



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 and Assisted Living Directory

2022

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

Summary Highlights, 2021/22

Long-Term Care Facilities

Facility Characteristics

- The British Columbia Long Term Care and Assisted Living Directory (the Directory) contains information on 294 long-term care facilities that have 27,702 publicly subsidized beds, 109 (8,925 beds) are operated directly by a health authority and 185 (18,777 beds) are operated by a contractor with funding from a health authority.
- In the last year, there has been a reduction in both the number of publicly subsidized facilities (3 fewer) and the number of subsidized beds (229 fewer).
- 90% of the rooms in long-term care are single-occupancy rooms; 7% are double-occupancy, and 3% are multi-bed rooms (3 or more beds). This is unchanged from the previous year.
- 77% of residents reside in single-occupancy rooms. In health authority owned facilities, 57% of residents reside in single-occupancy rooms compared to 86% in contracted facilities.
- The wait time to access a long-term care bed ranged from a low of 49 days in Fraser Health to a high of 266 days in Northern Health.

Resident Demographics and Care Needs

- The average age of residents in long-term care facilities was 83 years, with 53% aged 85 or older and 6% under 65 years; 63% of residents were female.
- 32% of residents were totally dependent on staff for their activities of daily living (ADL 5+), such as bathing, getting dressed, and getting out of bed, meaning the majority of these residents are wheelchair bound. This has increased from 5 years ago when only 30% of clients had scores of ADL 5+.
- 28% of residents had severe cognitive impairment (CPS 4+) which is unchanged from last year and relatively unchanged from 5 years ago (29%).
- 49% of residents were assessed as “low” on the index of social engagement scale (ISE 0-2) and has remained relatively unchanged from 5 years ago (48%).
- The overall average length of stay in long-term care was 851 days (5.5% decrease).



The length of stay was shorter in health authority owned facilities (782 days; 2.1 years) compared to contracted facilities (889 days; 2.4 years). The median length of stay was 496 days (10.6% decrease). The median length of stay was shorter in health authority owned facilities (442 days; 1.2 years) compared to contracted facilities (529 days; 1.4 years).

Funding of Long-Term Care Facilities

- On average, facilities were funded for 3.39 direct care hours per bed per day, a 0.6% increase over 2020/21.
- The number of facilities meeting the 3.36 guideline increased from 83% to 84% in 2021/22; 100% of health authority owned facilities and 74% of contracted facilities met the guideline.
- The average food cost increased 3% from the previous year to \$9.15 per bed per day with a range across all facilities of \$5.89 to \$20.08. The median food cost was \$8.98 per bed per day.
- The average per diem rate, which is the total funding provided per bed to contracted facilities, per day, was \$248.70 (2.4% increase), with a range across all contracted facilities of \$206.60 to \$316.25. The median per diem rate was \$249.83.

Care Services and Quality Indicators

- 11% of residents received physical therapy (10% increase), 30% received recreation therapy (7.1% increase), and 6% received occupational therapy (unchanged). The five-year trend has remained relatively the same in physical, recreation and occupational therapy.
- The proportion of residents taking antipsychotics without a diagnosis of psychosis was 27%, an increase of 3.8% over the previous year and the proportion of residents taking antipsychotics with or without a diagnosis was 34%, an increase of 6.3%. This increased 8.0% and 13.3% compared to 2017/18 respectively.
- The proportion of residents diagnosed with depression (23%) and the proportion receiving antidepressant medication (51%) remained unchanged from 2020/21. Both continue to be slightly higher in health authority owned facilities than in contracted facilities.
- The rate of residents with daily physical restraints (6%) has decreased slightly since 2020/21.
- The rate of residents with falls (13%) and the rate of residents with worsened pressure ulcer (2%) has remained unchanged for five years.

Immunizations

- The rate of influenza vaccinations for residents increased from 89% in 2020/21 to 90%, while the number of health care workers who were vaccinated decreased by 14.3% from 63% in 2020/21 to 54%. There was a significant lower reporting rate of facilities (36%) for influenza vaccinations for health care workers compared to the previous year (71%).
- In 2021/22, 93% of residents were fully vaccinated (plus first booster dose) for COVID-19. The proportion of residents vaccinated is slightly lower in health authority owned facilities (91%) than in contracted facilities (93%). Staff vaccination data are not included in this report as there is a public health order requiring staff who work in long-term care to be vaccinated.

Inspections, Complaints and Reportable Incidents

- 79% of long-term care facilities had an inspection compared to 73% in 2020/21 (8.2% increase). Overall, there were 756 inspections conducted with 1,478 licensing infractions found, an 80% increase from 2020/21. Most of the infractions found related to care and supervision (18%), records and reporting (17%), the physical environment (17%), staffing (16%) and policies (16%).
- Overall, the average risk score for compliance and safety standards was similar in health authority owned facilities (12, low) and contracted facilities (10, low).
- There were 146 substantiated complaints, a 2% decrease from 2020/21. Compared to 2020/21, the rate of substantiated complaints per 1,000 beds increased 23.5% in health authority owned facilities (4.2) and decreased by 6.6% in contracted facilities (5.7).
- The total number of reportable incidents (19,056) increased 40% and the reportable incidents per 100 beds also increased 41.6% from 49.0 in 2020/21 to 69.4 in 2021/22.



Summary Highlights, 2021/22

Assisted Living Residences

This year, the Directory expanded to include information on registered publicly funded assisted living residences (132) that provide assisted living services for seniors in British Columbia. As a start, the information will be similar to those reported in long-term care, however, some information is not available or applicable to assisted living. Future directories will include more information as it becomes available.

Residence Characteristics

- The Assisted Living Directory contains information on 132 residences that provide publicly funded assisted living services for seniors.
- Of these residences, 6 (173 units) are operated directly by a health authority and 126 (4,126 units) by a for-profit or not-for-profit contractor with funding from the health authority for a total of 4,299 units.

Resident Demographics

- The average age of residents in assisted living ranged from 82 to 85 years in four health authorities; it is slightly lower in Interior Health at 77 years.
- The percentage of residents who are female is fairly consistent across the province, ranging from 64% in Northern Health to 70% in Fraser Health.
- The wait times for admission to assisted living varied considerably with the longest average in Northern Health (488 days) being approximately six times as long as the shortest average wait time in Vancouver Coastal Health (81 days).
- The average length of stay in 2021/2022 in assisted living residences varied considerably across health authorities with the shortest length of stay in Northern Health at 916 days and the longest in Vancouver Island Health at 1,328 days.

Funding of Assisted Living Residences

- In 2020/21, the average actual food cost increased 2.3% from the previous year to \$8.44 per unit per day with a range across residences of \$4.87 to \$22.39.
- The average actual food cost increased the most in Fraser Health (6.8%) and the least in Vancouver Coastal Health (3.3%).

Immunizations

- 83% of assisted living residents were vaccinated for influenza, this rate ranges from 80% to 88% across all health authorities.
- 93% of assisted living residents were fully vaccinated (plus first booster dose) for COVID-19, this rate ranges from 88% to 97% across all health authorities.

Inspections, Complaints and Reportable Incident

- There were 45 inspections in 34 (26%) assisted living residences. Vancouver Island Health had the highest number of inspections per 1,000 units at 18.4; more than double the B.C. average of 8 per 1,000 units.
- There were 75 complaints in assisted living residences of which 16 (21%) were substantiated. The provincial average was 13.3 complaints per 1,000 units and 2.8 substantiated complaints per 1,000 units.
- There were 3,579 reportable incidents, approximately 63 incidents per 100 units ranging from 44.2 incidents per 100 units in Northern Health to 93.6 incidents per 100 units in Vancouver Island Health.



