefighters to locate the origin of the alarm; and
- Smoke detectors, which control the electronic closer at the suite entry and are displayed at the annunciator panel, in all suites.

The ILBC standards regarding egress systems require that:

- Corridors are 1500 millimeters wide, with no dead-ends over two meters;
- All floors have a minimum of two fire zones;
- The travel distance to an exit is no more than 30 meters;
- Normal and emergency lighting levels are doubled in corridors and stairs;
- Corridors are ventilated with 100% fresh air when the sprinklers are activated;
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- Handrails are installed on both sides of stairways; and
- Visual and tactile signals are used on landings and stair nosings, e.g. high colour contrasts, tactile warning strips.

If the project is a conversion of an existing building, only the ILBC standards covering sprinklers, fire alarms and fire separations and ratings apply: the ILBC standards regarding egress systems do not; however, Building Code egress requirements must be achieved.
Residential Care

Under the *BC Building Code*, residential care facilities with more than six persons in care are categorized as a Group B, Division 2 (Care or Detention) occupancy, while facilities with between three and six persons in care are categorized as Group C (Residential), provided:

- The occupants are ambulatory;
- They live as a single housekeeping unit in a dwelling unit with accommodation for not more than ten persons;
- Interconnected smoke alarms are installed in each sleeping room;
- Emergency lighting is provided; and
- The building is sprinklered throughout.

In addition to meeting the requirements of the *BC Building Code*, residential care facilities must incorporate the specific design and construction provisions outlined in Section 5 of the *Adult Care Regulations*. The provisions related to fire and life safety include requirements for:

- Signalling devices (Section 5.11);
- Mobility and access (Section 5.12);
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- Fire safety requirements (Section 5.23).

Information for Further Consideration

Although assisted living is a relatively new regulated option in BC, a number of design challenges have already been identified, including:

- Difficulty in opening suite doors due to the weight of the door closer;
- Restriction in traffic flows in halls outside of common areas such as dining rooms and lounges because walkers and scooters must be left in the halls; and
- The need for aids to stamina, e.g. handrails and small seating alcoves

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- Automated Doors: State of the Art Report
- Checklist for Readily Achievable Barrier Removal

Small residential care facilities, those with between three and six persons in care, generally serve people with developmental disabilities, chronic mental illness and brain injury or addictions. In many cases, residents in these small facilities enter when they are in their late teens and never leave. As a result of this pattern of occupancy, it is desirable to ensure that the home will continue to meet the needs of the residents as they age. For example, the aging process may result in individuals requiring a walker or wheelchair.
What Health Officials Should Know

While most health officials have minimal direct involvement in the building and construction phase, they often provide information and guidance to members of the development team: owners, operators, developers, architects and designers. An understanding of the legislation and complexity of the process can result in improved communication and collaboration.

The construction of assisted living residences and residential care facilities is subject to the requirements of provincial acts, regulations and codes; local bylaws; and, for publicly-funded projects, program policies and guidelines. Foremost among these is the BC Building Code. The Code establishes technical provisions for the design and construction of new buildings. It also applies to the alteration or change of use of existing buildings. These standards address safety, health, accessibility for persons with disabilities and fire protection of buildings.

The safety requirements contained within the BC Building Code vary according to a building’s expected use or occupancy. Assisted living residences, larger residential care facilities (with more than six people in care) and small residential care facilities (three to six people in care) are classified with distinct occupancies, each with provisions covering fire and life safety, such as fire separations between rooms and fire sprinkler systems. A building constructed for a less restrictive occupancy classification cannot be converted to serve a higher occupancy classification without conforming to the requirements of the Code.

The provincial Fire Services Act also includes requirements that may apply to assisted living residences and residential care facilities. As an example, Section 31 outlines requirements for signage, emergency lighting sprinklers, fire alarms and fire drills.

The development of assisted living residences and residential care facilities for more than six persons is also subject to local bylaws. Bylaws are laws passed by the local governing body, either a municipality or regional district.

Of particular importance to the development process are Official Community Plans and the zoning bylaws. An Official Community Plan is a bylaw that outlines the broad policies and long-term objectives for development in a given area.

Zoning bylaws are put in place in order to implement Official Community Plans. The principal purpose of a zoning bylaw is to guide growth in a systematic way by ensuring various uses of land and structures are compatible. Zoning bylaws regulate land use and density, as well as the siting, size and dimensions of a building, but they do not regulate who the tenants are. If a proposed development fits within the existing zoning for an area, the applicant can apply directly for a development permit, if required, or building permit.

A number of municipal and regional governments designate certain areas as development permit areas. Development permit areas are generally designated to control the form and character of developments and for the purposes of hazard protection or revitalization. Applications in development permit areas are usually reviewed by planning, engineering, environment, and building officials. Some development permit applications require that a public hearing be held before they proceed to the municipal council or regional district board for a decision. Only after a development permit has been issued can the applicant obtain a building permit.

Obtaining a building permit is a final stage in the approval process. For a building permit the applicant must submit an application, including plans and other required documentation. The
local building official conducts a review of the plans and documentation for Code compliance and sometimes also reviews the application with the local fire department. If all requirements are met, the building official issues the building permit.

A number of municipal and regional governments require that an occupancy permit is obtained before residents can move into a building. This requires a final inspection involving building officials, fire officials, the coordinating registered professional and the contractor. Upon submission of all required documentation and successful completion of the final inspection, an occupancy permit is granted.

**Use of an Existing Building**

The *BC Building Code* also applies to the development of assisted living residences or residential care facilities involving the use of an existing building. The Code lists factors that trigger the application of the Code. These triggers may be change of use or occupancy, alterations to a building, additions to a building and the correction of an unsafe condition. In almost all cases where the Code applies, the local building official will be involved.

The alteration of an existing building may also trigger upgrade requirements to the structure, enhanced accessibility provisions or the application of local bylaws. For example, many jurisdictions will require an assessment of structural upgrades for earthquake safety.

**Assisted Living**

Under the *BC Building Code*, assisted living residences are categorized as a Group C (Residential) occupancy. This means that they can be constructed to residential, not institutional, standards.

The Assisted Living Registrar has developed health and safety policies and standards to ensure the operator’s compliance with the requirements of applicable legislation, regulations, codes and bylaws, including emergency preparedness and fire safety. These policies and standards also ensure that the special needs of the resident population are accommodated.

The policy regarding compliance stipulates that building design, construction and occupancy must comply with the requirements of applicable legislation, regulations, bylaws and codes. Examples of compliance include:

- Records showing all required approvals and permits to operate are in place, e.g. occupancy permit, food premises permit; and
- Records of inspection by various authorities are in place, e.g. fire authority and environmental health.

The policy regarding special needs stipulates that the design of common areas and resident units accommodates the special needs of the resident population. Examples of compliance include:

- Building design that allows freedom of movement and provides a barrier-free environment for persons with disabilities, e.g. an elevator is installed in a multi-storey residence, wheelchair accessibility is provided;
- Adequate space for the safe mobility of persons using walkers and/or other mobility aids;
- Adequate space for attendants to assist residents with mobility and/or activities of daily living; and
- Spot checks involving residents that demonstrate that the design is appropriate to their needs.
The policy regarding self-preservation stipulates that owners and operators must provide services and facilities that enable residents to self-preserve in the event of fires or other emergencies. With regard to building design and construction, an example of compliance would be:

- Emergency alarm systems appropriate to the needs of the resident population, e.g. visual alarms to alert people who are deaf.

**Independent Living BC**

Assisted living residences constructed under the Independent Living BC (ILBC) program must, in addition to meeting the requirements of Group C (Residential) of the BC Building Code, incorporate a number of additional program-specific design and construction standards covering fire control and containment, the fire alarm system and egress systems.

