

Office of the **Assisted Living Registrar**

**Assisted Living**  
**INFORMATION**  
**FOR APPLICANTS**



## A Message from the Assisted Living Registrar

British Columbia is the first province in Canada to regulate assisted living residences.

On May 14, 2004, the bulk of the *Community Care and Assisted Living Act* was brought into force. As the Assisted Living Registrar, my role is to protect the health and safety of the people living in assisted living residences.

The purpose of this booklet is to provide answers to basic questions that many of you may have about the regulation of assisted living in BC. It is a companion to *Assisted Living, Should I Register My Residence?*, a guide which will help you assess whether you need to register your residence. That guide also provides you with an application form and instructions about how to complete it.

We want to thank the operators and community, government and health authority representatives who helped us develop this booklet.

If, after reading this booklet and the guide, you feel that you need more information or assistance, please refer to “Where can I get help?” on page 10 of this booklet.



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## What is Assisted Living in BC?

Assisted living refers to residences that offer housing<sup>1</sup>, hospitality services<sup>2</sup> and personal assistance<sup>3</sup> to adults who can live independently but require regular help with daily activities. The housing and services can be adapted to meet the needs of a range of resident populations including seniors, adults with disabilities or acquired brain injuries, or adults with mental disorders and/or substance use disorders.

Assisted living is intended for people who are able to select and direct the personal assistance services they need. The *Community Care and Assisted Living Act* places an obligation on operators not to house people who are unable to make decisions on their own behalf about the daily services they receive in an assisted living residence.

The core principles of assisted living – choice, privacy, independence, individuality, dignity and respect – derive from a recognition that adults, even when they need support and assistance in daily life, retain the ability and right to manage their own lives. These principles must guide operators of assisted living residences. Operators must provide choice, respect the privacy and personal decisions of residents, and accommodate a resident’s right to take risks as long as those risks do not place themselves, other residents or staff in jeopardy.

Assisted living enables residents to maintain their privacy by living independently in their own lockable, personal space within the residence. Residents maintain dignity by making choices about their daily activities, based on personal preferences and lifestyle. When

requested, staff provide the assistance that is least intrusive and support residents to live as independently as possible.

Many residences will cater to residents whose personal assistance needs can be met on a scheduled service basis. In this sense, assisted living reflects a home-support model: operators provide the same types of services<sup>4</sup> one would expect to receive from home support workers if living in one’s own home in the community. Other residences will provide 24-hour staffing coverage to accommodate residents who require unscheduled personal assistance.

Operators may offer six personal assistance services at a ‘support level’ or a more intensive ‘prescribed services’ level. Assisted living residences are limited to providing one or two prescribed services.

The Assisted Living Registrar has adopted the Ministry of Health Services’ *Personal Assistance Guidelines*<sup>5</sup> as a standard for the provision of personal assistance services. Where personal assistance tasks require delegation by professionals, operators need to engage professional staff to delegate and supervise delegated tasks.

When a resident requires 24-hour supervision and continuous professional care, the resident must leave assisted living. Most often, the person would move to licensed care.<sup>6</sup> However, in some cases, the person may move to a family home.

Recognizing that residents may encounter episodes of decreased physical or mental functioning (while recovering from an injury, an

1 Buildings designed to meet the needs of the resident population.

2 Meals, housekeeping, laundry, social and recreational opportunities and a 24-hour emergency response system.

3 See page 5 under “What are Prescribed Services?”.

4 These are the personal assistance services referred to in footnote 3.

5 Sets out the personal assistance tasks assigned to home support workers versus certain tasks that may be delegated by professionals to home support workers.

6 See next section for a description of licensed community care facilities.

acute illness or an exacerbation of a chronic illness), the Registrar has adopted a policy that registered assisted living operators may provide professional care<sup>7</sup> to such residents on a short-term basis.

Also by policy, short-term professional care may be provided to residents receiving palliative care or who are awaiting transfer to a licensed care facility.

## How is Assisted Living Different From Licensed Care?

Both registered assisted living residences and licensed community care facilities offer housing, hospitality services and personal assistance.

However, licensed community care facilities differ from assisted living residences in three important ways. In licensed facilities:

- ▶ operators may provide 24-hour supervision and continuous professional care;
- ▶ residents may not be able to direct their own care; and
- ▶ operators may offer three or more personal assistance services at the prescribed services level.

Another important difference is that licensed facilities often monitor exit from the residence because residents may be confused or wander.

