Report on
Summerland Seniors Village
Assisted Living Units

January 15, 2013

OVERVIEW AND PURPOSE OF REPORT

The purpose of the investigation was to determine whether the residence and operator is in compliance with the *Community Care and Assisted Living Act* (CCALA) in meeting the provincial Assisted Living Registrar's health and safety standards for residents receiving assisted living services at Summerland Seniors Village.

Assisted Living Registrant Information		Site Visit Information	
Residence Name	**Summerland Seniors Village**	Date:	December 3 to 5, 2012
Address	12803 Atkinson Road Summerland B.C. V0H 1Z4 250 404-4400	Time:	Varying times during the days December 3 to 5, 2012
Site Leadership	Director of Care, Summerland Seniors Village Regional Manager, Retirement Concepts	**Site Review Team:** • Primary investigator – Robin McMillan, Ministry of Health, Director, Assisted Living Services	
Owner Information	Azim Jamal, President & CEO Tony Baena, Vice President of Operations 1160-1090 West Georgia Street Vancouver, BC V6E 3V7 www.retirementconcepts.com	• Kathy Chouinor – Program Director, Community Care, IHA • Lana Mathers – Practice Leader Home Health, IHA • Tami Dunstan-Adams – CIHS Manager, SOK Community Care, IHA	

This investigation report covers both the publicly subsidized and private registered assisted living units at Summerland Seniors Village that are regulated under the CCALA. At Summerland Seniors Village, assisted living services are part of a Campus of Care that includes assisted living services (18 publicly subsidized and 18 private units) and licensed residential care services (75 publicly subsidized beds and 5 private beds). In addition, this site also has approximately 70 independent living units where seniors reside on a private pay basis and receive hospitality services only. Residents in the independent living and the assisted living section both sign a Standard Resident Agreement – Independent Living Services. Residents who receive assisted living services also sign an Assisted Living Service Costs form.

Residents in the assisted living units receive hospitality services (housekeeping, laundry, meals, 24-hour emergency response and social activities) and up to two personal assistance services (regular assistance with activities of daily living, such as bathing toileting or mobility assistance, and medication assistance) referred to as prescribed services. Services must be provided to residents in a way that does not jeopardize their health or safety and must meet or exceed the Assisted Living Registrar's health and safety standards.

This investigation was initiated as a result of a complaint by a family member to the Assisted Living Registry. The assisted living investigator determined that the complaint was not within the jurisdiction of the Assisted Living Registrar. However, this complaint initiated the review of the assisted living units at the site because the investigator had reason to believe that the manner in which assisted living services were being provided could jeopardize the health and safety of residents in assisted living.

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To complete the investigation of the assisted living services at this site in a timely manner, it was decided to conduct a joint investigation with Ministry of Health (the Ministry), Assisted Living Registry staff and Interior Health Authority (IHA) staff. Interviews and review of information pertaining to assisted living services were shared between the Director, Assisted Living Services and IHA community care staff. IHA is completing a separate assisted living operational review report on the 18 publicly subsidized beds.

In the course of this investigation, two families contacted IHA to express concerns about the supports and services that their relatives received while residing in Summerland Seniors Village in the IL/AL section. The information provided by the families identified similar concerns to those identified in the case that initiated this review. The Assisted Living Registry investigators will investigate these two complaints independently.

On December 6, 2012, IHA put in clinical and care aide staff to oversee and deliver personal assistance and medication management assistance. This was done with the agreement of the operator. These supports were implemented to ensure immediate safety of residents, but do not replace the operator's responsibilities in addressing the recommendations of this review or the requirement to ensure ongoing compliance to the standards for assisted living services. To date these supports remain in place. In addition, Retirement Concepts agreed to stop all admissions to the site until the urgent actions are fully achieved. Retirement Concepts collaborated with the assisted living investigator and, as soon as they became aware of the health and safety concerns at Summerland Seniors Village, started to develop an action plan to address the identified concerns.

