

Seal of Approval

Introductory Package



BC SENIORS LIVING ASSOCIATION

Innovation and Excellence in Seniors' Residences

The BC Seniors Living Association Seal of Approval program was developed by the Ontario Retirement Communities Association (ORCA) and amended by the BCSLA. This material must not be duplicated without the written permission of both ORCA and the BCSLA.

Standards Matter

Statement of Purpose

By *“Raising the Bar”* to achieve the
Seal of Approval

BCSLA members will show a commitment
to provide Service Standards of

Excellence

Integrity

Leadership

&

True Passion

for our residents of today and tomorrow

BCSLA, working with a team of industry leaders, has developed a set of standards and best practices for the Seal of Approval program.

In the eyes of the consumer, clients, residents, and the public at large, your membership with BCSLA will mean Service of the Highest Standard.

These standards have been identified as essential to the safe operation of a seniors living community and the safety of the residents that reside there.

In order to receive the Seal of Approval within your membership of BCSLA, a senior living community must comply with all of the standards at their first survey and each additional survey, which will be scheduled every two years.

This short overview is designed to provide a general overview and understanding of the process. The full 68 page detailed Assessment Tool will be sent to you upon your site registering to be surveyed. Please call BCSLA at 604-689-5949 to register your site and to have detailed questions answered.

The Survey Process

The survey process involves the following steps:

Before the Survey Day:

- At least 8 weeks prior, your residence receives a copy of the Assessment Tool which must be completed in preparation for survey day.
- Surveyor will contact you prior to your survey day to discuss details. Residences are encouraged to contact their Surveyor or the BCSLA office with any questions.

During the Survey Day:

- Surveyor inspects your residence and rates it using the Assessment Tool (see details of the survey day agenda following). The Surveyor will list any recommendations and will describe the steps that must be taken to meet any standards in non-compliance on an action plan along with time frames for compliance.

Post Survey Day:

- BCSLA sends your residence a report indicating whether you have attained approval. This report is usually sent within 3 weeks from the survey day. Your Assessment Tool will be photocopied and returned to your residence along with your Seal of Approval Plaque.

How to Complete the Assessment Tool

- The Assessment Tool is sent to you at least 8 weeks prior to the survey along with a format for a typical survey day and summary of documents and manuals that the Surveyor will need to review.
- Thoroughly review the Assessment Tool.
- Work with your Management Team and staff to complete the Assessment Tool.
- Meet on a regular basis with your team to review the standards.
- Review the format for the day with all personnel involved.
- Make available all documentation as listed on the Agenda.
- Ensure that the Administrator/designate (person authorized) **signs** the Declaration of Accuracy upon completion of the entire Assessment Tool and this is returned along with the Assessment Tool to the Surveyor.
- On survey day, the Surveyor will select three resident files to review on-site. It is recommended that you have all your residents sign the Resident Consent Form. Please note that the Surveyor may request to review additional resident files on-site if necessary.
- Ensure that you fill out the information on the cover page as to the person(s) that should receive the report and certificate.
- Ensure that payment for the survey is made prior to the survey (if applicable).

You are asked to complete the Assessment Tool ahead of time to assist you to thoroughly prepare for the survey. If you have any questions, call the BCSLA office and you will be directed to an appropriate person for assistance.

Survey Day Agenda

The daily schedule of a survey will vary for each residence. The following is a general guideline. Expect a full day (8:30 am - 5:00 pm). One Surveyor will be conducting the Seal of Approval Standards Survey.

Private Area - assign a private area for the survey day to conduct the meetings and have all documentation available in this room for review. The exit interview will also be held here.

8:30 – 8:45 **Meet and Greet:** Surveyor meets with the Administrator and management team for introductions to explain how the day will unfold. The residence should be prepared to provide the Surveyor with a brief overview of its operations, including population served, the array of services provided, the objectives of the organization, etc.

Please note advance notice should be given to the Surveyor if other attendees from outside the residence will be present. The extent of involvement is at the discretion of the Surveyor.

