



OFFICE OF THE  
**SENIORS** ADVOCATE  
BRITISH COLUMBIA

B R I T I S H C O L U M B I A  
**Long-Term Care Facilities  
Quick Facts Directory**

2020

S U M M A R Y R E P O R T

# Summary Highlights, 2019/20

## Facility Characteristics

- The *British Columbia Long Term Care Quick Facts Directory* contains information on 296 long-term care facilities that have 27,505 publicly subsidized beds; 109 (8,918 beds) are operated directly by a health authority and 187 (18,587 beds) are operated by a contractor with funding from the health authorities.
- 89% of the rooms in long-term care are single-occupancy rooms, 7% are double-occupancy, and 4% are multi-bed rooms (3 or more beds).
- 76% of residents reside in single-occupancy rooms. In health authority owned facilities, 57% of residents reside in single-occupancy rooms compared to 85% in contracted facilities.

## Resident Demographics and Care Needs

- The average age of residents in long-term care facilities is 84 years old, with 55% aged 85 or older and 6% younger than 65; 64% of residents are female.
- 31% of residents are totally dependent on staff for their activities of daily living (ADL 5+), such as bathing, getting dressed, and getting out of bed.
- 29% of residents have severe cognitive impairment (CPS 4+).
- 48% of residents are assessed as “low” on the social engagement scale (ISE 0-2).
- The overall average length of stay in long-term care was 834 days; the length of stay was shorter in health authority owned facilities (773 days) and longer in contracted facilities (869 days).

## Funding of Long-Term Care Facilities

- On average, facilities were funded for 3.28 direct care hours per bed per day in 2019/20, a 0.9% increase over 2018/19.
- The number of facilities now meeting the 3.36 guideline increased from 30% in 2018/19 to 50% in 2019/20; 100% of health authority owned facilities met the guideline, but only 22% of contracted facilities met this funding level in 2019/20.
- The average actual raw food cost in B.C. increased 3.3% from the previous year to \$8.38 per bed per day with a range across all facilities of \$4.34 to \$17.22.
- The average per diem rate, which is the total funding provided per bed, per day, was \$231.76 (a 4.6% increase), with a range across all contracted facilities of \$199.79 to \$299.36.

## Care Services and Quality Indicators

- 10% of residents received physical therapy, 30% received recreation therapy, and 6% received occupational therapy. The provision of physical therapy and occupational therapy are on a decreasing five-year trend, while recreation therapy increased during this same time.
- After a decreasing trend since 2015/16, the proportion of residents taking antipsychotics without a diagnosis of psychosis increased 0.8% in 2019/20 to 24.2%.
- The proportion of residents diagnosed with depression (23.3%) and the proportion receiving antidepressant medication (48.6%) changed very little in 2019/20 from the previous year. Both continue to be slightly higher in health authority owned facilities than in contracted facilities.
- The rate of residents with daily physical restraints (7%) has remained unchanged for three years.
- Influenza vaccinations decreased in 2019/20 from 2018/19; 85% of residents were vaccinated (2% decrease) while only 69% of health care workers were vaccinated (5% decrease).

## Inspections, Complaints and Reportable Incidents

- In 2019/20, 83% of long-term care facilities in B.C. had an inspection compared to 90% in 2018/19. Overall, there were 687 inspections conducted with 1,175 licensing infractions found. Most of the infractions found related to records & reporting (19%), care & supervision (19%), the physical environment (16%), and staffing (16%).
- There were 195 substantiated complaints in 2019/20, a 17% increase from 2018/19. The rate of substantiated complaints per 1,000 beds in health authority owned facilities (3.7) increased 6% while it increased by 20% in contracted facilities (8.4).
- Incident reporting changed this year to include all reportable incidents listed in the *Residential Care Regulation*. In 2019/20, the total number of reportable incidents (17,909) decreased by less than 1% and the reportable incidents per 100 beds (66.1) decreased 2% from the previous year.

# Introduction

The Office of the Seniors Advocate (OSA) publishes the *British Columbia Long-Term Care Facilities Quick Facts Directory* (QFD) annually. It is designed to be a centralized resource for seniors, their caregivers and members of the public who are seeking information about individual publicly subsidized care homes in B.C. The QFD includes not only basic information such as room configuration, languages spoken by staff, information about where food is prepared and food costs, but also offers an opportunity to see how the facility is doing in terms of care quality indicators such as the use of medications, restraints and access to therapies. The QFD also includes results of the OSA's 2017 *Residential Care Survey*, which reflect the opinions of residents and their family members about their experience of care. (Note: Survey results are not discussed in this summary.)

New content in this year's QFD include:

- more complete incident reporting, and
- influenza vaccination coverage for residents and health care workers in long-term care.

Changes in the QFD this year include:

- The Hamlets at Vernon, Kootenay Street Village, Oxford Senior Care, and Suncrest Retirement Community have been added.
- Special care units are no longer reported as a separate facility but are included within the facility data. This affects Berkley Care Centre, Fair Haven Vancouver and Harmony Court Care Centre.
- The Priory is reported as one facility rather than separating Heritage Woods and Hiscock.
- William Rudd House has been removed from the directory as the focus of this facility is not for seniors but for younger adults with chronic physical challenges.
- Inglewood Care Centre was sold to Baptist Housing and changed from private for-profit to private not-for-profit.
- Tsawaayuus – Rainbow Gardens is now licensed under the *Community Care and Assisted Living Act (CCALA)*. It was previously licensed under the *Hospital Act*.

# Long-Term Care Facilities

The QFD contains information on 296 care facilities that provide long-term care for seniors. Of these facilities, 109 (8,918 beds) are operated directly by a health authority and 187 (18,587 beds) by a contractor with funding from the health authority for a total of 27,505 subsidized beds. Overall, 89% of rooms are single occupancy, but 76% of residents live in single occupancy rooms. There is a difference in room configurations with fewer single occupancy rooms in health authority owned facilities than in contracted facilities; only 57% of residents in health authority owned facilities live in single occupancy rooms while 85% of residents in contracted facilities live in single rooms.