At the time of this investigation, IHA Community Care Licensing was completing a residential care licensing inspection report and an IHA team of nine interdisciplinary members was completing a Quality Review of the licensed residential care section of the Campus of Care. Results of these reviews will be reported out by IHA.

Scope of Review – included review of physical plant, policies and procedures, and operations of the assisted living residence section of the Campus of Care.

Review Methodology – included the following:
- Introductory meeting between the site review team and Summerland Seniors Village, Director of Care
- Tour of residence
- Review and photocopy of policies, procedures and other documents
- Review of client records
- Interviews of site manager and staff
- Family interviews
- Meeting to debrief findings with the Regional Manager, Retirement Concepts
- Further requests for policies and procedures

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SUMMARY OF FINDINGS RELATED TO REQUIRED STANDARDS (See Appendix 1 for details)

All findings are assigned a determination based on the following definitions:
- **In compliance:** meets the requirements of the Assisted Living Registrar's provincial health and safety standards and policies
- **Not fully compliant:** missing required elements for full compliance
- **Not in compliance:** no evidence of meeting the standards and policies

The investigation occurred over a three day period of time on site with subsequent requests for information from the site management, and included a review of seven assisted living health and safety standards. The investigation has shown that the operator of Summerland Seniors Village is not fully compliant with the seven health and safety standards and policies.

1. **Registrants must provide a safe, secure and sanitary environment for residents**. – **Not fully compliant**
   In compliance with the following policies:
   - Environment (1.1.1, 1.1.2, 1.1.3)
   - Building maintenance (1.2.1)
   - Emergency preparedness and fire safety (1.4.1, 1.4.2, 1.4.3)
   - Abuse, neglect and self-neglect (1.7.2)

   Not fully compliant with the following policies:
   - Security (1.3.1, 1.3.3)
   - Abuse, neglect and self-neglect (1.7.1)

   Not in compliance with the following policies:
   - Security (1.3.2)
   - Accidents, deaths and medical emergencies (1.5.1)
   - Infectious outbreaks (1.6.1)

2. **Registrants must ensure hospitality services do not place the health or safety of residents at risk**. – **Not fully compliant**
   In compliance with the following policies:
   - Laundry (2.1.2, 2.1.3, 2.1.4)
   - Housekeeping (2.2.1, 2.3.1, 2.3.2, 2.3.3, 2.3.4, 2.3.5)
   - Social and recreational activities (2.5.1, 2.5.2)

   Not fully compliant with the following policies:
   - 24-hour emergency response (2.4.1)

3. **Registrants must ensure sufficient staff is available to meet the service needs of residents, and that staff has the knowledge and ability to perform their assigned tasks. – Not fully compliant**
    In compliance with the following policies:
    - Workforce disruptions (3.2.2)
    - Safe transportation to and from social and recreational outings (3.5.1)

    Not fully compliant with the following policies:
    - Staff qualifications and training (3.2.1, 3.3.1, 3.3.2)

    Not in compliance with the following policies:
    - Management (3.1.1, 3.2.2)
    - Delegated tasks (3.4.1)

4. **Registrants must ensure residents are safely accommodated in their assisted living residence, given its design and available hospitality and prescribed services. – Not fully compliant**
    In compliance with the following policies:
    - Entry screening (4.1.2)
    - Exit plans (4.2.2)

    Not fully compliant with the following policies:
    - Exit plans (4.2.1)

    Not in compliance with the following policies:
    - Information for prospective residents (4.1.1)

5. **Registrants must develop and maintain personal services plans that reflect each resident's needs, risks, service requests and service plan. – Not fully compliant**
    In compliance with the following policies:
    - Personal service plans (5.1.2)

    Not fully compliant with the following policies:
    - Personal service plans (5.1.1)

6. **Registrants must ensure prescribed services are provided in a manner that does not place the health or safety of residents at risk. – Not in Compliance**
    Not in compliance with the following policies:
    - Activities of daily living (6.1.1)
    - Medication management (6.2.1)