8:45 – 9:45 **Basic walk-through of the Residence**
A quick walk around the residence will allow the Surveyor to get a feel for your community. This will also help the Surveyor identify items quickly when the policies review begins.

9:45 – 11:30 **Policy review with the Administrator and Review of Documentation:**

- Surveyor will verify documentation/policies by checking the verification box.
- All manuals (containing policies for review) and documentation should be placed in the private area and flagged for easy reference.
- Organizing your manuals is key to ensuring a smooth and efficient review of your documentation.
- For further ease of locating policies, residences should complete the Reference (name of binder) and Page No. (of policy) in the right hand box area following each standard. Surveyor will verify documentation seen by checking "documentation" in the right hand box.

BCSLA does not specify any one system but can provide some suggestions to assist in the process.

11:30 – Noon **Resident and Staff Files Review**
Surveyor will review random files as required within the survey sections.

12:00 – 1:00 **Lunch**
Surveyor eats in dining room and meets with the management teams. If applicable, those staff members present may be asked interview questions.

1:00 - 2:00 **In-depth Tour**
Surveyor tours residence and meets with departmental staff in their own areas. Tour includes observation of all areas. Surveyor reviews areas identified in the standards to be verified as "Visual" during this time. Some of these areas may include but are not limited to:

- Storage areas and maintenance
- Chemical supplies
- BCSLA Certificates - membership
- Exit signs, pull station directions, fire exits
- Fire directions in residents' rooms (if applicable)
- Internal Emergency Response System
- Safety bars
- No doorways blocked
- Sample a resident's suite
- Temperatures posted
- Refrigeration thermometers
- Food storage areas
- General cleanliness
- Bulletin board with OH&S and WHMIS information

2:00 – 2:30 **Resident Meet and Greet**
This time may vary depending on the afternoon tea time for the residents. The afternoon gathering of the residents is a perfect time for the Surveyor to meet and informally chat with them.

2::30 – 3:00 **Wrap Up**
Meeting with Administrator to clarify outstanding issues or questions.
At this time, the organization can respond to any recommendations.

3:00 - 4:15 **Exit Interview** with Administrator/designate and departmental heads
The exit interview is held with the manager and department heads. A representative from the corporate office/owner is welcome to attend.

The purpose of this interview is for the Surveyor to provide immediate feedback concerning the strengths of the operations in relation to the standards and to identify areas that will be put forward as recommendations*. You are encouraged to take notes at this time as your report will be sent out in approximately 6 weeks.

Exit Interview Form

The Surveyor will leave a form with you listing recommendations discussed at the exit interview. The residence and Surveyor should sign this form to ensure agreement on recommendations discussed.

**IMPORTANT NOTE - RESIDENCES ARE NOT REQUIRED TO USE ANY ONE SYSTEM.
PLEASE ORGANIZE IN A WAY THAT IS SUITABLE TO YOU.**

Below are some key documents that will be reviewed.

- Mission Statement
- Organization Chart
- Manuals
- Assisted Living Information Package
- Residency Agreement
- Copy of License, if applicable
- Fire Inspection Report, Fire Plan
- Public Health Report
- Marketing Information, eg. brochure
- Activity Calendar
- Sample of Menus
- Committee Minutes including Residents' Council and Health and Safety

As requested by Surveyor, random samplings of:

- 3 resident files (with consent forms)
- 3 – 5 personnel files to verify - orientation checklists, performance review process, qualifications, WHMIS, OH&S

Action Plan Form

- If a residence does not meet with one or more standards, the Surveyor will leave an Action Plan Form with the residence. The Surveyor will inform BCSLA of this action plan.
- Return your completed action plan to BCSLA by fax (604-689-5946) or email membership@bcsla.ca within the specified time frame of the Surveyor.
- BCSLA will only contact you if 1) they have not received the action plan; or 2) they require further documentation to support the plan; or 3) the action plan is not approved.
- **Follow Up Questionnaire** – The Surveyor will leave a questionnaire with you following the survey requesting feedback on the Surveyor and the process. Please fax to BCSLA not more than three weeks after the survey.



