



Governance & Operational Policies

July, 2020



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Introduction

Choices in Community Living Inc. (CICL) has developed policies to reflect the specific needs of our organization, and to regulate the work that must be done to carry out the mandate of CICL. These policies also ensure that our organization follows industry best practices and complies with legislative requirements and government standards.

The policy framework contains both governance and operational policies. Governance policy development is performed by the Board with input from the Director of Operations, whereas operational and personnel policies are determined by the Vice-President and Director of Operations, and endorsed by the Board. Personnel policies are located in the Employee Handbook.

In response to changes in legislative requirements and the needs of our organization, it is necessary to review, add or delete policies on an ongoing basis. Questions pertaining to policies and operations should be directed to the Site Director or the Director of Operations.

We believe that our policies direct our organization to the benefit of all its stakeholders, and we commit to upholding the mission, vision, values and guiding principles of Choices in Community Living Inc.

Phil Gaudet,
President and Board Chairman

Nicole Gaudet,
Vice-President

Jeff Bell,
Director of Operations

Choices in Community Living

Mission: To provide excellent care in comfortable, joyful environments

Vision: Inspirational Assisted Living

Values: Respect, Responsibility, Enthusiasm

Guiding Principles: Support each other

Anticipate, stay mindful

Make decisions, take the lead

Don't be grumpy, sow joy

Part I: Governance Policies

1 Accountability

1.1 Legislative Adherence

1.1.1 The Board, Vice-President, and Director of Operations must know, understand and apply all legislation, regulations and standards applicable to the operation of the organization.

Legislation & Acts Accessible to Employees of Choices In Community Living
Alberta Human Rights Act
Canadian Code for Volunteer Involvement
Employment Standards Code
Employment Standards Code - Employment Standards Regulation
Freedom of Information & Protection of Privacy Act (FOIP)
Government Organization Act
Health Information Act
Health Professions Act
Labour Relations Code
Occupational Health and Safety Act, Regulation & Code
Personal Information Protection Act (PIPA)
Protection for Persons in Care Act & Regulation
Public Health Act
Public Health Act - Communicable Diseases Regulation
Public Health Act - Coordinated Home Care Program Regulation
Public Health Act - Food & Food Establishments Regulation
Public Health Act - Forms Regulation
Public Health Act - Nuisance & General Sanitation Regulation
Public Health Act - Personal Services Regulation
Public Trustee Act
Public Trustee Act – Public Trustee General Regulation
Safety Codes Act
Supportive Living Accommodation Licensing Act
Workers' Compensation Act
Workers' Compensation Act - Workers' Compensation Regulation

1.1.2 Copies of all applicable legislation can be accessed for reference at each site.

- 1.1.3 All Lodges will comply with the Continuing Care Health Service Standards (CCHSS) and provide continuing care health services in accordance with the Standards, set by Alberta Health Services (AHS) for publicly funded Continuing Care Sites. The intent of the Standards is the provision of quality services that take into consideration the individual needs, preferences and abilities of each Resident.
- 1.1.4 All Lodges will comply with the Supportive Living Accommodation and Licensing Regulation and Standards, set by Alberta Health. Any license issued under the Supportive Living Accommodation Licensing Act must be current and posted in a highly visible location, or be readily available at the Lodge to which the license pertains.
- 1.1.5 Any contraventions or non-compliance issues identified during the licensing process under the Supportive Living Accommodation Licensing Act must be rectified within the ordered timeline to ensure the safety, security and well-being of Residents and the reputation of the organization.
- 1.1.6 The Director of Operations will represent the organization in government conducted operational reviews and ensure compliance with operational practices in breach of legislation or government standards.
- 1.1.7 The Director of Operations is responsible for submitting a written response to the government designate, outlining corrective action(s) on how the organization will address noncompliance issues.

1.2 **Accountability**

- 1.2.1 Members of the Board, employees, contract service providers and volunteers must adhere to Governance and Operational Policies outlined in this document.
- 1.2.2 The Vice-President is responsible for ensuring that the Governance and Operational Policies are reviewed on an annual basis and updated as required.

2 Strategic and Operational Planning

2.1 Plan Development

- 2.1.1 A Strategic Plan is to be developed by the Board and designates, for a period of three to five years, describing the desired future direction for the organization. Strategic Plans must include a mission, vision, core values, goals and strategic actions. The Strategic Plan is to be reviewed on an annual basis and updated as required annually.
- 2.1.2 The Vice-President must prepare an annual Operational Plan for Choices in Community Living. The Board and designates must review and approve the Annual Operational Plan prior to its implementation.
- 2.1.3 The Director of Operations is responsible for ensuring the development of Annual Site Specific Operational Plans.
- 2.1.4 The Vice-President must sign-off on the Annual Site Specific Operational Plans.
- 2.1.5 Annual Site Specific Operational Plans are to be reviewed and adjusted on a quarterly basis by the Director of Operations.
- 2.1.6 Annual evaluations pertaining to the outcomes of Strategic and Operational Plans are to be conducted by the Board, Vice-President, and Director of Operations.

2.2 Plan Communication

- 2.2.1 Communication and Implementation Plans must be in place prior to the commencement of any new Strategic or Operational Plans.
- 2.2.2 Implementation of Strategic or Operational Plans are to be monitored by the Director of Operations and Management within each Lodge.

3 Policy Development

3.1 Governance and Operational Policies

- 3.1.1 The development of policies pertaining to the governance of the organization is the responsibility of the Board.

- 3.1.2 Policies pertaining to the day-to-day operation of the organization (i.e. Operational and Personnel policies) are to be drafted by the Director of Operations and presented to the Vice-President for review and approval.
- 3.1.3 The Board may seek the expertise of the Vice-President and Director of Operations and any other party it deems pertinent, during the development of governance policies.
- 3.1.4 All governance policies must be developed by the Board.
- 3.1.5 The Vice-President must create and maintain a Policy Manual which includes both Governance and Operational policies for the overall organization.

3.2 Policy Communication

- 3.2.1 A communication and implementation plan must be in place prior to the announcement of any new policy, as appropriate.
- 3.2.2 Policy implementation as it pertains to operational matters, is to be monitored by the Director of Operations in collaboration with the Site Director within each Lodge to ensure adherence.

4 Board Governance

4.1 Board Administration

- 4.1.1 The Board and Vice-President shall oversee the recruitment process of the Director of Operations. The Board, at its discretion, may engage the services of an executive search firm. The final selection and hiring decisions are to be made by the Board. An employment contract must be signed and in place prior to the commencement of employment of the Director of Operations.
- 4.1.2 The Board and Vice-President, must develop and maintain a position description outlining positional accountability, qualifications and skill requirements for the Director of Operations along with salary and benefits.
- 4.1.3 The Board and Vice-President, in collaboration with the Director of Operations, shall develop executive limitations pertaining to the autonomy of decision-making entrusted to the Director of Operations on behalf of the Board. Executive

limitations are to outline the parameters and process to be followed for decisions requiring the consent of the Board, including but not limited to the authorization of non-budgeted expenses. Executive limitations are to be reviewed and updated annually and signed off by the Board Chair, Vice-President, and Director of Operations.

- 4.1.4 The Board and Vice-President, in collaboration with the Director of Operations, shall set an annual Board Calendar. The calendar shall include, but not be limited to: Board meetings dates, Board sub-committees, Strategic and Business Planning sessions, and organizational reviews.

4.2 Board Meetings

- 4.2.1 Decisions pertaining to the organization must be made at a properly held Board meeting.
- 4.2.2 Minutes recording Board decisions and a summary of major agenda items are to be filed and serve as official records of meeting proceedings. In addition, final decisions made by the Board shall also be recorded in a separate Board Decisions Logbook for ease of reference. Decisions cited in official minutes will serve as the official record.

5 Administration

5.1 Corporate Status

- 5.1.1 The organization must maintain its incorporation status in good standing. Any change in the corporate status of the organization must be reported as part of the legislated license renewal process. *[Supportive Living Accommodation Licensing Regulation]*
- 5.1.2 The Board Chair is to ensure the safe keeping of the organization corporate seal.

5.2 Inspection Reports, Licenses and Permits

- 5.2.1 Valid licenses and/or permits, including but not limited to, business licenses, food establishment permits, liquor licenses, and a Supportive Living Accommodation License must be in place and posted as per the requirements for each Lodge. *[Supportive Living Accommodation Licensing Act]*

- 5.2.2 Health inspection reports, fire inspection reports, elevator inspection reports and building permits must remain current and be readily available upon request.

5.3 Insurance

- 5.3.1 Valid insurance policies must be obtained and proof of coverage made available upon request for the following, including but not limited to: property, contents, comprehensive general liability, risk/peril, automobile, boiler, machinery and equipment, contractors, crime, tenant legal liability, indemnification of board members and administration and fidelity bonding. *[Supportive Living Accommodation Licensing Act]*
- 5.3.2 Proof of at least \$1,000,000 liability insurance coverage must be on file for each employee and/or volunteer using a personal vehicle to conduct organizational business or provide Resident services. Volunteers must provide a letter from their insurer acknowledging vehicle use for volunteer service. Insurance must, at a minimum, cover bodily harm, personal injury and property damage and loss.
- 5.3.3 Valid insurance must be in place for each separate Lodge as per legislative requirements. Proof of insurance must be provided to government designates annually or upon request.
- 5.3.4 Insurance claims must be made in accordance with the applicable insurance policy.

5.4 Pecuniary Interest

- 5.4.1 Board members and employees of the organization are responsible for identifying and refraining from participation in any decision whereby a real or perceived conflict of interest exists.

5.5 Resident Information Management

- 5.5.1 Procedures and staff education for the safe handling of Resident information must be in place at all times to ensure the protection of Resident privacy. *[Freedom of Information and Protection of Privacy Act (FOIP); Health Information Act (HIA); Supportive Living Accommodation Standards (32)]*

- 5.5.2 The provincial Health Information Act (HIA) establishes rules that must be followed for the collection, use, disclosure and protection of “health information”, and the Act balances the protection of privacy while still enabling health information to be shared where appropriate. It provides individuals with the right to request access to their own health information under the control of health custodians, and to have custodians consider the individual’s wishes regarding how much of their health information is disclosed or made accessible.

The HIA requires custodians (named health organizations or named professions – e.g. AHS) and affiliates (employees, volunteers, contractors, and other authorized people under contract to the custodian - e.g. CICL) to only collect, use and disclose health information in the most limited manner, with the highest degree of anonymity possible, and on a need-to-know basis.

- 5.5.3 The Freedom of Information and Protection of Privacy (FOIP) Act controls how “personal information” is collected, used and disclosed. It provides individuals with the right to request access to information in the control of public bodies – e.g. Government of Alberta offices, Health Care Bodies – while providing public bodies with a framework for conducting the collection, use and disclosure of personal information.

The FOIP Act protects the personal information collected for the authorized use of Choices in Community Living. It prevents another person from seeing a Resident’s personal information without her/his consent.

- 5.5.4 Information requested pertaining to Residents must not be disclosed without the written permission of the Resident - Disclosure of Personal Information Consent, which outlines the FOIP and HIA Guidelines. *[Disclosure of Personal Information Consent, Confidentiality Agreement]*

- 5.5.5 All Resident information must be stored in a secure electronic filing system with back-up procedures followed to ensure no loss of data in the event of a fire or theft.

5.6 Records Management

- 5.6.1 A standardized Records Management system must be developed and maintained to facilitate the life-cycle of files

from creation to disposal, following sound records management practices. Files must be stored as per legislative requirements, the AHS Records Retention Schedule (1133-01), and the CACL Resident Chart Thinning Index.

- 5.6.2 Records must be stored and disposed of in a manner that ensures the protection of privacy and the safe handling of confidential information as outlined in information and protection of privacy legislation. [*Freedom of Information and Protection of Privacy Act (FOIP); Health Information Act (HIA), Disclosure of Personal Information Consent, Supportive Living Accommodation Standards (32)*]
- 5.6.3 Decisions and general discussion taking place during meetings must be documented and filed along with agendas and other supporting documentation.
- 5.6.4 Files pertaining to personnel must be stored in a decentralized location and access restricted to authorized persons.
- 5.6.5 Transitory records are not to be part of the formalized record management system and are to be discarded when no longer required.
- 5.6.6 Purging of non-pertinent information contained within files such as transitory records, flyers, brochures, superseded documents, drafts, etc. must be done on a regular basis.
- 5.6.7 Record management systems must include an electronic back-up copy of pertinent information. Back-up is to be stored adhering to information management data protection procedures.
- 5.6.8 Electronic files generated using the organization's computers are to be backed up on a regular basis to a dedicated data storage device.
- 5.6.9 Data generated on the organization's computers and/or media devices is the property of the organization and shall be treated as subject to provincial and federal privacy legislation.
- 5.6.10 Offices containing records must be locked at all times when a staff member is not present.