7. **Residents are provided with information on complaint processes. – Not fully compliant**
    Not fully compliant with the following policies:
    - Complaints (7.1.1)

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REQUIRED ACTIONS TO ENSURE COMPLIANCE WITH ASSISTED LIVING STANDARDS AND POLICIES

The following are required actions that Retirement Concepts must complete to ensure compliance with assisted living health and safety standards and maintain current registration as Assisted Living. These actions have been organized by:

Corporate and Site Leadership

1. Ongoing and accessible clinical leadership, increased support, training and supervision for staff providing prescribed services within the assisted living section, and immediate compliance with the provincial Personal Assistance Guidelines need to be implemented to ensure safety of the residents and increase the competency of personal assistance staff.
2. Policies, procedures and staff training about privacy legislation need to be implemented and monitored for compliance by the operator to protect the confidentiality and privacy of resident personal information.
3. Policies and procedures related to review of care aide competencies and personal assistant procedures, must be implemented to ensure prescribed services are provided in a safe manner.
4. Policies and procedures about medication management, delegated and assigned tasks for care aides, must be revised and implemented to ensure compliance with the provincial Personal Assistance Guidelines.
5. Policies, procedures and staff training related to the prevention of and response to accidents and medical emergencies need to be implemented and regularly monitored by the operator to ensure the health and safety of all residents.

Clinical

6. Educational plans for the direct care staff need to be implemented including medication administration, direct care, infection control, occupational health and safety, violence in the workplace and communication skills to support the safe provision of services.
7. Policies and procedures related to resident exit planning must be implemented to ensure safe transitioning between different types of service.
8. Policies and procedures regarding the development and updating of personal support plans, and communication between internal and external caregivers and families must be implemented to ensure up-to-date and appropriate personal support plans for residents.

Quality Improvement and Risk Management

9. Polices and procedure related to how staff manage breaches in building security need to be implemented to ensure residents are protected from harm.
10. Policies and procedures related to prompt effective reporting of abuse or neglect allegations need to be developed and/or revised, and staff training needs to be implemented to ensure the safety of residents.
11. Clear and accurate information about assisted living including the future care costs of Summerland Seniors Village needs to be developed to effectively assist the public, residents and families about the requirements, and to plan for their future care and support if required.

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Corporate/Organization Support

12. Supportive processes for staff to voice complaints or concerns without fear of repercussion must be developed and implemented to support the provision of safe service for residents.
13. Corporate policies and procedures need to be implemented in a consistent manner and compliance monitored to ensure the safety of residents, families, and staff.

Communication

14. Policies and process regarding clear and consistent communication with residents, families, and staff to be implemented to ensure the health and safety of residents.

The Ministry must be assured that all assisted living residents living at Summerland Seniors Village are safe and that they are receiving appropriate services that are consistent with the required health and safety standards. The operator must establish and sustain appropriate clinical oversight, and report any changes in this arrangement to the Assisted Living Registry. For the immediate term, this has been achieved through the addition of clinical leadership at the site by IHA to provide daily clinical oversight. IHA has confirmed that they will continue to provide this essential clinical oversight until the Assisted Living Registrar is satisfied that this clinical oversight is no longer required. Any changes in clinical oversight at Summerland Seniors Village will require immediate review and approval by the Assisted Living Registrar.

The Assisted Living Registry and Retirement Concepts will continue to collaborate on improvements to policies and supporting materials, and the monitoring approach that includes reviewing and updating the action plan on a regular basis, reporting by the operator and site visits to ensure that the operator is in full compliance with the assisted living health and safety standards. This diligence is required due to the nature of the population residing in this residence and the potential risks associated with not completing the required actions identified in the investigation. In addition, the agreement to halt admissions will remain in place until agreement is reached with the Assisted Living Registrar, Retirement Concepts and IHA that the operator has achieved compliance with required clinical oversight and health and safety policies.