Introduction

The Office of the Seniors Advocate (OSA) has published the *British Columbia Long-Term Care Directory* annually. This year, the directory has expanded to include registered publicly funded assisted living residences and will now be referred to as the "*British Columbia Long-Term Care and Assisted Living Directory*". The Directory 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 and assisted living residences in B.C.

The Directory 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 or residence is doing in terms of care quality indicators. For example, in the long-term care section we track the use of medications, restraints and access to therapies. As part of our commitment to reconciliation, our office identified the First Nations territory in which a long-term care facility or assisted living residence operates in and now includes this information in the Directory. The Directory also includes results of the OSA's 2017 Residential Care Survey, which reflect the opinions of residents and their family members about their experience in that particular long-term care home.

New content in this year's directory includes:

- Inclusion of Assisted Living residences
- First Nations territory where the long-term care facility or assisted living residence operates
- The proportion of residents in long-term care taking antipsychotics with or without a diagnosis of psychosis (previously only reported those without a diagnosis)

Changes in the long-term care facility directory this year include:

- West Vancouver Care Centre, Capilano Care Centre, Pine Acres, and Cherington Place facilities closed and were removed from the directory.
- Creekstone Care Centre and the Hamlets at Duncan opened and were added to the directory.
- Delta View Habilitation Centre has merged with Delta View Care Centre.

Long-Term Care Facilities

The Directory contains information on 294 care facilities that provide subsidized long-term care for seniors. Of these facilities, 109 (8,925 beds) are operated directly by a health authority and 185 (18,777 beds) by a contractor with funding from the health authority for a total of 27,702 subsidized beds. Overall, 90% of rooms are single occupancy; 77% of residents live in single occupancy rooms. Overall, 57% of residents in health authority owned facilities live in single occupancy rooms while 86% of residents in contracted facilities live in single rooms.

Long-Term Care Facility Demographics, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22
Number of facilities	293	293	296	297	294
Number of publicly subsidized beds	27,028	27,214	27,505	27,931	27,702
Percent single occupancy rooms	88%	88%	89%	90%	90%
Percent double occupancy rooms	8%	8%	7%	7%	7%
Percent multi-bed rooms	4%	4%	4%	4%	3%
Percent of residents in single occupancy rooms	72%	73%	76%	77%	77%

Long-Term Care Facility Demographics by Facility Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Number of facilities	109	188	297	109	185	294
Number of publicly subsidized beds	8,945	18,986	27,931	8,925	18,777	27,702
Percent single occupancy rooms	81%	93%	90%	81%	93%	90%
Percent double occupancy rooms	8%	6%	7%	9%	6%	7%
Percent multi-bed rooms	10%	1%	4%	10%	1%	3%
Percent of residents in single occupancy rooms	61%	85%	77%	57%	86%	77%



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 was little difference in the average age of people in long-term care, with a slight decline in average age (from 84 to 83 years) in 2021/22. The average age in health authority owned facilities (82) is lower than in contracted facilities (84). Contracted facilities had more residents aged 85 or older (55% vs. 49%) while health authority owned facilities had more residents under age 65 (8% vs. 5%). Almost two-thirds of residents in both ownership groups were female. Health authority owned facilities had slightly more residents in a wheelchair (55% vs 52%).

Resident Demographics in Long-Term Care, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22
Average Age	84	84	84	84	83
% of residents 85+	56%	56%	55%	54%	53%
% of residents <65	5%	6%	6%	6%	6%
% residents that are female	65%	65%	64%	64%	63%
% residents in a wheelchair	52%	52%	52%	52%	53%

Resident Demographics in Long-Term Care by Facility Ownership Type, 2020/21-2021/2

Indicator	2020/2021			2021/2022		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Age	82	84	84	82	84	83
% facilities above B.C.	40%	67%	57%	38%	66%	55%
% facilities below B.C.	60%	34%	43%	62%	34%	45%
% of residents 85+	50%	56%	54%	49%	55%	53%
% facilities above B.C.	34%	64%	53%	34%	60%	50%
% facilities below B.C.	66%	36%	47%	66%	40%	50%
% of residents <65	8%	5%	6%	8%	5%	6%
% facilities above B.C.	49%	28%	36%	50%	27%	35%
% facilities below B.C.	51%	72%	64%	51%	73%	65%
% residents that are female	63%	64%	64%	62%	64%	63%
% facilities above B.C.	42%	57%	51%	39%	58%	51%
% facilities below B.C.	58%	43%	49%	62%	42%	50%
% residents in a wheelchair	54%	51%	52%	55%	52%	53%
% facilities above B.C.	44%	43%	43%	48%	47%	47%
% facilities below B.C.	56%	57%	57%	52%	53%	53%

Wait Time

The wait time is the time it took for the resident to be placed into a facility and is measured from the time a resident is accepted for service until they are admitted to the facility. Many factors affect individual wait times, including the client's specific needs, size of the facility, number of facilities in the community and the number of people waiting. The wait time is calculated for all residents that were admitted in 2021/22. The wait time ranged from 0 days to a maximum of 1,942 days (5.3 years). Wait times are longer in contracted facilities than in health authority owned facilities, but they vary considerably between health authorities. Fraser Health had the lowest average wait time (49 days) and Northern Health had the highest average wait time (266 days).

Average Wait Time (days) in Long Term Care by Facility Ownership Type, 2021/22

Indicator	2021/22		
	Health Authority	Contracted	All Facilities
Interior Health	74	103	87
Fraser Health	33	55	49
Vancouver Coastal Health	45	63	57
Vancouver Island Health	78	129	111
Northern Health	266	275	266



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 2021/22, health authority owned facilities demonstrated a slightly more complex resident population, with an average CMI of 0.59 vs. 0.58 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 2021/22, health authority owned facilities demonstrated a higher proportion of residents who require significant support in ADLs at 38% vs. 30% in contracted facilities.

Complexity of Residents in Long-Term Care, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22
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%	31%	32%	32%

Complexity of Residents in Long-Term Care by Facility Ownership Type, 2020/21-2021/22

Indicator	2020/2021			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Case Mix Index (CMI)	0.59	0.57	0.58	0.59	0.58	0.58
% facilities above B.C.	39%	31%	34%	45%	39%	41%
% facilities below B.C.	61%	69%	66%	55%	61%	59%
Percent of residents totally dependent in activities of daily living (ADL 5+)	37%	30%	32%	38%	30%	32%
% facilities above B.C.	58%	41%	47%	60%	38%	46%
% facilities below B.C.	42%	59%	53%	40%	62%	54%

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 2021/22, the proportion of residents with a high CPS score in health authority owned facilities (30%) was slightly higher than in contracted facilities (27%). In contrast, contracted facilities have a higher proportion of residents with dementia (65%) than health authority owned facilities (59%).

Cognitive Impairment in Long-Term Care, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22
Percent of residents with severe cognitive impairment (CPS 4+)	29%	29%	29%	28%	28%
Percent of residents with dementia	64%	64%	64%	64%	63%

Cognitive Impairment in Long-Term Care by Facility Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Percent of residents with severe cognitive impairment (CPS 4+)	30%	28%	28%	30%	27%	28%
% facilities above B.C.	50%	42%	45%	56%	39%	45%
% facilities below B.C.	50%	58%	55%	44%	61%	55%
Percent of residents with dementia	59%	65%	64%	59%	65%	63%
% facilities above B.C.	44%	58%	53%	45%	63%	56%
% facilities below B.C.	56%	42%	47%	55%	37%	44%

Socialization

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 2021/22, average ISE scores per facility ranged from 0.9 to 5.2 across all facilities. The average ISE score was lower this year in health authority owned facilities (2.61) than in contracted facilities (2.69). Almost half (49%) 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. The lower average ISE during the COVID-19 pandemic in 2020/21 seems to be recovering in 2021/22.