5.7 Electronic Communication

- 5.7.1 Electronic communication includes but is not limited to phone use, internet use, emails, text messages, and use of Social Media such as Facebook, You Tube, Twitter, blogs, Wikis, Instagram, and Snapchat.
- 5.7.2 Electronic communication on CICL networks and CICL computers must be part of an employee's job responsibilities and shall be used for the express purpose of conducting CICL business.
- 5.7.3 If it is an employee's personal communication, it must be limited to scheduled breaks on the employee's personal electronic devices, and using personal non-CICL email addresses.
- 5.7.4 Employees and Residents using electronic communication in any capacity, either CICL or personal, may not disclose any personal/health information (including images) of Residents, CICL/AHS staff, contract service providers, and visitors that they are not specifically authorized to disclose.
- 5.7.5 When interacting with other users on the electronic network, users are expected to behave in a responsible, ethical, and polite manner in accordance with the standards embraced by the organization.
- 5.7.6 Use of the organization's electronic networks for illegal, obscene, harassing or inappropriate purposes, or in support of such activities, is prohibited. Electronic communication may be monitored at any time if misuse is suspected.
- 5.7.7 CICL will use its discretion to determine if transmission of any material is unlawful, disruptive, profane, threatening, abusive, harassing, embarrassing, defamatory, obscene, libelous, or is racially, ethnically or otherwise objectionable.
- 5.7.8 Access to electronic network services is limited to authorized persons. Account names and passwords must be secured by the system administrator.
- 5.7.9 Use of another individual's password-protected account is prohibited. Passwords are not to be shared with others. Where password-protected accounts are used, network

users are personally responsible for all activity that occurs within their account.

- 5.7.10 CICL does not direct or restrict the personal opinions or views of individuals, including Residents, staff, or visitors. When making public comment it is the responsibility of the individual to indicate if the comments are personal views or if they are being made in an official capacity on behalf of CICL.
- 5.7.11 Individuals are responsible for knowing and adhering to CICL's Confidentiality Agreement, PIPA, FOIP, and the Health Information Act.
- 5.7.12 Non-compliance with this policy may result in legal or disciplinary action up to and including termination of employment, residency, or access to a CICL site.

5.8 Contract Tendering and Awards

- 5.8.1 All Lodges must adhere to a fair, open, standardized contract tendering and award process based on selection criteria that ensures that the best value is obtained for the price paid without compromising the quality of service sought.
- 5.8.2 All contracts must be executed by approved signing authorities on behalf of the organization. Contracts must include a detailed description of service(s) to be provided, the name of the individual(s) that will provide the service(s), and a provision of confidentiality that protects Resident personal information and privacy. Proof of qualifications of individual(s) and proof of insurance must be produced at the time of executing any agreement. Copies of supporting documentation of qualifications and insurance must be filed with the contract and be readily available upon request. *[Confidentiality Agreement – Contract Services, Supportive Living Accommodation Standards (11)]*
- 5.8.3 Contract evaluation criteria must include assurance that the vendor does not have a real or perceived conflict of interest.
- 5.8.4 Contractors must provide written proof to substantiate claims regarding qualifications, training, applicable licenses and liability insurance made in proposals, quotes or bids.

- 5.8.5 Contracting of products and services required at more than one Lodge must be coordinated to ensure that the organization receives the benefits of volume purchasing.
- 5.8.6 Detailed records associated with contracted work, must be maintained to monitor warranties and to ensure that the quality of workmanship meets contracted deliverables.
- 5.8.7 Services provided by contractors must adhere to provincial legislation and municipal bylaws. *[Supportive Living Accommodation Standards (11)]*

5.9 Reporting

- 5.9.1 Lodge operational status reports including information in regards to, but not limited to, Resident applications and vacancies, financial statements, incident and investigation reports, maintenance projects and any other issues, are to be presented to the Director of Operations and summarized for the Board and Vice-President by the Director of Operations.
- 5.9.2 Standardized reporting practices must be followed by each Lodge to ensure organization and government reporting requirements are met.
- 5.9.3 A Monthly Report will be compiled by the Site Director for the Director of Operations and Vice-President. It will include the Care Indicators Report, Site Meeting Minutes, a Financial Accountability Review, meeting minutes from each Service Department meeting and from Site Management meetings, AHS meetings (AHS), and Occupational Health & Safety meetings. *[Quality Improvement Process]*
- 5.9.4 The Director of Operations will compile an annual report for each Lodge to illustrate monthly and yearly trends for each Lodge and for the organization, and to establish an action plan for Quality Improvement.
- 5.9.5 Following Monthly Reports, a Quarterly Meeting will be organized by the Director of Operations and Vice-President to discuss the meeting of internal and external standards, operational goals and plans, and required changes.

5.10 Criminal Activity

- 5.10.1 Suspicion or knowledge of criminal activity, including but not limited to fraud and theft, that benefits or harms the organization must be reported to the next level of authority and supporting evidence provided.
- 5.10.2 Suspicion or knowledge of criminal activity involving a person or persons in a management position must be reported to the next level of authority.
- 5.10.3 Alleged instances of criminal activity and the subsequent investigation results must be reported to the Director of Operations, Vice-President and Board, who will notify the appropriate authorities.

6 Financial Management

6.1 Bank Accounts

- 6.1.1 Bank accounts, including trust accounts for Residents, must be maintained in a financial institution(s) designated by the Director of Operations. Closing of accounts must be approved by the Director of Operations, and documentation regarding the account retained as per Records Management procedures.
- 6.1.2 Organizational online banking and official electronic banking must be carried out by approved personnel only. Password protection and security protocols must be in place, monitored and adhered to.
- 6.1.3 Bank statements must be made available to the Board, or an auditor appointed by the Board, for review upon request.
- 6.1.4 Receipts must be issued to Residents for each Trust Account transaction. Statements of Account must be provided to Residents or their representatives, at no charge.

6.2 Signing Authority

- 6.2.1 Agreements, cheques and other negotiable instruments must be signed by one person authorized by the Board.

- 6.2.2 Approval of the Board and documentation is required to support the appointment of signing authorities on behalf of the organization.

6.3 Capital Plan and Operating Budgets

- 6.3.1 A long-range capital plan must be developed and approved by the Board based on a minimum of a five-year projection of capital expenditure requirements.
- 6.3.2 Operating budgets for each Lodge as well as a consolidated budget for the organization is to be completed and submitted to the Board on or before November 1st of each fiscal year.
- 6.3.3 Monthly operating income statements must be reported and reviewed with the Board, Vice-President and Director of Operations, and any significant discrepancies must be explained and justified.
- 6.3.4 Department Managers/Leads shall manage their service within the confines of the approved annual budget.
- 6.3.5 The Vice-President and Director of Operations are empowered by the Board to make emergency purchases required to ensure the efficient delivery of services, the health and safety of Residents, employees, contract service providers, volunteers, and visitors, and to prevent damage to the organization's property. Such purchases and recommended budget adjustments must be reported to the Board.

6.4 Capital Assets

- 6.4.1 Capital assets are to be defined as tangible and intangible properties that are held for use in the provision of services, intended for continuing use, not intended for sale, or not part of a collection. A Capital asset shall be further defined as an individual item or project that has a value greater than \$500.00.
- 6.4.2 Capital assets amortization shall be estimated monthly by the Finance Manager and calculated yearly by a professional accounting firm appointed by the Board.

6.5 Reserve and Surplus Funds

- 6.5.1 Use of reserve funds for unforeseen, unbudgeted operational expenses must be approved by the Vice-President or Director of Operations.
- 6.5.2 Reserve accounts as required by lenders or a Health Services contract, must be established and maintained.
- 6.5.3 Use of the externally controlled reserve funds must receive prior approval by the appropriate entity.

6.6 Charitable Donations and Bequests

- 6.6.1 Financial donations received shall be recorded as "Donations Held in Trust" with any requests for their designated use noted.
- 6.6.2 Donations will be acknowledged by a thank you letter written by the Site Director.
- 6.6.3 Expenditures of charitable donation funds must be approved by the Director of Operations and used as designated by the donor.

6.7 Financial and Legal Advisors

- 6.7.1 Legal advisors must be designated by the Board.
- 6.7.2 Annual financial audits and reviews must be conducted by a third party professional accounting firm, by personnel with a Chartered Professional Accountant (CPA) designation and must be approved by the Board.

6.8 Financial Controls

- 6.8.1 Financial management related duties must be performed by qualified personnel adhering to generally accepted accounting principles.
- 6.8.2 The Chart of Accounts used to manage the accounting of the organization must be in accordance with generally accepted accounting principles and approved by the Board.
- 6.8.3 A Purchasing Guide outlining the approved limits pertaining to operational purchases is to be reviewed, updated and disseminated by the Finance Manager annually. Limits for all

purchases will be set by the Finance Manager in consultation with the Director of Operations and Vice-President.

- 6.8.4 Purchases of goods and services must only be performed by authorized personnel adhering to purchase limits and approval processes as per the Purchasing Guide.
- 6.8.5 Blank cheques are not to be pre-signed except in extenuating circumstances.
- 6.8.6 Blank cheques must be stored in a locked filing cabinet or safe.
- 6.8.7 Void cheques must be retained to ensure all cheques are accounted for.
- 6.8.8 Receipts must be issued for all monies received.
- 6.8.9 Receipts must be obtained for all purchases made.
- 6.8.10 Monies collected are to be stored in a locked filing cabinet or safe.
- 6.8.11 Petty cash limits are to be determined annually and included in the Purchasing Guide.
- 6.8.12 Petty cash is to be stored in a locked filing cabinet or safe.
- 6.8.13 In the absence of authorized personnel, Administration Offices are to be locked at all times.

6.9 Financial Reporting

- 6.9.1 Monthly Variance Reports for each Lodge shall be prepared by the Finance Manager and submitted to the Site Director for review. The Site Director will provide an explanation of variances to both the Finance Manager and Director of Operations.
- 6.9.2 Year-to-date quarterly financial reports must be prepared and submitted to the Board, Vice-President, and appropriate financial institutions.

6.10 Accounts Receivable

- 6.10.1 Resident rent is due and payable on or before the first of the month. For administrative convenience, rent will be

collected on the first working day of the month by direct deposit. It will first be applied to any outstanding balances and then to the current month's rent. If there are insufficient funds in a Resident's bank account, a service charge by the Lodge will apply.

- 6.10.2 Decisions pertaining to the writing off of uncollected accounts from third parties owed to the organization will be made at the discretion of the Board or as delegated by the Vice-President.

6.11 Accounts Payable

- 6.11.1 All suppliers' invoices shall be received, verified for accuracy, and coded according to the organization's Chart of Accounts.
- 6.11.2 Accounts Payable shall be paid by cheque, credit card, cash or by on-line direct debit banking.
- 6.11.3 Decisions pertaining to the writing off of uncollected accounts owed to the organization from third parties, will be made at the discretion of the Board.

6.12 Payroll

- 6.12.1 All employees are required to complete Time Sheets and submit them according to notices given. Time Sheets will be a supporting document for processing payroll. Time Sheets will be balanced against shift schedule records to verify the actual hours worked by employees.
- 6.12.2 Shift Schedules and attendance records are the basis of payment to employees. All Time Sheets and Shift Schedules will be confirmed by the signature of the Site Director or Administrative Coordinator to ensure accuracy and accountability. Time Sheets will be balanced against shift schedule records to verify the actual hours worked by employees.
- 6.12.3 Special advances will be considered only in cases of emergency and will be deducted from the employee's wages at the end of the next pay period. Requests for advances will require Vice-President or Director of Operations approval, as well as approval by the Finance Manager.

- 6.12.4 If an employee is receiving Worker's Compensation (WCB) and has been paying into a Group Benefit Plan before their workplace injury/ illness, the employee may choose to continue receiving benefits while absent from work for up to one year following the date of the injury/illness. The employee must continue paying premiums at the same rate as before the injury/illness if they choose to continue with benefits. The employee will not be eligible for Group RRSP benefits while on WCB.
- 6.12.5 All employees will be paid on a bi-weekly basis by Direct Deposit. Each employee receiving pay shall be provided with a copy of his/her bi-weekly pay slip.
- 6.12.6 When employees are assigned duties necessitating the use of their private vehicle, they shall be reimbursed at the CICL mileage rate.

6.13 Disposal of Assets

- 6.13.1 Small wares valued less than \$200.00 that are to be removed from use within the organization, may be disposed of or donated to a local charity.
- 6.13.2 Items from the Lodges with a value deemed more than \$200.00, are to be disposed of by following the instructions given by the Director of Operations.

6.14 Fraud and Irregularities

- 6.14.1 Employees who commit an act of fraud will be terminated from employment, including fraud that benefits the organization. Fraud is deemed a deliberate and/or unlawful deception, or misrepresentation, concealment of facts practiced to secure advantage, benefit or gain, and/or to cause loss to another.
- 6.14.2 Any losses incurred through an act of fraud will be recovered by the organization to the extent possible.
- 6.14.3 All employees have an obligation to report suspected fraud or irregularity to the Site Director, who will report the incident to the Director of Operations.
- 6.14.4 Employees who commit an act of irregularity will be subject to disciplinary action, including a possible written letter of

warning in their personnel file, suspension, or termination. Irregularity is deemed an activity or potential activity that deliberately disregards organizational policies or procedures.