## How is Assisted Living Different From Supportive Housing?

Supportive housing and assisted living residences are similar in that both offer housing and hospitality services designed to meet the needs of the resident population. They differ in that supportive housing operators may not provide the full five hospitality services available to residents in assisted living.

Some supportive housing operators may offer personal assistance services at the support level. However, if a supportive housing operator chooses to offer a personal assistance service at the prescribed level and does not register, they would be seen as operating an unregistered assisted living residence and could be subject to fines under the Act.

Some residents in supportive housing may either purchase personal assistance services at the prescribed level independently of the operator or qualify to receive equivalent home support services from their local health authority. As long as the supportive housing operator is not offering the personal assistance to residents, this situation does not qualify as assisted living.

Where a significant number of supportive housing residents qualify for home support services, a health authority may decide to assign a staff person to be onsite some portion of each day to provide scheduled home support services to that group of residents. Again, because the supportive housing operator is not offering the personal assistance, this situation does not qualify as assisted living.

For additional discussion of the differences between supportive housing and assisted living, please refer to the *Assisted Living, Should I Register My Residence?* booklet.

The province, through BC Housing, has implemented the *Independent Living BC* (ILBC) program. The goal of this program is to create affordable ‘independent living units with support services’ across the province. This program encompasses the development of both supportive housing and assisted living residences.

<sup>7</sup> Professional care includes ‘hands on’ or direct services provided by a registered nurse, licensed practical nurse, physiotherapist, occupational therapist or mental health professional.

## How is an Assisted Living Residence Defined in the Act?

The *Community Care and Assisted Living Act* defines an assisted living residence as:

*a premises or part of a premises in which housing, hospitality, and at least one but not more than two prescribed services are provided by or through the operator to three or more adults who are not related by blood or marriage to the operator.*

To meet the definition and be eligible for registration under the Act, an operator must offer all three components: housing, hospitality services and one or two personal assistance services provided at the prescribed services level. Each of these components is discussed in more detail later in this booklet.

The words *by or through the operator* mean that operators must deliver all three components either directly or through contractual arrangements with third party providers.

The words *three or more adults who are not related by blood or marriage to the operator* means that operators are **not** considered to be providing assisted living if they offer:

- ▶ prescribed services to only one or two adults to whom they are not related, or
- ▶ prescribed services to any number of adults to whom they are related by blood or marriage.

## Are There Specific Building Standards for Assisted Living?

Building standards specific to assisted living are not defined in regulations or policies. However, operators must ensure that their building design addresses the housing needs of their target resident populations. There are various guide-

lines that can provide assistance, including the CMHC publication titled *Housing for Persons with Disabilities*.

As well, local building inspectors will specify building code requirements<sup>8</sup> based on the occupancy classification of a residence. The two basic classifications that apply to residences housing people that receive some degree of assistance with daily activities are group C – residential – or group B2 – care or detention.

In addition, operators must comply with all other applicable legislation, regulations, bylaws and codes. Again, local authorities can assist in determining the requirements. These include the:

- ▶ *Health Act* and regulations, including:
    - Food Premises Regulations (B.C. Reg. 21/99);
    - Communicable Disease Regulation (B.C. Reg. 4/83);
  - ▶ *Fire Services Act* – British Columbia Fire Code Regulation;
  - ▶ *Local Government Act* – zoning bylaws of the authority having jurisdiction; and
  - ▶ *Elevating Devices Safety Act* and regulations.
- The Assisted Living Registrar requires that:
- ▶ all required inspections are conducted at the prescribed intervals;
  - ▶ all orders and other requirements of the applicable authorities are complied with; and
  - ▶ copies of inspection reports, orders and correspondence with applicable authorities are retained and made available to the Registrar upon request.

## What are Hospitality Services?

The Act refers to five hospitality services: meals, housekeeping, laundry, social and recreational opportunities and a 24-hour emergency response system.

<sup>8</sup> Building code requirements are found in the *Local Government Act* – British Columbia Building Code Regulation or, for City of Vancouver, the City of Vancouver Building Bylaw. In unincorporated areas of the province where the *Local Government Act* does not apply, an engineer's certification is required to confirm that the building conforms with building code requirements.

The general intention is that assisted living operators will provide all five hospitality services. Operators are obligated to provide these services in a manner that will not jeopardize the health and safety of the residents.

However, in certain circumstances, it may not be possible or appropriate for an operator to provide all five hospitality services. In such cases, the Registrar could seek to have the residence designated as assisted living.