## Long-Term Care Facility Demographics, 2015/16-2019/20

Indicator	2015/16	2016/17	2017/18	2018/19	2019/20
Number of facilities	295	293	293	293	296
Number of publicly subsidized beds	26,743	27,142	27,028	27,214	27,505
Percent single occupancy rooms	87%	87%	88%	88%	89%
Percent double occupancy rooms	9%	9%	8%	8%	7%
Percent multi-bed rooms	4%	4%	4%	4%	4%
Percent of residents in single occupancy rooms	72%	72%	72%	73%	76%

## Long-Term Care Facility Demographics by Facility Ownership Type, 2018/19-2019/20

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Number of facilities	111	182	293	109	187	296
Number of publicly subsidized beds	8,962	18,252	27,214	8,918	18,587	27,505
Percent single occupancy rooms	76%	92%	88%	79%	93%	89%
Percent double occupancy rooms	11%	7%	8%	10%	6%	7%
Percent multi-bed rooms	12%	1%	4%	11%	1%	4%
Percent of residents in single occupancy rooms	54%	81%	73%	57%	85%	76%

## Who is living in care?

People who are admitted to long-term care are assessed at admission and regularly throughout their residency. These assessments focus on a range of aspects for each individual, including cognition (memory and judgment), how independently they are able to perform what are known as the activities of daily living (ADLs) such as bathing and dressing, and whether or not the individual displays challenging behaviours (wandering, aggression). Data from these assessments are used to develop care plans and build a picture of the health care needs of an individual resident or a group of residents in areas such as frailty and cognitive impairment.

Understanding the resident population is important information for government, health authorities and facility operators for budgeting and planning purposes. Understanding the needs of a group of residents provides opportunity to determine staffing models, recreation activities and even improvements to the building and furnishings to best meet the needs of the residents. For seniors and their caregivers, it is important to understand the differences in populations as they are considering what facility may best suit their needs. The data below outline the key characteristics of people living in long-term care in B.C. and highlight some differences between resident populations in health authority owned sites and contracted sites.

### Resident Demographics

Overall, there is little difference in the average age of people in long-term care, but contracted facilities have more residents aged 85 or older (57% vs. 51%) while health authority owned facilities have more residents aged under 65 (7% vs. 5%). Almost two-thirds of residents in both ownership groups were female.

#### Resident Demographics in Long-Term Care, 2015/16-2019/20

Indicator	2015/16	2016/17	2017/18	2018/19	2019/20
Average Age	84	84	84	84	84
% of residents 85+	56%	56%	56%	56%	55%
% of residents <65	5%	5%	5%	6%	6%
% residents that are female	66%	65%	65%	65%	64%

**Resident Demographics in Long-Term Care by Facility Ownership Type, 2018/19-2019/20**

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Age	83	84	84	83	84	84
% facilities above B.C.	30%	54%	45%	31%	54%	45%
% facilities below B.C.	70%	46%	55%	69%	46%	55%
% of residents 85+	52%	57%	56%	51%	57%	55%
% facilities above B.C.	39%	64%	55%	35%	60%	51%
% facilities below B.C.	61%	36%	45%	65%	40%	50%
% of residents <65	7%	5%	6%	7%	5%	6%
% facilities above B.C.	50%	25%	34%	50%	27%	36%
% facilities below B.C.	51%	75%	66%	51%	73%	65%
% residents that are female	64%	65%	65%	64%	65%	64%
% facilities above B.C.	47%	56%	53%	45%	57%	52%
% facilities below B.C.	53%	44%	47%	55%	44%	48%

**Care Needs of Residents**

There are several measures that can be used to determine the complexity and frailty of the resident population. This summary highlights three different indicators: Case Mix Index, the Activities of Daily Living scale, and the Cognitive Performance Scale. Regardless of which indicator is used, there is a consistent theme that health authority owned facilities care for more complex and frail residents than do contracted facilities.

The Case Mix Index (CMI) is a standardized method for calculating the intensity of resources required to meet the needs of a resident and reflects a measure of clinical complexity of the resident population. A higher score indicates that a greater intensity of resources is required to meet the needs of the resident population. In 2019/20, health authority owned facilities demonstrated a slightly more complex resident population, with an average CMI of 0.59 vs. 0.57 in contracted facilities.

The Activities of Daily Living (ADLs) refer to essential self-care tasks, such as bathing, dressing, and going to the bathroom. Impairment in ADLs is measured on a seven-point scale, where a higher score indicates greater degrees of impairment. In 2019/20, health authority owned facilities demonstrated a higher proportion of residents who require significant support in ADLs at 36% vs. 29% in contracted facilities.

**Complexity of Residents in Long-Term Care, 2015/16-2019/20**

Indicator	2015/16	2016/17	2017/18	2018/19	2019/20
Average Case Mix Index (CMI)	0.58	0.58	0.58	0.58	0.58
Percent of residents totally dependent in activities of daily living (ADL 5+)	30%	30%	30%	30%	31%



**Complexity of Residents in Long-Term Care by Facility Ownership Type, 2018/19-2019/20**

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Case Mix Index (CMI)	0.59	0.57	0.58	0.59	0.57	0.58
% facilities above B.C.	41%	34%	37%	40%	34%	36%
% facilities below B.C.	59%	66%	63%	60%	66%	64%
Percent of residents totally dependent in activities of daily living (ADL 5+)	35%	29%	30%	36%	29%	31%
% facilities above B.C.	57%	40%	46%	54%	40%	45%
% facilities below B.C.	43%	60%	54%	46%	60%	55%

The Cognitive Performance Scale (CPS) is a seven-point scale that measures a person's cognitive status based on several indicators, including daily decision making and short-term memory. A higher score indicates greater impairment, which may be a result of dementia, an acquired brain injury or other conditions. In 2019/20, the proportion of residents with a high CPS score in health authority owned facilities (30%) was slightly higher than in contracted facilities (28%). In contrast, contracted facilities have a higher proportion of residents with dementia (66%) than health authority owned facilities (59%).