7 Real Property Management

7.1 **Preventative and Corrective Maintenance Program (Refer to Maintenance Services Manual)**

7.1.1 An annual Preventative and Corrective Maintenance Program and schedule must be implemented by qualified personnel for each property, based on recommended government guidelines, manufacturer service and maintenance requirements, and organization maintenance priorities. *[Supportive Living Accommodation Standards (3)]*

7.1.2 Structural changes to existing structures requiring a development permit must adhere to professional codes pertaining to buildings, fire, and labour. *[Alberta Building Code, Alberta Fire Code, Alberta Labour – Elevator and Fixed Conveyances, Supportive Living Accommodation Licensing Regulation, Supportive Living Accommodation Standards (1)]*

7.1.3 A requisition process for requesting repairs, service and replacement of equipment and furniture owned by the organization must be in place and communicated to employees, Residents, and contract service providers. The requisition process may include an automated program or paper-based system (e.g. Maintenance Logbook). *[Supportive Living Accommodation Standards (3)]*

7.1.4 Corrective maintenance must be addressed in a timely, safe and cost-effective manner to ensure minimal interruption of service to Residents and to avoid endangering the safety of Residents, employees, contract service providers, volunteers, and visitors. *[Supportive Living Accommodation Standards (3)]*

7.1.5 Maintenance personnel along with the Director of Operations and a Site Director are empowered to act in the best interests of the Residents to address situations that may cause damage to property, loss of essential services and/or threaten the health and safety of Residents, employees, contract service providers, volunteers, and visitors.

- 7.1.6 All corrective maintenance work undertaken must be documented in detail, including an assessment of the situation and the actions taken in response to requests. *[Supportive Living Accommodation Standards (3)]*
- 7.1.7 Detailed records must be maintained to monitor renewal dates and service delivery associated with service agreements for each property. *[Supportive Living Accommodation Standards (3)]*
- 7.1.8 Specialized equipment must be inspected and serviced as per the manufacturers' recommended maintenance schedule. *[Supportive Living Accommodation Standards (3)]*
- 7.1.9 During the absence of Maintenance Staff, a designate or the Management Team (Director of Operations, Site Director, Managers/Leads) will provide support to the site, while maintaining the Preventative and Corrective Maintenance Program.

7.2 Property Condition Inspections

- 7.2.1 Formal quarterly, biannual and annual inspections must be performed by the appropriate personnel following property specific inspection schedules and checklists. *[Supportive Living Accommodation Standards (3)]*
- 7.2.2 Daily inspections must be conducted to ensure site room temperatures and air quality is in adherence to government standards at all times. *[Supportive Living Accommodation Standards (4)]*
- 7.2.3 Dated and signed inspection checklists must be made available upon request and include a detailed itemized listing of each component inspected along with actions required and subsequent measures taken to resolve any issues. *[Supportive Living Accommodation Standards (3)]*
- 7.2.4 Annual inspections are to be conducted one month prior to budget maintenance allocations.
- 7.2.5 Maintenance personnel must fully participate in and provide all required documentation for each Lodge.

7.3 Home-like Environment/Decor

- 7.3.1 Outdoor areas should complement the aesthetics of the neighborhood and must be in compliance with municipal bylaws. [*Supportive Living Accommodation Standards (2, 3)*]
- 7.3.2 Fire retardant window treatments and room design that facilitate a home-like atmosphere must be provided for each Resident room, dining areas and Resident common areas. Window treatments must respect the privacy of Residents and assist Residents in controlling the amount of light entering their suite. [*Supportive Living Accommodation Standards (5, 6)*]
- 7.3.3 Residents must be provided the ability to personalize their suite to reflect their personal preferences as per the guidelines within the organization's Residency Agreement. Personnel must respect such preferences, with the exception of anything that may cause a safety hazard. Identified hazards must be reported to the Site Director for investigation and action.

7.4 Resident Furnishings

- 7.4.1 In extenuating circumstances, basic furniture including but not limited to a bed, nightstand, dresser and table and chairs, may be provided to a Resident upon move-in, at no additional cost.
- 7.4.2 Dining and common rooms must be furnished in a manner that facilitates a home-like atmosphere where Residents can relax, visit, and enjoy their home.

8 Health and Safety

8.1 Legislative Compliance

- 8.1.1 Each Lodge must develop, implement, monitor and evaluate a Safety Program to ensure compliance with relevant health and safety legislation. [*Occupational Health and Safety Act, Occupational Health and Safety Regulation, Occupational Health and Safety (OHS) Code*]
- 8.1.2 Annual safety reports, including but not limited to, records of fire inspections, fire and emergency response drills,

evacuation exercises, and any Lodge specific safety initiatives must be complied with and submitted to the Site Director and Director of Operations. *[Supportive Living Accommodation Licensing Regulation, Supportive Living Accommodation Standards (3, 16)]*

- 8.1.3 Orientation Forms, Inspection Reports, Hazard Assessment Reports, Accident Reports and Investigation Reports must be retained for a minimum period of three years.

8.2 Emergency Preparedness and Response

- 8.2.1 Emergency Preparedness and Response Plans, including but not limited to, loss of heat, power, water, excessive heat, violent aggressor(s), geographically relevant natural disasters and fire, along with plans for handling the disruption of hospitality services, must be developed and kept current for each Lodge, and reviewed annually. *[Supportive Living Accommodation Standards (16)]*
- 8.2.2 Emergency preparedness and response information specific to each Lodge must be developed and maintained in cooperation with community resources (i.e. fire and police personnel). *[Supportive Living Accommodation Standards (16)]*
- 8.2.3 All employees, contract service providers and volunteers must receive Lodge specific training in processes, procedures, and equipment pertaining to the Emergency Preparedness and Response Plans. *[Supportive Living Accommodation Standards (16)]*
- 8.2.4 All Residents/Resident Advocates must be orientated in processes and procedures pertaining to the Emergency Preparedness and Response Plans, along with contingency plans to provide accommodation services.
- 8.2.5 Emergency contact numbers must be made available to Residents/Resident Advocates and staff. *[Supportive Living Accommodation Standards (16)]*
- 8.2.6 Every effort must be taken to gather and file Resident personal information, including but not limited to medical information (i.e. physician, hospital, health care number and critical medication), next of kin, emergency contact person(s)

and contact information of the Resident's legal representative(s) (if applicable).

8.3 Emergency and Security Systems

- 8.3.1 Emergency power systems must be inspected and tested, and records maintained by qualified personnel. *[Supportive Living Accommodation Standards (3)]*
- 8.3.2 Security systems must provide 24-hour coverage to ensure each Lodge is secure. Security systems installed must be specific to each Lodge's needs, regularly maintained, inspected, tested and recorded. *[Supportive Living Accommodation Standards (3)]*
- 8.3.3 Personal response and communication systems must provide 24- hour coverage to ensure each suite is secure. Personal response and communication systems must be installed specific to each Lodge's needs, regularly maintained, inspected, tested and recorded. *[Supportive Living Accommodation Standards (18)]*
- 8.3.4 Emergency Door Closure Systems must be installed specific to each Lodge's needs, regularly maintained, inspected and tested, and recorded to ensure each Lodge is secure and provides 24-hour coverage. *[Supportive Living Accommodation Standards (3)]*
- 8.3.5 Each Lodge must ensure entrances to buildings are locked and armed at 8:00 p.m. (20:00), and unlocked and disarmed by 8:00 a.m. (08:00). Exit doors are to be locked and armed at all times (24 hours per day). *[Securing the Lodge Procedure]*
- 8.3.6 All employees, contract service providers, volunteers and Residents must be trained in Lodge specific security systems (e.g. personal response, communication, and emergency systems). *[Supportive Living Accommodation Standards (16, 18)]*
- 8.3.7 Locks must be changed upon the report of lost keys and the Resident charged accordingly.
- 8.3.8 Procedures must be in place and carried out for Residents requiring or requesting routine monitoring. *[Supportive Living Accommodation Standards (18)]*

- 8.3.9 Procedures must be in place to monitor the daily whereabouts of Residents. *[Supportive Living Accommodation Standards (18), Census Procedure]*
- 8.3.10 Any breach in Resident security within the Lodge or on the grounds of the property, along with actions taken by personnel to address the breach, must be documented utilizing the CICL Incident Management Procedure. Incident Reports must be submitted by the Site Director to the government designate within two days of occurrence as per Accommodation Standards requirements. *[Supportive Living Accommodation Standards (18), Missing Resident Procedure, CICL Incident Management Procedure]*

8.4 Resident Safety/Injury Prevention

- 8.4.1 Each Lodge will be built with the highest standard of structural accommodation to ensure a safe environment – grab bars, hand rails, nonslip flooring in the washrooms, fencing, and well-lit rooms/hallways. *[Supportive Living Accommodation Standards (2), Resident Safety/Injury Prevention Procedure]*
- 8.4.2 Furniture will be designed with structural integrity, strength, and ease of mobilization, as well as surface cleaning ease.
- 8.4.3 Medications will be stored in locked rooms/cupboards. *[Supportive Living Accommodation Standards (10)]*

8.5 Fire Safety

- 8.5.1 Fire drill procedures, including evacuation plans, must be developed specific to each Lodge in cooperation with the local fire department and be conducted monthly. *[Supportive Living Accommodation Licensing Regulation]*
- 8.5.2 Fire department personnel will be invited to attend annual fire drills, at a minimum.
- 8.5.3 Mandatory participation in fire drills is required by Residents, employees, contract service providers, volunteers and visitors.
- 8.5.4 Fire drills must include mock scenarios for evening, weekend and night shifts.

- 8.5.5 Fire emergency procedures must be posted in common areas and employee work areas, elevators and Resident suites. *[Supportive Living Accommodation Licensing Regulation]*
- 8.5.6 Stairwells must be free of combustible materials at all times.
- 8.5.7 Fireplaces are to be free of combustible materials within a 6-inch radius. *[Supportive Living Accommodation Licensing Regulation]*
- 8.5.8 Use of screens is not permitted in dryer vents. *[Supportive Living Accommodation Licensing Regulation]*
- 8.5.9 Materials used for dryer ducting must be non-combustible. *[Supportive Living Accommodation Licensing Regulation]*
- 8.5.10 Fixed and portable fire extinguishers will be checked monthly. *[Preventative Maintenance Checklist]*
- 8.5.11 Fire Alarms, the Fire Sprinkler System and Fire Hydrants will be inspected yearly. *[Maintenance Inspection Checklist]*
- 8.5.12 Additional Life Safety Checks will be performed as outlined in the Maintenance Program Checklists and Inspections. *[Maintenance Service]*

8.6 CICL Vehicles

- 8.6.1 All CICL buses/vans must meet the minimum regulatory requirements specified by the National Safety Code and Alberta Transportation in the Safety and Maintenance Program for Provincially Regulated Commercial Buses and Motor Coaches. *[CICL Bus Safety and Maintenance Program Manual]*

8.7 Safety Training

- 8.7.1 All employees must receive Occupational Health and Safety awareness information during employment orientation sessions.
- 8.7.2 An Employee Orientation Checklist must be developed specific to each Lodge outlining Health and Safety information to be covered.

- 8.7.3 Employees and their trainers must complete and sign the Orientation Checklist immediately following orientation or training sessions. *[Supportive Living Accommodation Standards (28, 29)]*
- 8.7.4 Employees must complete First Aid and WHMIS training when applicable, by a qualified provider prior to being scheduled for any given shift and must update training as required. *[Supportive Living Accommodation Standards (28, 29)]*
- 8.7.5 Employees working in confined spaces must be provided training in confined spaces by a qualified provider prior to being scheduled for any given shift. *[Supportive Living Accommodation Standards (28, 29)]*
- 8.7.6 All employees, regardless of scheduled shift, must participate in a fire drill specific to their shift - e.g. day, evening, night or weekend shifts.
- 8.7.7 Employees, contract service providers and volunteers must be trained in safe work procedures associated with positional and shared areas of accountability. Their Orientation Checklist will detail the training received.
- 8.7.8 Employees must be trained regarding the hazards and proper use of products requiring Material Safety Data Sheets (MSDS) identified under the Workplace Hazardous Materials Information System (WHMIS). The sheets must be readily available to employees for review.

8.8 Hazard Management

- 8.8.1 Each Lodge must be equipped with properly maintained first aid and emergency response equipment in proportion to the number of employees on any given shift. Location of first aid supplies must be communicated to all employees. *[Supportive Living Accommodation Standards (28)]*
- 8.8.2 All products identified under the Workplace Hazardous Materials Information System (WHMIS) will be monitored to ensure they are properly labeled and used, and that Material Safety Data Sheets (MSDS) are available to employees.