Safety



Infection Control



Staff Training



Resident Services



Assisted Living

Seal of Approval

Standards



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Standards Matter

SAFETY

- 1.01 There is a Fire Safety Plan that is approved by the Local Fire Official, Implemented, kept in the building in an approved location, and includes the following:
- (a) The emergency procedures to be used in case of fire including sounding the fire alarm, notifying the fire department, provisions for access for fire fighting, instructing occupants on procedures to be followed when the fire alarm sounds, evacuating endangered occupants, and confining, controlling, and extinguishing the fire
 - (b) The appointment and organization of designated supervisory staff and designated staff to carry out fire safety duties
 - (c) The instruction of supervisory staff and other occupants so that they are aware of their responsibilities for fire safety
 - (d) The holding of fire drills including the emergency procedures appropriate to the building and in compliance with the local fire department regulations
 - (e) The control and storage of fire hazards in the building
 - (f) The maintenance of building facilities provided for the safety of occupants
 - (g) The provision of alternative measures for the safety of occupants during any shutdown of fire protection equipment and systems or part thereof
 - (h) Instructions, including schematic diagrams, describing the type, location, and operation of building fire emergency systems
 - (i) Fire Plan emergency systems are communicated through orientation to residents, staff, and volunteers based on district requirements and should include frequency of any tests and fire drills
- 1.02 There is written evidence that at least one fire drill is held monthly or as required by the local fire department regulations.
- (a) Reports on the results of the fire drills include:
 - Date, time, and shift
 - Staff in attendance
 - Problems identified
 - Recommendations and follow-up actions to correct deficiencies
 - (b) The fire drills are planned to include practice of the procedure on all shifts on a regular basis throughout the year or in accordance to local fire department regulations
 - (c) Staff attendance at fire drills is recorded on a master attendance sheet so that, at least annually, all staff have the opportunity to test their knowledge of the fire drill procedures.
 - (d) The above are in compliance with the WorkSafeBC and the Assisted Living Registrar (if applicable) standards
 - (e) Horizontal or zone full evacuation are practiced annually or as per the local fire department regulations (best practice model only)
- 1.03 Directions for action in the event of a fire are posted by each fire pull station or in a designated accessible area in accordance to the local fire department regulations.
- 1.04 There is written evidence that a designated staff member:
- (a) Monthly checks and/or inspects fire extinguishers and hoses in accordance with the local fire department regulations.
 - (b) Monthly tests the emergency generator (if applicable) and the emergency lighting and maintains records of the inspection, performance, exercise periods, and repairs.
 - (c) Ensures staff are consist with checking the exits lights, fire alarm system panel (light on), and that all exits are clear on their regular walk-through. Should there be any problems, they are reported, corrected, and documented

- 1.05 Corridors have clearly marked exits with lighted signs.
- 1.06 Access to stairwells and exits is free of obstruction and flammable materials.
- 1.07 There is recorded evidence that a certified third party inspector has inspected and issued a certificate for:
 - (a) The fire detection system and safety equipment within the past year and all deficiencies are followed-up
 - (b) Where there is a fixed extinguishing system for a kitchen hood it has been inspected semi-annually and all deficiencies are followed-up
 - (c) Where there is a generator to provide power in the event of a power outage it has been inspected annually and all deficiencies are followed-up
- 1.08 There is a policy and procedure in place and included in the orientation of staff to ensure staff know how to respond to emergency procedures.
- 1.09 There are written procedures that clearly outline how the residence monitors resident presence and well-being. These procedures indicate search procedure if the resident is deemed missing.
- 1.10 There is a written policy and procedure in place to direct staff in all departments outlining the procedure to be followed for the expected or unexpected death of a resident.
- 1.11 There is a written policy and procedure in place for responding to both extreme hot and cold weather conditions, if applicable for your area.
- 1.12 The grounds and building are maintained and are kept free of potential safety objects and hazards.
- 1.13 There is a system in place for identifying needed repairs and maintenance.
- 1.14 Elevators shall be maintained under a monthly maintenance contract. Annual operating licenses must be displayed.
- 1.15 Dishwasher wash and rinse temperatures are posted and staff are aware of temperatures and chemical requirements.
- 1.16 There is written verification that food temperatures are monitored daily for all meals. (Variations may apply.)
 - (a) Hot food is served at a minimum of 140 F or 60 C
 - (b) Cold food is served at 40 F or 4 C
- 1.17 Food Storage principles are adhered to in accordance to the Food Safety Act.
- 1.18 Food Preparation principals are adhered to in accordance to the Food Safety Act.
- 1.19 There is a written policy on smoking in accordance to the current local bylaws.
- 1.20 There must be a policy(s) in place to ensure standards are met in conjunction with the WorkSafeBC, Occupational Health and Safety Act, and Workers Compensation Act:
 - (a) If more than 20 employees, there is an OH&S Committee, and:
 - (i) The OH&S Committee meets quarterly, or best case, monthly
 - (ii) The deliberations of the OH&S Committee meetings are documented and posted for the staff to review
 - (iii) There is a visual inspection of one area of the workplace monthly so that the entire residence is completed on an annual basis