The ILBC standards regarding fire control and containment require that:
- The building is sprinklered throughout to NFPA 13 Sprinkler Standard;
- The building is divided into two fire zones by a one-hour fire rated separation; and
- Elevators have firefighter’s emergency operation recall.

The ILBC standards regarding the fire alarm system require the installation of:
- Audible and visual signals in all common areas, e.g. corridors, dining rooms and lounges;
- A personal call system in common areas and suites;
- Audible devices in bedrooms;
- Strobe lights, activated by the fire alarm and suite smoke detectors, in all suites;
- Smoke alarms in suites are annunciaged to a main display panel to assist staff and firefighters to locate the origin of the alarm; and
- Smoke detectors, which control the electronic closer at the suite entry and are displayed at the annunciator panel, in all suites.

The ILBC standards regarding egress systems require that:
- Corridors are 1500 millimeters wide, with no dead-ends over two meters;
- All floors have a minimum of two fire zones;
- The travel distance to an exit is no more than 30 meters;
- Normal and emergency lighting levels are doubled in corridors and stairs;
- Corridors are ventilated with 100% fresh air when the sprinklers are activated;
- Exit stairs are a minimum of 1100 millimeters wide;
- Stair riser heights are limited to between 150 and 165 millimeters;
- Handrails are installed on both sides of stairways; and
- Visual and tactile signals are used on landings and stair nosings, e.g. high colour contrasts, tactile warning strips.

If the project is a conversion of an existing building, only the ILBC standards covering sprinklers, fire alarms and fire separations and ratings apply: the ILBC standards regarding egress systems do not; however, Building Code egress requirements must be achieved.
Residential Care

Under the *BC Building Code*, residential care facilities with more than six persons in care are categorized as a Group B, Division 2 (Care or Detention) occupancy, while facilities with between three and six persons in care are categorized as Group C (Residential), provided:

- The occupants are ambulatory;
- They live as a single housekeeping unit in a dwelling unit with accommodation for not more than ten persons;
- Interconnected smoke alarms are installed in each sleeping room;
- Emergency lighting is provided; and
- The building is sprinklered throughout.

Facilities with between three and six persons in care, constructed as Group C (Residential), are not subject to local zoning bylaws. This exemption can be found in Section 20 of the *Community Care and Assisted Living Act*. This section ensures that these facilities, small group homes, cannot be banned from communities in the province. However, Section 20 also requires facilities to comply with all enactments of the Province of BC and of the municipality relating to fire and life safety in single family dwellings.

In addition to meeting the requirements of the *BC Building Code*, residential care facilities must incorporate the specific design and construction provisions outlined in Section 5 of the *Adult Care Regulations*. The provisions related to fire and life safety include requirements for:

- Signalling devices (Section 5.11);
- Mobility and access (Section 5.12);
- Signage (Section 5.14); and
- Fire safety requirements (Section 5.23).

**Information for Further Consideration**

Although assisted living is a relatively new regulated option in BC, a number of design challenges have already been identified, including:

- Difficulty in opening suite doors due to the weight of the door closer;
- Restriction in traffic flows in halls outside of common areas such as dining rooms and lounges because walkers and scooters must be left in the halls; and
- The need for aids to stamina, e.g. handrails and small seating alcoves

In designing small residential care facilities, consideration should be given to the fact that, in many cases, residents enter these facilities when they are in their late teens and never leave. As a result of this pattern of occupancy, there is a need to ensure that the home will continue to meet the needs of the residents as they age. Features such as ceiling tracks for lifts, the option to install ramps, rooms that can accommodate wheelchairs, and areas for the safe storage of wheelchairs or scooters may be appropriate to ensure the viability of the home over the long-term.
What Building Officials Should Know

The framework of regulations, codes, policies and criteria protecting the health and safety of people living in assisted living residences and residential care facilities involves a number of different government agencies at the local and provincial level. The fit between the building requirements and occupancy profile has been carefully considered and procedures put in place to ensure that the fit is maintained. The Building Code Appendix clarification around Hospitals and Nursing Homes states, in part:

*The factor that determines whether or not a home for the aged is a nursing and, therefore, a care or detention occupancy as opposed to a residential occupancy, is whether or not continuous nursing care is required for the occupants. If it is not required, then the occupancy would normally be classified as residential rather than care or detention.*

Assisted Living

Under the BC Building Code, assisted living residences are categorized as a Group C (Residential) occupancy. This means that they can be constructed to residential, not institutional, standards.

Although assisted living residents require regular assistance with daily activities, they must be capable of living semi-independently. Specifically, residents must be able to:
- Recognize an emergency, use an emergency response system and/or summon help and follow directions;
- Find their way within the assisted living residence given available cuing;
- Make decisions on their own behalf; and
- Communicate and be understood by personal assistance staff or by a spouse living with them who can communicate on their behalf.

The Assisted Living Registrar has developed health and safety policies and standards to ensure the operator’s compliance with the requirements of applicable legislation, regulations, codes and bylaws, including emergency preparedness and fire safety. These policies and standards also ensure that the special needs of the resident population are accommodated.

The policy regarding compliance stipulates that building design, construction and occupancy must comply with the requirements of applicable legislation, regulations, codes and bylaws. Examples of compliance include:
- Records showing all required approvals and permits to operate are in place, e.g. occupancy permit, food premises permit; and
- Records of inspection by various authorities are in place, e.g. fire authority and environmental health.

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- Adequate space for the safe mobility of persons using walkers and/or other mobility aids;
• Adequate space for attendants to assist residents with mobility and/or activities of daily living; and
• Spot checks involving residents that demonstrate that the design is appropriate to their needs.

The policy regarding self-preservation stipulates that owners and operators must provide services and facilities that enable residents to self-preserve in the event of fires or other emergencies. With regard to building design and construction, an example of compliance would be:
• Emergency alarm systems appropriate to the needs of the resident population, e.g. visual alarms to alert people who are deaf.

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Assisted living residences constructed under the Independent Living BC (ILBC) program must, in addition to meeting the requirements of Group C (Residential) of the BC Building Code, incorporate a number of additional program-specific design and construction standards covering fire control and containment, the fire alarm system and egress systems.

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• The building is sprinklered throughout to NFPA 13 Sprinkler Standard;
• The building is divided into two fire zones by a one-hour fire rated separation; and
• Elevators have firefighter’s emergency operation recall.

The ILBC standards regarding the fire alarm system require the installation of:
• Audible and visual signals in all common areas, e.g. corridors, dining rooms and lounges;
• A personal call system in common areas and suites;
• Audible devices in bedrooms;
• Strobe lights, activated by the fire alarm and suite smoke detectors, in all suites;
• Smoke alarms in suites are annunciated to a main display panel to assist staff and firefighters to locate the origin of the alarm; and
• Smoke detectors, which control the electronic closer at the suite entry and are displayed at the annunciator panel, in all suites.

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• Corridors are 1500 millimeters wide, with no dead-ends over two meters;
• All floors have a minimum of two fire zones;
• The travel distance to an exit is no more than 30 meters;
• Normal and emergency lighting levels are doubled in corridors and stairs;
• Corridors are ventilated with 100% fresh air when the sprinklers are activated;
• Exit stairs are a minimum of 1100 millimeters wide;
• Stair riser heights are limited to between 150 and 165 millimeters;
• Handrails are installed on both sides of stairways; and
• Visual and tactile signals are used on landings and stair nosings, e.g. high colour contrasts, tactile warning strips.

If the project is a conversion of an existing building, only the ILBC standards covering sprinklers, fire alarms and fire separations and ratings apply: the ILBC standards regarding egress systems do not; however, Building Code egress requirements must be achieved.
Residential Care

Under the BC Building Code, residential care facilities with more than six persons in care are categorized as a Group B, Division 2 (Care or Detention) occupancy, while facilities with between three and six persons in care are categorized as Group C (Residential), provided:

- The occupants are ambulatory;
- They live as a single housekeeping unit in a dwelling unit with accommodation for not more than ten persons;
- Interconnected smoke alarms are installed in each sleeping room;
- Emergency lighting is provided; and
- The building is sprinklered throughout.