The Ministry would like to acknowledge the efforts of Retirement Concepts to support this review. Staff at Summerland Seniors Village fully cooperated with the reviewers by providing information for the report both during and following the site visit. We anticipate that this cooperation and responsiveness will continue in addressing the recommendations and further reviews that will be undertaken.

We would like to further acknowledge your cooperation with IHA to address a number of the issues identified in the review that required an immediate and urgent response.

Inspection report completed by Robin McMillan, Director, Assisted Living Services, Ministry of Health

Original signed by   Jan 15, 2013

Signature   Date

Barbara Korabek, Assisted Living Registrar,

Original signed by   Jan 16, 2013

Signature   Date

Appendix 1

HEALTH & SAFETY STANDARD	FINDINGS/OBSERVATIONS
Standard # 1 – Registrants must provide a safe, secure and sanitary environment for residents.	

1.1 Environment

1.1.1	Registrants must ensure that building design, construction and occupancy comply with the requirements of applicable legislation, regulations, bylaws and codes.	**In compliance** • Assisted Living Registration is for 18 publicly subsidized and 18 private units • All permits current and posted by front desk
1.1.2	Registrants ensure the design of common areas and resident units accommodates the special needs of their resident population.	**In compliance** • Common areas and resident areas separate, and appropriate design
1.1.3	Registrants must provide adequate and appropriate social and recreational space for residents.	**In compliance** • Building includes country kitchen, large TV room, hairdressing salon, exercise gym, library, and social event room with a bar, open cafe area and outside space including the resident garden

1.2 Building maintenance

1.2.1	Registrants must maintain buildings and grounds in a good state of repair and a safe and sanitary condition, and in compliance with the requirements of applicable legislation, regulations, bylaws and codes.	**In compliance** • Records show all permits current • Buildings and grounds appear in good condition • Ongoing flood restoration work has the necessary permits

1.3 Security

1.3.1	Registrants must provide building security that protects residents from harm.	**Not fully compliant** • Coded door installed, residents and family know the code and can exit the building whenever they wish. • Front door is locked at 4:40 PM. Intercom and bell at front door for others to use to gain admission to residence. Security cameras at the front door • Two other outside doors to the Assisted Living section are coded, but have no bell – visitors must come to the front door • No policies in place related to breach of security process for staff to follow

HEALTH & SAFETY STANDARD		FINDINGS/OBSERVATIONS
1.3.2	Registrants must maintain the privacy of residents' personal information in accordance with applicable legislation, using it only as required in the delivery of services.	**Not in compliance** • Resident personal information kept in room with a lockable door, but other SSV staff have access as well • Privacy breach related to disposal of blister packs in domestic garbage • Policy regarding access to tenant record is not comprehensive – deals with requests to general manager, does not speak to how staff protect the privacy and confidentiality of residents
1.3.3	Registrants must respect resident privacy, provide lockable doors to resident units and a lockable cabinet within each resident unit for valuables.	**Not fully compliant** • Units have a lockable door and a lockable cabinet • No evidence of policies regarding resident privacy or access to a resident's unit • No evidence of staff orientation or training regarding privacy and confidentiality
1.4 Emergency preparedness and fire safety		
1.4.1	Registrants must provide services and/or facilities that enable residents to self-preserve in the event of fires or other emergencies.	**In Compliance** • Documentation confirmed fire drill held fall 2012 • September Tenant Council minutes indicate that a fire drill was held and that fire procedures were discussed. November Tenant Council minutes indicate that a new fire plan is being developed with the fire department (draft fire processes provided), and that there is an evacuation plan • Evidence that staff and residents receive fire protocol and the ERS system training when they first move into the residence • Evacuation instructions posted in resident units
1.4.2	Registrants must ensure that staff is trained to respond appropriately to emergencies**.**	**Not fully compliant** • Emergency response and weapons/dangerous goods policy in place