**Cognitive Impairment in Long-Term Care, 2015/16-2019/20**

Indicator	2015/16	2016/17	2017/18	2018/19	2019/20
Percent of residents with severe cognitive impairment (CPS 4+)	30%	30%	29%	29%	29%
Percent of residents with dementia	63%	63%	64%	64%	64%

**Cognitive Impairment in Long-Term Care by Facility Ownership Type, 2018/19-2019/20**

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Percent of residents with severe cognitive impairment (CPS 4+)	30%	28%	29%	30%	28%	29%
% facilities above B.C.	52%	44%	47%	53%	44%	47%
% facilities below B.C.	48%	56%	53%	47%	56%	53%
Percent of residents with dementia	59%	66%	64%	59%	66%	64%
% facilities above B.C.	45%	59%	53%	39%	61%	53%
% facilities below B.C.	55%	41%	47%	61%	39%	47%

The Index of Social Engagement (ISE) is a measure of how connected or engaged a resident might be, considering things like interacting with others, engaging in planned or structured activities, and taking part in group activities. Higher scores indicate a higher level of social engagement and lower scores indicate potential social isolation. In 2019/20, average ISE scores per facility ranged from 0.70 to 5.50 across all facilities. The average ISE score was slightly lower this year in health authority owned facilities (2.68) than in contracted facilities (2.71). Almost half of all residents had a low sense of social engagement; even though residents are living in a communal environment, they may still feel isolated and lonely.

### Social Engagement in Long-Term Care, 2015/16-2019/20

Indicator	2015/16	2016/17	2017/18	2018/19	2019/20
Average Index of Social Engagement (ISE)	2.68	2.71	2.71	2.72	2.70
Percent of residents with low ISE (0-2)	49%	48%	48%	48%	48%

### Social Engagement in Long-Term Care by Facility Ownership Type, 2018/19-2019/20

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Index of Social Engagement (ISE)	2.73	2.71	2.72	2.68	2.71	2.70
% facilities above B.C.	55%	46%	50%	49%	44%	46%
% facilities below B.C.	45%	54%	50%	51%	56%	54%
Percent of residents with low ISE (0-2)	48%	48%	48%	49%	48%	48%
% facilities above B.C.	44%	47%	46%	46%	47%	47%
% facilities below B.C.	56%	53%	54%	54%	53%	53%

The measure used for physically abusive behaviour looks for this type of behaviour occurring at least once in the seven days prior to assessment. The percent of residents exhibiting physically abusive behaviour was 9% in 2019/20. It was slightly higher in contracted facilities (10%) vs health authority owned facilities (7%).

### Physically Abusive Behaviour in Long-Term Care, 2015/16-2019/20

Indicator	2015/16	2016/17	2017/18	2018/19	2019/20
Percent of residents with physically abusive behaviour	9%	8%	9%	9%	9%

### Physically Abusive Behaviour in Long-Term Care by Facility Ownership Type, 2018/19- 2019/20

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Percent of residents with physically abusive behaviour	7%	10%	9%	7%	10%	9%
% facilities above B.C.	24%	48%	39%	30%	52%	44%
% facilities below B.C.	76%	52%	61%	70%	48%	56%

In 2019/20, the average length of stay was 843 days, and over the last five years it fluctuated only slightly, except for a low of 798 in 2016/17. Average length of stay was shorter in health authority owned facilities (766 days) than in contracted facilities (888 days).

### Average Length of Stay (days) in Long-Term Care, 2015/16-2019/20

Indicator	2015/16	2016/17	2017/18	2018/19	2019/20	% change from last year
Fraser Health	906	822	827	819	833	1.7%
Interior Health	702	706	721	664	763	14.9%
Northern Health	1,114	1,088	1,039	1,069	1,060	-0.9%
Vancouver Coastal Health	957	914	985	1,002	1,036	3.4%
Vancouver Island Health	758	727	761	829	759	-8.4%
<b>B.C.</b>	<b>836</b>	<b>798</b>	<b>823</b>	<b>828</b>	<b>843</b>	<b>1.8%</b>

### Average Length of Stay (days) in Long-Term Care by Facility Ownership Type, 2018/19-2019/20

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Length of Stay	728	885	828	766	888	843
% facilities above B.C.	55%	77%	69%	49%	60%	56%
% facilities below B.C.	45%	23%	31%	51%	40%	44%

In 2019/20, the median length of stay was 485 days, fluctuating only slightly over the last five years. Median length of stay was shorter in health authority owned facilities (383 days) than in contracted facilities (545 days).

### Median Length of Stay (days) in Long-Term Care, 2015/16-2019/20

Indicator	2015/16	2016/17	2017/18	2018/19	2019/20	% change from last year
Fraser Health	596	486	460	467	451	-3.4%
Interior Health	382	402	372	339	444	31.0%
Northern Health	808	782	841	902	799	-11.4%
Vancouver Coastal Health	539	523	572	563	636	13.0%
Vancouver Island Health	403	424	423	436	459	5.2%
<b>B.C.</b>	<b>476</b>	<b>460</b>	<b>452</b>	<b>446</b>	<b>485</b>	<b>8.7%</b>

### Median Length of Stay (days) in Long-Term Care by Facility Ownership Type, 2018/19-2019/20

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Median Length of Stay	327	527	446	383	545	485
% facilities above B.C.	44%	59%	53%	47%	55%	52%
% facilities below B.C.	56%	41%	47%	53%	45%	48%

# Funding in Long-Term Care Facilities

Subsidized long-term care facilities in B.C. receive funding from health authorities to provide care for people with complex care needs who can no longer live independently. Funding amounts include health authority funding and resident contributions (co-payments). The Directory reports on funding for direct care hours, raw food costs and per diem rates.

## Direct Care Hours

Direct care hours are delivered by nursing staff, care aides, and allied health care workers, such as physical, occupational or recreational therapists, speech language pathologists, social workers and dietitians. The Ministry of Health set a guideline that residents in long-term care facilities should receive at least 3.36 hours of direct care daily. Currently, some facilities are funded at levels that may not meet this guideline. This office reports on the funded direct care hours but cannot validate if the funded hours are the same as the actual hours delivered. Note that Bella Coola General Hospital (VCHA), and R.W. Large Memorial Hospital (VCHA) do not report direct care hours as it is difficult to separate long-term care amounts from acute care budgets at these small hospitals.

In 2019/20, the average funded direct care hours increased 0.9% over the previous year to 3.28 hours per bed per day. Contracted facilities (3.19) still lag those owned by the health authorities (3.47). Funded direct care hours by facility range from a low of 2.58 hours in Vancouver Coastal Health to a high of 7.65 hours in Northern Health.