In addition to meeting the requirements of the BC Building Code, residential care facilities must incorporate the specific design and construction provisions outlined in Section 5 of the Adult Care Regulations. The provisions related to fire and life safety include requirements for:

- Signalling devices (Section 5.11);
- Mobility and access (Section 5.12);
- Signage (Section 5.14); and
- Fire safety requirements (Section 5.23).

Information for Further Consideration

Although assisted living is a relatively new regulated option in BC, a number of design challenges have already been identified, including:

- Difficulty in opening suite doors due to the weight of the door closer;
- Restriction in traffic flows in halls outside of common areas such as dining rooms and lounges because walkers and scooters must be left in the halls; and
- The need for aids to stamina, e.g. handrails and small seating alcoves.

A number of resources are available that provide information that may assist in developing solutions to the design challenges in assisted living. These include:

- Automated Doors: Towards Universal
- Automated Doors: State of the Art Report
- Checklist for Readily Achievable Barrier Removal

Small residential care facilities, those with between three and six persons in care, generally serve people with developmental disabilities, chronic mental illness and brain injury or addictions. In many cases, residents in these small facilities enter when they are in their late teens and never leave. As a result of this pattern of occupancy, it is desirable to ensure that the home will continue to meet the needs of the residents as they age. Features such as ceiling tracks for lifts, the option to install ramps, rooms that can accommodate wheelchairs, and areas for the safe storage of wheelchairs or scooters may be appropriate to ensure the viability of the home over the long-term.
What Everyone Should Know

There is an interconnected framework of regulations, policies and standards to ensure the health and safety of people living in assisted living residences and residential care facilities. A number of different government agencies at the local and provincial level develop and administer this framework. Understanding the framework ensures the proper authorities can deal with any concerns about health and safety in a timely fashion.

Assisted Living

In British Columbia, assisted living refers to residences that provide housing; five hospitality services: meals, housekeeping, laundry, social and recreation opportunities and a 24-hour emergency response system; and one but not more than two of the six prescribed services listed in the Community Care and Assisted Living Regulation.

All assisted living residences must be operated in accordance with the Community Care and Assisted Living Act, Community Care and Assisted Living Regulation, Assisted Living Regulation and the Health and Safety Standards and Related Policies developed by the Assisted Living Registrar.

Assisted living can be offered to any adult who can live independently but may require regular help with daily activities. In British Columbia, assisted living is an option for adults only. To be eligible, a person must be able to make decisions on their own behalf. This means that a person must be able to make the range of decisions that will allow them to function safely in the supportive, semi-independent environment provided by an assisted living residence. It includes the ability to recognize an emergency, use an emergency response system and summon help or follow directions. The population most commonly receiving assisted living services today is seniors, but there is also assisted living for adults with acquired brain injuries and mental health and/or substance use disorders.

All assisted living residences must be registered with the Office of the Assisted Living Registrar. To be registered, the Registrar must be satisfied that the operator provides the housing and services to residents in a manner that does not jeopardize their health or safety.

When a complaint related to the health or safety of a resident is received, the Registrar will act to ensure timely and effective resolution of the issue. In the course of investigating a complaint, the Registrar has the authority to enter and inspect a residence, including the operator’s records. The Registrar also has the authority to refuse an application for registration, for example, if the operator does not meet health and safety standards, and to suspend, cancel or impose conditions on a registration. Operators of unregistered assisted living residences may be subject to fines.

In order to ensure the safety of residents, assisted living residences must, at minimum, meet the requirements of the BC Building Code developed for Group C (Residential) occupancies, the BC Fire Code, the Fire Services Act and local government bylaws.
Residential Care

In British Columbia, residential care is defined as supervision of an adult who is vulnerable because of family circumstances, age, disability, illness or frailty and dependent on caregivers for continuing assistance or direction that involves three or more of the six prescribed services listed in the *Community Care and Assisted Living Regulation*. The range of residential care facilities includes long term care facilities that generally serve seniors and small residential care facilities that serve people with developmental disabilities, chronic mental illness, brain injury or addictions.

The **Director of Licensing** is appointed by the Minister of Health and has responsibility for the development and implementation of legislation, policy and guidelines to protect the health and safety of people in care in licensed facilities. The Director of Licensing may also order reports, investigations and audits to ensure that the health and safety of people in care are protected.

Medical health officers in the health authorities have responsibility for administering the regulations at the local level. Authority for the ongoing monitoring and inspection of residential care facilities is delegated by medical health officers to local licensing officers. All residential care facility operators providing care to three or more persons must apply to the medical health officer for a community care facility license.

All residential care facilities must be operated in accordance with the **Community Care and Assisted Living Act**, the **Community Care and Assisted Living Regulation** and the **Adult Care Regulations**.

Residential care facilities having more than six persons in care must be constructed to the requirements developed for Group B, Division 2 (Care or Detention) occupancies under the **BC Building Code**, and meet the provisions of the **BC Fire Code**, **Fire Services Act** and local government bylaws.

Facilities having three to six persons in care may be constructed as a Group C (Residential) occupancy. In this case, the **BC Building Code** requires that the following additional criteria be met:

- The occupants are ambulatory;
- They live as a single housekeeping unit in a dwelling unit with accommodation for not more than ten persons;
- Interconnected smoke alarms are installed in each sleeping room;
- Emergency lighting is provided; and
- The building is sprinklered throughout.

Additional provisions for small residential care facilities are found in **Section 20 of the Community Care and Assisted Living Act**, which provides that:

- There can be no more than 10 persons in the residence, not more than six of whom are persons in care; and
- Persons in care in these facilities must be able to be able, in the event of a fire, to exit safely unaided or to be removed from the facility by its staff.

In addition, these facilities must meet the requirements of the **BC Fire Code**, **Fire Services Act** and local government bylaws.
What Owners and Operators Should Know

For both assisted living and residential care, responsibility for all aspects of the ongoing operations ultimately rests with the owner/operator. For this reason, they should be knowledgeable about all requirements relating to ongoing operations.

Assisted Living

Assisted living in British Columbia is regulated under the Community Care and Assisted Living Act, Community Care and Assisted Living Regulation and Assisted Living Regulation. The Assisted Living Registrar has a mandate to protect the health and safety of people in assisted living residences, and implement and administer health and safety standards. The Registrar has jurisdiction over all residences in BC, regardless of the form of ownership or funding. All assisted living residences must be registered with the Office of the Assisted Living Registrar, which administers the assisted living registry for the province.

To be registered, the Assisted Living Registrar must be satisfied that the owner/operator provides the housing and services to residents in a manner that does not jeopardize their health or safety. Operators must ensure that the assisted living residence is operated in compliance with the Community Care and Assisted Living Act and Regulations at all times. When a complaint related to the health or safety of a resident is received, the Registrar will act to ensure timely and effective resolution of the issue.

Assisted living residences provide semi-independent housing. The form of housing can range from a self-contained suite to a shared house with a private bedroom. Assisted living residences provide five hospitality services: meals, housekeeping, laundry, social and recreational opportunities and a 24-hour emergency response system; and at least one, but no more than two services from the list of prescribed services found in the Community Care and Assisted Living Regulation. In publicly-funded residences, monthly payments are geared to each resident’s income, while in privately-funded residences, payments are set by the owner/operator at the market rate.