HEALTH & SAFETY STANDARD		FINDINGS/OBSERVATIONS
		• Care staff have first aid certificates and carry a cell phone on all shifts • No evidence of staff training related to how to respond to an emergency other than a fire
1.4.3	Registrants must ensure the fire safety requirements of the local fire authority are met.	**In compliance** • Confirmation that the annual fire department inspection is satisfactory
1.5 Accidents, deaths and medical emergencies		
1.5.1	Registrants must respond immediately and appropriately to missing residents, accidents, medical emergencies or deaths.	**Not in compliance** • Unexpected death policy in place • Evidence confirmed care aides have first aid certificates • Emergency response policy requires additional information to ensure staff understanding of the appropriate steps to take in emergencies. Incident reports are completed by care aides and sent to GM. staff do not follow the policy in a consistent manner • Missing resident policy in place. Policy was recently revised to include documentation of resident absences from meals. Policy was not followed consistently by staff • No evidence of staff training related to processes to follow in the event of accidents, deaths and medical emergencies • Lack of ongoing communication of and review of policies by management with staff
1.6 Infectious outbreaks		
1.6.1	Registrants must have a plan in place to prevent, contain and report infectious outbreaks.	**Not in compliance** • Policies on hand hygiene, outbreak management and influenza prevention in place • Corporate policy on infection control available, but specific procedures not available and staff unaware of them

HEALTH & SAFETY STANDARD		FINDINGS/OBSERVATIONS
1.7 Resident abuse, neglect and self-neglect		
1.7.1	Registrants must protect residents from abuse or neglect and respond promptly and effectively to allegations of abuse or neglect.	**Not fully compliant** • Written complaint and abuse policy in place • Care aides have criminal record reviews on file • Residents are given Assisted Living Registry complaint brochure at move in and brochures are available on site. Current brochures have incorrect Assisted Living Registry contact information (brochures with correct contact information mailed to residence December 7) • Tenant abuse policy does not address communication with the health authority (local designated agency), PGT or funding agency • Abuse policy reviewed with staff at orientation. No additional education related to abuse and neglect for staff
1.7.2	Registrants must maintain a record of incidents that occur within the residence and report serious incidents to the Assisted Living Registrar.	**In compliance** • Evidence of written incident reports • Incident policy in place • Serious incident reporting policy in place

Standard # 2 – Registrants must ensure hospitality services do not place the health or safety of residents at risk.		
2.1 Laundry		
2.1.2	Registrants must store clean laundry in a manner that prevents contamination.	**In compliance** • Soiled laundry collected 3 times per day • Processes in place to prevent cross contamination
2.1.3	Registrants must change linens at time intervals necessary to avoid health issues.	**In compliance** • Bed linens and towels cleaned weekly
2.1.4	Registrants must provide residents with access to safe and sanitary personal laundry equipment (or provide a personal laundry service).	**In compliance** • Washers and dryers on each floor where residents can do personal laundry
2.2 Housekeeping		
2.2.1	Registrants must provide housekeeping in resident units that maintain a safe, clean and sanitary environment.	**In compliance** • Light housecleaning policy that resident must sign-off in place • Written job routines processes in place • Suites are cleaned weekly. Extra cleaning is available for an additional cost • Standard is that repairs are generally completed within 24-hours • Residence has a new computer maintenance management system that tracks requests for maintenance work and how long this work takes
2.3 Meals		
2.3.1	Registrants must offer meals that provide balanced and adequate nutrition for residents.	**In compliance** • Policies, four-week menu rotation and November 14, 2012 client food audit provided • Two options per meal offered
2.3.2	Registrants must establish an individual dietary plan with residents who require a special or therapeutic diet, have food allergies or intolerances, and/or have special needs associated with chewing or swallowing.	**In compliance** • Confirmed that residence provides celiac, diabetic and may cut up some foods if required • Snacks are provided and fruit is provided with each meal