OR

 - (b) If less than 20 employees, one employee is designated as the OH&S representative with one other employee trained as a back-up, and:
 - (i) There is a visual inspection of one area of the workplace monthly so that the entire residence is completed on an annual basis

- 1.21 The Workplace Hazardous Materials Information System (WHMIS) requirements are adhered to in accordance to their standards.
- (a) The OH&S representative will also represent the WHMIS requirements.
 - (b) Applicable staff receive WHMIS training as part of orientation and then annually thereafter
 - (c) Decanting and labelling requirements are adhered to
 - (d) MSDS sheets are available for all hazardous products
 - (e) Staff are provided with required protective equipment as needed
 - (f) Eye wash stations are provided
- 1.22 There is a First Aid Attendant on every shift with basic First Aid certification in accordance to WorksafeBC standards.
- 1.23 All residence's chemicals are stored in locked or supervised areas when not in use to ensure that it is not accessible to the residents.
- 1.24 There are appropriate devices in place to ensure and promote the safety of the residents.
- 1.25 There is a scheduled plan for the annual cleaning of the dryer vents both in the common area and in the resident suites (if applicable).
- 1.26 There is a Resident Bus Policy (if applicable) and documentation in place to ensure:
- (a) The bus is inspected semi-annually by an authorized mechanic in accordance with the BC Motor Vehicle Act
 - (b) The driver performs pre-vehicle inspections weekly as outlined in the ICBC Road Sense Guide for commercial vehicles
 - (c) The bus will be driven by an employee qualified under BC law and possessing the appropriate operator's license, currently class 4
 - (d) There is an Evaluation Bus Driver's Policy and all drivers are oriented on this policy semi-annually
- 1.27 There is a Bus Outing Policy in place to ensure the safety of the residents, and all staff is trained on these policies prior to hosting outings.

INFECTION CONTROL

- 2.01 There is a program in place to encourage immunization of all staff and residents against influenza.
- 2.02 An outbreak contingency plan is in place to define, identify, and manage an infectious outbreak that includes the following:
 - (a) Definition of an outbreak as required by the local health department
 - (b) Notification of Public Health Department.
 - (c) Reporting and documentation
- 2.03 Protective equipment is available or readily accessible if staff precautions are required in the process of isolation.
- 2.04 There are written policies and procedures in place to direct staff in all departments on preventing cross contamination that includes:
 - (a) Handling soiled linens and protection of uniform
 - (b) Separation of dirty and clean items in all departments
- 2.05 There is a written policy stating that should the residents use needles, they must be disposed of appropriately
- 2.06 There is a policy and procedure regarding proper hand washing in accordance to the local health authority standards.
- 2.07 There are infection control policies and procedures in place that are evident during food preparation and service, that include:
 - (a) Hand washing
 - (b) Separation of clean/dirty dishes during service
 - (c) Disposal of left-over food
 - (d) Adherence to cleaning schedules/sanitation practices
- 2.08 All Public Health inspection report recommendations are acted on.