The number of facilities now meeting the 3.36 guideline increased from 30% in 2018/19 to 50% in 2019/20; 100% of health authority owned facilities met the guideline, but only 22% of contracted facilities met this funding level. Funding for direct care hours increased at 104 (35%) facilities, decreased at 41 (14%) facilities and remained the same at 147 (50%) facilities across the province.

### Average Funded Direct Care Hours in Long-Term Care, 2016/17-2019/20

Indicator	2016/17	2017/18	2018/19	2019/20	% change from last year
Fraser Health	3.05	3.05	3.23	3.25	0.6%
Interior Health	3.18	3.18	3.31	3.35	1.2%
Northern Health	3.37	3.50	3.47	3.45	-0.6%
Vancouver Coastal Health	3.02	3.08	3.18	3.22	1.3%
Vancouver Island Health	3.19	3.16	3.24	3.29	1.5%
<b>B.C.</b>	<b>3.11</b>	<b>3.13</b>	<b>3.25</b>	<b>3.28</b>	<b>0.9%</b>

### Facilities Meeting Provincial Direct Care Hours Guideline by Facility Ownership Type, 2018/19-2019/20

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
<b>Fraser Health</b>						
Average funded direct care hours	3.44	3.17	3.23	3.50	3.18	3.25
Number of facilities reporting	14	66	80	14	66	80
Percent of facilities meeting guideline	57%	36%	40%	100%	38%	49%
<b>Interior Health</b>						
Average funded direct care hours	3.33	3.29	3.31	3.41	3.30	3.35
Number of facilities reporting	39	38	77	39	40	79
Percent of facilities meeting guideline	38%	8%	23%	100%	10%	54%
<b>Northern Health</b>						
Average funded direct care hours	3.48	3.38	3.47	3.46	3.37	3.45
Number of facilities reporting	22	2	24	22	2	24
Percent of facilities meeting guideline	100%	100%	100%	100%	100%	100%
<b>Vancouver Coastal Health</b>						
Average funded direct care hours	3.38	3.09	3.18	3.53	3.10	3.22
Number of facilities reporting	14	39	53	14	39	53
Percent of facilities meeting guideline	21%	13%	15%	100%	21%	42%
<b>Vancouver Island Health</b>						
Average funded direct care hours	3.32	3.20	3.24	3.45	3.21	3.29
Number of facilities reporting	18	40	58	18	40	58
Percent of facilities meeting guideline	22%	3%	9%	100%	5%	34%
<b>B.C.</b>						
Average funded direct care hours	3.38	3.18	3.25	3.47	3.19	3.28
Number of facilities reporting	107	185	292	107	187	294
Percent of facilities meeting guideline	49%	19%	30%	100%	22%	50%

#### Notes:

2018/19: Cariboo Place and Kootenay Street Village are new facilities with no data in 2018/19.

2018/19 and 2019/20: Bella Coola General Hospital and R.W. Large Memorial Hospital do not report direct care hours because the amounts are difficult to separate from global budgets.

**Number of Facilities Where Funded Direct Care Hours Changed between 2018/19 and 2019/20**

Indicator	Increase in DCH	Decrease in DCH	No Change in DCH	Unknown Change in DCH*	Total Facilities
Fraser Health	9	0	71	0	80
Interior Health	32	1	44	2	79
Northern Health	5	14	5	0	24
Vancouver Coastal Health	29	19	5	2	55
Vancouver Island Health	29	7	22	0	58
<b>B.C.</b>	<b>104</b>	<b>41</b>	<b>147</b>	<b>4</b>	<b>296</b>

Notes: \*Unknowns include the following facilities:

Interior Health: Cariboo Place and Kootenay Street Village are new facilities with no data in 2018/19.

Vancouver Coastal Health: Bella Coola General Hospital and R.W. Large Memorial Hospital do not report direct care hours because the amounts are difficult to separate from global budgets.

## Food Services

Raw food cost includes the daily food and dietary supplements for the residents of care facilities and is calculated per bed per day. The cost of preparing and serving the food is not included. Facilities may spend more on raw food than they are funded for. Amounts reported in the QFD are actual expenditures.

In 2019/20, the actual raw food cost increased 3.3% from the previous year to \$8.38 per bed per day. There was significant variation among facilities, ranging from an overall low of \$4.34 to a high of \$17.22. Health authority owned facilities spend more on average (\$9.16) than contracted facilities (\$8.02). This pattern is true for all health authorities.

**Average Actual Raw Food Costs per Bed per Day in Long-Term Care, 2017/18-2019/20**

Indicator	2017/18	2018/19	2019/20	% change from last year
Fraser Health	\$7.72	\$7.66	\$8.08	5.5%
Interior Health	\$7.69	\$8.20	\$8.39	2.3%
Northern Health	\$10.44	\$11.26	\$11.07	-1.7%
Vancouver Coastal Health	\$7.77	\$8.00	\$8.35	4.4%
Vancouver Island Health	\$7.82	\$8.12	\$8.24	1.5%
<b>B.C.</b>	<b>\$7.86</b>	<b>\$8.11</b>	<b>\$8.38</b>	<b>3.3%</b>

### Actual Raw Food Costs per Bed per Day in Long-Term Care by Facility Ownership Type, 2018/19-2019/20

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
<b>Fraser Health</b>						
Average actual raw food costs	\$8.02	\$7.55	\$7.66	\$8.43	\$8.02	\$8.08
Range	\$6.67-\$9.87	\$5.21-\$11.74	\$5.21-\$11.74	\$6.97-\$9.63	\$4.34-\$11.44	\$4.34-\$11.44
<b>Interior Health</b>						
Average actual raw food costs	\$8.69	\$7.82	\$8.20	\$8.67	\$8.18	\$8.39
Range	\$6.40-\$10.63	\$5.95-\$12.93	\$5.95-\$12.93	\$6.71-\$10.43	\$5.19-\$14.13	\$5.19-\$14.13
<b>Northern Health</b>						
Average actual raw food costs	\$11.82	\$7.00	\$11.26	\$11.60	\$7.26	\$11.07
Range	\$9.95-\$19.88	\$6.84-\$9.98	\$6.84-\$19.88	\$9.86-\$17.22	\$6.85-\$12.59	\$6.85-\$17.22
<b>Vancouver Coastal Health</b>						
Average actual raw food costs	\$8.57	\$7.77	\$8.00	\$8.76	\$8.18	\$9.35
Range	\$8.02-\$18.69	\$5.93-\$10.59	\$5.93-\$18.69	\$8.24-\$11.69	\$6.25-\$10.72	\$6.25-\$11.69
<b>Vancouver Island Health</b>						
Average actual raw food costs	\$9.20	\$7.64	\$8.12	\$9.44	\$7.71	\$8.24
Range	\$8.16-\$13.16	\$5.93-\$12.35	\$5.93-\$13.16	\$8.49-\$13.57	\$5.16-\$10.32	\$5.16-\$13.57
<b>B.C.</b>						
Average actual raw food costs	\$8.99	\$7.67	\$8.11	\$9.16	\$8.02	\$8.38
Range	\$6.40-\$19.88	\$5.21-\$12.93	\$5.21-\$19.88	\$6.71-\$17.22	\$4.34-\$14.13	\$4.34-\$17.22