- 8.8.3 Annual Hazard Assessment identification and reviews must be conducted within each property and at the commencement of new or non-recurring tasks and projects.
- 8.8.4 Employees must adhere to identified Personal Protective Equipment (PPE) requirements. Use of PPE does not replace other controls, but is used as a supplement to other controls whenever possible.
- 8.8.5 Biomedical waste will be properly managed in order to protect Residents, employees, and the public. *[Biomedical/Biohazardous Waste Management Procedure]*
- 8.8.6 In areas where recreation or exercise equipment is located, signs must be posted absolving the organization of all liability, warning Residents/employees that equipment is to be used at their own risk and that equipment is not to be used by anyone other than Residents/employees.
- 8.8.7 Residents/Resident Advocates, and employees must be instructed in the safe use of any equipment provided by AHS, or the Lodge. Instruction sheets and training will be provided to the users as required. The equipment will be maintained in safe working condition and used in accordance with the manufacturers' recommended guidelines. *[CCHSS (6), Assistive Equipment, Technology, Medical/Surgical Supplies Procedure]*

8.9 Incident Investigation

- 8.9.1 Incident Reports must be completed and submitted to the Site Director or designate, pertaining to any incidents (including but not limited to property damage, death, injuries, near misses or health related incidents within the property or at any organization sponsored off-site activity) that breach Resident, employee, volunteer, contract service provider or visitor safety. *[CICL Incident Management Procedure]*
- 8.9.2 Incident Reports must be completed for any employee injury and must be reported to the Administrative Coordinator or Site Director who must immediately conduct an Incident Investigation. Incidents that must be reported by government regulation are to be forwarded to the appropriate regulatory authority immediately. *[Alberta Occupational Health and Safety Act, Worker's Compensation Board Regulations (WCB), Employee Handbook, CICL Incident Management*

Procedure], Supportive Living Accommodation Standards (28)]

- 8.9.3 Incidents which relate to Residents and the Accommodation or Continuing Care Standards must follow the AHS Reportable Incident Process, as outlined in the Reportable Incident Procedure for Health Funded Accommodations. They must be reported to the AHS Case Manager and the Site Director during office hours and to the CCA after hours. If they meet the criteria of an Alberta Health Reportable Incident they must then be reported to Alberta Health electronically. A Reportable Incident may be an event that has occurred causing death or serious harm to a Resident, a Resident unaccounted for, an unplanned activation of a contingency plan or extensive damage to the accommodation. *[Supportive Living Accommodation Standards (18), Alberta Health Reportable Incident Decision Process, CICL Incident Management Procedure]*
- 8.9.4 Incident Investigations will be followed up with corrective actions as recommended by the Director of Operations, the Vice-President, and the Occupational Health and Safety Committee, or regulatory authority.

8.10 Inspections

- 8.10.1 Safety inspection schedules must be developed specific to each site including formal annual safety inspections to be conducted by the Safety Committee and/or Safety Officer. *[Supportive Living Accommodation Standards (2, 3)]*
- 8.10.2 Monthly inspections of all fire extinguishers must be conducted and recorded for each Lodge. *[Supportive Living Accommodation Licensing Regulation]*
- 8.10.3 Quarterly elevator maintenance and inspections must be completed and recorded by qualified personnel at each Lodge with an elevator. *[Supportive Living Accommodation Standards (2, 3)]*
- 8.10.4 Elevator maintenance and inspection reports must be submitted to the Alberta Elevating Devices and Amusement Rides Safety Association to authenticate Certificates of Operation. *[Supportive Living Accommodation Standards (2, 3)]*

- 8.10.5 Quarterly and annual maintenance and safety inspections must be completed and recorded for all Lodge Resident lifts, where applicable. *[Supportive Living Accommodation Standards (2, 3)]*
- 8.10.6 Emergency procedures must be posted in all elevators and on all Resident lifts. *[Supportive Living Accommodation Standards (2, 3)]*
- 8.10.7 Quarterly and annual inspections must be completed for all Lodge fireplaces. *[Supportive Living Accommodation Licensing Regulation]*
- 8.10.8 Self-closing devices on all doors in a fire separation, other than elevators and dumb waiters, if applicable, must be regularly inspected and recorded. *[Supportive Living Accommodation Licensing Regulation]*
- 8.11 **Infectious Diseases (Refer to Infection Prevention & Control Manual)**
 - 8.11.1 Cyclical cleaning schedules and checklists must be created for suites and common areas in each Lodge and include infection control procedures. *[Supportive Living Accommodation Standards (3, 15)]*
 - 8.11.2 Hand sanitizer dispensers must be placed at all entrances and in dining rooms within each Lodge, and their use encouraged through modeled behavior and signage.
 - 8.11.3 Resident/Resident Advocate, employee, contract service provider and volunteer orientation must include information on infection prevention and control, including but not limited to hand washing procedures, food handling procedures, laundry and housekeeping disinfectant practices, and use of Personal Protection Equipment (PPE). *[Supportive Living Accommodation Standards (28)]*
 - 8.11.4 Visitors must be informed of their risk of infection and oriented on infection prevention and control measures. *[Supportive Living Accommodation Standards (28)]*
 - 8.11.5 All facilities shall follow the guidelines in the Lodge Infection Prevention & Control Manual which will include the AHS Guidelines for Outbreak Prevention, Control and Management in Supportive Living and Home Living Sites

and the AHS IPC Resource. [*Infection Prevention & Control Manual*]

- 8.11.6 Resident housing or employment decisions pertaining to applicants with a known infectious disease, must comply with the Human Rights Legislation. (*Human Right, Citizenship, Multiculturalism Act*)
- 8.11.7 Residents and Resident applicants with a known infectious disease are required to provide written consent to the Site Director permitting consultation with the applicant's physician to determine if their health status is under any legislated restrictions.
- 8.11.8 Employees and employee applicants with an infectious disease during their employment, are required to provide written consent to the Site Director permitting consultation with their physician to determine if their health status is under any legislated restrictions. (*Human Right, Citizenship, Multiculturalism Act; Public Health Act; Communicable Diseases Regulation*)
- 8.11.9 Board members, employees, contract service providers, and volunteers with knowledge of a Resident or employee with an infectious disease, must strictly adhere to protecting the privacy of health information. [*Health Information Act, Freedom of Information and Protection of Privacy Act (FOIP)*]

8.12 Immunization of Residents

- 8.11.1 AHS will provide the Lodge with each incoming Resident's "AHS Continuing Care Immunization/Tuberculosis Screening Form" or any other documentation which provides information on the immunization and TB screening records of the Resident. Confirmation of receipt of this information will be addressed at the Pre-Admission Conference of each Resident. This information will be kept in the Resident's file.
- 8.11.2 Each Lodge will arrange for a yearly Influenza and Pneumococcal Vaccine Clinic at the site and Residents will be encouraged to receive the vaccines. Residents/Resident Advocates will be required to sign a Consent Form before receiving immunizations and records of the vaccines received will be added to each Resident's file.

- 8.11.3 If a Resident does not wish to receive the immunizations, the Resident/Resident Advocate will be required to sign a Refusal Form.

8.13 Immunization of Employees/Volunteers

- 8.12.1 Upon hire, employees will be asked to provide an Immunization Record, detailing immunizations they have received.
- 8.12.2 If an employee has not received Hepatitis B Immunizations, and TB Screening (within the last two years) she/he will be asked to do so before hire. Employees will also be asked to receive an Influenza Immunization when it is offered in the fall.
- 8.12.4 Each Lodge will arrange for a yearly Influenza Vaccine Clinic at the site for employees/volunteers.
- 8.12.5 Employees who refuse to receive the recommended immunizations, or to submit a record of their immunizations, will be required to complete a Refusal Form.
- 8.12.6 All immunization records and related documents will be kept in the employee's Personnel File.

8.14 Pet Visits

- 8.13.1 Pets are welcome at all facilities. However, to ensure that Residents, employees, contract service providers, and visitors are protected from any possibility of disease or injury, pet owners must be aware of the guidelines outlined in the CICL Visiting Pets Procedure before bringing a pet into the Lodge. *[Infection Prevention & Control Manual - Visiting Pets Procedure, Public Health Act]*
- 8.13.2 Pet owners must provide the Front Desk staff with proof of current immunizations. The information will be photocopied for the Lodge's records. Pets are not allowed in the Dining Rooms during mealtimes. *[Public Health Act]*

8.15 Abuse Prevention

- 8.15.1 All facilities have **zero** tolerance of any form of physical, sexual, emotional, verbal, or psychological abuse, or neglect or harassment of Residents, employees, visitors, and

contract service providers. *[Abuse Prevention Procedure, Prevention of Aggressive/Violent Behaviour Procedure]*

- 8.15.2 Abuse is an act or omission:
- causing serious physical harm, such as hitting, pulling, shaking, or the abusive use of restraints
 - causing serious emotional or psychological harm, including verbal abuse, such as ridiculing, name calling, threatening, sarcasm, taunting, or intimidation
 - administering, withholding or prescribing medication for an inappropriate purpose, resulting in serious bodily harm
 - subjecting a person to unwanted sexual contact, activity or behavior, such as unwanted touching, exhibitionism, or verbal or written propositions
 - involving theft of money or other valuable possessions
 - failing to provide adequate nutrition, adequate medical attention, or the necessities of life, resulting in serious bodily harm.
- 8.15.3 Any Resident/Resident Advocate, employee, visitor or contract service provider witnessing, suspecting, having knowledge of, or receiving reports on any allegations of abuse, shall ensure the victim is safe and that he/she receives appropriate support.
- 8.15.4 If the allegation of abuse involves a Resident, the Resident/Resident Advocate, employee, visitor, or contract service provider shall immediately report the allegation of the abuse on the Information and Reporting Line at: 1-888-357-9339 as per the Protection for Persons in Care Act (PPCA). The PPCA promotes the prevention and reporting of abuse of Adult Albertans who receive publicly funded care or support services such as the services at CICL facilities. The PPCA states that anyone who believes that there is or has been abuse involving a Resident must report that abuse as soon as possible and failure to do so is an offence. Residents who experience abuse are not required to report the abuse unless they choose to do so and must do so within two years from the date of the alleged abuse. *[CICL Abuse Prevention Procedure, Protection for Persons in Care Act]*

- 8.15.5 The Residents/Resident Advocate, employee, visitor or contract service provider shall also immediately report any allegations of abuse to the Site Director or designate.
- 8.15.6 The Site Director or designate will complete an Alberta Health Reportable Incident Form for allegations of abuse involving Residents, as per the CICL Incident Management Procedure.
- 8.15.7 The Residents/Resident Advocate, employee, visitor or contract service provider will complete an Incident Report as per the CICL Incident Management Procedure for any abuse of Residents, employees, visitors or contract service providers. The CICL Incident Management Procedure will direct the actions to be taken.
- 8.15.8 If a report of suspected abuse is filed against an employee, contract service provider or volunteer of the organization, his/her employment or contract will be immediately suspended until the investigation is complete.
- 8.15.9 No action will be taken against a complainant unless the complaint is made maliciously or without reasonable or probable grounds.
- 8.15.10 Immediate steps must be taken to ensure that a complainant (e.g. Resident, family member) is protected from harassment from the alleged abuser and that there is no disruption to the delivery of services provided by the organization to the complainant.
- 8.15.11 Any confirmed acts of abuse may be cause for termination of employment, restricted access to CICL Lodges, or Resident eviction.
- 8.15.12 All facilities are subject to the Protection for Persons in Care Act, and Protection for Persons in Care information brochures must be available upon request. Posters clearly outlining the rights of Residents, reporting procedures, and contact numbers must be posted in common areas, staff rooms, and entrances where they are highly visible, to inform Residents, employees, contract service providers, volunteers, and visitors. [*Protection for Persons in Care Act, Supportive Living Accommodation Standards (17)*]

- 8.15.13 All Residents, employees, contract service providers and volunteers must receive orientation pertaining to Protection for Persons in Care legislation as it relates to the care of Residents, and procedures for reporting suspected abuse. *[Protection for Persons in Care Act, Supportive Living Accommodation Standards (17)]*
- 8.15.14 A policy of least possible restraint will be adhered to in all circumstances. When minimal restraint is required it will be with full consent of the Resident/Resident Advocate and may include medication, as prescribed by the attending physician. *[Least Possible Restraint Procedure]*
- 8.15.15 The Abuse Prevention Procedure will be reviewed annually by all CICL employees, and updated as needed to comply with Alberta Legislation and best practices.

8.16 Impairment in the Work Place

- 8.16.1 Impairment from any source including but not limited to fatigue, life stresses, alcohol, medications (used legally or illegally), cannabis (recreational or therapeutic), or any other substance affects an employee's, volunteer's and contract service provider's ability to safely perform their work and can affect the health and safety of Residents and others in the Lodge.
- 8.16.2 Impairment of employees, volunteers and contract service providers will not be tolerated when working on site or when on-call. If they are taking prescribed medication that could impact their job performance, such as but not limited to narcotics or, they must let the Site Director/Designate know. Failure to comply with these terms is just cause for termination of employment.

8.17 Concern/Complaint Resolution Procedure

- 8.17.1 All CICL Lodges encourage communication and feedback from their Residents/Resident Advocates, employees, volunteers, contract service providers, and visitors in order to improve the quality of services that they provide, and to create a more satisfactory work environment. The **CICL Concern/Complaint Resolution Procedure**, being one component of this feedback mechanism, is available to any Resident/Resident Advocate, employee, volunteer, contract service provider or visitor. It is in accordance with the

guidelines established by the Health Quality Council of Alberta for Resident/Resident Advocate Concerns/Complaints.

- 8.17.2 A concern/complaint is an expression of dissatisfaction that may relate to Resident Services, Terms and conditions of the Residency Agreement, Terms and conditions of employment, including those outlined in the Employee Handbook and Employee Confidentiality Agreement.
- 8.17.3 A concern/complaint shall warrant a resolution if it compromises the health, well-being, or safety of a Resident, employee, volunteer, contract service provider or visitor.
- 8.17.4 Concerns/complaints may be lodged anonymously and will be tracked; however, they are not subject to the Concern/Complaint Resolution Procedure if they are anonymous.

8.18 Gifts/Donations

- 8.18.1 Personal gifts or donations from Residents/Resident Advocates, including money, may not be accepted by employees, volunteers, and contract service providers. Gratuities such as a card or small gift of candy may be accepted. If you have any concerns about a gift/donation please discuss this with the Site Director. A Resident/Resident Advocate may make a donation to the Staff Social Fund as a gesture of their appreciation.