People in assisted living residences must be capable of living semi-independently. In other words, residents must be able to make the range of decisions that will allow them to function safely in the supportive, semi-independent environment provided by an assisted living residence. Key areas of function that relate to resident health and safety include:

- Initiating activities to the extent necessary to function safely for the periods they are alone in their unit;
- Finding their way within the assisted living residence given available cuing;
- Recognizing the consequences of decisions or actions and that some actions may result in injury or harm to themselves or others;
- Recognizing an emergency and summoning help or following directions;
- Finding their way back to the residence independently;
- Participating in regular reviews of their service needs, that is, responding to questions about needs and services offered; and
- Seeking assistance if they have a complaint about something happening at the residence, although family or friends may actually convey the matter to the Assisted Living Registrar.

The person must be able to perform all of these functions at the residence by himself or herself unless a spouse, who is willing and able to make the decisions, is there to provide daily support on the person’s behalf.
A personal service plan must be developed for each resident identifying needs, risks and lifestyle preferences. This plan guides staff in the delivery of services. Operators must provide choice, respect the privacy and personal decisions of residents and accommodate the resident’s right to take risks as long as those risks do not place other residents or staff in jeopardy.

When there is a change in the mental or physical health of a resident or a change in the health of the spouse on whom a dependent resident is relying, the operator is obligated to contact health authority case management staff who will conduct an assessment to determine if the resident still meets the criteria for assisted living. In privately-funded residences, the resident’s physician or another clinician would perform this assessment and/or the operator would liaise directly with the resident’s family.

If it is determined that the resident no longer meets the criteria, a health authority home and community care case manager will help relocate the resident to other appropriate accommodation and services, usually a residential care facility. If a bed cannot be found in an appropriate facility immediately, the operator, working with the resident, their support network, and the case manager, if involved, must develop an exit plan, which identifies the risks the resident is facing and mitigation strategies. The health authority will provide funding and/or the resident may pay privately for additional care until the resident can be relocated to a more appropriate resource. Relocation should occur as soon as possible. On average, relocation generally occurs within 30 days.

In circumstances where a resident is waiting for relocation or when a resident experiences a period of decreased physical or mental functioning, for example during recovery from an injury or surgery, the operator is permitted to provide professional care on a short-term basis.

In addition to the requirements of the Community Care and Assisted Living Act and Regulations, owners and operators of publicly-funded assisted living residences are subject to the terms and conditions of their contracts with the health authority, which often include specific performance agreements. These residences may be subject to regular operational reviews by health authority staff.

**Assisted Living Emergency Preparedness and Fire Safety Policies**

The Assisted Living Registrar has developed policies regarding emergency preparedness and fire safety covering the provision of services and/or facilities to enable self-preservation, the need to meet the requirements of the local fire authority, and staff training.

Owners and operators must provide services and/or facilities that enable residents to self-preserve in the event of fires or other emergencies. Examples of compliance include:

- Emergency alarm systems appropriate to the needs of the resident population, e.g. visual alarms to alert people who are deaf;
- An emergency plan which includes documentation regarding the support each resident requires to self-preserve, e.g. the degree of direction and physical assistance required;
- Documentation that residents have been educated regarding emergency protocols, e.g. record of all fire drills; and
- The emergency plan is posted with a diagram marking exits, emergency shut off valves and the location of fire extinguishers.

Owners and operators must also ensure the fire safety requirements of the local fire authority are met. Examples of compliance include:

- The fire safety plan is submitted to, and reviewed with, the local fire authority; and
- Fire authority inspection reports, orders and correspondence demonstrate compliance with all requirements, e.g. fire drills and maintenance of fire detection and safety equipment.
Owners and operators must ensure that staff are trained to respond appropriately to emergencies. Examples of compliance include:

- An emergency plan that covers all types of emergencies, e.g. bomb threat, earthquake, forest fire, flood, presence of firearms or other weapons, which includes an evacuation plan and linkages to the community emergency response plan;
- Staff are trained to use safety equipment and respond to emergencies;
- Information that supports staff training is available, e.g. orientation manuals, training modules;
- Records of staff participation in orientation and training are kept; and
- Documentation showing that where staff are not on site 24 hours a day, residents are trained to respond appropriately to emergencies.

**Assisted Living and the BC Fire Code and Fire Services Act**

Owners and operators of assisted living residences also have ongoing obligations under the *Fire Services Act* and the *BC Fire Code*. Extra vigilance with regard to assisted living residences built under the residential occupancy provisions of the *BC Building Code* is recommended because these provisions were developed with the general population, not an elderly population, in mind.

Under the provisions of Section 2.8 of the *BC Fire Code*, owners and operators of assisted living residences must prepare a fire safety plan that meets the requirements of the *BC Fire Code*. This section of the *BC Fire Code* also outlines requirements with regard to fire drill procedures and fire drill frequency. The fire safety plan shall be prepared by the owners or the owner’s authorized agent in cooperation with the local fire department and other applicable regulatory authorities and shall include:

- The emergency procedures to be used in case of fire, including:
  - sounding the fire alarm;
  - notifying the fire department;
  - instructing occupants on procedures to be followed when the fire alarm sounds;
  - evacuating occupants, including special provisions for persons requiring assistance; and
  - confining, controlling and extinguishing the fire.
- The appointment and organization of designated supervisory staff to carry out fire safety duties.
- The training of supervisory staff and other occupants in their responsibilities for fire safety.
- Documents, including diagrams, showing the type, location and operation of the building fire emergency systems.
- The holding of fire drills.
- The control of fire hazards in the building.
- The inspection and maintenance of building facilities provided for the safety of occupants.

Furthermore, the owners and operators of assisted living residences must meet the requirements outlined in *Section 31 of the Fire Services Act*. This section covers provisions such as signage, emergency lighting, alarms, sprinkler systems, and smoke and fire doors. Owners and operators should also be aware of *Section 21 of the Fire Services Act*, under which with a complaint or where advisable without complaint, the Fire Commissioner and the commissioner’s inspectors may enter any premises anywhere in BC to inspect them and ascertain whether or not the premises are so used or occupied that fire would endanger life or property. In addition, under *Section 30 of the Fire Services Act*, the Fire Commissioner may order the owner or operator to provide or make alterations to:

- Fire and smoke detection, fire alarm, fire extinguishing and emergency lighting systems; and
- The provisions covered under *Section 31*. 
This same authority is given to Local Assistants to the Fire Commissioner within their local jurisdiction.

Residential Care

In British Columbia, the Community Care and Assisted Living Act, Community Care and Assisted Living Regulation and Adult Care Regulations regulate residential care. The Director of Licensing is appointed by the Minister of Health and has responsibility for the development and implementation of legislation, policy and guidelines to protect the health and safety of people in care in licensed facilities. The Director of Licensing may also order reports, investigations and audits to ensure that the health and safety of people in care are protected.

Medical health officers in the health authorities have responsibility for administering the regulations at the local level. Authority for the ongoing monitoring and inspection of residential care facilities is delegated by medical health officers to local licensing officers.

People in residential care have complex care needs, are dependent on caregivers for continuing assistance or direction, and are not expected to be able to respond to emergencies without assistance. Residential care facilities provide 24-hour supervision and continuous professional care, including three or more of the six prescribed services listed in the Community Care and Assisted Living Regulation.

Services in residential care facilities include: the provision of meals and snacks, medication storage and administration, regular assistance with activities of daily living (such as eating, mobility, dressing, bathing, grooming or personal hygiene), a planned program of social and recreational activities and maintenance of cash resources or other property of persons in care.

A personal care plan must be developed for each resident that identifies their risks, needs and preferences. This plan guides staff in the delivery of care and services. People in residential care may or may not be able to direct their own care.

Under Section 6.8 of the Adult Care Regulations, owner/operators must have a sufficient number of employees on duty at all times to meet the needs of the persons in care and to provide a safe standard of care for residents. Under Section 10.6 of these Regulations, owners/operators are obligated to report “reportable incidents”. A list of “reportable incidents” can be found in Schedule 1 of these Regulations.