Notes: The following facilities did not report food costs in 2019/20: Bradley Center, Cottage and Worthington Pavilions - MSA Hospital, Elim Village - The Harrison / Harrison West, Fraser Hope Lodge, Heritage Village, Suncrest Retirement, The Residence in Mission Community, Bella Coola General Hospital, R. W. Large Memorial Hospital.

## Per Diem Rates

Per diem rates reflect the funding directed to contracted facilities by health authorities. The per diem is a per bed, per day value and includes resident client contributions (co-payments). The per diem rates include items such as staffing costs, food and supply costs, administration, repair and maintenance, housekeeping and landscaping services, property costs and capital. The per diem rate may not represent a contracted facility's total operating revenue. For example, private pay revenue or contributions from an auxiliary fund are not captured. Per diem rates are not reported by health authority owned facilities at this time, as it is challenging to separate long-term care costs from global budgets.

In 2019/20, the average per diem rate increased 4.6% over the previous year to \$231.76. While Vancouver Island Health (\$240.63) had the highest average per diem, Vancouver Coastal Health had the largest increase (5.4%) over the previous year. The average per diem rate ranged from \$199.79 to \$299.36 across all facilities in 2019/20.

### Average Per Diem Rates for Contracted Long-Term Care Facilities, 2016/17-2019/20

Indicator	2016/17	2017/18	2018/19	2019/20	% change from last year
Fraser Health	\$204.36	\$209.98	\$222.89	\$232.49	4.3%
Interior Health	\$199.53	\$203.58	\$210.98	\$219.83	4.2%
Northern Health	\$210.98	\$216.96	\$229.59	\$235.40	2.5%
Vancouver Coastal Health	\$205.72	\$212.58	\$220.19	\$232.04	5.4%
Vancouver Island Health	\$215.95	\$221.28	\$229.57	\$240.63	4.8%
<b>B.C.</b>	<b>\$206.35</b>	<b>\$211.92</b>	<b>\$221.57</b>	<b>\$231.76</b>	<b>4.6%</b>

### Range of Per Diem Rates for Contracted Long-Term Care Facilities, 2017/18-2019/20

Indicator	2017/18	2018/19	2019/20
Fraser Health	\$171.17 - \$239.27	\$198.37 - \$266.69	\$207.15 - \$261.10
Interior Health	\$190.28 - \$216.83	\$195.75 - \$225.19	\$202.93 - \$235.98
Northern Health	\$216.51 - \$216.98	\$224.88 - \$229.84	\$230.68 - \$235.76
Vancouver Coastal Health	\$199.74 - \$281.61	\$207.70 - \$248.86	\$218.37 - \$299.36
Vancouver Island Health	\$181.85 - \$243.60	\$190.75 - \$263.11	\$199.79 - \$275.15
<b>B.C.</b>	<b>\$171.17 - \$281.61</b>	<b>\$190.75 - \$266.69</b>	<b>\$199.79 - \$299.36</b>



## Care Services and Quality Indicators

The Canadian Institute of Health Information (CIHI) collects data from long-term care facilities on a range of care and quality indicators. The OSA's *British Columbia Long-Term Care Facilities Quick Facts Directory* includes information on several of these indicators, including access to rehabilitative therapies, the use of restraints and the use of antipsychotic and antidepressant medications.

### Therapies

Residents in long-term care have access to a range of therapies (for example physical therapy, occupational therapy, and recreational therapy). Therapies available in each facility are determined by the facility based on an assessment of needs and on the availability of therapists. Physical therapy promotes mobility and function and helps residents with issues such as muscle strengthening and balance. Occupational therapists help residents with activities of daily living such as bathing, dressing and eating to improve and maintain independence; they also ensure equipment, such as wheelchairs, are properly fitted. Recreational therapy is different from daily recreation programs. Recreational therapists design group activities and programming for a facility and may also provide individualized recreation-based treatments. These professionals are supported by assistants who help deliver service.

In 2019/20, the proportion of residents receiving

- physical therapy decreased from the previous year one percentage point to 10%,
- recreation therapy increased one percentage point to 30%, and
- occupational therapy decreased one percentage point to 6%.

The five-year trend demonstrates continuing reductions in physical and occupational therapy and an increase in recreation therapy.

#### Therapies on Long-Term Care, 2015/16-2019/20

Indicator	2015/16	2016/17	2017/18	2018/19	2019/20
Physical Therapy	13%	12%	12%	11%	10%
Recreation Therapy	26%	29%	29%	29%	30%
Occupational Therapy	8%	8%	7%	7%	6%

A comparison by facility ownership demonstrates that a greater proportion of residents in health authority owned facilities received physical and occupational therapy while the residents in contracted facilities receive slightly more recreation therapy.

### Therapies in Long-Term Care by Facility Ownership Type, 2018/19-2019/20

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Physical Therapy	15%	9%	11%	13%	9%	10%
% facilities above B.C.	41%	29%	33%	39%	30%	34%
% facilities below B.C.	59%	71%	67%	61%	70%	66%
Recreation Therapy	32%	28%	29%	29%	30%	30%
% facilities above B.C.	40%	40%	40%	36%	44%	41%
% facilities below B.C.	60%	60%	60%	64%	56%	59%
Occupational Therapy	14%	4%	7%	11%	4%	6%
% facilities above B.C.	37%	14%	23%	38%	20%	26%
% facilities below B.C.	63%	86%	77%	62%	80%	74%

## Antipsychotic and Antidepressant Use

The proportion of residents taking antipsychotics without a diagnosis of psychosis increased slightly from 24.0% in 2018/19 to 24.2% in 2019/20. The rate had been steadily declining in the previous four years. The rate in health authority owned facilities was slightly higher (26.6%) than in contracted facilities (23.1%). The distribution of facilities above and below the B.C. value varies by ownership type with more health authority owned facilities being above the B.C. average.