8.19 Visitors

- 8.19.1 Visitation and family presence are vital to the comfort, well-being and quality of life of Residents, and family and friends are welcome to visit at any time. In rare circumstances however, limitations on visitation may be required, in consideration of Resident and health care provider safety, as well as the need to protect Resident privacy and confidentiality. Each Lodge is required to follow the AHS Visitation and Family Presence Directive for addressing and managing limitations on visitations. Information regarding this Directive is outlined in the *AHS Visitation Pamphlet* available in the Resource Centre. [*AHS Visitation and Family Presence Directive - March, 2016, AHS Continuing Care Visitation and Family Presence Pamphlet, AHS Principles of Visitation and Family Presence in*

Continuing Care, AHS Patient Visitation and Family Presence Limitation Concerns and Appeals Process]

- 8.19.2 Visitation limitations may be influenced by factors such as wishes of the Resident/Resident Advocate, health needs of the Resident as determined by the care team, privacy needs of the Resident or other Residents, illness or contagious disease at the site, legal reasons such as a Court Order, visitor behaviour concerns such as socially inappropriate behaviour (yelling, foul language), or an urgent need to protect the well-being, safety and security of any Resident, staff, or visitor.
- 8.19.3 After careful consideration of the situation and all potential alternatives, the least restrictive approach will be utilized and visitation limitations will be the last resort intervention. The first point of contact for anyone wishing to discuss their concerns and options regarding visitation limitations is the Site Director or designate, and concerns are to be addressed with the Resident/Resident Advocate in a timely manner.
- 8.19.4 If all avenues to reach a point of satisfaction for all parties are exhausted, the AHS Patient Relations Team can assist with coming to a resolution, if the Resident/Resident Advocate agrees with engaging AHS Patient Relations.
- 8.19.5 If AHS Patient Relations involvement does not bring the parties to an agreed resolution, a Visitor Management Appeal Panel (VMAP) is the next step towards resolution. The VMAP is an AHS recommending body that considers the well-being and safety of Residents, family, visitors, and health care providers. A final decision about an imposed limitation will be made by the AHS Chief Zone Operating Officer or if applicable, the President of Choices in Community Living. Following this decision, the family/visitor will still have the right of external appeal if they so choose, such as the Alberta Ombudsman.

8.20 Building Security

- 8.20.1 Hallway and common area checks are to be conducted hourly between the hours of 10:00 p.m. and 6:00 a.m. (22:00 to 06:00). *[Supportive Living Accommodation Standards (18)]*

- 8.20.2 Exit doors (excluding the main entrance and patio doors) are to be locked and armed 24 hours per day. Main Entry Doors are to be unlocked and disarmed by 8:00 a.m. (08:00).

8.21 Death of a Resident (Refer to End-of-Life/Palliative Care Manual)

- 8.21.1 Employees must adhere to mandatory first aid protocol, including the immediate contact of emergency assistance (911) for suspected deaths.
- 8.21.2 The Resident's physician (expected death) or Office of the Chief Medical Examiner (unexpected death) must be notified as soon as possible upon a confirmed death of a Resident, to ensure proper follow-up. *[End-of-Life/Palliative Care Procedure, Unexpected Death of Resident Procedure]*
- 8.21.3 Employees must assist the emergency services personnel, and/or physician or Medical Examiner as directed, throughout the investigation and secure the area until the scene is released.
- 8.21.4 Employees must complete a "Transfer of Body to Funeral Home" form.
- 8.21.5 Employees must adhere to Lodge protocol pertaining to the notification of the next of kin and must not spread truth or rumor regarding the suspected or confirmed death of a Resident.
- 8.21.6 Access to a deceased Resident suite can be granted to an authorized person providing that written verification of status is presented. Organization personnel must also be present during access of the authorized person.
- 8.21.7 A "Resident Personal Property Removal Identification List" must be completed and signed by the person(s) removing items from the suite of a deceased Resident, releasing the organization from any further liability for Resident effects, and a copy filed in the Resident file.
- 8.21.8 In the absence of a will, or next of kin appointed by the Office of the Public Trustee, organization personnel must adhere to the protocol specified by the Office of the Public Trustee in the removal of the deceased Resident's personal belongings.

- 8.21.9 Debriefing sessions regarding the response provided by organization personnel must be conducted by the Site Director/Designate following the death of a Resident.

9 Programs and Services

9.1 Hospitality Services

- 9.1.1 Daily schedules for the delivery of hospitality services that are conducive to the needs and preferences of Residents must be developed and consistently implemented. *[Supportive Living Accommodation Standards (13, 14, 15)]*
- 9.1.2 Laundry services and food services must be designated into two separate areas to reduce the risk of cross contamination.

9.2 Personal Choice Services

- 9.2.1 Personal choice services (e.g. hairdresser/barber) must be approved by the Director of Operations to ensure suitability for the Lodge. Personal choice services will be monitored on an ongoing basis to ensure services are utilized and continue to meet the needs and preferences of Residents.
- 9.2.2 Personal choice services must adhere to applicable legislation and government standards, including but not limited to licensing and health and safety, whether provided directly by organization personnel, volunteers or contracted out. *[Supportive Living Accommodation Standards (18)]*
- 9.2.3 Personal laundry services are to be made available to Residents upon request and Residents will be charged as per the Accommodation Fee Schedule. *[Supportive Living Accommodation Standards (8)]*
- 9.2.4 Laundry facilities made available for Resident access and usage must include at a minimum, a washer, dryer, iron and ironing board that are in full functional working condition, clean and inspected regularly. *[Supportive Living Accommodation Standards (8)]*

9.3 Resident Social, Leisure and Spiritual Opportunities/ Programming

- 9.3.1 Individual and group holistic programming that promotes the physical, emotional, intellectual, sensory, cultural and spiritual well-being of Residents must be provided. *[Supportive Living Accommodation Standards (12)]*
- 9.3.2 Residents must be supported in their religious and spiritual beliefs and practices.
- 9.3.3 Daily social and leisure opportunities must reflect the needs and preferences expressed by Residents. Opportunities to gather input from Residents, using multiple mediums, must be carried out on an ongoing basis to informally and formally evaluate effectiveness and desirability of activities by the majority of Residents. Residents must also be provided with individualized opportunities. Opportunities must be adjusted to reflect ongoing Resident feedback.
- 9.3.4 Every effort will be taken to provide alternative communication to Residents requiring assistance due to level of literacy, language, mental, sensory, or learning disabilities. Social and leisure opportunities must be communicated to Residents utilizing multiple mediums that meet group and individual needs and preferences, in advance and prior to the commencement of activities. *[Supportive Living Accommodation Standards (12)]*
- 9.3.5 Transportation services associated with Resident social, leisure and spiritual programming will be carried out using organization approved vehicles that are properly registered, insured and operated by qualified individuals carrying appropriate licenses, where applicable. If organization approved vehicles are not available, Residents will be assisted in making public transportation arrangements.

9.4 Care and Support Services (Refer to Care and Support Services Manual)

- 9.4.1 Care and Support Services shall be delivered by Health Care Aides (HCAs) who are qualified, non-regulated direct service care providers working under the on-site supervision of Licensed Practical Nurses (LPNs), who are regulated health professionals. Care and Support Services will be

- monitored by Alberta Health Services (AHS) Case Managers. (Refer to Section 12.1)
- 9.4.2 All staff providing care will work together to implement the Care Plan developed by AHS Case Managers and the Site Director/Designate, with input from the Resident and Resident Advocate(s).
- 9.4.3 HCAs will receive training as specified in *CCHSS (9) – Staff Training. (Refer to Section 12.1.7)*
- 9.4.4 Care and Support Services will provide care to Residents who have health and wellness needs that require 24-hour assistance/supervision from qualified staff and health professionals (RNs, LPNs).
- 9.4.5 Service planning, coordination and delivery of services shall be centered on the Residents and their unique needs and preferences. Resident needs will be identified in the Resident Care Plan.
- 9.4.6 Residents will participate in decisions regarding their care, and their choices will be respected to the extent possible.
- 9.4.7 The Site Director/Designate will monitor the specialized care for Residents with cognitive impairment or mental health needs. [*Cognitive Impairment/Mental Health Care Procedure*]
- 9.4.8 Personal care services will consist of services that assist the Residents with activities of daily living, therapeutic regimes, and other aspects of general care.
- 9.4.9 Residents will be provided with the opportunity for bathing at least twice a week by the method of their preference, and more frequently if determined by their Care Plan. AHS Safe Bathing Temperatures and Frequency will be followed to ensure that Residents receive the safest bathing care possible.
- 9.4.10 Care and support services shall be provided in a manner that supports Residents in maintaining and promoting a state of wellness and independence, including mental health, physical health, and prevention of disease and injury.

- 9.4.11 Professionally designated services of health professionals, based on a Resident's unmet needs, will be provided by Lodge staff and Alberta Health Services.
- 9.4.12 Residents and other interested parties are to be provided with information pertaining to regional personal care services and community resources. *[Supportive Living Accommodation Standards (22)]*

9.5 Involvement in Residents' Personal Affairs

- 9.5.1 Organization employees, contract service providers, volunteers and board members are not to engage in any activity relating to Resident personal affairs, including but not limited to, financial and non-financial affairs, Power of Attorney, Wills, Estates, Personal Directives and Guardianship. *[Supportive Living Accommodation Standards (30)]*
- 9.5.2 Information pertaining to financial advisors, Power of Attorney, Wills, Estates, Personal Directives, and Guardianship must be provided to Residents and their families along with organization policies regarding such matters. *[Supportive Living Accommodation Standards (30)]*
- 9.5.3 All CICL Staff, contract service providers, volunteers and board members cannot accept money from Residents at any time or provide any kind of service for Residents outside of work hours. Paying staff "on-the-side" for any service or as a gratuity is not allowed. *[Supportive Living Accommodation Standards (30)]*
- 9.5.4 All CICL Staff, contract service providers, volunteers and board members are not allowed to conduct personal business at sites, including but not limited to promoting or selling products or services to Residents.
- 9.5.5 Residents/families who wish to store personal possessions at the Lodge for a short term, must submit a request to the Site Director. If no arrangement has been made, personal items left at the Lodge will be disposed of after the Resident has vacated her/his suite. Residents/Resident Advocates have 7 days to vacate a suite. Residents requiring long-term storage, must utilize off-site services. *[Guidelines for Vacating a Suite]*

10 Residency Requirements (Refer to Resident Services Manual)

10.1 Suite Rates

- 10.1.1 A Continuing Care Accommodation Deposit (CCAD) is a one-time charge that will be collected from Residents by the Lodge at the time of move-in, and is in addition to the normal monthly fee. The accommodation deposit covers the maintenance of the common areas and amenities of the site, the cost of refurbishing the Resident suite (painting, steam cleaning rugs, repairs to walls/floors/cabinets, etc.) during the Resident's stay at the Lodge if needed, and when a Resident vacates a suite. The CCAD also covers compensation for a Resident's outstanding debts at the Lodge, and any other fees that a Resident/Resident Advocate is obligated to pay. A copy of this CCAD Policy will be included in the Admission Package given to the Resident/Resident Advocate at move-in.
- 10.1.2 The Lodge Fee Schedule specifies the particulars of the CCAD, including the amount of the CCAD. The Alberta Resident Tenancy Act does not apply to Supportive Living Accommodations licensed under the Supportive Living Accommodation Licensing Act (SLALA).
- 10.1.3 The Fee Schedule will clearly state what services are included in the monthly rate - e.g. meals, weekly housekeeping.

10.2 Residential Services Agreements

- 10.2.1 Residential Services Agreements must comply with all applicable legislation and must also include a detailed list of the Residential services to be provided, the fees, and policies regarding rate increases. *[Supportive Living Accommodation Standards (23)]*
- 10.2.2 Residential Services Agreements must be signed by the Resident or his/her legal representative and the Site Director or designate. *[Supportive Living Accommodation Standards (23)]*
- 10.2.3 A Residential Services Agreement must be in place for each new Resident and those whose personal circumstances/needs change during their tenancy.

- 10.2.4 Residents must be provided with a copy of the executed Residential Services Agreement.
- 10.2.5 Prior to the signing of a Residential Services Agreement, Site personnel must ensure that the Resident/Resident Advocate fully comprehends all aspects of the Residential Services Agreement, including but not limited to the payment schedule, additional charges, rent adjustments, expected behavior, and noncompliance with the terms and conditions.
- 10.2.6 Move-in Inspections must be conducted and signed in the presence of a Site representative and the Resident/Resident Advocate, within the specified time and manner.
- 10.2.7 Copies of Move-in Inspection Reports must be provided to Residents/Resident Advocates, and an original copy attached to the original Residential Services Agreement.
- 10.2.8 Residents are not permitted to conduct business in, or from the premises without the written consent of the Board.
- 10.2.9 Notification regarding rental adjustments must adhere to legislative requirements and be provided in writing to the Resident/Resident Advocate. *[Supportive Living Accommodation Standards (23)]*
- 10.2.10 Residents are not permitted to perform structural alterations to their suites, and must seek approval from maintenance to hang pictures, shelving or other objects on their walls.
- 10.2.11 Damage to property resulting from negligence on the part of a Resident or a visitor of a Resident, will be the sole responsibility of the person(s) named in the Residential Services Agreement.
- 10.2.12 Suites must be kept free of clutter, which could pose a safety hazard to Residents and those who enter the Resident's suite.