In addition to the requirements of the Community Care and Assisted Living Act and Adult Care Regulations, owners and operators of publicly-funded residential care facilities are subject to the operating requirements outlined in the contract with their funder. These contracts often include specific performance agreements and may include a requirement for accreditation. Residential care facilities with six or fewer people are often funded by provincial authorities, for example Community Living BC and the Ministry of Children and Family Development.

All residential care facility operators providing care to three or more persons must apply to the medical health officer for a community care facility license. In order to obtain a license, an owner/operator must submit an application that meets the requirements outlined in Section 3 of the Adult Care Regulations, including copies of site and floor plans, a staffing plan and an operating budget. To remain in good standing, the owner/operator must operate the facility in a manner that promotes the health, safety and dignity of persons in care and must comply with all of the standards of the Community Care and Assisted Living Act and the associated Regulations.
Residential Care and the BC Fire Code and BC Fire Services Act

Under the provisions of Section 2.8 of the BC Fire Code, owners and operators of residential care facilities must prepare a fire safety plan. This section of the Fire Code also outlines requirements with regard to the number of supervisory staff on duty, fire drill procedures and fire drill frequency. The fire safety plan shall be prepared by the owners or the owner’s authorized agent in cooperation with the local fire department and other applicable regulatory authorities and shall include:

• The emergency procedures to be used in case of fire, including:
  » sounding the fire alarm;
  » notifying the fire department;
  » instructing occupants on procedures to be followed when the fire alarm sounds;
  » evacuating occupants, including special provisions for persons requiring assistance;
   and
  » confining, controlling and extinguishing the fire.

• The appointment and organization of designated supervisory staff to carry out fire safety duties.

• The training of supervisory staff and other occupants in their responsibilities for fire safety.

• Documents, including diagrams, showing the type, location and operation of the building fire emergency systems.

• The holding of fire drills.

• The control of fire hazards in the building.

• The inspection and maintenance of building facilities provided for the safety of occupants.

Furthermore, the owners and operators of residential care facilities must meet the requirements outlined in Section 31 of the Fire Services Act. This section covers provisions such as signage, emergency lighting, alarms, sprinkler systems, and smoke and fire doors. Owners and operators should also be aware of Section 21 of the Fire Services Act, under which with a complaint or where advisable without complaint the Fire Commissioner and the Commissioner’s inspectors may enter any premises anywhere in BC to inspect them and ascertain whether or not the premises are so used or occupied that fire would endanger life or property. In addition, under Section 30 of the Fire Services Act, the Fire Commissioner may order the owner or operator to provide or make alterations to:

• Fire and smoke detection, fire alarm, fire extinguishing and emergency lighting systems; and

• The provisions covered under Section 31.

This same authority is given to Local Assistants to the Fire Commissioner within their local jurisdiction.
Information for Further Consideration

Discussions with local fire officials during the research, design and development phase can provide information that will assist owners in meeting the requirements of the local fire authority in the occupancy phase.

Attention to the location within the building of the most vulnerable residents and ensuring that the local fire department is aware of their location can reduce risks.

Owners and operators may wish to ensure that tenants and their families are aware of the fire and life safety features included in the building.

Owners and operators may wish to develop information for families regarding the resident profile for the building to ensure that they are aware of the occupancy criteria.
What Developers, Architects and Designers Should Know

Developers, architects and designers generally have little involvement with assisted living residences and residential care facilities once the building is complete and any deficiencies are signed off. There are, however, elements of the ongoing operations that, if considered during design and construction, will make a significant difference to staff and residents.

Assisted Living

All assisted living residences are required to have a fire safety plan and may be subject to visits and inspections from the local fire authority. Because assisted living residents are more frail than the general population, fire officials have highlighted the need for extra vigilance with regard to fire safety. Occupants must be able to recognize an emergency, summon help, use an emergency response system and take direction in an emergency situation. The design of the building, the selection of emergency alarm system and choice of emergency response system must be appropriate to the needs of the resident population.

Residential Care

All residential care facilities are required to have a fire safety plan and are subject to visits and inspections from the local fire authority. People in residential care are not expected to be able to respond to an emergency without assistance, which is one of the reasons that these buildings must be constructed to different standards. In addition to meeting the provincial standards for fire and life safety, many publicly-funded residential care facilities must also meet the evacuation and disaster preparation requirements set by funding programs or facility accreditation bodies.

Information for Further Consideration

Developers, architects and designers may, in the early stages of project development, wish to ensure that they are fully aware of all operational standards that a residence or facility must meet.

Building systems and design that makes it easier for residents to perceive an emergency and evacuate the building or take other appropriate action will contribute to overall resident safety.
What Fire Officials Should Know

Local fire officials, who provide municipal inspections, maintain an ongoing relationship with assisted living residences and residential care facilities to ensure that fire and life safety standards are maintained. Because people in assisted living and residential care are more frail than the general population, there is a need for extra vigilance to ensure that the requirements of the Fire Services Act and the BC Fire Code are maintained. A comprehensive understanding of the resident profile, knowledge of the policies and procedures in place to ensure that the resident profile is maintained and information regarding the process for addressing problems and concerns would assist in the inspection of assisted living residences and licensed residential care facilities.

Assisted Living

Assisted living in British Columbia is regulated by the provincial government through the Office of the Assisted Living Registrar. Assisted living residences provide housing; five hospitality services: meals, housekeeping, laundry, social and recreational opportunities and a 24-hour emergency response system; and at least one, but no more than two services from the list of prescribed services found in the Community Care and Assisted Living Regulation. The form of housing can range from a self-contained suite to a shared house with a private bedroom.

People in assisted living residences must be capable of living semi-independently. In other words, residents must be able to make the range of decisions that will allow them to function safely in the supportive, semi-independent environment provided by an assisted living residence.

Key areas of function that relate to resident health and safety include:

- Initiating activities to the extent necessary to function safely for the periods they are alone in their unit;
- Finding their way within the assisted living residence given available cuing;
- Recognizing the consequences of decisions or actions and that some actions may result in injury or harm to themselves or others;
- Recognizing an emergency and summoning help or following directions;
- Finding their way back to the residence independently;
- Participating in regular reviews of their service needs, that is, responding to questions about needs and services offered; and
- Seeking assistance if they have a complaint about something happening at the residence, although family or friends may actually convey the matter to the Assisted Living Registrar.

The person must be able to perform all of these functions at the residence by himself or herself unless a spouse, who is willing and able to make the decisions, is there to provide daily support on the person’s behalf.

A personal service plan must be developed for each resident identifying needs, risks and lifestyle preferences. This plan guides staff in the delivery of services. Operators must provide choice, respect the privacy and personal decisions of residents and accommodate the resident’s right to take risks as long as those risks do not place other residents or staff in jeopardy.

When there is a change in the mental or physical health of a resident or a change in the health of the spouse on whom a dependent resident is relying, the operator is obligated to contact health authority case management staff who will conduct an assessment to determine if the resident...
still meets the resident profile criteria for assisted living. In privately-funded residences, the resident’s physician or another clinician would perform this assessment and/or the operator would liaise directly with the resident’s family.

If it is determined that the resident no longer meets the criteria, a health authority home and community care case manager will help relocate the resident to other appropriate accommodation and services, usually a residential care facility. If a bed cannot be found in an appropriate facility immediately, the operator, working with the resident, their support network, and the case manager, if involved, must develop an exit plan, which identifies the risks the resident is facing and mitigation strategies. The health authority will provide funding and/or the resident may pay privately for additional care until the resident can be relocated to a more appropriate resource. Relocation should occur as soon as possible. On average, relocation generally occurs within 30 days.

In circumstances where a resident is waiting for relocation or when a resident experiences a period of decreased physical or mental functioning, for example during recovery from an injury or surgery, the operator is permitted to provide professional care on a short-term basis.