Social Engagement in Long-Term Care, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22
Average Index of Social Engagement (ISE)	2.70	2.71	2.70	2.62	2.66
Percent of residents with low ISE (0-2)	48%	48%	48%	50%	49%

Social Engagement in Long-Term Care by Facility Ownership Type, 2020/21-2021/22

Indicator	2020/2021			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Index of Social Engagement (ISE)	2.60	2.63	2.62	2.61	2.69	2.66
% facilities above B.C.	48%	45%	46%	44%	44%	44%
% facilities below B.C.	52%	55%	54%	56%	56%	56%
Percent of residents with low ISE (0-2)	51%	50%	50%	51%	49%	49%
% facilities above B.C.	46%	50%	49%	52%	47%	49%
% facilities below B.C.	54%	50%	52%	48%	53%	51%

The measure used for physically abusive behaviour of residents 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 2021/22. It was higher in contracted facilities (10%) vs health authority owned facilities (7%).

Physically Abusive Behaviour in Long-Term Care, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22
Percent of residents with physically abusive behaviour	9%	9%	9%	9%	9%

Physically Abusive Behaviour in Long-Term Care by Facility Ownership Type, 2020/21- 2021/22

Indicator	2020/21			2021/22		
	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.	28%	48%	41%	28%	52%	43%
% facilities below B.C.	72%	52%	59%	72%	48%	57%

Length of Stay

In 2021/22, the average length of stay was 851 days (2.3 years) and has decreased since last year by 5.5%. Average length of stay was shorter in health authority owned facilities (782 days; 2.1 years) than in contracted facilities (889 days; 2.4 years).

Average Length of Stay (days) in Long-Term Care, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22	% change from last year
Interior Health	721	664	763	762	760	-0.3%
Fraser Health	825	820	833	912	837	-8.2%
Vancouver Coastal Health	983	999	1,032	1,132	1,008	-11.0%
Vancouver Island Health	762	829	760	781	805	3.1%
Northern Health	1,039	1,066	1,025	1,022	1,067	4.4%
B.C.	822	828	843	901	851	-5.5%

Average Length of Stay (days) in Long-Term Care by Facility Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Length of Stay	803	950	901	782	889	851
% facilities above B.C.	42%	50%	47%	45%	54%	51%
% facilities below B.C.	58%	50%	53%	55%	46%	49%

In 2021/22, the median length of stay was 496 days and decreased by 10.6% over last year. The largest decrease in median length of stay was in Vancouver Coastal Health (-21.1%). Median length of stay was shorter in health authority owned facilities (442 days; 1.2 years) than in contracted facilities (529 days; 1.4 years).

Median Length of Stay (days) in Long-Term Care, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22	% change from last year
Interior Health	375	341	446	448	462	3.1%
Fraser Health	455	470	454	595	486	-18.3%
Vancouver Coastal Health	567	562	626	700	552	-21.1%
Vancouver Island Health	423	436	459	472	469	-0.7%
Northern Health	841	902	726	779	731	-6.2%
B.C.	451	447	485	555	496	-10.6%

Median Length of Stay (days) in Long-Term Care by Facility Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Median Length of Stay	445	607	555	442	529	496
% facilities above B.C.	47%	64%	58%	51%	64%	59%
% facilities below B.C.	53%	36%	42%	49%	36%	41%



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, 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. All health authorities now have an average funded direct care hours measure which meets this guideline, but there are still some individual facilities which do not. The Office of the Seniors Advocate (OSA) 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 2021/22, the average funded direct care hours increased 0.6% over the previous year to 3.39 hours per bed per day. Contracted facilities (3.33) still lag those owned by the health authorities (3.51). Funded direct care hours by facility range from a low of 3.00 hours in certain facilities to a high of 6.62 hours in others.

The number of facilities meeting the 3.36 guideline increased from 83% to 84% in 2021/22; 100% of health authority owned facilities and 74% of contracted facilities met this guideline. Funding for direct care hours increased at 37 (12.6%) facilities, decreased at 11 (3.7%) facilities and remained the same at 240 (81.6%) facilities.

Average Funded Direct Care Hours in Long-Term Care, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22	% change from last year
Interior Health	3.18	3.31	3.35	3.37	3.37	0.0%
Fraser Health	3.05	3.23	3.25	3.37	3.38	0.3%
Vancouver Coastal Health	3.08	3.18	3.22	3.38	3.43	1.5%
Vancouver Island Health	3.16	3.24	3.29	3.37	3.38	0.3%
Northern Health	3.50	3.47	3.45	3.45	3.45	0.0%
B.C.	3.13	3.25	3.28	3.37	3.39	0.6%

Facilities Meeting Provincial Direct Care Hours Guideline by Facility Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Interior Health						
Average funded direct care hours	3.41	3.33	3.37	3.42	3.33	3.37
Number of facilities reporting	39	40	79	39	39	78
Percent of facilities meeting guideline	100%	53%	76%	100%	54%	77%
Fraser Health						
Average funded direct care hours	3.56	3.32	3.37	3.59	3.32	3.38
Number of facilities reporting	15	66	81	15	64	79
Percent of facilities meeting guideline	100%	82%	85%	100%	83%	86%
Vancouver Coastal Health						
Average funded direct care hours	3.55	3.31	3.38	3.67	3.33	3.43
Number of facilities reporting	14	38	52	14	38	52
Percent of facilities meeting guideline	100%	68%	77%	100%	74%	81%
Vancouver Island Health						
Average funded direct care hours	3.47	3.34	3.37	3.45	3.34	3.38
Number of facilities reporting	16	40	56	17	40	57
Percent of facilities meeting guideline	100%	80%	86%	100%	80%	86%
Northern Health						
Average funded direct care hours	3.47	3.37	3.45	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.C.						
Average funded direct care hours	3.49	3.32	3.37	3.51	3.33	3.39
Number of facilities reporting	106	186	292	107	183	290
Percent of facilities meeting guideline	100%	73%	83%	100%	74%	84%

Notes:

Exclusions: 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. Creekstone Care Centre and The Hamlets at Duncan are two new facilities in 2021/22, therefore, no funded direct care hours data as of April 1, 2021 is available .



Number of Facilities Where Funded Direct Care Hours Changed between 2020/21 and 2021/22

Indicator	Increase in DCH	Decrease in DCH	No Change in DCH	Unknown Change in DCH*	Total Facilities
Interior Health	6	0	72	0	78
Fraser Health	7	1	71	0	79
Vancouver Coastal Health	11	6	34	4	55
Vancouver Island Health	4	0	52	2	58
Northern Health	9	4	11	0	24
B.C.	37	11	240	6	294

Notes: **Unknowns include the following facilities:

VCHA: 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. Due to the pandemic, Hamilton Village Care Centre delayed opening and not at full capacity on March 31, 2021; therefore, there is no comparison data for 2020/21. Creekstone Care Centre is a new facility in 2021/22; therefore, there is no comparison data for 2020/21.

VIHA: Due to the pandemic, the Summit delayed opening and residents transitioned to the Summit in July 2020; therefore, there is no comparison data for 2020/21. The Hamlets at Duncan is a new facility in 2021/22; therefore, there is no comparison data for 2020/21.

Food Costs

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 food than they are funded for. Amounts reported in the Directory are actual expenditures.

In 2021/22, the actual food cost increased 3.0% from the previous year to \$9.15 per bed. There was significant variation among facilities, ranging from an overall low of \$5.89 to a high of \$20.08. Health authority owned facilities spent more on average (\$9.87) than contracted facilities (\$8.81).