### Use of Antipsychotics in Long-Term Care, 2015/16-2019/20

Indicator	2015/16	2016/17	2017/18	2018/19	2019/20
% taking antipsychotics without a diagnosis of psychosis	27.1%	25.1%	24.6%	24.0%	24.2%

### Use of Antipsychotics in Long-Term Care by Facility Ownership Type, 2018/19-2019/20

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% taking antipsychotics without a diagnosis of psychosis	26.2%	23.1%	24.0%	26.6%	23.1%	24.2%
% facilities above B.C.	57%	43%	48%	52%	42%	46%
% facilities below B.C.	43%	57%	52%	48%	58%	54%

The proportion of residents diagnosed with depression remained relatively stable at 23.3% in 2019/20 and the proportion receiving antidepressant medication also remained stable at 48.6%. More than twice as many residents are on antidepressants than those with a recorded clinical diagnosis of depression. In contracted facilities, the proportion diagnosed with depression decreased from 23.2% to 22.9% and the proportion receiving antidepressants remained the same at 48.1%. In health authority owned facilities, the proportion diagnosed with depression increased from 23.7% to 24.0% and the proportion receiving antidepressants increased from 49.5% to 50.0%.

**Depression Indicators in Long-Term Care, 2015/16-2019/20**

Indicator	2015/16	2016/17	2017/18	2018/19	2019/20
% diagnosed with depression	23.9%	24.1%	24.1%	23.4%	23.3%
% receiving antidepressant medication	47.5%	47.8%	48.2%	48.5%	48.6%

**Depressions Indicators in Long-Term Care by Ownership Type, 2018/19-2019/20**

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% diagnosed with depression	23.7%	23.2%	23.4%	24.0%	22.9%	23.3%
% facilities above B.C.	50%	45%	47%	55%	47%	50%
% facilities below B.C.	50%	55%	53%	45%	53%	50%
% receiving antidepressant medication	49.5%	48.1%	48.5%	50.0%	48.1%	48.6%
% facilities above B.C.	52%	51%	51%	61%	51%	54%
% facilities below B.C.	48%	49%	49%	39%	49%	46%

**Daily Physical Restraints**

Physical restraints are sometimes used in long-term care to help residents stay safe and reduce the risk of falls. Restraints include limb and trunk restraints and use of a reclining chair from which a resident cannot rise.

The percent of residents with daily physical restraints declined in each year from 9% in 2015/16 to 7% in 2017/18 and remained unchanged at 7% since then. The proportion of residents with daily physical restraints is slightly higher for health authority owned facilities (9%) than for contracted facilities (6%), and more health authority owned facilities are higher than the B.C. average.

**Daily Physical Restraints in Long-Term Care, 2015/16-2019/20**

Indicator	2015/16	2016/17	2017/18	2018/19	2019/20
% of resident with daily physical restraints	9%	8%	7%	7%	7%

**Daily Physical Restraints in Long-Term Care by Ownership Type, 2018/19-2019/20**

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% of resident with daily physical restraints	8%	6%	7%	9%	6%	7%
% facilities above B.C.	54%	39%	44%	48%	38%	41%
% facilities below B.C.	46%	61%	56%	52%	63%	59%

**Influenza Vaccinations**

With diminished immune systems and often multiple co-existing chronic conditions, residents in long-term care are at a high risk of influenza-related complications. One of the ways to increase protection for vulnerable individuals is to vaccinate them against influenza as well as everyone that is close to them. In long-term care, this includes the residents and the health care workers that are caring for them. In 2019/20, 80% of facilities included in the QFD reported statistics on influenza vaccinations for residents and 83% reported statistics on vaccinations for health care workers. Facilities with volumes less than 20 are suppressed and are not included in these calculations. In 2019/20, 7% of facilities had their resident vaccinations suppressed and less than 1% had their staff immunization suppressed.

Overall, for those facilities that reported in 2019/20, 85% of residents and 69% of health care workers were vaccinated for influenza. Both rates dropped from 2018/19, and the drop was evident in both health authority owned and contracted facilities. There were more residents vaccinated in contracted facilities than in health authority owned, but less health care workers.

**Influenza Vaccination Coverage in Long-Term Care by Ownership Type, 2018/19-2019/20**

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% residents vaccinated for influenza	86%	87%	87%	84%	86%	85%
% facilities above B.C.	61%	62%	62%	56%	63%	60%
% facilities below B.C.	39%	38%	38%	44%	37%	40%
% health care workers vaccinated for influenza	78%	73%	74%	72%	68%	69%
% facilities above B.C.	84%	67%	73%	65%	55%	59%
% facilities below B.C.	16%	33%	27%	35%	45%	41%

# Licensing

## Inspections

Long-term care facilities in B.C. are regulated and licensed under the *Community Care and Assisted Living Act* or the *Hospital Act*, whether they receive funding from a health authority or another agency or whether clients pay privately. The Health Authority Community Care Facility Licensing programs issue licenses and conduct regular health and safety inspections to make sure facilities are providing safe care to residents. They may conduct additional inspections required because of complaints received.

In 2019/20, 83% of long-term care facilities in B.C. had an inspection compared to 90% in 2018/19. Overall, there were 687 inspections conducted with 1,175 licensing infractions found. On average, there were less than two infractions found per inspection. Since there is such variation in the number and size of facilities across health authorities, it is more meaningful to compare rates per 1,000 beds. Northern Health and Interior Health had the most infractions per 1,000 beds at 66.1 and 46.3 respectively. Most of the infractions found related to records & reporting (19%), care & supervision (19%), the physical environment (16%), and staffing (16%).