Operators may provide hospitality services directly or through contractual arrangements with third parties. Regardless of how operators choose to deliver these services, the Registrar's policies place the responsibility on operators to ensure that:

- **Meal services** provide balanced and adequate nutrition for residents; safe practices are followed in meal preparation and delivery; a dietary plan is established for each resident that has food allergies or intolerances and special or therapeutic dietary needs; and appropriate professional advice (e.g., registered dietitian) is obtained to provide special and/or therapeutic diets.
- **Housekeeping services** are provided at a frequency, and with appropriate practices, to meet the health and safety needs of individual residents.
- **Laundry services** produce sanitary flat linens (e.g., bed sheets and covering, towels) and personal laundry; clean laundry is stored in a sanitary manner; linens are changed at intervals necessary to avoid health issues; and resources are provided for residents to do their own personal laundry.
- **Social and recreational opportunities** provide life enrichment through leisure pursuits, social interaction and community involvement.
- **24-hour emergency response system** provides residents with the ability to summon emergency assistance 24 hours a day.

## What Type of 24-hour Emergency Response System Must Be in Place?

An operator must establish an emergency response system that addresses the unique features of their building environment and location, and meets the needs of the resident population in that setting.

In designing and implementing the system, an operator can adopt a combination of staffing, procedural and/or mechanical or electronic emergency call devices. The system must enable a resident to summon emergency assistance 24 hours a day.

The following examples show possible emergency response systems based on resident population:

**Example A:** An assisted living residence for frail seniors has staff on duty 24 hours a day. An emergency call device enables residents to summon immediate staff assistance.

**Example B:** An assisted living residence for young adults with physical disabilities has staff onsite 8 hours per day, seven days per week. During evenings and nights, the emergency response procedure is for residents to telephone offsite staff who are in close proximity and can respond within fifteen minutes.

**Example C:** An assisted living residence for seniors that does not offer 24-hour staffing provides each resident with a personal alarm device that can be worn as a necklace. In case of an emergency, residents activate the device and a 24-hour monitoring station receives the signal and dispatches the appropriate assistance immediately.

**Example D:** A mental health transition group home (registered as an assisted living residence) has staff on site 6 hours per day, five days per week. In case of an emergency (e.g., a fire, an intruder or an accident requiring medical attention), residents are trained to take immediate action such as using a fire extinguisher and/or calling 911.

**Example E:** An apartment for people with mental disorders (registered as an assisted living residence) has an apartment manager residing in the building who is available at all times to respond to an emergency by calling 911.

## What are Prescribed Services?

Six personal assistance service areas have been identified:

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

An assisted living residence may provide any number of these personal assistance services at a less intensive ‘support’ level. However, the Act limits assisted living residences to providing only one or two personal assistance services at the more intensive prescribed services level. The *Personal Assistance Services Self-assessment Worksheet* in the *Assisted Living, Should I Register My Residence?* Booklet gives examples of services at the ‘support’ and ‘prescribed’ services levels.

Once operators have determined the one or two prescribed services to be offered in their assisted living residences, they must determine whether to provide the services directly or through contractual arrangements with third parties. Regardless of how operators choose to deliver these services, the Registrar’s policies place the onus on operators to ensure the following for the service areas selected:

- **Activities of Daily Living** – services are delivered in a manner that is consistent with the *Personal Assistance Guidelines*<sup>9</sup> and promote the safety and independence of residents.
- **Central storage of medication, distribution of medication, administering medication or monitoring the taking of medication** – services are delivered in a manner that is consistent with the *Medication Services Standards of Practice Guidelines*<sup>10</sup> and promote the safety and independence of residents.
- **Maintenance or management of resident cash resources or property** – services are performed in a systematic manner with accounting records and safeguards, and full reporting to the resident, their representative or family.
- **Monitoring of food intake or therapeutic diets** – services are performed by a registered dietitian in consultation with the resident.
- **Structured behavioural program** – services are planned and supervised by a qualified professional.
- **Psychosocial rehabilitation or intensive physical rehabilitation** – services are planned and supervised by a qualified professional.

As well, the Registrar’s policies place an onus on operators to ensure that personal assistance services are:

- ▶ provided in a manner that will not jeopardize the health and safety of residents;
- ▶ respectful of and responsive to residents’ preferences, needs and values; and
- ▶ designed to promote maximum dignity and independence for residents and involve family and friends.