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2.3.3	Registrants must ensure that residents can access meals.	**In compliance** • Hallways are wide and there is an elevator to the lower level to accommodate walkers and wheelchairs • Meal reminder and room service available if requested for an extra cost
2.3.4	Registrants must obtain appropriate professional advice (dietitian or food service supervisor/diet technician) to plan menu rotations, special or therapeutic diets, and food preparation to accommodate chewing and swallowing abilities.	**In compliance** • Menus approved by dietitian • Residence has recently hired an executive chef
2.3.5	Registrants must adopt safe practices for the preparation and delivery of meals.	**In compliance** • Confirmed that all staff have a FoodSafe certificate
2.4 24-hour Emergency Response		
2.4.1	Registrants must provide a 24-hour response to personal emergencies that is appropriate to the needs of the resident population.	**Not fully compliant** • Electronic emergency response system (ERS) in place in suites and additional pendant available • Policy on emergency response requires revision including an immediate response time protocol and the type of response to be provided. Investigator observed that staff responded to a call within a minute • Staff carry a telephone, but do not have a way to request assistance if required
2.5 Social and Recreational Opportunities		
2.5.1	Registrants must ensure safe transportation to and from social and recreational outings.	**In compliance** • Residence has their own bus for recreational outings • Safety checks are done on the bus before each trip
2.5.2	Registrants must offer social and recreational programs that promote the mental wellbeing of residents.	**In compliance** • Social and recreational calendar was posted (showed programming) and calendars are provided to residents • Client satisfaction surveys provided to review team

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Standard # 3 – Registrants must ensure sufficient staff is available to meet the service needs of residents and that staff has the knowledge and ability to perform their assigned tasks.		
3.1 Management		
3.1.1	Registrants must ensure site management is effective and appropriate for the resident population.	**Not in compliance** • Current management team consists of (maintenance, marketing, recreation, support services, administration and general manager). Job descriptions of care aide and general manager reviewed • Clinical oversight for assisted living section to ensure compliance with delegation of duties required for prescribed services and support for staff providing direct care not effectively provided.
3.2 Staffing levels		
3.2.1	Registrants must ensure staffing levels are sufficient to meet the hospitality service needs of residents and deliver the personal assistance services offered.	**Not fully compliant** • RN or LPN on-call and available to assisted living care aides for personal service assistance consultation after hours • No evidence of consistent nursing oversight for assisted living • All staff have first aid training • Staff on site 24/7, support service worker available on night shift
3.2.2	Registrants must have plans in place to address situations where there is a disruption to the residence's regular work force.	**In compliance** • Evidence that there are processes in place to manage staffing when there is a disruption such as sick calls or inclement weather
3.3 Staff qualifications and ongoing training		
3.3.1	Registrants must ensure that staff has qualifications consistent with their job responsibilities. Staff providing personal assistance services must have home support/care aide certification from an accredited educational institution, or an equivalent combination of education and experience.	**Not fully compliant** • Not all care aides have a medication management certificate • Not all care aides are registered with the BC Care Aide and Community Health Worker Registry

3.3.2	Registrants must provide staff orientation and ongoing training to develop and maintain the knowledge and skills of staff.	**Not fully compliant** • Orientation for care aides confirmed • Recent training related to use of safety belts and use of restraints • No evidence of educational plans for direct care staff specific to the provision of direct care
3.4 Delegated tasks		
3.4.1	Registrants must ensure appropriate delegation of professional tasks to nonprofessional staff, consistent with the Ministry of Health Services *Personal Assistance Guidelines*.	**Not in compliance** • No RN sign off on delegated tasks • Care aides use the pharmacist for education and direction • Written delegation and assignment of task policies, but implementation not consistent with policy • Policy allowing care aides to give PRN medications to be clarified so as to be compliant with Personal Assistance Guidelines • Lack of procedures for documenting medication use • One blister pack had several empty med slots with no signatures in the client's file in the med drawer