10.3 Resident Assessments/Care Plan

- 10.3.1 AHS staff will have assessed prospective Residents in a wide range of medical, physical, and cognitive abilities and challenges, in consultation with involved health care professionals - e.g. physicians, occupational therapists. Based upon the completed assessment, the Case Worker

- will prepare an AHS Care Plan Summary and recommend placement in a Designated Supportive Living facility.
- 10.3.2 The Site Director/Designate may conduct a Home/Hospital Visit to gather information for the Resident Care Plan.
- 10.3.3 A Pre-Admission Conference will be scheduled with the Resident/Resident Advocate, along with the AHS Case Manager, and Lodge staff. The Conference will provide the Resident/Resident Advocate with a scheduled opportunity for their input which will be encouraged. *[Supportive Living Accommodation Standards (25)]*
- 10.3.4 The Lodge will then create a Resident Care Plan specific to each Resident, incorporating the unique needs of the Resident and forming the basis for the Resident's care. Information will be entered into SeniorCare, an electronic Resident Charting Software Program which will include preferences and required areas of assistance with activities of daily living, such as dressing, bathing, toileting and delivery of medication. SeniorCare will be used to generate a Staff "To Do" List for each Resident's needs and preferences. *[Resident Care/Service Plan]*
- 10.3.5 Residents will also have been assessed for their decision-making capacity by the AHS Case Worker, and the sites will comply with the legal documentation on record regarding areas of decision-making that may have been reassigned. Otherwise it will be presumed that decision-making lies with the Resident. *[Assessment of Decision-Making Capacity Procedure]*
- 10.3.6 AHS Continuing Care Managed Risk Agreements must be in place for Residents as needed, based on their assessments outlining the risks associated with living in the Lodge. *[Supportive Living Accommodation Standards (27), Managed Risk Procedure]*
- 10.3.7 Managed Risk Agreements must include any limits of service based on supportive living guidelines and the potential risks associated with the Resident's needs along with actions, if any, to assist the Resident. Agreements must be signed by the Resident, or an authorized representative of the Resident, the AHS Case Manager, and the Site Director/Designate. *[Supportive Living Accommodation Standards (27)]*

- 10.3.8 A reassessment of the Care Plan will be completed by the Site Director/Designate six weeks after admission, and then annually or as needed. The reassessment will incorporate input from AHS Case Managers, involved health care professionals, and the Resident/Resident Advocate; the Care Plan will be revised accordingly.
- 10.3.9 The AHS Case Manager will do reassessments annually or more frequently if the Resident's physical, emotional and cognitive condition changes. *[Supportive Living Accommodation Standards (26), CCHSS (1)]*
- 10.3.10 Physician's Standing Orders/Comfort Medications will be reviewed annually and after a hospital stay of forty-eight hours or more, or as needed if the Resident's condition changes.
- 10.3.11 In the event that a Resident is reassessed and it is determined that they are no longer appropriate for the Lodge, referral services will be provided.
- 10.3.12 All Lodges support Residents in remaining at the Lodge as long as possible, and are committed to providing holistic End-of-Life/Palliative Care that involves the collaboration of the interdisciplinary team in meeting the physical, emotional, social, and spiritual needs of the Residents and their significant others during End-of-Life/Palliative Care. This specialized care will be initiated when required. Information about End-of-Life/Palliative Care is available to Residents/Resident Advocates from the Site Director/Designate. *[End-of-Life/Palliative Care Manual]*

10.4 Resident Applications

- 10.4.1 All organization sites must provide prospective Residents and Resident Advocates with relevant information pertaining to, but not limited to, eligibility requirements, description of basic services provided, optional services, and Accommodation Fee Schedules. *[Supportive Living Accommodation Standards (23)]*

10.5 Suite Assignment

- 10.5.1 In the case that a vacant suite type is temporarily assigned to a Resident because a recommended suite is not currently available, the Resident will be required to sign an agreement

acknowledging that he/she will be required to transfer when an appropriate suite becomes available.

- 10.5.2 The organization reserves the right to transfer a Resident(s) for reasons such as, but not limited to major repairs, and may bear the costs associated with moving.

10.6 Resident Orientation

- 10.6.1 Orientation Checklists must be signed by each Resident/Resident Advocate and the Lodge representative. A copy must be given to the Resident/Resident Advocate and the original filed in the Resident's file.
- 10.6.2 Resident safety orientation must be conducted upon move-in date and cover procedures pertaining to emergency evacuation, fire drills, security systems, and hazard reporting. [*Supportive Living Accommodation Standards (23)*]

10.7 Resident Exit Process (Refer to Guidelines for Vacating a Suite)

- 10.7.1 Exit Interviews may be completed by the Site Director or Designate with each Resident/Resident Advocate upon completion of the move-out process.
- 10.7.2 Relevant input gathered from Exit Interviews will be compiled in an annual report to be presented to the Director of Operations along with any corrective actions taken.
- 10.7.3 On vacating a suite, personal belongings must be removed by the Resident/Resident Advocate from the suite within 7 (seven) days or at such time as negotiated with the Lodge. Personal possessions left by Residents following a Move-out (Exit) Suite Inspection will be deemed as abandoned goods and will be disposed of after thirty (30) days. (*Vacating a Suite*)

10.8 Vacancy Management

- 10.8.1 The Site Director will maintain monthly records pertaining to the number of vacant suite types.
- 10.8.2 In the event that a suitable suite is not immediately available to an approved applicant, another vacant suite may be temporarily assigned until a suitable suite is available.

- 10.8.3 A suite will be deemed occupied until which time the personal belongings of the Resident are removed.

10.9 Resident Personal Possessions/Insurance

- 10.9.1 Residents/Resident Advocates must be informed that they are responsible for obtaining their own insurance coverage for matters including but not limited to personal contents, vandalism, and liability. [*Supportive Living Accommodation Standards (20)*]
- 10.9.2 The organization does not offer safeguarding services for the personal possessions of Residents.
- 10.9.3 Residents/Resident Advocates must sign a liability waiver stating that the use of any recreational or exercise equipment is to be at their own risk, thus waiving all recourse against the organization.

10.10 Trust Accounts

- 10.10.1 Any account, either group or individualized, or any internal holding system such as a cash box or safe where funds are held on behalf of a Resident, is a Trust Account. [*Supportive Living Accommodation Standards (19)*]
- 10.10.2 Participation in the Trust Account service at a Lodge is voluntary and at no charge to the Resident.
- 10.10.3 The organization is responsible for the safeguarding and accounting of funds in Trust Accounts.
- 10.10.4 The funds deposited into the Trust Accounts are fully guaranteed by the organization and generate no interest.
- 10.10.5 At the request of a Resident or Resident's Advocate, a ledger will be established for a Resident's Trust Account.
- 10.10.6 Each Resident will have his/her own ledger with a running balance.
- 10.10.7 A sufficient portion of the Trust Account required for a Resident's monthly needs will be kept on site in a cash box, and the remainder will be deposited into the organization's bank account and reconciled on a monthly basis.

- 10.10.8 As funds are received for a Resident's Trust Account, a receipt will be issued and a copy kept for accounting purposes. As funds are required, the item(s) purchased, the cost and the new balance will be recorded in the Resident's ledger. A receipt will be given to the Resident as cash funds are withdrawn by the Resident.
- 10.10.9 At the request of the Resident/Resident Advocate for a statement of the Trust Account, the Lodge Administrative Coordinator/Designate will provide an up-to-date statement of the account at no charge.
- 10.10.10 At the request of the Resident/Resident Advocate to close a Trust Account, the CICL Finance Department will audit the account and issue a cheque within a month of the request for the balance remaining in the account.

10.11 Resident Profiles

- 10.11.1 Individualized profiles using SeniorCare software will be created and maintained to document Resident care, preferences, special requirements and/or significant changes in behaviors. Profile information or any other confidential Resident information must only be accessed by personnel providing direct services to Residents.
- 10.11.2 Individualized profiles must be managed in a manner that protects the privacy of Residents' personal information as per privacy legislation. *[Freedom of Information and Protection of Privacy Act, Health Information Act, Supportive Living Accommodation Standards (33), Confidentiality Agreement Procedure]*
- 10.11.3 Employees providing direct services to Residents must take notice of and inform their Site Director/Designate of any significant changes in care needs, preferences, special requirements and/or behaviors.

10.12 Grievance Management (Refer to 8.17 Concern/Complaint Resolution)

- 10.12.1 Resident satisfaction surveys are to be completed annually.
- 10.12.2 Suggestion and feedback boxes are to be placed at each site in highly visible and accessible locations. *[Supportive Living Accommodation Standards (24)]*

- 10.12.3 Formal and informal feedback is to be addressed in a fair, equitable and timely manner in the best interests of all parties.
- 10.12.4 Residents are to be informed of the process to be followed when making a complaint pertaining to the delivery of services provided. *[Concern/Complaint Resolution Procedure, Concern/Complaint Request Form, Supportive Living Accommodation Standards (24)]*
- 10.12.5 Appeals regarding decisions impacting residency will be heard by the Vice-President in consultation with the Director of Operations.
- 10.12.6 Investigations resulting from formal complaints launched against the organization, including appeals, will be handled as per legislative requirements. Residents must be provided with information regarding the process for filing their complaint beyond the internal process followed within the organization. *[Health Facilities Review Committee, Provincial Ombudsman, Protection for Persons in Care Act]*

11 **Human Resource Management (Refer to Employee Handbook, Collective Agreement where applicable, and Human Resources Manual)**

11.1 **Personnel Policies**

- 11.1.1 Employees must be provided with a copy of or access to provincial Employment Standards, the organization's employment policies contained in its Employee Handbook, and the AUPE Collective Agreement (where applicable). See Appendices – Employee Handbook, AUPE Collective Agreement. *[Supportive Living Accommodation Standards (28)]*
- 11.1.2 The Employee Handbook and Collective Agreement (where applicable) are to be deemed the policy framework for employment, and as such the Employee Handbook will be updated from time-to-time to reflect the needs of the organization and/or changes in legislative requirements.
- 11.1.3 Development of the Employee Handbook rests with the Director of Operations. However, policy contained within the Employee Handbook must be endorsed by the Board and Vice-President.

- 11.1.4 A Human Resource Strategy must be developed and implemented by the Vice-President to ensure that the organization attracts, develops and retains its optimum workforce.
- 11.1.5 Position descriptions outlining positional accountability and qualifications and skill requirements must be developed by the Director of Operations/Designate for all positions within the organization including volunteer and contracted positions. *[Supportive Living Accommodation Standards (29)]*
- 11.1.6 In compliance with Alberta's Freedom of Information and Protection of Privacy Act (FOIP), the organization is committed to protecting the privacy of the personal information of its employees, and in utilizing personal information in a responsible and professional manner. *[Confidentiality Agreement Procedure, Confidentiality Agreement, Consent to Release Employee Information]*
- 11.1.7 The Occupational Health and Safety Program Manual is the policy framework pertaining to the health and safety of Residents, employees, contract service providers, volunteers and visitors, and as such must be updated from time-to-time to reflect the needs of the organization and/or changes in legislative requirements.

11.2 Personnel Scheduling

- 11.2.1 Mandatory regulated LPN and HCA employee coverage shall be provided 24 hours per day, seven days per week. *[Supportive Living Accommodation Standards (18)]*
- 11.2.2 Evening or night shift personnel must receive and demonstrate proficiency in all mandatory training, safe work procedures and emergency response, prior to working shifts without direct supervision. *[Supportive Living Accommodation Standards (18, 28, 29)]*
- 11.2.3 Personnel work schedules must be developed on a month-to-month basis and meet scheduling criteria approved by the organization.
- 11.2.4 Personnel work schedules must be posted for staff two weeks prior to the commencement of the next schedule.

11.3 Criminal Record Checks/Police Information Checks

- 11.3.1 Criminal Record Checks/Police Information Checks are mandatory for all new employees and volunteers, including those under the age of eighteen, and for contract service providers holding positions or contracts providing direct services to Residents. Criminal Record Check/Police Information Check results are to be considered in selection processes. *[Supportive Living Accommodation Standards (31)]*
- 11.3.2 Obtaining and submitting Criminal Record Checks/Police Information Checks is the responsibility of employees, contract service providers, and volunteers.
- 11.3.3 Criminal Record Checks/Police Information Checks must be verified, and stored in a secure locked cabinet, accessed only by authorized personnel.
- 11.3.4 Criminal Records Checks/Police Information Checks which are positive will be reviewed by the Director of Operations and the Vice-President, who will use their discretion to decide whether or not the potential employee poses a risk, and if he/she should be hired.

11.4 Orientation

- 11.4.1 All new employees, contract service providers, and volunteers must participate in an orientation session prior to the commencement of scheduled work.
- 11.4.2 Orientation Checklists must be completed and signed by each employee, contract service provider, or volunteer receiving orientation, and by staff responsible for the orientation.