## Are There Health and Safety Standards?

There are health and safety standards will be set out in the *Community Care and Assisted Living* regulations. These high-level, outcome-based standards form the foundation for the Registrar’s health and safety policies, which elaborate on the standards.

9 Ministry of Health Services, January 1997. Available on the Registrar’s website or from the Registrar’s office.

10 Office of the Assisted Living Registrar, July 2004. Available on the Registrar’s website or from the Registrar’s office.

## Are There Staffing Requirements?

The Registrar has not set specific staffing requirements. However, operators must ensure that site management is effective and appropriate to the resident population.

Assisted living provides a non-professional staffing environment. The staff providing personal assistance must have the same training as home support workers.<sup>11</sup> In accordance with the *Personal Assistance Guidelines*, some tasks will require delegation by a professional. Professional practice will determine delegation procedures. Operators are obliged to provide professional supervision of delegated tasks.

Residents of assisted living have access to professional care (e.g., physician services, nursing care) in the same way they would have if living independently in the community.

Operators must ensure that staffing levels are adequate for the setting, number of residents, resident profile and the personal assistance services offered.

As well, operators must ensure that all staff, whether employed or contracted, and volunteers have the necessary knowledge, skills, abilities and training to perform their designated tasks and meet the health and safety needs of the residents. Operators achieve this by:

- ▶ establishing a job description for each position;
- ▶ using appropriate recruitment and selection procedures;
- ▶ providing orientation and training for new staff;
- ▶ providing on-going supervision of staff; and
- ▶ providing ongoing in-service training.

With respect to the development of *personal services plans*,<sup>12</sup> operators must ensure that a person with appropriate training and skills performs this activity.

<sup>11</sup> Home support/care aide certification from an accredited educational institution or an equivalent combination of education and experience.

<sup>12</sup> The *personal services plan* is an agreement between the individual resident and the operator and will include: the nature of the resident's needs and service requests, the risks the resident is facing and a plan for the delivery of services.

Operators need to maintain documentation on staff selection, training, skills and abilities and have this available for review, upon request, by the Registrar.

## What is the Role of Health Professionals in an Assisted Living Residence?

Consistent with the *Personal Assistance Guidelines* and the *Medication Services Standards of Practice Guidelines*, operators must employ or contract with appropriate health care professionals to delegate professional health care tasks (e.g., medications) to non-professional staff.

## Are There Any Entry or Exit Requirements?

From a health and safety perspective, people entering assisted living:

- ▶ must be able to make informed decisions regarding their daily activities and personal assistance services in assisted living;
- ▶ must be able to express their wishes so as to be understood by personal assistance staff or by a spouse living with them who can communicate with staff on their behalf;
- ▶ cannot, through their behaviours, jeopardize the safety or well-being of others; and
- ▶ must be able to use an emergency response system and take direction in an emergency situation.

Operators need to screen prospective residents for suitability in relation to their building design and services offered. On moving in, operators must ensure that prospective residents are fully informed about the hospitality and personal assistance services offered in their residence.

Residents are considered no longer suitable for an assisted living residence when:

- ▶ they no longer meet the above health and safety prerequisites;



- ▶ their service needs exceed the level that can be provided in the current assisted living residence; or
- ▶ they are no longer able to make decisions on their own behalf.

Depending on their circumstances, residents may move to an alternate assisted living residence that provides different prescribed services, to a family home or to a licensed community care facility.

To assist the transfer, the operator must develop an exit plan in conjunction with the resident and their family, physician, support network and health authority, if appropriate. The exit plan defines the management of any risks the resident faces in remaining in the residence for the time being and facilitates transfer to the new setting.

During this period, if required, a resident may negotiate receiving additional services from the operator, including short-term professional care. Where the resident has been assessed eligible for placement in a licensed community care facility, the local health authority will provide additional services to support the individual while awaiting transfer, just like what the individual would receive if living in their own home in the community.

## **What is the Role of the Assisted Living Registrar?**

The Assisted Living Registrar, Susan Adams, took office on November 10, 2003. The Registrar is accountable to the Minister of Health Services. The Ministry of Health Services supports the operations of the Registrar's office.

The Registrar's mandate is to protect the health and safety of people living in assisted living residences.

The Registrar will:

- ▶ implement and administer a registry of assisted living residences in the province;
- ▶ implement and administer assisted living health and safety regulations and policies;

- ▶ receive concerns and complaints and refer any that are not within the Registrar's jurisdiction to the appropriate authorities; and
- ▶ ensure the timely and effective resolution of complaints about the health and safety of residents living in assisted living residences.