In addition to the requirements of the *Community Care and Assisted Living Act* and Regulations, owners and operators of publicly-funded assisted living residences, are subject to the terms and conditions of their contracts with the health authority, which often include specific performance agreements. These residences may be subject to regular operational reviews by health authority staff.

The Assisted Living Registrar has developed policies regarding emergency preparedness and fire safety covering the provision of services and/or facilities to enable self-preservation, the need to meet the requirements and capabilities of the local fire authority, and staff training.

Owners and operators must provide services and/or facilities that enable residents to self-preserve in the event of fires or other emergencies. Examples of compliance include:
- Emergency alarm systems appropriate to the needs of the resident population, e.g. visual alarms to alert people who are deaf;
- An emergency plan which includes documentation regarding the support each resident requires to self-preserve, e.g. the degree of direction and physical assistance required;
- Documentation that residents have been educated regarding emergency protocols, e.g. record of all fire drills; and
- The emergency plan is posted with a diagram marking exits, emergency shut off valves and the location of fire extinguishers.

Owners and operators must also ensure the fire safety requirements of the local fire authority are met. Examples of compliance include:
- The fire safety plan is submitted to, and reviewed with, the local fire authority; and
- Fire authority inspection reports, orders and correspondence demonstrate compliance with all requirements, e.g. fire drills and maintenance of fire detection and safety equipment.

Owners and operators must ensure that staff are trained to respond appropriately to emergencies. Specifically this policy requires:
- An emergency plan that covers all types of emergencies, e.g. bomb threat, earthquake, forest fire, flood, presence of firearms or other weapons, which includes an evacuation plan and linkages to the community emergency response plan;
- Staff are trained to use safety equipment and respond to emergencies;
- Information that supports staff training is available, e.g. orientation manuals, training modules;
• Records of staff participation in orientation and training are kept; and
• Documentation showing that where staff are not on site 24 hours a day, residents are trained
to respond appropriately to emergencies.

Residential Care

People in residential care facilities are vulnerable because of family circumstances, age,
disability, illness or frailty and are dependent on caregivers for continuing assistance and
direction. These facilities provide 24-hour supervision and continuous professional care,
including three or more of the six prescribed services listed in the Community Care and
Assisted Living Regulation, in a protective, supportive environment.

All residential care facilities must have a fire safety plan for evacuating occupants, including
provisions for people requiring assistance. People in residential care are not expected to
respond to emergencies without assistance and staff must be fully trained in evacuation
procedures. Under Section 6.8 of the Adult Care Regulations, owners/operators must have a
sufficient number of employees on duty at all times to meet the needs of the persons in care
and to provide a safe standard of care for residents. Under Section 10.6 of the Adult Care,
Regulations, owners/operators are obligated to report ‘reportable incidents’. A list of ‘reportable
incidents’ can be found in Schedule 1 of these Regulations.

Health authority licensing officers provide inspection and monitoring of residential care
facilities to ensure that they are being operated in compliance with the Community Care and
Assisted Living Act and associated Regulations. In addition to these requirements, owners and
operators of publicly-funded residential care facilities are subject to the operating requirements
outlined in the contract with their funder. These contracts often include specific performance
agreements and may include a requirement for accreditation. Residential care facilities with
more than six persons in care are usually funded by regional health authorities, while facilities
with six or fewer people are generally funded by provincial authorities, for example the
Community Living BC and the Ministry of Children and Family Development.

Facilities with more than six persons in care are the most common. These must be constructed
to comply with the standards outlined for Group B, Division 2 (Care or Detention) in the BC
Building Code. In addition, there are a number of small ‘home-like’ residential care facilities that
have between three and six people in care. Under the BC Building Code, these facilities may
be constructed as a Group C (Residential) occupancy providing that the following additional
criteria are met:
• The occupants are ambulatory;
• They live as a single housekeeping unit in a dwelling unit with accommodation for not more
than ten persons;
• Interconnected smoke alarms are installed in each sleeping room;
• Emergency lighting is provided; and
• The building is sprinklered throughout.

Additional provisions for small residential care facilities are found in the Section 20 of the
Community Care and Assisted Living Act, which provides that:
• There can be no more than 10 persons in the residence, not more than six of whom are
persons in care; and
• Persons in care in these facilities must be able to be able, in the event of a fire, to exit safely
unaided or to be removed from the facility by its staff.
Information for Further Consideration

The Assisted Living Registrar has a mandate to protect the health and safety of people living in assisted living residences. The Registrar receives and ensures the timely resolution of complaints and concerns about health and safety. Local fire officials with concerns about resident safety should contact the Registrar.

As residents in small residential care facilities age, there is a need to ensure that the home, which was suitable when the residents were young, continues to meet their needs. Should there be a concern about the ability of the residents to evacuate, local fire officials should contact the licensing officer for the facility.
What Health Officials Should Know

Assisted living and residential care are key elements in the continuum of health care and services in British Columbia. Ensuring that the provisions protecting the health and safety of residents are maintained provides public assurance of the quality of housing, services and care.

Assisted Living

Assisted living in British Columbia is regulated under the Community Care and Assisted Living Act, Community Care and Assisted Living Regulation and Assisted Living Regulation. The Assisted Living Registrar has a mandate to protect the health and safety of people in assisted living residences, and implement and administer health and safety standards. The Registrar has jurisdiction over all residences in BC, regardless of the form of ownership or funding. All assisted living residences must be registered through the Office of the Assisted Living Registrar, which administers the assisted living registry for the province.

To be registered, the Assisted Living Registrar must be satisfied that the owner/operator provides the housing and services to residents in a manner that does not jeopardize their health or safety. Operators must ensure that the assisted living residence is operated in compliance with the Community Care and Assisted Living Act and Regulations at all times. When a complaint related to the health or safety of a resident is received, the Registrar will act to ensure timely and effective resolution of the issue.

Assisted living residences provide housing; five hospitality services: meals, housekeeping, laundry, social and recreational opportunities and a 24-hour emergency response system; and one but not more than two of the six prescribed services listed in the Community Care and Assisted Living Regulation.

People in assisted living residences must be capable of living semi-independently. In other words, residents must be able to make the range of decisions that will allow them to function safely in the supportive, semi-independent environment provided by an assisted living residence. Key areas of function that relate to resident health and safety include:

• Initiating activities to the extent necessary to function safely for the periods they are alone in their unit;
• Finding their way within the assisted living residence given available cuing;
• Recognizing the consequences of decisions or actions and that some actions may result in injury or harm to themselves of others;
• Recognizing an emergency and summoning help or following directions;
• Finding their way back to the residence independently;
• Participating in regular reviews of their service needs, that is, responding to questions about needs and services offered; and
• Seeking assistance if they have a complaint about something happening at the residence, although family or friends may actually convey the matter to the Assisted Living Registrar.

The person must be able to perform all of these functions at the residence by himself or herself unless a spouse, who is willing and able to make the decisions, is there to provide daily support on the person’s behalf.
A personal service plan must be developed for each resident identifying needs, risks and lifestyle preferences. This plan guides staff in the delivery of services. Operators must provide choice, respect the privacy and personal decisions of residents and accommodate the resident’s right to take risks as long as those risks do not place other residents or staff in jeopardy.

When there is a change in the mental or physical health of a resident or a change in the health of the spouse on whom a dependent resident is relying, the operator is obligated to contact health authority case management staff who will conduct an assessment to determine if the resident still meets the criteria for assisted living. In privately-funded residences, the resident’s physician or another clinician would perform this assessment and/or the operator would liaise directly with the resident’s family.

If it is determined that the resident no longer meets the criteria, a health authority home and community care case manager will help relocate the resident to other appropriate accommodation and services, usually a residential care facility. If a bed cannot be found in an appropriate facility immediately, the operator, working with the resident, their support network, and the case manager, if involved, must develop an exit plan, which identifies the risks the resident is facing and mitigation strategies. The health authority will provide funding and/or the resident may pay privately for additional care until the resident can be relocated to a more appropriate resource. Relocation should occur as soon as possible. On average, relocation generally occurs within 30 days.