Average Actual Food Costs per Bed per Day in Long-Term Care, 2018/19-2021/22

Indicator	2018/19	2019/20	2020/21	2021/22	% change from last year
Interior Health	\$8.20	\$8.39	\$9.03	\$9.20	1.9%
Fraser Health	\$7.66	\$8.06	\$8.07	\$8.71	7.9%
Vancouver Coastal Health	\$8.00	\$8.35	\$9.21	\$8.96	-2.7%
Vancouver Island Health	\$8.12	\$8.20	\$8.84	\$9.38	6.1%
Northern Health	\$11.26	\$11.07	\$12.38	\$12.19	-1.5%
B.C.	\$8.11	\$8.36	\$8.88	\$9.15	3.0%

Actual Food Costs per Bed per Day in Long-Term Care by Facility Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Interior Health						
Average actual food costs	\$8.85	\$9.17	\$9.03	\$9.19	\$9.20	\$9.20
Range	\$7.19-\$12.11	\$6.89-\$15.46	\$6.89-\$15.46	\$7.54-\$10.92	\$5.89-\$20.08	\$5.89-\$20.08
Fraser Health						
Average actual food costs	\$7.07	\$8.34	\$8.07	\$8.72	\$8.71	\$8.71
Range	\$6.71-\$7.88	\$5.79-\$18.75	\$5.79-\$18.75	\$8.20-\$10.89	\$6.07-\$14.39	\$6.07-\$14.39
Vancouver Coastal Health						
Average actual food costs	\$9.56	\$9.07	\$9.21	\$9.12	\$8.90	\$8.96
Range	\$8.54-\$12.51	\$6.40-\$13.30	\$6.40-\$13.30	\$8.58-\$12.16	\$6.59-\$12.59	\$6.59-\$12.59
Vancouver Island Health						
Average actual food costs	\$10.22	\$8.22	\$8.84	\$11.12	\$8.61	\$9.38
Range	\$8.78-\$14.39	\$6.13-\$11.80	\$6.13-\$14.39	\$8.87-\$14.81	\$6.05-\$19.26	\$6.05-\$19.26
Northern Health						
Average actual food costs	\$13.04	\$7.69	\$12.38	\$12.68	\$8.08	\$12.19
Range	\$10.19-\$17.41	\$7.42-\$13.59	\$7.42-\$17.41	\$10.17-\$16.85	\$7.49-\$14.72	\$7.49-\$16.85
B.C.						
Average actual food costs	\$9.37	\$8.64	\$8.88	\$9.87	\$8.81	\$9.15
Range	\$6.71-\$17.41	\$5.79-\$18.75	\$5.79-\$18.75	\$7.54-\$16.85	\$5.89-\$20.08	\$5.89-\$20.08

Notes: VIHA resubmitted their food cost for 2020/21.

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 2021/22, the average per diem rate increased 2.4% over the previous year to \$248.70. Vancouver Island Health (\$260.25) had the highest average per diem and the largest increase (3.2%) over the previous year. The average per diem rate ranged from \$206.60 to \$316.25 across all facilities in 2021/22.

Average Per Diem Rates for Contracted Long-Term Care Facilities, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22	% change from last year
Interior Health	\$203.58	\$210.98	\$219.83	\$225.12	\$225.46	0.2%
Fraser Health	\$209.98	\$222.89	\$232.49	\$243.11	\$249.66	2.7%
Vancouver Coastal Health	\$212.58	\$220.19	\$232.04	\$247.58	\$254.32	2.7%
Vancouver Island Health	\$221.28	\$229.57	\$240.63	\$252.27	\$260.25	3.2%
Northern Health	\$216.96	\$229.59	\$235.40	\$243.64	\$247.35	1.5%
B.C.	\$211.92	\$221.57	\$231.76	\$242.90	\$248.70	2.4%

Range of Per Diem Rates for Contracted Long-Term Care Facilities, 2018/19-2021/22

Indicator	2018/19	2019/20	2020/21	2021/22
Interior Health	\$195.75- \$225.19	\$202.93- \$235.98	\$206.60- \$242.32	\$206.60- \$242.32
Fraser Health	\$198.37- \$266.69	\$207.15- \$261.10	\$210.75- \$269.71	\$215.93- \$275.65
Vancouver Coastal Health	\$207.70- \$248.86	\$218.37- \$299.36	\$221.83- \$309.89	\$229.36- \$316.25
Vancouver Island Health	\$190.75- \$263.11	\$199.79- \$275.15	\$212.09- \$286.77	\$227.23- \$294.47
Northern Health	\$224.88- \$229.84	\$230.68- \$235.76	\$237.90- \$244.08	\$241.58- \$247.86
B.C.	\$190.75- \$266.69	\$199.79- \$299.36	\$206.60- \$309.89	\$206.60- \$316.25

Care Services and Quality Indicators

The Canadian Institute of Health Information (CIHI) collects data about long-term care facilities on a range of care and quality indicators. The OSA's British Columbia Long-Term Care and Assisted Living Directory includes information on several of these indicators for LTC, including access to rehabilitative therapies, the use of restraints and the use of antipsychotics and antidepressant medications.

Therapies

Residents in long-term care have access to a range of therapies such as, 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 therapy helps residents with activities of daily living such as bathing, dressing and eating to improve and maintain independence; it also ensures equipment, such as wheelchairs, are properly fitted. Recreational therapy is different from the daily recreational activities provided for entertainment and engagement. 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 2021/22, the proportion of residents receiving

- physical therapy increased from the previous year from 10% to 11%
- recreation therapy increased to 30% from 28% the previous year, and
- occupational therapy remained unchanged at 6%

The five-year trend has remained relatively the same in physical, recreation and occupational therapy.

Therapies in Long-Term Care, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22
Physical Therapy	12%	11%	11%	10%	11%
Recreation Therapy	29%	29%	30%	28%	30%
Occupational Therapy	7%	7%	6%	6%	6%



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

Therapies in Long-Term Care by Facility Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Physical Therapy	11%	10%	10%	10%	11%	11%
% facilities above B.C.	34%	30%	32%	23%	31%	28%
% facilities below B.C.	66%	70%	68%	77%	69%	72%
Recreation Therapy	28%	28%	28%	28%	31%	30%
% facilities above B.C.	34%	42%	39%	37%	45%	42%
% facilities below B.C.	66%	58%	61%	63%	55%	58%
Occupational Therapy	10%	4%	6%	10%	4%	6%
% facilities above B.C.	37%	19%	26%	35%	17%	24%
% facilities below B.C.	63%	81%	74%	65%	83%	77%

Antipsychotic and Antidepressant Use

In 2021/22, the proportion of residents taking antipsychotics without a diagnosis of psychosis increased 3.8% and the proportion of residents taking antipsychotics with or without a diagnosis of psychosis increased 6.3% over the previous year. The use of antipsychotics in long-term care has continued to rise since 2019/20. The rate in health authority owned facilities (% without diagnosis) was higher (30%) than in the contracted facilities (26%).

Use of Antipsychotics in Long-Term Care, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22
% taking antipsychotics without a diagnosis of psychosis	25%	24%	24%	26%	27%
% taking antipsychotics with or without a diagnosis of psychosis	30%	30%	30%	32%	34%

Use of Antipsychotics in Long-Term Care by Facility Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% taking antipsychotics without a diagnosis of psychosis	29%	25%	26%	30%	26%	27%
% facilities above B.C.	58%	41%	47%	57%	37%	45%
% facilities below B.C.	42%	60%	53%	43%	63%	55%
% taking antipsychotics with or without a diagnosis of psychosis	34%	32%	32%	35%	34%	34%
% facilities above B.C.	53%	43%	47%	51%	46%	47%
% facilities below B.C.	47%	57%	53%	50%	54%	53%

The proportion of residents diagnosed with depression remained unchanged at 23% in 2021/22 and the proportion that received antidepressant medication remained at 51%. More than twice as many residents were on antidepressants than those with a recorded clinical diagnosis of depression. Despite the proportion diagnosed with depression remaining stable in both contracted and health authority owned facilities, we see an increase in antidepressant use in both during 2021/22.