**Facility Inspections in Long-Term Care by Ownership Type, 2018/19-2019/20**

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
<b>Fraser Health</b>						
Number of inspections	30	240	270	44	275	319
Number of licensing infractions found	54	253	307	66	352	418
Infractions per 1,000 beds	29.3	33.8	32.9	36.6	46.0	44.2
<b>Interior Health</b>						
Number of inspections	23	69	92	32	69	101
Number of licensing infractions found	89	169	258	118	168	286
Infractions per 1,000 beds	34.9	49.0	43.0	46.1	46.4	46.3
<b>Northern Health</b>						
Number of inspections	39	2	41	40	1	41
Number of licensing infractions found	132	10	142	69	8	77
Infractions per 1,000 beds	127.4	66.2	119.6	67.9	53.7	66.1
<b>Vancouver Coastal Health</b>						
Number of inspections	30	130	160	39	133	172
Number of licensing infractions found	63	116	179	46	121	167
Infractions per 1,000 beds	34.1	24.8	27.4	24.9	25.8	25.5
<b>Vancouver Island Health</b>						
Number of inspections	45	157	202	18	36	54
Number of licensing infractions found	58	159	217	64	163	227
Infractions per 1,000 beds	34.3	39.9	38.3	37.8	40.5	39.7
<b>B.C.</b>						
Number of inspections	167	598	765	173	514	687
Number of licensing infractions found	396	707	1,103	363	812	1,175
Infractions per 1,000 beds	44.2	35.8	38.4	40.7	40.3	40.4

## Licensing Complaints

Licensing offices in each health authority receive complaints about care and services in facilities. They conduct investigations to determine whether the complaint is substantiated and to identify any licensing infractions. Note that Northern Health does not report complaints for facilities licensed under the *Hospital Act* and Interior Health does not report substantiated complaints for facilities licensed under the *Hospital Act* but does include the count of complaints.

In 2019/20, there were 580 licensing complaints of which 195 (34%) were substantiated resulting in some type of licensing violation. The number of complaints increased by 24% compared to the previous year while the number of substantiated complaints increased by 17%. Both the total complaints and the substantiated complaints per 1,000 beds in Vancouver Island Health (43.0 and 17.1 respectively) are above the provincial averages (20.2 and 7.1 respectively). Interior Health also has a higher rate of complaints (27.0) than the provincial average.

Health authority owned facilities have lower rates of substantiated complaints per 1,000 beds than contracted facilities, 3.7 vs. 8.4 respectively. The rate in health authority owned facilities increased 6% while the rate in contracted facilities increased by 20%.

### Licensing Complaints in Long-Term Care, 2015/16-2019/20

Indicator	2015/16	2016/17	2017/18	2018/19	2019/20
Total complaints	563	432	352	467	580
Total substantiated complaints	207	181	211	167	195
Complaints per 1,000 beds	21.6	16.2	12.3	16.5	20.2
Substantiated complaints per 1,000 beds	7.9	6.8	7.4	5.9	7.1

Notes:

Interior Health: Substantiated complaints are only available for facilities licensed under the CCALA.

Northern Health: Complaints are only available for facilities licensed under the CCALA.

### Licensing Complaints in Long-Term Care by Facility Ownership Type, 2018/19-2019/20

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Fraser Health						
Total complaints	19	110	129	20	108	128
Total substantiated complaints	5	29	34	8	42	50
% substantiated complaints	26%	26%	26%	40%	39%	39%
Complaints per 1,000 beds	10.3	14.7	13.8	11.1	14.1	13.5
Substantiated complaints per 1,000 beds	2.7	3.9	3.6	4.4	5.5	5.3

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Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
<b>Interior Health*</b>						
Total complaints	4	43	47	61	106	167
Total substantiated complaints	1	17	18	4	26	30
% substantiated complaints	25%	40%	38%	7%	25%	18%
Complaints per 1,000 beds	1.6	12.7	7.9	23.8	29.3	27.0
Substantiated complaints per 1,000 beds	0.4	5.0	3.0	2.8	7.4	6.0
<b>Northern Health**</b>						
Total complaints	5	0	5	10	1	11
Total substantiated complaints	5	0	5	7	1	8
% substantiated complaints	100%	n/a	100%	70%	100%	73%
Complaints per 1,000 beds	5.9	0.0	5.8	12.2	52.6	13.1
Substantiated complaints per 1,000 beds	5.9	0.0	5.8	8.5	52.6	9.5
<b>Vancouver Coastal Health</b>						
Total complaints	8	25	33	8	20	28
Total substantiated complaints	2	11	13	1	8	9
% substantiated complaints	25%	44%	39%	13%	40%	32%
Complaints per 1,000 beds	4.3	5.3	5.1	4.3	4.3	4.3
Substantiated complaints per 1,000 beds	1.1	2.3	2.0	0.5	1.7	1.4
<b>Vancouver Island Health</b>						
Total complaints	65	188	253	36	210	246
Total substantiated complaints	18	79	97	8	90	98
% substantiated complaints	28%	42%	38%	22%	43%	40%
Complaints per 1,000 beds	38.4	47.2	44.6	21.3	52.2	43.0
Substantiated complaints per 1,000 beds	10.6	19.8	17.1	4.7	22.4	17.1
<b>B.C.</b>						
Total complaints	101	366	467	135	445	580
Total substantiated complaints	31	136	167	28	167	195
% substantiated complaints	31%	37%	36%	21%	38%	34%
Complaints per 1,000 beds	11.5	18.7	16.5	15.5	22.2	20.2
Substantiated complaints per 1,000 beds	3.5	7.0	5.9	3.7	8.4	7.1

Notes:

\*Interior Health: Substantiated complaints are only available for facilities licensed under the CCALA.

\*\*Northern Health: Complaints are only available for facilities licensed under the CCALA.



## Reportable Incidents

Licensed long-term care facilities are required to report incidents as defined under the provincial *Residential Care Regulation*. Health authority licensing officers respond to these reports inspecting facilities as necessary. Data in previous summary reports produced by this office are not comparable as reportable incidents only included a select list of incidents types. The table below now includes all reportable incidents listed in the *Residential Care Regulation* and 2018/19 was restated for comparison. Note that reportable incidents are not available for Vancouver Island Health *Hospital Act* facilities, but they did report 32 adverse events. These are not comparable to reportable incidents as described in the regulation.