In circumstances where a resident is waiting for relocation or when a resident experiences a period of decreased physical or mental functioning, for example during recovery from an injury or surgery, the operator is permitted to provide professional care on a short-term basis.

In addition to the requirements of the Community Care and Assisted Living Act and Regulations, owners and operators of publicly-funded assisted living residences are subject to the terms and conditions of their contracts with the health authority, which often include specific performance agreements. These residences may be subject to regular operational reviews by health authority staff.

Assisted Living Emergency Preparedness and Fire Safety Policies

The Assisted Living Registrar has developed policies regarding emergency preparedness and fire safety covering the provision of services and/or facilities to enable self-preservation, the need to meet the requirements of the local fire authority, and staff training.

Owners and operators must provide services and/or facilities that enable residents to self-preserve in the event of fires or other emergencies. Examples of compliance include:

- Emergency alarm systems appropriate to the needs of the resident population, e.g. visual alarms to alert people who are deaf;
- An emergency plan which includes documentation regarding the support each resident requires to self-preserve, e.g. the degree of direction and physical assistance required;
- Documentation that residents have been educated regarding emergency protocols, e.g. record of all fire drills; and
- The emergency plan is posted with a diagram marking exits, emergency shut off valves and the location of fire extinguishers.

Owners and operators must also ensure the fire safety requirements of the local fire authority are met. Examples of compliance include:

- The fire safety plan is submitted to, and reviewed with, the local fire authority; and
- Fire authority inspection reports, orders and correspondence demonstrate compliance with all requirements, e.g. fire drills and maintenance of fire detection and safety equipment.
Owners and operators must ensure that staff are trained to respond appropriately to emergencies. Examples of compliance include:

- An emergency plan that covers all types of emergencies, e.g. bomb threat, earthquake, forest fire, flood, presence of firearms or other weapons, which includes an evacuation plan and linkages to the community emergency response plan;
- Staff are trained to use safety equipment and respond to emergencies;
- Information that supports staff training is available, e.g. orientation manuals, training modules;
- Records of staff participation in orientation and training are kept; and
- Documentation showing that where staff are not on site 24 hours a day, residents are trained to respond appropriately to emergencies.

**Assisted Living and the BC Fire Code and Fire Services Act**

Owners and operators of assisted living residences also have ongoing obligations under the *Fire Services Act* and the *BC Fire Code*. Extra vigilance with regard to assisted living residences built under the residential occupancy provisions of the *BC Building Code* is recommended because these provisions were developed with the general population, not an elderly population, in mind.

Under the provisions of Section 2.8 of the *BC Fire Code*, owners and operators of assisted living residences must prepare a fire safety plan that meets the requirements of the *BC Fire Code*. This section of the *BC Fire Code* also outlines requirements with regard to fire drill procedures and fire drill frequency. The fire safety plan shall be prepared by the owners or the owner’s authorized agent in cooperation with the local fire department and other applicable regulatory authorities and shall include:

- The emergency procedures to be used in case of fire, including:
  - sounding the fire alarm;
  - notifying the fire department;
  - instructing occupants on procedures to be followed when the fire alarm sounds;
  - evacuating occupants, including special provisions for persons requiring assistance; and
  - confining, controlling and extinguishing the fire.
- The appointment and organization of designated supervisory staff to carry out fire safety duties.
- The training of supervisory staff and other occupants in their responsibilities for fire safety.
- Documents, including diagrams, showing the type, location and operation of the building fire emergency systems.
- The holding of fire drills.
- The control of fire hazards in the building.
- The inspection and maintenance of building facilities provided for the safety of occupants.

Furthermore, the owners and operators of assisted living residences must meet the requirements outlined in *Section 31 of the Fire Services Act*. This section covers provisions such as signage, emergency lighting, alarms, sprinkler systems, and smoke and fire doors. Owners and operators should also be aware of *Section 21 of the Fire Services Act*, under which with a complaint or where advisable without complaint, the Fire Commissioner and the commissioner’s inspectors may enter any premises anywhere in BC to inspect them and ascertain whether or not the premises are so used or occupied that fire would endanger life or property. In addition, under *Section 30 of the Fire Services Act*, the Fire Commissioner may order the owner or operator to provide or make alterations to:
• Fire and smoke detection, fire alarm, fire extinguishing and emergency lighting systems; and
• The provisions covered under Section 31.
This same authority is given to Local Assistants to the Fire Commissioner within their local jurisdiction.

Residential Care

In British Columbia, the Community Care and Assisted Living Act, Community Care and Assisted Living Regulation and Adult Care Regulations regulate residential care. The Director of Licensing is appointed by the Minister of Health and has responsibility for the development and implementation of legislation, policy and guidelines to protect the health and safety of people in care in licensed facilities. The Director of Licensing may also order reports, investigations and audits to ensure that the health and safety of people in care are protected.

Medical health officers in the health authorities have responsibility for administering the regulations at the local level. Authority for the ongoing monitoring and inspection of residential care facilities is delegated by medical health officers to local licensing officers.

People in residential care have complex care needs, are dependent on caregivers for continuing assistance or direction, and are not expected to be able to respond to emergencies without assistance. Residential care facilities provide 24-hour supervision and continuous professional care, including three or more of the six prescribed services listed in the Community Care and Assisted Living Regulation.

Services in residential care facilities include: the provision of meals and snacks, medication storage and administration, regular assistance with activities of daily living (such as eating, mobility, dressing, bathing, grooming or personal hygiene), a planned program of social and recreational activities and maintenance of cash resources or other property of persons in care.

A personal care plan must be developed for each resident that identifies their risks, needs and preferences. This plan guides staff in the delivery of care and services. People in residential care may or may not be able to direct their own care.

Under Section 6.8 of the Adult Care Regulations, owner/operators must have a sufficient number of employees on duty at all times to meet the needs of the persons in care and to provide a safe standard of care for residents. Under Section 10.6 of these Regulations, owners/operators are obligated to report “reportable incidents”. A list of “reportable incidents” can be found in Schedule 1 of these Regulations.

In addition to the requirements of the Community Care and Assisted Living Act and Adult Care Regulations, owners and operators of publicly-funded residential care facilities are subject to the operating requirements outlined in the contract with their funder. These contracts often include specific performance agreements and may include a requirement for accreditation. Residential care facilities with six or fewer people are often funded by provincial authorities, for example Community Living BC and the Ministry of Children and Family Development.

All residential care facility operators providing care to three or more persons must apply to the medical health officer for a community care facility licence. In order to obtain a licence, an owner/operator must submit an application that meets the requirements outlined in Section 3 of the Adult Care Regulations, including copies of site and floor plans, a staffing plan and an operating budget. To remain in good standing, the owner/operator must operate the facility in a manner that promotes the health, safety and dignity of persons in care and must comply with all of the standards of the Community Care and Assisted Living Act and the associated Regulations.
Residential Care and the BC Fire Code and BC Fire Services Act

Under the provisions of Section 2.8 of the BC Fire Code, owners and operators of residential care facilities must prepare a fire safety plan. This section of the Fire Code also outlines requirements with regard to the number of supervisory staff on duty, fire drill procedures and fire drill frequency. The fire safety plan shall be prepared by the owners or the owner’s authorized agent in cooperation with the local fire department and other applicable regulatory authorities and shall include:

- The emergency procedures to be used in case of fire, including:
  - sounding the fire alarm;
  - notifying the fire department;
  - instructing occupants on procedures to be followed when the fire alarm sounds;
  - evacuating occupants, including special provisions for persons requiring assistance; and
  - confining, controlling and extinguishing the fire.