Depression Indicators in Long-Term Care, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22
% diagnosed with depression	24%	23%	23%	23%	23%
% receiving antidepressant medication	48%	49%	49%	51%	51%

Depressions Indicators in Long-Term Care by Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% diagnosed with depression	24%	23%	23%	24%	23%	23%
% facilities above B.C.	49%	48%	49%	44%	47%	46%
% facilities below B.C.	51%	52%	52%	56%	53%	54%
% receiving antidepressant medication	53%	50%	51%	54%	51%	51%
% facilities above B.C.	57%	50%	53%	57%	52%	54%
% facilities below B.C.	43%	50%	47%	43%	48%	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 decreased to 6%. The proportion of residents with daily physical restraints is higher for health authority owned facilities (9%) than for contracted facilities (5%).

Daily Physical Restraints in Long-Term Care, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22
% of resident with daily physical restraints	7%	7%	7%	7%	6%

Daily Physical Restraints in Long-Term Care by Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% of resident with daily physical restraints	9%	5%	7%	9%	5%	6%
% facilities above B.C.	56%	31%	40%	59%	30%	41%
% facilities below B.C.	44%	69%	60%	41%	70%	59%

Falls

Falls are the leading cause of injury for seniors and contribute to a significant burden on the health care system. Residents are at a higher risk of falling if they have a history of falls or are taking certain medications. Preventing falls increases the safety and quality of care of residents.

The percent of residents with falls remained the same at 13%. The proportion of residents with falls is slightly higher for contracted facilities (14%) than for health authority owned facilities (11%).

Percent of Residents with Falls in Long-Term Care, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22
% of resident with falls	13%	13%	13%	13%	13%

Percent of Residents with Falls in Long-Term Care by Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% of resident with falls	12%	13%	13%	11%	14%	13%
% facilities above B.C.	38%	47%	44%	31%	54%	45%
% facilities below B.C.	62%	53%	56%	69%	46%	55%

Worsened Pressure Ulcer

Pressure ulcers can happen when a resident sits or lies in the same position for a long period of time. Immobility may be due to many physical and psychological factors, including neurological diseases such as Alzheimer’s and improper nutrition or hydration.

The percent of residents with worsened pressure ulcer remained the same at 2%. The proportion of residents with worsened pressure ulcer is slightly higher for health authority owned facilities (3%) than for contracted facilities (2%).

Percent of Residents with Worsened Pressure Ulcer in Long-Term Care, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22
% of resident with worsened pressure ulcer	2%	2%	2%	2%	2%

Percent of Residents with Worsened Pressure Ulcer in Long-Term Care by Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% of resident with worsened pressure ulcer	3%	2%	2%	3%	2%	2%
% facilities above B.C.	50%	32%	39%	59%	32%	42%
% facilities below B.C.	50%	68%	61%	41%	68%	58%



Vaccinations in Long-Term Care

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 2021/22, 88% of facilities reported statistics on influenza vaccinations for residents and 36% reported statistics on vaccinations for health care workers. Facilities with staff or resident counts less than 20 are suppressed and are not included in these calculations.

Overall, for those facilities that reported in 2021/22, 90% of residents and 54% of health care workers were vaccinated for influenza. This rate increased for residents and decreased for staff from 2020/21. There were more residents vaccinated in health authority facilities than in contracted facilities, but the same percentage of health care workers were vaccinated in both.

Influenza Vaccination Coverage in Long-Term Care by Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% residents vaccinated for influenza	88%	89%	89%	91%	90%	90%
% facilities above B.C.	43%	67%	58%	54%	68%	63%
% facilities below B.C.	57%	33%	42%	46%	32%	37%
% health care workers vaccinated for influenza	63%	64%	63%	54%	54%	54%
% facilities above B.C.	52%	62%	57%	40%	56%	43%
% facilities below B.C.	48%	38%	43%	60%	44%	57%

COVID-19 Vaccinations

COVID-19 is an infection of the airways and lungs caused by the SARS-CoV-2 coronavirus. While some people with COVID-19 may have no symptoms or only mild symptoms, others can require hospitalization and may die. Serious illness is more common in those who are older and those with certain chronic health conditions. It is recommended that adults 65 and over receive the COVID-19 vaccine to prevent severe illness, hospitalization and death. To get the most effective protection against serious cases of COVID-19, initial vaccination series dose and ongoing booster doses are recommended. Staff vaccination data are not included as there is a public health order requiring all staff who work in long-term care to be vaccinated.

Overall, in 2021/22, 93% of residents were fully vaccinated (plus first booster dose) for COVID-19. The percent of residents vaccinated is similar in health authority owned facilities as in contracted facilities.

Resident COVID-19 Vaccination Coverage in Long-Term Care by Ownership Type, 2021/22

Indicator	2021/22		
	Health Authority	Contracted	All Facilities
Interior Health	91%	92%	91%
Fraser Health	87%	93%	92%
Vancouver Coastal Health	94%	95%	95%
Vancouver Island Health	94%	94%	94%
Northern Health	86%	94%	87%
B.C.	91%	93%	93%



Long-Term Care Licensing

Inspections

Long-term care facilities in B.C. are regulated and licensed under the *Community Care and Assisted Living Act (CCALA)* 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 2021/22, 79% of long-term care facilities in B.C. had an inspection compared to 73% in 2020/21 and 83% in 2019/20. Overall, there were 756 inspections conducted with 1,478 licensing infractions found. This is a drastic increase in the number of licensing infractions found from 2020/21 (819 infractions). 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. The provincial average was 51 infractions per 1,000 beds, with Interior Health being the lowest at 36 per 1,000 beds and Northern Health having the most infractions per 1,000 beds at 93. Most of the infractions found related to care and supervision (18%), records and reporting (17%), the physical environment (17%), staffing (16%) and policies (16%).

Facility Inspections in Long-Term Care, 2018/19-2020/21

Indicator	2018/19	2019/20	2020/21	2021/22
Number of inspections	765	687	746	756
Number of licensing infractions found	1,103	1,175	819	1,478
Infraction per 1,000 beds	38	40	28	51

Notes: 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)*.

Facility Inspections in Long-Term Care by Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Interior Health						
Number of inspections	12	55	67	24	57	81
Number of licensing infractions found	33	196	229	93	128	221
Infractions per 1,000 beds	13	54	37	36	36	36
Fraser Health						
Number of inspections	44	141	185	56	230	286
Number of licensing infractions found	52	143	195	110	463	573
Infractions per 1,000 beds	27	19	21	61	61	61
Vancouver Coastal Health						
Number of inspections	66	299	365	53	233	286
Number of licensing infractions found	12	90	102	90	276	366
Infractions per 1,000 beds	7	18	15	50	56	55
Vancouver Island Health*						
Number of inspections	4	42	46	5	30	35
Number of licensing infractions found	12	165	177	42	170	212
Infractions per 1,000 beds	7	41	31	25	42	37
Northern Health						
Number of inspections	79	4	83	61	7	68
Number of licensing infractions found	106	10	116	103	3	106
Infractions per 1,000 beds	105	66	100	102	23	93
B.C.						
Number of inspections	205	541	746	199	557	756
Number of licensing infractions found	215	604	819	438	1040	1478
Infractions per 1,000 beds	24	30	28	49	51	51

Notes: * 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)*.



Risk

Licensing officers conduct risk assessments periodically and these assessments are calculated based on a facility's inspections. The risk assessment uses a non-biased method for classification of infractions observed during routine inspections. The infractions observed during routine inspections are assessed to determine the degree of potential harm. The facility risk rating is based on the risk assessment score and is measured at a low (3-13), medium (14-20) or high (21-40).