The Registrar has jurisdiction over all assisted living residences in BC, regardless of the form of ownership or funding.

The Registrar does not have jurisdiction to address concerns about tenancy or hospitality services unless those concerns relate directly to the health and safety of residents. The Housing Policy Branch of the Ministry of Community, Aboriginal and Women's Services is reviewing how to address tenure and service protection issues in assisted living.

The authority, powers and duties of the Registrar are specified in the Act. The Registrar has authority to:

- ▶ register operators of residences that meet the definition of assisted living residence under the Act;
- ▶ enter and inspect any premises related to the operation of an assisted living residence;
- ▶ inspect and make a copy of or extract from any book or record at the premises, or make a record of anything observed during an inspection;
- ▶ apply conditions to registrations, vary conditions, and suspend or cancel registrations; and
- ▶ fine operators of unregistered assisted living residences.

The Act provides discretion to the Registrar to delegate any power or duty under the Act or regulations.

The Act also places an obligation on the Registrar to:

- ▶ provide applicants and registrants with 30 days' notice of any intended negative action (i.e., refusal of registration, attaching conditions to or varying conditions on registration, and suspension or cancellation of registration);

- ▶ reconsider these pending actions on request of operators; and
- ▶ advise operators of the right to appeal the Registrar's decisions about registration to the *Community Care and Assisted Living Appeal Board*.

To guide the conduct and operations of the Registrar's office, the Registrar has established the following guiding principles:

- ▶ protect the health and safety of residents;
- ▶ value resident and community perspectives;
- ▶ partner with operators to establish and maintain health and safety standards;
- ▶ pursue continuous improvement in collaboration with partners and stakeholders;
- ▶ take the least intrusive action that is appropriate in the circumstances;
- ▶ promote education, counselling and peer review; and
- ▶ ensure fairness, transparency and accountability.

## How Does the Registrar Handle Complaints?

A resident, or any other person with a concern, may make a complaint to the Registrar's office. Whenever feasible, as a first step, the complainant is encouraged to address their concerns through the residence's internal complaint process.

The office will determine the nature of the complaint. The office addresses complaints about the:

- ▶ violation of health and safety standards;
- ▶ abuse and/or neglect of residents;
- ▶ provision of more than two prescribed services by an operator;
- ▶ inability of residents to direct their own care;
- ▶ operator not offering all five hospitality services; and
- ▶ operation of an unregistered assisted living residence.

The Registrar does not have jurisdiction to deal with complaints related to the conduct of residence staff or other operating issues of the residence, unless they relate directly to the health or safety of a resident. The Registrar also does not have jurisdiction to address complaints related to tenancy (e.g., rent increases) or service protection (e.g., dissatisfaction with meals), unless they relate directly to residents' health or safety.

Consistent with the Registrar's guiding principles, the least intrusive but appropriate course of action will be taken to resolve the complaint.

The Registrar's complaint resolution process will be fair and transparent, while maintaining the confidentiality of personal information. In most situations, the Registrar will involve the complainant and the operator in resolving the complaint. The Registrar will inform the public of the outcome of complaints where conditions are attached to a registration or where a registration is suspended or cancelled.

## What is the Registration Process?

If a residence or part of a residence meets the definition of assisted living residence in the Act, the operator must register it with the office of the Assisted Living Registrar by September 30, 2004. To allow time for the Registrar to process applications, they must be received at the Registrar's office by September 3, 2004.

To help operators determine whether they need to register their residences, the Registrar's office has also included the *Assisted Living, Should I Register My Residence?* booklet in this registration package. It provides instructions about how to complete the *Application for Registration form*.

There is a one-time application fee of \$250. This fee must be enclosed with the completed application form. This fee is non-refundable.

The Registrar will review and validate the information provided on the application form and obtain other relevant information from third parties with the applicant's consent. Personal

privacy is protected under the *Freedom of Information and Protection of Privacy Act*. The registration process may include a site visit to the residence.

If the Registrar intends to approve registration, she will advise the applicant by letter whether the application is approved pending receipt of the annual registration fee. This fee will be calculated based on the number of assisted living units to be registered at a rate of \$12.50 per unit per year. It is payable upon receipt. The registration year is from April 1 to March 31 of the following year. However, in 2004/05 the registration fee will be prorated to \$6.25 per unit since it will cover only half a year.