- The appointment and organization of designated supervisory staff to carry out fire safety duties.

- The training of supervisory staff and other occupants in their responsibilities for fire safety.

- Documents, including diagrams, showing the type, location and operation of the building fire emergency systems.

- The holding of fire drills.

- The control of fire hazards in the building.

- The inspection and maintenance of building facilities provided for the safety of occupants.

Furthermore, the owners and operators of residential care facilities must meet the requirements outlined in Section 31 of the Fire Services Act. This section covers provisions such as signage, emergency lighting, alarms, sprinkler systems, and smoke and fire doors. Owners and operators should also be aware of Section 21 of the Fire Services Act, under which with a complaint or where advisable without complaint the Fire Commissioner and the commissioner’s inspectors may enter any premises anywhere in BC to inspect them and ascertain whether or not the premises are so used or occupied that fire would endanger life or property. In addition, under Section 30 of the Fire Services Act, the Fire Commissioner may order the owner or operator to provide or make alterations to:

- Fire and smoke detection, fire alarm, fire extinguishing and emergency lighting systems; and

- The provisions covered under Section 31.

This same authority is given to Local Assistants to the Fire Commissioner within their local jurisdiction.

Information for Further Consideration

Health officials may refer potential owners and operators to local fire officials during the research and design phase of the project for information that will assist them in meeting the requirements of the local fire authority in the occupancy phase.

Concerns or complaints about health and safety should be directed to the Assisted Living Registrar.

Should there be a concern about the ability of the residents in a residential care facility to evacuate, a licensing officer may request assistance from the local fire official to help identify issues and possible solutions.
What Building Officials Should Know

While local government building officials have no involvement in ongoing occupancy and operations, they are responsible for reviewing development applications to ensure that construction meets the requirements of the BC Building Code, including fire and life safety requirements. For building officials, the characteristic that differentiates assisted living from residential care is the resident profile. Building officials have indicated that a comprehensive understanding of the resident profile, as well as knowledge of the policies and procedures in place to ensure that the resident profile is maintained can assist building officials when reviewing applications.

The fit between the building requirements and occupancy profile has been carefully considered and procedures put in place to ensure that the fit is maintained. The Building Code Appendix clarification around Hospitals and Nursing Homes states, in part:

The factor that determines whether or not a home for the aged is a nursing and, therefore, a care or detention occupancy as opposed to a residential occupancy, is whether or not continuous nursing care is required for the occupants. If it is not required, then the occupancy would normally be classified as residential rather than care or detention.

Assisted Living

Assisted living residences provide housing; five hospitality services: meals, housekeeping, laundry, social and recreational opportunities and a 24-hour emergency response system; and at least one, but no more than two services from the list of prescribed services found in the Community Care and Assisted Living Regulation. The form of housing can range from a self-contained suite to a shared house with a private bedroom.

People in assisted living residences must be capable of living semi-independently. In other words, residents must be able to make the range of decisions that will allow them to function safely in the supportive, semi-independent environment provided by an assisted living residence. Key areas of function that relate to resident health and safety include:

- Initiating activities to the extent necessary to function safely for the periods they are alone in their unit;
- Finding their way within the assisted living residence given available cues;
- Recognizing the consequences of decisions or actions and that some actions may result in injury or harm to themselves or others;
- Recognizing an emergency and summoning help or following directions;
- Finding their way back to the residence independently;
- Participating in regular reviews of their service needs, that is, responding to questions about needs and services offered; and
- Seeking assistance if they have a complaint about something happening at the residence, although family or friends may actually convey the matter to the Assisted Living Registrar.

The person must be able to perform all of these functions at the residence by himself or herself unless a spouse, who is willing and able to make the decisions, is there to provide daily support on the person’s behalf.

Assisted living operators must ensure that the residence is operated in compliance with the Community Care and Assisted Living Act and Regulations at all times. Operators are
responsible for ensuring that the residence is operated in a manner that does not jeopardize the health or safety of residents. Therefore, when there is a change in the mental or physical health of a resident or a change in the health of the spouse on whom a dependent resident is relying, the operator is obligated to contact the health authority case management staff who will conduct an assessment to determine if the resident still meets the resident profile criteria for assisted living. In privately-funded residences, the resident’s physician or another clinician would perform this assessment and/or the operator would liaise directly with the resident’s family.

If it is determined that the resident no longer meets the criteria, a health authority home and community care case manager will help relocate the resident to other appropriate accommodation and services, usually a residential care facility. If a bed cannot be found in an appropriate facility immediately, the operator, working with the resident, their support network, and the case manager, if involved, must develop an exit plan, which identifies the risks the resident is facing and mitigation strategies. The health authority will provide funding and/or the resident may pay privately for additional care until the resident can be relocated to a more appropriate resource. Relocation should occur as soon as possible. On average, relocation generally occurs within 30 days.

In circumstances where a resident is waiting for relocation or when a resident experiences a period of decreased physical or mental functioning, for example during recovery from an injury or surgery, the operator is permitted to provide professional care on a short-term basis.

In addition to the requirements of the Community Care and Assisted Living Act and Regulations, owners and operators of publicly-funded assisted living residences, are subject to the terms and conditions of their contracts with the health authority, which often include specific performance agreements. These residences may be subject to regular operational reviews by health authority staff.

**Residential Care**

People in residential care facilities are vulnerable because of family circumstances, age, disability, illness or frailty and are dependent on caregivers for continuing assistance and direction. These facilities provide 24-hour supervision and continuous professional care, including three or more of the six prescribed services listed in the Community Care and Assisted Living Regulation, in a protective, supportive environment.

All residential care facilities must have a fire safety plan for evacuating occupants, including provisions for people requiring assistance. People in residential care are not expected to respond to emergencies without assistance and staff must be fully trained in evacuation procedures. Under Section 6.8 of the Adult Care Regulations, owners/operators must have a sufficient number of employees on duty at all times to meet the needs of the persons in care and to provide a safe standard of care for residents. Under Section 10.6 of the Adult Care Regulations, owners/operators are obligated to report ‘reportable incidents’. A list of ‘reportable incidents’ can be found in Schedule 1 of these Regulations.

Health authority licensing officers provide inspection and monitoring of residential care facilities to ensure that they are being operated in compliance with the Community Care and Assisted Living Act and associated Regulations. In addition to these requirements, owners and operators of publicly-funded residential care facilities are subject to the operating requirements outlined in the contract with their funder. These contracts often include specific performance agreements and may include a requirement for accreditation. Residential care facilities with
more than six persons in care are usually funded by regional health authorities, while facilities with six or fewer people are generally funded by provincial authorities, for example the Community Living BC and the Ministry of Children and Family Development.

Facilities with more than six persons in care are the most common. These must be constructed to comply with the standards outlined for Group B, Division 2 in the BC Building Code.

In addition, there are a number of small ‘home-like’ residential care facilities that have between three and six people in care. Under the BC Building Code, these facilities may be constructed as a Group C (Residential) occupancy providing that the following additional criteria are met:

- The occupants are ambulatory;
- They live as a single housekeeping unit in a dwelling unit with accommodation for not more than ten persons;
- Interconnected smoke alarms are installed in each sleeping room;
- Emergency lighting is provided; and
- The building is sprinklered throughout.

Additional provisions for small residential care facilities are found Section 20 of the Community Care and Assisted Living Act, which provides that:

- There can be no more than 10 persons in the residence, not more than six of whom are persons in care; and
- Persons in care in these facilities must be able, in the event of a fire, to exit safely unaided or to be removed from the facility by its staff.

Information for Further Consideration

The Assisted Living Registrar has a mandate to protect the health and safety of people living in assisted living residences. The Registrar receives and ensures the timely resolution of complaints and concerns about health and safety.

As residents in small residential care facilities age, there is a need to ensure that the home, which was suitable when the residents were young, continues to meet their needs.