The health authorities reported data for 64% of facilities and of those facilities, the average risk score was 10 (a risk rating of low). The average risk score was similar in health authority owned facilities and contracted facilities, with health authority owned and operated facility being slightly higher (12) than the contracted facilities (10).

Average Risk Score in Long-Term Care, 2021/22

Indicator	2021/22		
	Health Authority	Contracted	All Facilities
Interior Health*	11	11	11
Fraser Health	13	10	11
Vancouver Coastal Health	12	8	9
Vancouver Island Health**	n/a	n/a	n/a
Northern Health***	12	n/a	n/a
B.C.	12	10	10

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

**Data is not available for *Hospital Act* facilities in Vancouver Island Health Authority and also not available for the facilities licensed under the *Community Care and Assisted Living Act (CCALA)* due to system transition.

***Only one Northern Health contracted facility reported risk score and therefore the value has been suppressed.

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 2021/22, there were 408 licensing complaints of which 146 (36%) were substantiated and resulted in some type of licensing violation. The number of complaints decreased by 18% compared to the previous year, while the number of substantiated complaints decreased by 2%. Both the total complaints and the substantiated complaints per 1,000 beds in Vancouver Island Health (39.0 and 14.9 respectively) and Northern Health (15.4 and 9.5 respectively) were above the provincial rates per 1,000 beds (14.7 and 5.3 respectively).

Health authority owned facilities have lower rates of substantiated complaints per 1,000 beds than contracted facilities, 4.2 versus 5.7, respectively. Although the provincial substantiated complaint per 1,000 beds remains the same, the rate in health authority owned facilities increased and the rate decreased in contracted facilities, narrowing the gap between them.

Licensing Complaints in Long-Term Care, 2017/18-2021/22

Indicator	2017/18	2018/19	2019/20	2020/21	2021/22
Total complaints	352	467	580	499	408
Total substantiated complaints	211	167	195	149	146
Complaints per 1,000 beds	12.3	16.5	20.2	17.1	14.7
Substantiated complaints per 1,000 beds	7.4	5.9	7.1	5.3	5.3

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

Licensing Complaints in Long-Term Care by Facility Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Interior Health*						
Total complaints	5	76	81	4	22	26
Total substantiated complaints	2	12	14	1	11	12
% substantiated complaints	40%	16%	17%	25%	50%	46%
Complaints per 1,000 beds	2.0	20.9	13.1	2.7	6.3	5.2
Substantiated complaints per 1,000 beds	1.4	3.4	2.8	0.7	3.2	2.4
Fraser Health						
Total complaints	17	94	111	16	83	99
Total substantiated complaints	4	16	20	6	17	23
% substantiated complaints	24%	17%	18%	38%	20%	23%
Complaints per 1,000 beds	9.4	12.3	11.7	8.9	10.9	10.5
Substantiated complaints per 1,000 beds	2.2	2.1	2.1	3.3	2.2	2.4
Vancouver Coastal Health						
Total complaints	2	11	13	12	33	45
Total substantiated complaints	1	5	6	5	12	17
% substantiated complaints	50%	0%	46%	42%	36%	38%
Complaints per 1,000 beds	1.1	2.2	1.9	6.7	6.7	6.7
Substantiated complaints per 1,000 beds	0.5	1.0	0.9	2.8	2.4	2.5



Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Vancouver Island Health						
Total complaints	58	212	270	42	183	225
Total substantiated complaints	12	90	102	13	73	86
% substantiated complaints	21%	42%	38%	31%	40%	38%
Complaints per 1,000 beds	33.9	52.4	46.9	24.5	45.1	39.0
Substantiated complaints per 1,000 beds	7.0	22.3	17.7	7.6	18.0	14.9
Northern Health**						
Total complaints	23	1	24	11	2	13
Total substantiated complaints	7	0	7	7	1	8
% substantiated complaints	30%	0%	29%	64%	50%	62%
Complaints per 1,000 beds	28.2	47.6	28.7	13.4	100.0	15.4
Substantiated complaints per 1,000 beds	8.6	0.0	8.4	8.5	50.0	9.5
B.C.						
Total complaints	105	394	499	85	323	408
Total substantiated complaints	26	123	149	32	114	146
% substantiated complaints	25%	31%	30%	38%	35%	36%
Complaints per 1,000 beds	12.0	19.4	17.1	11.2	16.1	14.7
Substantiated complaints per 1,000 beds	3.4	6.1	5.3	4.2	5.7	5.3

Notes:

* Interior Health: 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. Note that reportable incidents are not available for Vancouver Island Health *Hospital Act* facilities, but they did report 21 adverse events. These are not comparable to reportable incidents as described in the regulation.

In 2021/22, the number of reportable incidents (19,056) rose dramatically, increasing by 40% and exceeding pre-COVID levels. The incidents per 100 beds also increased significantly from 49.0 in 2020/21 to 69.4 in 2021/2022, a 41.6% increase. The incidents per 100 beds are the highest in Interior Health (94.5) and are lowest in Northern Health (48.1). In B.C. overall, rates of reportable incidents per 100 beds are higher in contracted facilities (70.9) compared to health authority owned facilities (65.6). This same pattern is seen in all health authorities.

Total Incidents in Long-Term Care, 2018/19-2021/22

Indicator	2018/19	2019/20	2020/21	2021/22
Total incidents	17,339	17,909	13,565	19,056
Total incidents per 100 beds	60.4	66.1	49.0	69.4

Notes: 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)*.

Reportable Incidents in Long-Term Care by Ownership Type, 2020/21-2021/22

Indicator	2020/21			2021/22		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Interior Health						
Total incidents	1,065	1,449	2,514	2,206	3,636	5,842
Total incidents per 100 beds	41.6	39.8	40.5	84.7	101.5	94.5
Fraser Health						
Total incidents	866	3,924	4,790	1,079	4,585	5,664
Total incidents per 100 beds	47.6	51.2	50.5	59.8	60.4	60.3
Vancouver Coastal Health						
Total incidents	772	2,637	3,409	972	3,247	4,219
Total incidents per 100 beds	41.8	52.9	49.9	54.2	66.2	63.0
Vancouver Island Health*						
Total incidents	298	2,083	2,381	384	2,396	2,780
Total incidents per 100 beds	51.7	60.9	59.6	66.7	69.3	69.0
Northern Health						
Total incidents	407	64	471	469	82	551
Total incidents per 100 beds	40.3	42.4	40.6	46.3	62.1	48.1
B.C.						
Total incidents	3,408	10,157	13,565	5,110	13,946	19,056
Total incidents per 100 beds	43.6	51.5	49.0	65.6	70.9	69.4

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)*.



Assisted Living Residences

Assisted living residences provide housing, hospitality services and personal care services for adults who can live semi-independently and make decisions on their own behalf but require assistance with daily activities due to physical and functional health challenges.

All registered assisted living residences provide the following basic services:

- a private housing unit with a lockable door
- two nutritious meals per day, one of which is the main meal
- access to basic activity programming such as games, music and crafts
- weekly housekeeping
- laundering of towels and linen
- access to laundry equipment for personal use
- heating or cooling as necessary to maintain the safety and basic comfort level of the residence
- a 24-hour emergency response system

In addition, assisted living residences provide one or more of the following services:

- support with activities of daily living (such as eating, meals and snacks, mobility, dressing, grooming, and bathing or personal hygiene)
- assistance with managing medication
- therapeutic diets support
- safekeeping of money and other person property
- behavior management support
- psychosocial (or programming) supports

There is no limit on the number of these services a residence can offer but most assisted living residences offer support with activities of daily living and medication management.