Standard # 4 – Registrants must ensure residents are safely accommodated in their assisted living residence, given its design and available hospitality and prescribed services.		
4.1 Entry		
4.1.1	Registrants must fully inform prospective residents about the hospitality and personal assistance services offered in the residence.	**Not in compliance** • Marketing and web site language indicate that the site offers independent living and assisted living services, but does not differentiate between the two. This is consistent across the province • Lack of an Assisted Living Tenancy Agreement (Independent Living Tenancy Agreement is used for both independent living and assisted living) • Marketing materials are not clear about how a resident transitions from independent living to assisted living, except that a resident can ask for "additional care services" • Information provided to residents is not clear about differences in levels of service
4.1.2	Registrants must screen residents for suitability in relation to building design features, personal assistance services offered, and ability to make decisions on their own behalf.	**In compliance** • Entry Criteria policy in place. • Confirmed that prospective residents are interviewed and screened before entering the residence • Confirmed that the General Manager interviews and assesses prospective residents
4.2 Exit plans		
4.2.1	Registrants must develop an exit plan in consultation with the resident, their physician, support network and health authority if appropriate where a resident's needs exceed the service delivery capacity of the residence or the resident becomes unable to make decisions on their own behalf.	**Not fully compliant** • Exit Planning policy available, lack of clarity in role of care aide in implementing policy
4.2.2	Registrants must ensure that exit plans include strategies for providing increased services to minimize risk and meet the higher care needs of residents awaiting a move out of the residence.	**In compliance** • Residents are able to hire extra private assistance if they need additional care. • Residents with IHA care management receive added care hours if they are no longer suitable for AL

Standard # 5 – Registrants must develop and maintain personal services plans that reflect each resident's needs, risks, service requests and service plan.		
5.1 Personal Service Plans		
5.1.1	In conjunction with each resident, the registrant must develop a personal services plan upon their entry to the residence. The plan must be reviewed on a regular basis and updated as the resident's needs change.	**Not fully compliant** • Tenant Service Delivery policy contains the personal service plan process • All residents have a personal service plan that is developed by the General Manager at time resident move into the residence. • Caregivers meet regularly with IHA case managers • PSPs updated by care staff October 18, 2012 • No policies and processes regarding communication between external caregivers and internal caregivers • Care staff call family directly with concerns
5.1.2	Registrants must respect the personal decisions of residents and accommodate a resident's right to take risks, as long as the risks do not place other residents or staff in jeopardy.	**In compliance** • Site uses "negotiated risk agreements" when appropriate and updates them as needed • No residents had risk agreements in place at the time of the site visit

Standard # 6 – Registrants must ensure prescribed services are provided in a manner that does not place the health or safety of residents at risk.		
6.1 Activities of Daily Living (ADL)		
6.1.1	Registrants must deliver ADL in such a way as to promote the safety and independence of residents.	**Not in compliance** • No evidence of routine evaluation of care aides competency in performing activities of daily living • No consistent clinical oversight for personal assistance tasks • No personal assistance procedures provided
6.2 Central storage of medication, distribution of medication, administering medication or monitoring the taking of medication		
6.2.1	Registrants must deliver medication services in accordance with provincial *Personal Assistance Guidelines* and the Assisted Living Registrar's *Medication Services and Standards of Practice Guidelines* in order to promote the safety and independence of residents.	**Not in compliance** • No evidence of consistent nursing oversight of delegated or assigned clinical tasks • Medication management policy to be revised • No evidence of routine evaluation of care aides competency in performing assigned tasks • Care aides review blister packed meds for errors without clinical supervision

Standard #7 – Complaints Residents are provided with information on complaint processes.		
7.1.1	Registrants must have internal complaint policy that is communicated to residents and you must not prevent or intimidate anyone from initiating a complaint.	**Not fully compliant** • Internal complaint policy provided as part of the move-in package that residents receive • Assisted Living Registry Complaint policy contained in resident information package • Internal "complaints box" for residents to anonymously provide feedback at the residence • No written procedures regarding who is responsible for the "complaints box" – general manager responsible to manage • Evidence of complaints and safety issues being addressed at the monthly tenant council meetings • Staff stated that they were afraid of repercussions by management should they put forth complaints and said they felt unsupported because the union aligned themselves with management