11.5 Staff Training

- 11.5.1 Employees must hold appropriate training or certificates specific to the skills and qualifications required to perform the tasks associated with the position which they hold.
- 11.5.2 All Lodges must comply with the training requirements specified by the Continuing Care Health Service Standards (CCHSS). *[CCHSS (9.0) - Staff Training]*

- 11.5.3 All staff must be trained in Person-Centered Care, Dementia Care, Responsive Behaviours, Infection Prevention and Control, Emergency Preparedness/Pandemic Preparedness, Nutrition/Hydration/ Choking, Abuse Prevention, Freedom of Information and Protection of Privacy Act (FOIP), and Incident Reporting. *[CCHSS 9.0 - Staff Training]*
- 11.5.4 Employee training must be completed and recorded in the Staff Training Checklist for all employees at each site, as required by the organization and legislation.

11.6 General Staff Meetings

- 11.6.1 Regular staff meetings must be conducted involving all employees to ensure operational issues are identified and addressed.
- 11.6.2 At a minimum, department personnel must meet regularly to ensure issues specific to their area are identified and addressed.
- 11.6.3 A meeting of all Department Managers/Leads must occur on a regular basis at each Lodge to ensure operational issues are identified and addressed.
- 11.6.4 Management meetings with representation from each Lodge must be held yearly.
- 11.6.5 Documentation outlining the key points discussed along with any decisions made during scheduled management or staff meetings must be created and filed.

11.7 Operational Reporting

- 11.7.1 All employees must cooperate and participate fully with any documentation and reporting requirements, following organization standard forms and guidelines.

Part II: Department Policies for Supportive Living

12 Care and Support Services (Refer to Care and Support Services Manual)

12.1 Training/Scope of Practice

- 12.1.1 Care and Support Services must be delivered by qualified Lodge staff – Health Care Aides (HCAs) and Licensed Practical Nurses (LPNs).
- 12.1.2 HCAs are unregulated health care workers who provide personalized support services and basic health services designed to meet the needs of Residents who need assistance with activities of daily living. They work under the on-site supervision of LPNs, who are regulated health professionals. HCA competencies and scope of work are outlined in their job descriptions.
- 12.1.3 HCAs must hold an HCA Certificate granted from a recognized institution, or be assessed as competent. HCAs must be registered on the AHS Health Care Aide registry.
- 12.1.4 LPNs are regulated by the Health Professions Act, and are expected to work within their full scope of practice which is set forth and governed by the College of Licensed Practical Nurses of the Alberta (CLPNA). They utilize their knowledge and skills to provide guidance and support to the HCAs. Their scope of practice is outlined in their job descriptions.
- 12.1.5 LPNs must hold a current License with the Alberta College of Licensed Practical Nurses.
- 12.1.6 HCAs and LPNs provide personal care, basic health care services and other aspects of general care.
- 12.1.7 HCAs must have training in Person-Centered Care, Responsive Behavior, Dementia Care, Infection Prevention and Control, Emergency Preparedness/Pandemic Preparedness and Service Continuity, Nutrition/Hydration/Choking, Incident Reporting, Risk Management, Fall Management, Continuing Care Health Service Standards (CCHSS), Health Information Management, Health Information Act (HIA), Abuse Prevention, Freedom Of Information and Protection of

Privacy Act (FOIP), Incident Reporting, End-of-Life/Palliative Care, Safe Lifts/Transfers, Restraint Management, Safe Bathing, Medication Assistance, Resident legal documentation - Personal Directives, Enduring Power of Attorney, Guardianship, Trusteeship. *[Supportive Living Accommodation Standards (10, 28, 29), Medication Assistance Procedure, Infection Prevention & Control Manual, Occupational Health & Safety Program, Continuing Care Health Service Standards (9), End-of-Life/Palliative Care Manual, CICL Employee Orientation Checklist]*

- 12.1.8 LPNs must have CPR training at the time of hire. Their CPR Certificate shall be updated every two years. The CPR recertification of LPNs is the responsibility of the organization. *[First Aid and CPR Certification Procedure]*
- 12.1.9 Care and Support Services provided by HCAs and LPNs include but are not limited to assistance with personal care such as bathing, grooming, dressing, toileting, incontinence management, and oral care; assistance with medical care such as medication assistance and reminders, basic wound care and pain management; palliative care; assistance with social/spiritual/recreational/emotional wellbeing; and assistance with hospitality services. *[Appendix A – Care Procedures]*

12.2 Personal Care Schedules/Care Basics

- 12.2.1 Care and support schedules will be developed by the Site Director/ Designate after a comprehensive assessment by Alberta Health Services Case Managers, and consultation with the Site Director/ Designate.
- 12.2.2 Resident input and feedback must be sought and incorporated into personal care schedules.
- 12.2.3 Precautions must be taken at all times to ensure the safety of Residents, visitors and employees - e.g. use of proper lifting techniques.

12.3 Cross Contamination (Refer to 8.11 Infectious Disease)

- 12.3.1 Employees must adhere to proper hygiene and disease-control procedures to reduce the risk of cross contamination and to prevent/control infection. *[Supportive Living Accommodation Standards (15)]*

- 12.3.2 Cross contamination procedures must be adhered to when changing bed linens, soiled or dirty laundry and towels. *[Supportive Living Accommodation Standards (7, 8, 14, 15)]*

12.4 Documentation Requirements

- 12.4.1 Client Care data will be entered into the SeniorCare software program, including scheduled care, unscheduled care, and Log Book entries.
- 12.4.2 Resident preferences and needs will be documented to ensure service that meets individual requirements.
- 12.4.3 Therapeutic tub water temperatures must be checked by HCAs and LPNs and recorded on the log sheets posted in each Tub Room prior to the first bath of the day and for every Resident bath, and must be within the regulated temperature range of 38°C to 43°C . *[Supportive Living Accommodation Standards (21), Safe Bath Delivery Procedure]*
- 12.4.4 Where water temperature control devices are not in place at the tub/shower outlet, the maximum allowable water temperature before the first bath of the day shall be 49°C. *[Supportive Living Accommodation Standards (21)]*
- 12.4.5 All Resident room bath and shower water temperatures must be checked and recorded on log sheets in Resident rooms, and must be within the regulated temperature range of 38°C to 43°C. *[Safe Bath Delivery Procedure]*

13 Social and Leisure Services

13.1 Training

- 1.1.1 Social, leisure and recreational activities must be planned, developed, coordinated and delivered by qualified personnel. *[Supportive Living Accommodation Standards (12)]*
- 1.1.2 Recreation staff must have training in Person-Centered Care, Dementia Care, Responsive Behavior, Infection Prevention and Control, Emergency Preparedness/Pandemic Preparedness, Nutrition/Hydration/Choking, Fall Management, Abuse Prevention, Freedom of Information and Protection of Privacy Act (FOIP), Incident Reporting, and Medication Assistance. *[Supportive Living Accommodation*

Standards (10, 28, 29), Medication Assistance Procedure, Infection Prevention & Control Manual, Occupational Health & Safety Program, CCHSS (9), CICL Employee Orientation Checklist]

1.2 Programming

- 1.2.1 Social, leisure and recreational opportunities must be based on Resident input and preferences encouraging both autonomy and group interaction. [*Supportive Living Accommodation Standards (12)*]
- 1.2.2 Opportunities to support and/or assist Residents in maintaining their spiritual beliefs, religious observances, practices and affiliations must be made available. [*CICL Governance & Operational Policies (9.3)*]
- 1.2.3 Vehicles used for non-emergency transportation provided to Residents for scheduled events and activities must adhere to all applicable Alberta Transportation regulations.

1.3 Communication

- 1.3.1 A monthly or quarterly newsletter must be developed and distributed to each Resident and employee. [*Supportive Living Accommodation Standards (12)*]
- 1.3.2 A monthly calendar of events must be made available to each Resident and posted in common areas. [*Supportive Living Accommodation Standards (12)*]

1.4 Volunteer Management

- 1.4.1 A volunteer management strategy that is in alignment with the Canadian Code for Volunteer Involvement must be in place to attract, develop and retain volunteers.
- 1.4.2 Work assignments delegated to the staff and/or volunteers must be done under the direction and supervision of the Recreation Coordinator.

2 Food Services

2.1 Training

- 2.1.1 One supervisory Food Services employee must have a Food Safety Certificate.

- 2.1.2 Food Services employees must be trained in food safety, food handling and storage, Person-Centered Care, Dementia Care, Responsive Behavior, Infection Prevention and Control, Emergency Preparedness/Pandemic Preparedness, Nutrition/Hydration/ Choking, Abuse Prevention, Freedom of Information and Protection of Privacy Act (FOIP), and Incident Reporting. *[Supportive Living Accommodation Standards (28, 29), Infection Prevention & Control Manual, CCHSS (9), Occupational Health & Safety Program, CICL Employee Orientation]*
- 2.1.3 All Food Services employees must be trained in safe work procedures associated with their position.

2.2 Food Handling Hygiene

- 2.2.1 Employees will be prohibited from working if they have a communicable disease. *[Public Health Act – Communicable Diseases Legislation]*
- 2.2.2 Employees will be prohibited from working if they have open wounds or lesions unless proper impermeable protective coverings are worn.
- 2.2.3 Proper safe hand washing protocol must be adhered to at all times by all Food Service employees using the designated hand washing sink.
- 2.2.4 Clean uniforms, name tags, hair nets (if applicable), beard nets (if applicable) and clean indoor shoes must be worn.
- 2.2.5 Soiled aprons must be changed between raw food preparation and the preparation of meals.
- 2.2.6 Personal Protective Equipment (PPE) must be used when identified as required.
- 2.2.7 Procedures must be strictly adhered to when delivering meals to Resident suites to avoid cross-contamination.

2.3 Cleaning and Sanitation

- 2.3.1 A sanitation program, including procedures and schedules, must be in place for food contact and non-food surfaces, equipment and utensils.

- 2.3.2 Chemical concentrations must be appropriate to the temperature and type of sanitizing agent used for cleaning food contact and non-food surfaces, equipment and utensils.
- 2.3.3 Hot water sanitizing temperatures must be monitored, tested, inspected and recorded to ensure optimum dishwasher performance.
- 2.3.4 Manual dishwashing must be monitored to ensure temperature and chemical usage levels are maintained. Water and chemicals must be changed and sinks sanitized between washings.
- 2.3.5 Solid waste material within the premises must be removed each day and placed in the designated area to prevent contamination of food.

2.4 Food Storage and Handling

- 2.4.1 Food and food ingredients must be purchased from government and organization approved sources.
- 2.4.2 Goods should only be accepted at time of delivery if they are properly packaged and in good condition.
- 2.4.3 Goods must be stored six inches off of the floor in sealed containers.
- 2.4.4 Food in coolers must be stored as per regulated top to bottom order guidelines.
- 2.4.5 Preparation date and best before date must be affixed to ready-to-eat food.
- 2.4.6 Food rotation practices must be strictly adhered to.
- 2.4.7 Thawing, cooking, storing and reheating of all foods must be in compliance with government regulated safe food handling regulations.
- 2.4.8 Government regulated temperatures for handling food safely must be posted in all food preparation areas.
- 2.4.9 Food and food ingredients must be handled and stored in a manner that prevents the risk of infestations of rodents and insects.

- 2.4.10 Rodenticides and insecticides used must be approved for safe use in a food establishment, and used in a manner that prevents food contamination.
- 2.4.11 All non-food items including chemicals must be stored in a separate area to prevent cross contamination of food and food contact surfaces.

2.5 Meal Planning and Preparation

- 2.5.1 Informal and formal Resident input and feedback must be sought and incorporated into menu planning and scheduling to ensure that the majority of Residents express satisfaction in the quality, quantity, tastefulness, presentation and scheduling of meal times.
- 2.5.2 Individual needs, preferences, including religious practices and cultural customs, along with Resident overall satisfaction of meals must be sought, known and documented. Menu planning must reflect input received in terms of providing Residents choice and consistency in food offerings. *[Supportive Living Accommodation Standards (14), Resident and Family Council Manual]*
- 2.5.3 Cyclical menus are to be planned in a five-week rotation, meeting Canada's Food Guide to Healthy Eating. Menus must be approved by a Registered Dietitian prior to use. *[Supportive Living Accommodation Standards (13)]*
- 2.5.4 Approved menus must be distributed to Residents utilizing multiple mediums, including the use of technology, and/or posted in the dining room area for each five-week rotation, and include all food items, beverage choices and condiments. *[Supportive Living Accommodation Standards (13)]*
- 2.5.5 Menus must provide Residents with variety from meal-to-meal, seasonal variation and an assortment of choices from within each food group at every meal. *[Supportive Living Accommodation Standards (14)]*
- 2.5.6 Any food substituted from an approved menu must be from the same food group and provide similar nutritional value. Any substitutions must be communicated to Residents and recorded. *[Supportive Living Accommodation Standards (14)]*

- 2.5.7 Snacks and beverages must be available for Residents between meals. *[Supportive Living Accommodation Standards (14)]*
- 2.5.8 Meals must meet daily quantity requirements, provide proper hydration, be aesthetically pleasing, tasteful to the majority of Residents and served on time. *[Supportive Living Accommodation Standards (13, 14)]*
- 2.5.9 Textured-modified diets (if offered) must be approved by a dietary professional and prepared by employees trained in textured-modified diet preparation. *[Supportive Living Accommodation Standards (13)]*
- 2.5.10 Meal and snack times must be communicated to Residents. Daily meal and snack schedules must be adhered to, except in extenuating circumstances. *[Supportive Living Accommodation Standards (13)]*
- 2.5.11 In-room meal service for ill Residents will be offered for an established time frame, adhering to cross-contamination procedures.