The Directory contains information on 132¹ registered publicly funded residences that provide assisted living services for seniors. In addition, there are assisted living residences which are entirely privately funded and they are not included in this directory. Of the publicly funded residences, 6 (173 units) are operated directly by a health authority and 126 (4,126 units) by a for-profit or not-for-profit contractor with funding from the health authority for a total of 4,299 units. The following table provides a breakdown of the publicly funded assisted living units in the province.

Assisted Living Residence Demographics by Ownership Type and Health Authority, 2021/22

Indicator	Health Authority		Contracted		All Facilities	
	Number of facilities	Number of subsidized units	Number of facilities	Number of subsidized units	Number of facilities	Number of subsidized units
Interior Health			38	926	38	926
Fraser Health			31	1,336	31	1,336
Vancouver Coastal Health	1	30	16	785	17	815
Vancouver Island Health			31	950	31	950
Northern Health	5	143	10	129	15	272
B.C.	6	173	126	4,126	132	4,299

¹ Data received on April 29, 2022, from Ministry of Health, Assisted Living Registrar and from VIHA on May 18, 2022.



Who is Living in Assisted Living?

Assisted living residents in publicly funded residences are distinguished from those living in long-term care or independently in their own homes by a number of significant factors, including:

- They do not require, on a regular basis, unscheduled professional health services
- They are able to make decisions on their own behalf that will allow them to function safely (or have a spouse who can make these decisions for them)
- They are at significant risk in remaining in their current living environment
- They require both hospitality and personal assistance services

Potential assisted living residents must be assessed for eligibility by the Health Authority.

Resident Demographics

The average age of residents in assisted living ranges from 82 to 85 years in four Health Authorities, while it is slightly lower in the Interior Health at 77 years. This reflects the lower percentage of residents above age 85 and higher percentage below age 65 for Interior Health. The percent of residents over age 85 in the remaining health authorities ranges from 48% in Vancouver Island Health to 62% in Northern Health. The percentage of residents who are female is fairly consistent across the province, ranging from 64% in Northern Health to 70% in Fraser Health.

Residents Demographics in Assisted Living, 2021/22

Indicator	Interior Health	Fraser Health	Vancouver Coastal Health	Vancouver Island Health	Northern Health
Average Age	77	83	83	82	85
% Residences above Health Authority	66%	65%	65%	61%	13%
% Residences below Health Authority	34%	36%	35%	39%	87%
% of residents 85+	34%	57%	54%	48%	62%
% Residences above Health Authority	55%	58%	59%	45%	13%
% Residences below Health Authority	45%	42%	41%	55%	87%

Indicator	Interior Health	Fraser Health	Vancouver Coastal Health	Vancouver Island Health	Northern Health
% of residents <65	19%	7%	7%	9%	5%
% Residences above Health Authority	34%	26%	41%	29%	40%
% Residences below Health Authority	66%	74%	59%	71%	60%
% residents that are female	68%	70%	66%	69%	64%
% Residences above Health Authority	58%	48%	77%	61%	47%
% Residences below Health Authority	42%	52%	24%	39%	53%

Wait Time

The wait time in assisted living is the time it takes for the client to be placed into a residence and is measured from the time a client is accepted for service until they are admitted to the residence. Factors which can affect individual wait times include the client's preferred facility, the number of people waiting and the number and size of residences in the client's community. The wait time is calculated for all residents that were admitted within the fiscal year 2021/22.

The wait time ranged from 9 days to a maximum of 1,744 days (4.8 years). Northern Health Authority had the longest average wait time (488 days) and Vancouver Coastal Health had the shortest average wait time (81 days). The median wait time refers to the number of days that half of residents waited before being admitted to the residence. Health authority median wait times ranged from 51 to 410 days. Northern Health Authority had the longest median wait time (410 days) and Vancouver Coastal Health has the shortest median wait time (51 days).

Average Wait Time (days) in Assisted Living, 2021/22

Indicator	2021/22	
	Average Wait Time	Median Wait Time
Interior Health	131	51
Fraser Health	83	75
Vancouver Coastal Health	81	51
Vancouver Island Health	97	76
Northern Health	488	410



Length of Stay

The average length of stay was shorter in Northern Health (916 days) while the average length of stay was longer in Vancouver Island (1,328 days). Only two health authorities have assisted living residences which are health authority owned (Vancouver Coastal and Northern Health) and both had longer average length of stays than their contracted facilities.

Average Length of Stay (days) in Assisted Living, 2021/22

Indicator	Interior Health	Fraser Health	Vancouver Coastal Health	Vancouver Island Health	Northern Health
All Residents	942	1,208	1,322	1,328	916
By Residence					
% Residences above Health Authority	45%	58%	53%	48%	40%
% Residences below Health Authority	55%	42%	47%	52%	60%
By ownership					
Health Authority	n/a	n/a	1,623	n/a	1,041
Contracted	942	1,208	1,291	1,328	882

Funding in Assisted Living Residences

Residences with subsidized assisted living units receive funding from health authorities and from resident contributions (co-payments). Assisted living residents pay a monthly rate based on 70% of after-tax income, subject to a minimum and maximum monthly rate. For 2022, the minimum monthly rate for a single senior receiving assisted living services is \$1,070.90 per month.

Food Costs

Food costs includes the daily food and dietary supplements for the residents in assisted living. The cost of preparing and serving the food is not included. Amounts reported in the Directory are actual expenditures. Vancouver Island Health Authority did not submit food costs. In 2021/22, the average actual food cost increased 2.3% from the previous year to \$8.44 per unit per day. This varies considerably among assisted living residences from a low of \$4.87 to a high of \$22.39. The average actual food cost increased the highest in Fraser Health (6.8%) from the previous year.

Average Actual Food Costs per Unit per Day in Assisted Living by Health Authority, 2020/21- 2021/22

Indicator	2020/21	2021/22	% change from last year
Interior Health			
Average actual food costs	\$7.72	\$8.16	5.7%
Range	\$4.83-\$10.45	\$4.87-\$11.3	
Fraser Health			
Average actual food costs	\$7.63	\$8.15	6.8%
Range	\$4.73-\$13.16	\$5.24-\$16.81	
Vancouver Coastal Health			
Average actual food costs	\$8.14	\$8.41	3.3%
Range	\$5.72-\$14.23	\$6.52-\$15.79	
Northern Health			
Average actual food costs	\$12.98	\$13.47	3.8%
Range	\$7.69-\$24.3	\$9.33-\$22.39	
B.C.			
Average actual food costs	\$8.25	\$8.44	2.3%
Range	\$4.73-\$24.3	\$4.87-\$22.39	

Note: Food cost data was not submitted by Vancouver Island Health Authority.



Vaccinations in Assisted Living

Influenza Vaccinations

Seniors 65 years and older and residents of any age living in residential care, assisted living or other group facilities are people at high risk of serious illness, hospitalization and death from influenza. To increase protection of vulnerable individuals, it is important to vaccinate them against influenza as well as people close to them; this includes residents and health care workers. Note that influenza vaccination information is not available for staff in assisted living residences.

Overall, 83% of assisted living residents were vaccinated for influenza. This rate ranges from 80% to 87% in health authorities.

Resident Influenza Vaccination Coverage in Assisted Living, 2021/22

Indicator	Interior Health	Fraser Health	Vancouver Coastal Health	Vancouver Island Health	B.C.
% AL residents vaccinated for influenza	80%	80%	88%	87%	83%

COVID-19 Vaccinations

Seniors living in congregate living, such as assisted living, are particularly vulnerable to severe outcomes from COVID-19. It is recommended that adults 65 and over receive the COVID-19 vaccine to prevent severe illness, hospitalization and death. To get the most effective protection against serious cases of COVID-19, initial vaccination series dose and ongoing booster doses are recommended. Staff vaccination data are not included as there is a public health order requiring all staff who work in assisted living residences to be vaccinated.