RESIDENT SERVICES

- 3.01 There is indoor and outdoor space that meets the needs of the residents for:
- (a) Privacy
 - (b) Socializing
- 3.02 The residence shall maintain the following advanced directives for all residents:
- (a) Name of next of kin and/or responsible party
 - (b) Power of attorney for finance and/or care, if applicable
 - (c) Consent for release of information in accordance with the Personal Information Protection Act (PIPA)
 - (d) Consent to release information from the BCSLA survey
- 3.03 On moving in, the resident and/or family will receive a tour of the residence and a full orientation to the residence staff and services. The orientation package will include the following:
- (a) Resident responsibilities
 - (b) Introduction to key personnel, explanation of the amenities and hospitality services available
 - (c) Meal choices and times, if applicable
 - (d) Use of the emergency response system
 - (b) Fire and safety procedures
 - (c) Residents' Council or similar forum, if applicable
 - (d) Residents' complaints procedure
- 3.04 An invoice/statement of all debits and credits regarding additional monthly services is communicated to the residents and/or a responsible party monthly.
- 3.05 Where the residence is contracting outside services to provide services on property, there must be written proof of a valid current license and/or certificate of competency.
- (a) Ensure such provider has liability insurance for services provided (best practices only)
- 3.06 There is a written agreement between the resident and the residence that reflects the details of contract to provide living and hospitality services. The agreement should reflect:
- (a) The rates for the type of accommodation requested
 - (b) The notice period and details of the situations pertaining enacting termination of the agreement by the residence
 - (c) The required 30-day notice period given by the resident to terminate the agreement
 - (d) The required notice period to terminate the hospitality services by the resident, if applicable
 - (e) The terms where a vacating resident's unit is occupied within the notice period
 - (f) Procedures for dealing with complaints
- 3.07 Information and rates for optional services will be made available to all residents.
- (a) The notice period for any rate increases for optional services will be provided in writing
- 3.08 Membership in BCSLA certificate, along with 'Seal of Approval' plaque, is posted denoting current membership in a clearly visible area.
- 3.09 There are current job descriptions and job routines for each staff category.
- 3.10 There is a confidential personal record for each staff member and pre-employment references are obtained and documented, as well as a criminal record check completed, prior to commencement of employment.
- 3.11 There are rotational menus based on Canada's Food Guide that provide balanced nutrition, visual appeal, and variety to residents.

- 3.12 The menus are:
- (a) Available for resident information
 - (b) Prepared to provide alternate entrée choices at each meal
 - (c) Posted for current day
- 3.13 There are policies for acceptable standard attire or uniforms for food service staff.
- 3.14 There are recreation programs that meet residents' needs, which includes the following types of activities:
- (a) Days, evening, and/or weekend programs
 - (b) Celebration of special events and programs that respond to the residents
 - (c) Exercise programs
 - (d) Education programs
 - (e) Special interest activities or hobbies
- 3.15 There are regular forums, which facilitate open communication between residents and management.
- 3.16 There is an organized regular housekeeping and laundry service that maintains a clean and safe environment and staff is provided with equipment and supplies appropriate for the delivery of these services.
- 3.17 There is a regular organized maintenance service which also includes a preventative maintenance program in place to ensure a safe and secure environment.

STAFF TRAINING

- 4.01 There is a written orientation program which includes customer service, handling complaints, dealing with medical emergencies, and WorkSafe BC, WHMIS, and OH&S training to initiate new staff to the residence, all aspects of their job, and emergency procedures.
- 4.02 There is a staff development program and continuing education program for staff that is responsive to the changing needs of the residents such as Fire Safety, WHMIS, OH&S, Prevention of Elder Abuse, Dealing with Aggressive Residents, Infection Control, and the Assisted Living Registrar's complaint process.
- 4.03 There is a written policy and procedure in place for staff to deal with suspected or witnessed resident abuse and aggressive behavior that includes:
 - (a) Definitions and indicators of psychological abuse, financial abuse, physical abuse, and neglect
 - (b) Procedures for staff and management to report, document, and investigate
- 4.04 All staff involved in food preparation or service shall receive a minimum of one hour in-service on food handling practices and infection control as part of their orientation and training annually. They also must have a Food Safe Certification.