In 2019/20, the total number of reportable incidents (17,909) decreased by less than 1% and the reportable incidents per 100 beds (66.1) decreased 2% from the previous year. The incidents per 100 beds are the highest in Interior Health (88.6) and Vancouver Island Health (66.2) and are lowest in Northern Health (32.6). In B.C. overall, rates of reportable incidents per 100 beds are higher in contracted facilities (67.4) compared to health authority owned facilities (62.9). This same pattern is seen in Fraser Health, Northern Health and Vancouver Coastal Health and is a similar pattern to 2018/19.

### Reportable Incidents in Long-Term Care by Ownership Type, 2018/19-2019/20

Indicator	2018/19			2019/20		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Fraser Health						
Total incidents	949	4,814	5,763	999	4,608	5,607
Total incidents per 100 beds	51.5	64.4	61.8	55.4	60.2	59.3
Interior Health						
Total incidents	2,185	2,700	4,885	2,325	3,149	5,474
Total incidents per 100 beds	85.8	78.3	81.5	90.8	87.0	88.6
Northern Health						
Total incidents	381	56	437	327	53	380
Total incidents per 100 beds	36.8	37.1	36.8	32.2	35.6	32.6
Vancouver Coastal Health						
Total incidents	777	3,317	4,094	867	3,102	3,969
Total incidents per 100 beds	42.1	70.8	62.7	47.0	66.1	60.7
Vancouver Island Health*						
Total incidents	409	2,419	2,828	333	2,146	2,479
Total incidents per 100 beds	83.3	75.3	76.4	67.8	65.9	66.2
B.C.						
Total incidents	4,701	13,306	18,007	4,851	13,058	17,909
Total incidents per 100 beds	60.6	70.1	67.4	62.9	67.4	66.1

Note: Data is not available for *Hospital Act* facilities in Vancouver Island Health and therefore only includes facilities licensed under the *Community Care and Assisted Living Act (CCALA)*.

## Conclusion

The *2020 Long-Term Care Quick Facts Directory* is the sixth edition of information about long-term care homes available to the public. With the addition of 2019/20 data, improvements continue to be seen with increased funded direct care hours, increased expenditures on food, and increased funded per diems. However, the use of antipsychotics without a diagnosis of psychosis has changed little in the past three years and the use of antidepressant medication is slowly increasing. In other areas, such as the use of therapies, there has been little progress; the percent of residents receiving physical and occupational therapy has been declining over the last five years. The newly added information about influenza vaccinations shows that the overall uptake among residents and health care workers has declined.

The QFD provides an objective, standardized statement for a variety of measures related to quality in B.C. long-term care homes. To make meaningful improvements, we need to identify systemic themes and measure progress. The QFD provides the health authorities with the ability to achieve this and it is providing openness and transparency to the public, which is the foundation needed for seniors and their loved ones to have confidence in their public long-term care system.

This Directory requires all care homes to submit and review data and requires staff at the health authorities, the Ministry of Health, the Canadian Institute for Health Information (CIHI) and the B.C. Centre for Disease Control (BCCDC) to provide detailed information. Without their contributions, the QFD would not be possible and we thank them all for their efforts.

# Appendix

Regulation categories for long-term care facilities under the *Community Care and Assisted Living Act*.

## Part 1 – Definitions, Exemptions and Other Matters

- Definitions
- Types of Care
- Exemptions by medical health officer
- Variations from prior approvals
- Applications under this regulation

## Part 2 – Licensing

- Applying for a licence
- Continuing duty to inform
- Notice of change of operation
- Liability insurance
- Posting licence and inspection record
- Investigation or inspection

## Part 3 – Facility Requirements

### Division 1 – General Physical Requirements

- Directional assistance
- Accessibility
- Windows
- Temperature and lighting
- Water temperature
- Telephones
- Monitoring, signaling and communication
- Emergency equipment
- Equipment and furnishings
- Maintenance
- Smoking and use of vapour products
- Weapons

### Division 2 – Bedrooms

- Bedroom occupancy
- Physical requirements of bedrooms
- Bedroom floor space
- Bedroom windows
- Bedroom furnishings

### Division 3 – Bathroom Facilities

- Physical requirements of bathrooms
- Bathrooms in facilities other than long-term care facilities
- Bathrooms in long-term care facilities

### Division 4 – Common Areas and Work Areas

- Dining areas
- Lounges and recreation facilities
- Designated work areas
- Outside activity areas

## Part 4 – Staffing Requirements

### Division 1 – General Staffing Requirements

- Character and skill requirements
- Additional criminal record checks
- Continuing health of employees
- Continuing monitoring of employees

### Division 2 – Coverage and Necessary Staff

- Management and supervisory staff
- Staffing coverage
- Employee trained in first aid
- Food services employees
- Employee responsible for activities

## Part 5 – Operations

### Division 1 – Admission and Continuing Accommodation

- Prohibited service
- Admission screening
- Advice on admission
- Other requirements on admission
- Continuing accommodation

### Division 2 – General Care Requirements

- Emergency preparations
- Harmful actions not permitted
- Privacy
- General health and hygiene
- Program of activities
- Identification of persons in care off-site
- Access to persons in care
- Release or removal of persons in care
- Family and resident council
- Dispute resolution
- Self-monitoring of community care facility

### Division 3 – Nutrition

- Menu planning
- Food preparation and service
- Food service schedule
- Participation by persons in care
- Individual nutrition needs
- Eating aids and supplements

### Division 4 – Medication

- Medication safety and advisory committee
- Packaging and storage of medication
- Administration of medication
- Changes to directions for use of medication
- Return of medication to pharmacy

### Division 5 – Use of Restraints

- Restrictions on use of restraints
- When restraints may be used
- Reassessment

### Division 6 – Matters That Must Be Reported

- Notification of illness or injury
- Reportable incidents

## Part 6 – Records

### Division 1 – Records for Each Person in Care

- Records for each person in care
- Records respecting money and valuables of persons in care
- Short-term care plan on admission
- Care plan needed if more than 30 day stay
- Implementation of care plans
- Nutrition plan
- Use of restraints to be recorded in care plan

### Division 2 – Additional Records

- Policies and procedures
- Repayment agreements
- Records respecting employees
- Food services record
- Record of minor and reportable incidents
- Record of complaints and compliance
- Financial records and audits

### Division 3 – General Requirements Respecting Records

- Currency and availability of records
- How long records must be kept
- Confidentiality

## Part 7 – Transitional

- Transitioned facilities
- Unacceptable threat to health or safety
- Transition – Criminal record check