Overall, 93% of assisted living residents were fully vaccinated (plus first booster dose) for COVID-19. This rate ranges from 88% in Interior Health to 97% in Vancouver Coastal Health.

Resident COVID-19 Vaccination Coverage in Assisted Living, 2021/22

Indicator	Interior Health	Fraser Health	Vancouver Coastal Health	Vancouver Island Health	Northern Health	B.C.
% AL residents vaccinated for COVID-19	88%	96%	97%	91%	90%	93%

Assisted Living Licensing

Inspections

Assisted living services in B.C. are regulated under the *Community Care and Assisted Living Act (CCALA)* and the *Assisted Living Regulation*. The legislation and regulation are in place to promote and protect the health, safety and well-being of all residents. The Assisted Living Registry carries out the statutory work of the assisted living registrar under the *CCALA*. All assisted living residences in B.C. must be registered with the Assisted Living Registry, regardless of the form of ownership or funding. The Assisted Living Registry, on behalf of the registrar, functions include registering assisted living residences, establishing and administering health and safety standards and administrative policies and procedures, investigating complaints and inspecting residences.

In 2021/22, there were a total of 45 inspections in 34 (26%) assisted living residences. A residence can have more than one inspection. Vancouver Island Health had the highest number of inspections per 1,000 units at 18.4; more than double the B.C. average of 8 per 1,000 units.

Facility Inspections in Long-Term Care, 2018/19-2020/21

Indicator	Total Inspections	Total Inspections per 1,000 Units
Interior Health	9	6.4
Fraser Health	7	3.9
Vancouver Coastal Health	3	3.3
Vancouver Island Health	23	18.4
Northern Health	3	10.6
B.C.	45	8

Complaints

The Assisted Living Registrar monitors complaints about residences to ensure that they protect the health and safety of residents. If a complaint is substantiated, the registrar will report it on their website together with a detailed explanation of their findings.

In 2021/22, there were 75 complaints in assisted living residences of which 16 (21%) were substantiated. This is equivalent to 13.3 complaints per 1,000 units and 2.8 substantiated complaints per 1,000 units. The lowest number of substantiated complaints were filed in Vancouver Island Health and the highest number in Northern Health.



Complaints in Assisted Living Residences by Health Authority, 2021/22

Indicator	Interior Health	Fraser Health	Vancouver Coastal Health	Vancouver Island Health	Northern Health	B.C.
Total complaints	15	25	10	16	9	75
Total substantiated complaints	1	9	4	0	2	16
% substantiated complaints	7%	36%	40%	0%	22%	21%
Complaints per 1,000 beds	10.6	14.1	10.9	12.8	31.8	13.3
Substantiated complaints per 1,000 beds	0.7	5.1	4.4	0.0	7.1	2.8

Reportable Incidents

A reportable incident is an event in which a resident has been seriously injured or becomes seriously ill or has been adversely affected while receiving assistance or services in assisted living. Under the Assisted Living Regulation, certain serious incidents must be reported within 24 hours to the Assisted Living Registrar.

In 2021/22, there were 3,579 reportable incidents, approximately 63 incidents per 100 units ranging from 44.2 incidents per 100 units in Northern Health to 93.6 incidents per 100 units in Vancouver Island Health. Among these incidents, 1,758 (49%) were illness related and 1,374 (38%) were falls.

Total Incidents in Assisted Living Residences, 2021/22

Indicator	Total Incidents	Total Incidents per 100 Units
Interior Health	1,015	71.7
Fraser Health	841	47.4
Vancouver Coastal Health	425	46.5
Vancouver Island Health	1,173	93.6
Northern Health	125	44.2
B.C.	3,579	63.4

Conclusion

The 2022 British Columbia Long-term Care and Assisted Living Directory is the eighth edition of information about long-term care homes and the first edition of information about assisted living residences available to the public. With the addition of 2021/22 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 and the use of antidepressant medication has changed little in the past two years. In other areas, such as the use of therapies, there has been little progress; the percent of residents receiving physical and recreational therapy has increased only slightly and the percent receiving occupational therapy has remained the same. The information about influenza vaccinations shows that while the rate has increased slightly for clients, the rate for health care workers continues to decline. Both the number of licensing infractions and total number of reportable incidents increased significantly over the previous year.

This year includes 2021/22 baseline data for assisted living residences. While changes in indicators over time is not available yet due to a limited set of information, it is possible to see variations between health authorities for some measures. For example, the wait times for admission, average length of stay and increases in food costs all vary across health authorities.

The Directory provides an objective, standardized statement for a variety of measures related to quality in B.C. long-term care homes and assisted living facilities. To make meaningful improvements, we need to identify systemic themes and measure progress. The Directory 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 British Columbians to have confidence in their public continuing care system. With the addition of assisted living residences, the Directory has expanded the information available to the public regarding the options for residential care for themselves and their loved ones.

In order to be compiled, this Directory requires all care homes and assisted living residences 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 BC Centre for Disease Control (BCCDC) to provide detailed information. Without their contributions, the Directory would not be possible and we thank them all for their efforts.



Appendix 1

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

Appendix 2

Regulation categories for assisted living under the *Community Care and Assisted Living Act*.

Part 1 – Definitions, Exemptions and Other Matters

- Definitions
- Classes of assisted living residences
- Personal representatives
- Exempted residences

Part 2 – Regulation

- Qualifications for registrants
- Application and registration fees
- Notice to registrar of changes
- Waiver or modification of change requirements
- Expiry of registration
- Requirements for registration
- Display of registration
- Notice generally of changes
- When registration ceases to be valid
- Registration renewal

Part 3 – Standards of Operations

Division 1 – Housing

- If more than one class or non-residents
- Physical requirements
- Safety
- Restrictions on housing
- Furniture and equipment

Division 2 – Employees

- Must have sufficient employees
- Character and skill requirements
- Continuing obligations
- Employee plan
- Additional requirements for Supportive Recovery class

Division 3 – Emergency Preparedness

- Emergency response plan
- First aid
- Emergency measures
- Opioid overdoses

Division 4 – Start of Residency

- Admission screening
- Residency agreement
- Personal service plan
- Information to prospective resident
- Short-term service plan



Division 5 – Residents

- Implementation of personal service plan
- Rights of residents
- Respect for personal decisions
- Monitoring residents
- Resident satisfaction
- Resident concerns and complaints
- Review of personal service plan
- Medication policy
- Respect for resident privacy
- Visitors and communicating with non-residents

Division 6 – End of Residency

- End of residency
- Unplanned end of residency
- Planned end of residency

Division 7 – Resident Health and Safety

- General health and hygiene
- Food safety
- Reportable incidents
- Health and safety plan
- Tobacco, vapour products and cannabis
- Duties respecting abuse and neglect
- Missing residents

Division 8 – Providing Hospitality Services

- Service provision generally
- Providing meals
- Laundry services
- Personal emergency response system
- Menu plan
- Housekeeping services
- Social and recreational opportunities

Division 9 – Providing Assisted Living Services

- Service provision generally
- Managing medication defined
- Safekeeping medication
- Administering medication
- Safekeeping money and property
- Behaviour management
- Activities of daily living
- Managing medication generally
- Distributing medication
- Safekeeping money and property defined
- Managing therapeutic diets
- Psychosocial supports

Part 4 – Administrative Matters

- General duties
- Protection of confidentiality
- Employee records
- Giving records to the registrar
- Collecting personal information
- Resident records
- Length of time records must be kept

Part 5 – Other Matters

- Publishing information on official website
- Appeals to the board
- Telewarrants
- [Repealed]



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