ASSISTED LIVING (if applicable)

Assisted living residences provide seniors with accommodation, hospitality services, and personal assistance within a social framework that supports the principles of choice, privacy, independence, individuality, dignity, and respect.

- 5.01 All assisted living units within the residence are registered with the Office of the Assisted Living Registrar
- 5.02 The prescribed services offered within the assisted living units are clearly identified:
- (a) Review documentation to ensure the residents are receiving the services that are listed
 - (b) Complete a random check of 10% of the personal service plans
- 5.03 There is evidence that policies, procedures, and protocols governing the service delivery model within the residence uphold the principles of choice, privacy, independence, individuality, dignity, and respect.
- Review policies and procedures. Note there may be three or four ways to assess this depending on the residence as follows:
- (a) The company philosophy/vision should reflect the principles of the residence
 - (b) The philosophy/vision statement should be posted for viewing by the residents and family
 - (c) The philosophy/vision statement should be in the resident service plan binders or given to the resident as part of the entrance package
 - (d) The yearly Resident's Satisfaction Survey results and/or minutes of the resident meeting should be reviewed
- 5.04 The residence has policies and procedures to support and uphold the Health and Safety Standards of the Office of the Assisted Living Registrar, including:
- (a) Service planning and personal support plan
 - (b) Complaints resolution/management
 - (c) Resident eligibility, move-in and move-out
 - (d) Personal assistance services
 - (e) Medication services
 - (f) Serious incident reporting
 - (g) Meal services and food safety
- 5.05 Where medication management is one of the prescribed services as per the Assisted Living Registrar standards, the pharmacy provides approved guidelines for the following:
- (a) Provision, use and control of prescribed pharmaceuticals
 - (b) Administration of medications
 - (c) Safe storage
 - (d) Information and education of the medication for staff and residents, wherever applicable
 - (e) Applicable to Levels 1 – 3
- 5.06 There is a policy and procedure that ensures documentation of all medications monitored (as per Level 3) or administered by staff of the residence.
- 5.07 Review the Performance Management Framework in place for the contracted service provider to ensure they follow the same guidelines set forth by the Assisted Living Registrar.
- (a) Review contracted service providers own company contracts that may already be in place
 - (b) Review the contracted service provider and the resident's contract to ensure the standards of the Assisted Living Registrar are being met
 - (c) Review documentation that an orientation has been provided to the contracted service provider

- 5.08 The residence maintains accurate personal service records for all assisted living residents.
- (a) Review documentation of the last review date of the Personal Assistance Plan
 - (b) If not already in place, suggest a six month review of their Personal Assistance Plan with each resident with a validated date and signature as a best practice
- 5.09 Staff providing personal services possess appropriate education and training.
- 5.10 Where residents are receiving personal assistance covered by the Personal Assistance Guidelines (MoH / 2008), the residence employs or contracts with a professional nurse for the provision of delegated and assigned tasks.
- 5.11 The residence maintains records of all tasks delegated to non-professional staff under the Personal Assistance Guidelines.
- 5.12 There is evidence the professional nurse responsible for delegating and/or assigning tasks to non-professional staff conducts regular assessments of all residents receiving these services.
- 5.13 The residence holds regular scheduled meetings with residents to provide opportunities for input into service delivery and matters within the residence that affect their day-to-day life.
- 5.14 The residence has a quality improvement program that includes
- (a) Documentation of statistics related to complaints, medication errors, falls, move-ins and move outs (including reasons)
 - (b) Resident and family satisfaction surveys conducted, at minimum, annually
 - (c) Staff satisfaction surveys conducted, at minimum, annually
- 5.15 There is evidence within the residence that data and information gathered through the quality improvement program is reviewed regularly and that changes are implemented and evaluated where appropriate.



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