2.6 Documentation Requirements

- 2.6.1 Meals served, including menu substitutions, must be documented daily, and records retained for a minimum of three months or more, as specified by the Site Director. *[Supportive Living Accommodation Standards (14)]*
- 2.6.2 Food temperatures must be monitored and recorded during preparation and at the time of serving to ensure Resident comfort and safety.
- 2.6.3 Resident preferences and needs must be documented to ensure service that meets individual requirements for food and beverages and recorded in a manner that protects the privacy of Residents. *[Freedom of Information and Protection of Privacy Act (FOIP)]*
- 2.6.4 Resident eating habits must be monitored daily and changes in eating habits reported to the Site Director/Designate for follow-up and documentation.
- 2.6.5 Cooler and refrigerator temperatures must be maintained at 4°C (40°F) or less with temperatures documented daily.

- 2.6.6 Freezer temperatures must be maintained at -18°C (0°F) or less with temperatures documented daily.
- 2.6.7 Thermometers in steam tables must be maintained at 60°C (140°F) with temperatures documented prior to meals.
- 2.6.8 Dishwasher temperatures and chemical usage must be documented daily.
- 2.6.9 Use of rodenticides and insecticides in Food Services must be pre-approved by the Director of Operations or Site Director, and documented, including chemical, frequency and method used.

3 Housekeeping Services

3.1 Training

- 1.1.1 Housekeeping Services employees must be trained in housekeeping procedures, Person-Centered Care, Dementia Care, Responsive Behavior, Infection Prevention and Control, Emergency Preparedness, Pandemic Preparedness, Nutrition/Hydration/Choking, Abuse Prevention, Freedom of Information and Protection of Privacy Act (FOIP), and Incident Reporting. *[Supportive Living Accommodation Standards (28, 29), Infection Prevention & Control Manual, CCHSS (9), Occupational Health & Safety Program]*

1.2 Housekeeping Schedules

- 1.2.1 Resident input and feedback must be sought and incorporated into suite cleaning schedules.
- 1.2.2 Cyclical cleaning schedules are to be developed, reflecting site cleaning requirements and Resident preferences. *[Supportive Living Accommodation Standards (3, 15)]*
- 1.2.3 Cleaning schedules must be made available to Residents if requested, and the Residents' input considered. *[Supportive Living Accommodation Standards (15)]*
- 1.2.4 Residents opting to contribute to the daily and ongoing cleaning of their suites must be supported in doing so within any risk management plans, if applicable. Residents must be provided with an applicable and appropriate health and safety orientation. Documentation must reflect arrangements

made with Residents for their participation in regularly scheduled or as needed housekeeping arrangements. *[Supportive Living Accommodation Standards (15)]*

1.3 Site Cleanliness

- 1.3.1 Cleaning supplies must be used following recommended directions.
- 1.3.2 Cleaning supplies must be labeled and stored in a safe manner. *[Supportive Living Accommodation Standards (28)]*
- 1.3.3 Equipment must be kept in good condition and used following safe work procedures as well as any manufacture instructions for safe use. *[Supportive Living Accommodation Standards (28)]*
- 1.3.4 Name tags and clean indoor shoes must be worn by housekeeping staff.
- 1.3.5 Personal Protective Equipment (PPE) must be used when identified as required.
- 1.3.6 Precautions must be taken at all times to ensure the safety of Residents, employees, contract service providers, volunteers, and visitors - e.g. position of cleaning cart must never obstruct hallways and exits, extension cords must never be strung in a manner that presents a hazard.
- 1.3.7 Resident room doors must remain ajar at all times while cleaning services are performed.
- 1.3.8 Every effort to reduce or eliminate unpleasant odors must be taken - e.g. placing lids on garbage containers, increasing cleaning regimen based on Resident needs). *[Supportive Living Accommodation Standards (15)]*
- 1.3.9 Solid waste material within the premises must be removed each day and placed in the designated area outdoors. Indoor waste containers are to be cleaned as per schedule.
- 1.3.10 Use of rodenticides and insecticides in Housekeeping Services must be pre-approved by the Director of Operations or Site Director and documented, including chemical, frequency and method used.

1.4 **Cross Contamination (Refer to 8.11 and Infectious Disease, Infection Prevention & Control Manual)**

- 1.4.1 Employees must adhere to proper hygiene and disease-control procedures to reduce the risk of cross contamination and to prevent/control infection. *[Supportive Living Accommodation Standards (15)]*
- 1.4.2 Cross contamination procedures must be adhered to when changing bed linens, soiled or dirty laundry and towels. *[Supportive Living Accommodation Standards (8, 15)]*

1.5 **Documentation**

- 1.5.1 The daily housekeeping checklists pertaining to cleaning schedules must be completed and made available upon request. "As needed" housekeeping services must be provided and documented. *[Supportive Living Accommodation Standards (15)]*
- 1.5.2 Resident preferences and needs must be documented to ensure service that meets individual requirements - e.g. some Residents require more frequent linen exchange, toiletry replacement and/or garbage disposal - and recorded in a manner that protects the privacy of Residents. *[Freedom of Information and Protection of Privacy Act (FOIP), Supportive Living Accommodation Standards (15)]*
- 1.5.3 Laundry room cleaning schedules and checklists must be completed and made available upon request. *[Supportive Living Accommodation Standards (8)]*
- 1.5.4 Project work and unscheduled required cleaning must be recorded and made available upon request. *[Supportive Living Accommodation Standards (3, 15)]*

1.6 **Laundry Services**

- 1.6.1 An adequate supply of clean, fresh, dry and sanitized towels (if applicable), and common linens must meet daily requirements. *[Supportive Living Accommodation Standards (7)]*
- 1.6.2 Towels and common linens must be in good condition. *[Supportive Living Accommodation Standards (7)]*

- 1.6.3 Bedding, towels and common linens are to be replenished at least once weekly, or as per schedule, and must meet individual Residents' hygienic and personal preferences for replenishing such items, including frequency along with the ability to carry out linen changes independently. Residents opting to manage their personal linen changes must do so within any risk management plans, if applicable. Documentation must reflect arrangements made with Residents for their participation in regularly scheduled linen changes or "as needed" arrangements. *[Supportive Living Accommodation Standards (7)]*
- 1.6.4 Laundry tasks must be performed following cross contamination and infection control procedures. *[Supportive Living Accommodation Standards (7, 8)]*
- 1.6.5 Clean linens must be stored separately from soiled laundry. *[Supportive Living Accommodation Standards (7)]*
- 1.6.6 Laundry tasks must be performed in areas separate from meal service areas.
- 1.6.7 Resident laundry management system guidelines must be developed and adhered to. Documentation must be in place reflecting arrangements made with Residents who opt to provide and launder their own bedding, towels and common linens. *[Supportive Living Accommodation Standards (7, 8, 28)]*

2 Maintenance Services (Refer to Maintenance Services Manual)

2.1 Training

- 2.1.1 Maintenance Services employees must be trained in site maintenance procedures, Person-Centered Care, Dementia Care, Responsive Behavior, Nutrition/Hydration/Choking, Infection Prevention and Control, Emergency Preparedness, Pandemic Preparedness, Abuse Prevention, Freedom of Information and Protection of Privacy Act (FOIP), and Incident Reporting. *[Supportive Living Accommodation Standards (28, 29), Infection Prevention & Control Manual, CCHSS (9), Occupational Health & Safety Program, CICL Employee Orientation]*

2.2 Planned Maintenance Program

- 2.2.1 Requirements specified in government recommended maintenance programs for centralized mechanical and life safety systems - e.g. boilers, furnaces, air conditioners, ventilation systems, exit lights, fire panels - for Supportive Living Facilities must be followed and adhered to. *[Supportive Living Accommodation Standards (3)]*
- 2.2.2 Mechanical and life safety systems must operate within acceptable levels as regulated.
- 2.2.3 All maintenance, repairs or construction must be done to code and carried out by qualified personnel. *[Supportive Living Accommodation Standards (3)]*
- 2.2.4 Maintenance personnel must work within their individual skill set to ensure that work completed is done to code. *[Supportive Living Accommodation Standards (3)]*
- 2.2.5 Equipment must be kept in good condition according to manufacturer standards. *[Supportive Living Accommodation Standards (3)]*
- 2.2.6 Equipment must be used following safe work procedures as well as any manufacturer instructions for safe use. *[Supportive Living Accommodation Standards (3)]*
- 2.2.7 Daily maintenance activities must be recorded in the Maintenance Logbook. Paper-based or electronic stored maintenance records must remain current and be readily available upon request. *[Maintenance Program Checklists, Supportive Living Accommodation Standards (3)]*

2.3 Inspections

- 2.3.1 Inspections must be conducted in adherence to those specified in the Maintenance Program Checklists and site specific inspection schedules. *[Supportive Living Accommodation Standards (3)]*
- 2.3.2 Routine inspections of furniture and equipment must be conducted and documented to prevent and minimize their deterioration. *[Supportive Living Accommodation Standards (3)]*
- 2.3.3 Negative inspection results must be acted upon immediately.

- 2.3.4 Daily boiler temperatures must be recorded and available upon request. *[Supportive Living Accommodation Standard (3)]*

2.4 Real Property Maintenance

- 2.4.1 Ramps for wheelchair access must be built at an acceptable incline. *[Supportive Living Accommodation Standards (2, 3)]*
- 2.4.2 Handrails must be built to code at all stairs, ramps, decks/patios and must be routinely inspected to ensure they are structurally sound. *[Supportive Living Accommodation Standards (2, 3)]*
- 2.4.3 Hallways, stairways, exits and ramps must be kept well-lit and clear of obstructions at all times. *[Supportive Living Accommodation Standards (2, 3)]*
- 2.4.4 Snow must be immediately removed from sidewalks and entrance ways, within reason, to ensure the safety of Residents, employees, contract service providers, volunteers and visitors. Use of de-icing products must be used as per instructions. *[Supportive Living Accommodation Standards (2, 3)]*
- 2.4.5 Grounds must be maintained, kept clean and safe from hazards at all times. *[Supportive Living Accommodation Standards (2, 3)]*
- 2.4.6 Residents may contribute to the outside grounds maintenance program. Residents participating in such activities must be oriented in applicable and appropriate safe work practices.

2.5 Heating and Ventilation Systems

- 2.5.1 Lodge temperatures must be within 22°C to 28°C to support the comfort of the majority of Residents. Temperatures must be consistently maintained within accommodation legislative requirements. Personnel must ensure measures are taken to assist Residents that express dissatisfaction with Lodge or room temperatures. Measures include adherence to the Preventative and Corrective Maintenance Program and provision of fans or heaters if required. Lodge temperatures must be documented daily. *[Supportive Living Accommodation Standards (4)]*

- 2.5.2 Water temperatures must be documented daily by certified maintenance personnel to ensure the proper operation of temperature gauges, water mixing valves and therapeutic tub controls. The tank source temperature must be from 45°C to 60°C. The temperature of the water from faucets must not exceed 49°C. *[Supportive Living Accommodation Standards (3, 21)]*
- 2.5.3 All common area and Resident room hot water faucets must be tested and documented at least twice per year. *[Supportive Living Accommodation Standards (31)]*
- 2.5.4 Water temperatures must be maintained within a range that supports Resident personal safety and safe bathing procedures. The water temperature of tubs and showers must be from 38°C to 43°C. Where water temperature control devices are not in place at the tub/shower outlet, the maximum allowable water temperature before the first bath of the day shall be 49°C. *[Supportive Living Accommodation Standards (21), Safe Bath Delivery Procedure]*
- 2.5.5 Personnel must check and document the temperature of water in therapeutic tubs prior to first use daily, and for each Resident bath or shower in the Tub Room or in the Resident room, to ensure Resident safety. Daily tub temperatures recorded must stay in the Tub Room, and in the Resident room if the bath or shower is given in the Resident room. Personnel required to perform such tasks must be trained in measuring hot water temperatures and know when to contact Maintenance personnel to report undesirable temperatures. *[Safe Bath Delivery Procedure, Supportive Living Accommodation Standards (21)]*
- 2.5.6 Daily monitoring must be conducted to ensure proper site temperatures and air quality is in adherence to government standards and documented. *[Supportive Living Accommodation Standards (4)]*

2.6 Health and Safety

- 2.6.1 Personal Protective Equipment (PPE) must be used when required.
- 2.6.2 Precautions must be taken at all times to ensure the safety of Residents, employees, contract service providers, volunteers and visitors.

- 2.6.3 Maintenance personnel must adhere to proper hygiene and disease-control procedures to minimize cross contamination and prevent/control infection.
- 2.6.4 Maintenance personnel must be trained in confined spaces and must work under supervision when in a confined space.
[Supportive Living Accommodation Standards (28)]
- 2.6.5 Maintenance personnel must be equipped with a communication device at all times.

References

Accommodation Standards and Licensing – Alberta Health - 2015
AUPE Collective Agreement (*Where Applicable*)
Care and Support Services Manual
Continuing Care Health Service Standards – Alberta Health/AHS - 2018
Employee Handbook
Infection Prevention & Control Manual
Emergency Preparedness Manual
End-of-Life/Palliative Care Manual
Human Resources Manual
Maintenance Services Manual

Occupational Health & Safety Manual
Resident Services Manual

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