Upon receipt of the registration fee, the Registrar's office will issue a registration certificate along with the *Assisted Living, Registrant Handbook*. This handbook will provide a quick reference to various materials that will help operators fulfill their obligations under the Act. From time to time, the Registrar's office will issue updates to the handbook.

If the Registrar intends to refuse registration, the Registrar will send a letter to advise the applicant, along with reasons and the reconsideration procedure. Operators have 30 days to provide a written response outlining reasons why the Registrar should reconsider the refusal of registration. If upon reconsideration, the application for registration is still refused, the applicant may appeal to the Community Care and Assisted Living Appeal Board.

Generally, the Registrar will refuse an application for registration if:

- ▶ the residence does not meet the definition of assisted living residence in the Act;
- ▶ the Registrar is not satisfied that the housing, hospitality services and prescribed services will be provided to the residents in a manner that will not jeopardize their health and safety; or
- ▶ the residence houses people who are unable to make decisions on their own behalf.

## **What are the Benefits of Assisted Living Registration?**

Registration increases public confidence in assisted living. Residents, their families and the public can rely on the fact that assisted living residences must provide a prescribed level of service, and meet and maintain provincial health and safety standards.

Where residents and their families or members of the public have concerns about the operation of an assisted living residence that they cannot resolve with the operator directly, they know they have recourse through the office of the Assisted Living Registrar. The Registrar will investigate their concerns and work with the operator to remedy the situation.

In turn, operators will have the confidence of financial institutions and funding bodies since these bodies will have the comfort of knowing that registration brings adherence to provincial policies and standards. Operators can take pride in the fact that their residence meets provincial standards and they have been found eligible to operate as a registered assisted living residence.

## **What Impact Would Registration Have on My Residence?**

Operators of registered assisted living residences must comply with the applicable provisions of the *Community Care and Assisted Living Act* and regulations. As well, they must observe the health and safety and administrative policies issued by the Registrar's office. These policies will be included in the *Assisted Living, Registrant Handbook*.

The Registrar's policies are broad statements of intended outcomes. They are meant to guide operators in achieving the desired results contemplated by the Act and regulations. Within the framework of the Act and regulations and the Registrar's policies, operators may develop policies, systems, methods and procedures to achieve their organizational goals and objectives.

If operators wish to review the Registrar's draft health and safety standards and policies, they may visit the Registrar's website at: <http://www.alregistrar.bc.ca> or contact the Registrar's office.

## What are My Obligations as an Operator of a Registered Assisted Living Residence?

Operators of registered assisted living residences must:

- **Maintain registration**

Operators must:

- renew their registration annually; and
- advise the Registrar in a timely manner of any pending changes in ownership and certain other changes to registration information throughout the year.

The *Assisted Living, Registrant Handbook* will provide the Registrar's administrative policies and procedures for maintaining registrations in good standing.

- **Not house persons who are unable to make decisions on their own behalf**

The following are allowable exceptions:

- Where the spouse of the resident is housed in the same residence and is able to make decisions on behalf of that resident;
- Where the resident is an involuntary patient on leave under section 37 of the *Mental Health Act*; and
- On a short-term basis, where the resident is convalescent, palliative or transitional (awaiting a move to a higher level of care), in accordance with an exit plan that the operator develops.

- **Operate within the number of registered resident units**

Operators will indicate the number of registered assisted living resident units for which the residence is registered on the registration certificate.

- **Comply with the health and safety standards in regulations and the policies of the Registrar**
- **Provide professional oversight of non-professional staff, as required**
- **Implement an effective process to ensure that employees, contracted resources and volunteers do not have a criminal record or personal histories that would place the health and/or safety of residents in jeopardy**
- **Establish and communicate their internal complaint process**

Operators must:

- establish an internal complaint process;
- communicate the internal complaint process in a manner that is readily accessible to the residents, staff and visitors; and
- not prevent or intimidate anyone from making a complaint.

- **Communicate the Registrar's complaint process**

Operators must:

- communicate the Registrar's complaint process and telephone numbers in a manner that is readily accessible to the residents, staff and visitors; and
- not prevent or intimidate anyone from making a complaint directly to the Registrar's office.

## Where Can I Get Help?

If you have additional questions or would like help with the registration process, please contact any of the following:

- ▶ the Office of the Assisted Living Registrar toll free at 1-866-714-3378
- ▶ your operator association
- ▶ the Assisted Living Centre of Excellence at 1-604-266-2413
- ▶ your local health authority:
  - home and community care office, or
  - mental health and addictions office.

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