



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

2025

SUMMARY REPORT

SUMMARY HIGHLIGHTS, 2024/25

This year, a six-year data trend comparison is used, where data permit, instead of the standard five-year review to account for any data trend issues related to the COVID-19 pandemic year (2020/21).

LONG-TERM CARE FACILITIES FACILITY CHARACTERISTICS

- The British Columbia Long-Term Care and Assisted Living Directory (the Directory) contains information on 301 long-term care facilities that have 28,869 publicly-subsidized beds: 113 facilities (9,301 beds) are operated directly by a health authority and 188 facilities (19,568 beds) are operated by a contractor (for profit or not-for-profit) with funding from a health authority.
- There were four more publicly-subsidized facilities and 513 more beds compared to the previous year; there has been an increase of six facilities and 1,437 beds since 2019/20.
- 91% of the rooms in long-term care were single-occupancy, 6% double-occupancy and 3% multi-bed rooms (3 or more beds); there was a slight increase in single-occupancy rooms compared to the previous year. Overall, there has been a 8% increase in the number of single occupancy rooms, 12% decrease in double and 26% decrease in multi-bed rooms since 2019/20.
- The current room configuration allows 79% of residents to live in single-occupancy rooms compared to 76% in 2019/20. In health authority-owned facilities, 60% of residents live in single-occupancy rooms compared to 87% in contracted facilities.
- The average wait time for all new admissions for long-term care was 131 days, 17% increase from last year, and ranged from a low of 81 days in Vancouver Coastal Health, to a high of 264 days in Northern Health.
- The average wait time for non-urgent admissions from community for long-term care was 284 days, ranging from a low of 150 days in Interior Health to 473 days in Vancouver Coastal Health.
- The median wait time for all new long-term care admissions ranged from 24 days in Fraser Health to 205 days in Vancouver Island Health.
- The median wait time for all non-urgent long-term care admissions from the community, the range was much wider, from 88 days in Interior Health to 455 days in Vancouver Coastal Health.

RESIDENT DEMOGRAPHICS AND CARE NEEDS

- The average age of residents in long-term care was 83 years; 51% were 85 years and older and 5% were under 65 years; 63% were female. Overall, residents are younger than in 2019/20. The proportion of residents over 85 has declined, while the proportion under 65 has remained relatively constant over the past six years.
- Overall, the complexity of residents as measured by the case mix index (CMI) has remained relatively unchanged over the past six years.

- Compared to 2019/20, there was a small increase in the proportion of residents who were totally dependent on staff for their activities of daily living (ADL 5+), such as bathing, dressing, and getting out of bed. Most of these residents are wheelchair-bound (32% compared to 31% six years ago). The proportion of residents with severe cognitive impairment was 27% in 2024/25, a slight decrease from 29% six years ago.
- 47% of residents were assessed as "low" on the index of social engagement scale (ISE 0-2) and scores were higher than those observed before the pandemic.
- The overall average length of stay in long-term care was 855 days, or 2.3 years, and has increased 3% over the past year and 2% from six years ago. The length of stay was shorter in health authority-owned facilities (802 days; 2.2 years) compared to contracted facilities (881 days; 2.4 years).
- The median length of stay (537 days; 1.5 years) is significantly shorter than the average and increased 9% last year and 13% six years ago. Median length of stay was shorter in health authority-owned facilities (484 days; 1.3 years) compared to contracted facilities (563 days; 1.5 years).

FUNDING OF LONG-TERM CARE FACILITIES

- This year, one site was funded below the provincial guideline of 3.36 care hours per bed per day, following two consecutive years in which 100% of facilities were funded at this guideline. This is a significant improvement from six years ago, when only half of all facilities were funded at the 3.36 guideline.
- On average, facilities were funded by government for 3.43 direct care hours per bed per day, a 0.1% increase over 2023/24 and 5% increase from 2019/20.
- The B.C. average monthly resident rate (client fee) in long-term care was \$2,215, 7% increase from last year. This reflected an approximate annual income of \$35,000.
- The average food cost increased 6% from last year to \$11.68 per bed per day with a range across all facilities of \$6.31 to \$26.00. Overall, average food cost has increased 40% from 2019/20.
- The average per diem rate, which is the base funding provided per bed to contracted facilities per day, was \$293.63, a 4% increase from last year and 27% increase from pre-pandemic year 2019/20, with a range across all contracted facilities of \$258.68 to \$408.80.

CARE SERVICES AND QUALITY INDICATORS

- 11% of residents received physical therapy, 31% received recreation therapy, and 6% received occupational therapy in 2024/25. This has remained stable over the past six years.
- 47% of residents were taking nine or more medications compared to 46% last year and 38% six years ago. A higher percentage of residents in health authority-owned sites (52%) take nine or more medications than residents in contracted facilities (46%).
- The proportion of residents taking antipsychotics without a diagnosis of psychosis was 28%, unchanged over the last three years and up from 24% in 2019/20.

- The proportion of residents diagnosed with depression was 21%, down from 22% in 2023/24 and 23% in 2019/20. The proportion of residents receiving antidepressant medication was 53%, a slight increase from 52% last year and 49% compared to six years ago. The rate of depression diagnoses was slightly higher in contracted facilities than in health authority-owned facilities while the pattern of the proportion of residents receiving antidepressant medication reversed.
- The percentage of residents with daily physical restraints remained at 6.2%, slightly higher than last year but lower than in 2019/20 (6.6%).
- The percentage of residents who experienced falls was 13%, relatively stable since 2019/20, except for a slight decrease to 12% in 2023/24. The percentage of residents with worsened pressure ulcers (2%) has remained unchanged since 2019/20.
- The percentage of residents with four or more emergency room visits was 1.5%, up from 1.1% in 2023/24, with health authority-owned facilities (2.0%) being higher than contracted facilities (1.2%).

IMMUNIZATIONS

- The rate of influenza vaccinations for residents was 82%, the lowest since 2019/20.
- The rate of health care workers vaccinated in long-term care facilities was 34% in 2024/25, the lowest since the influenza prevention policy was enacted in 2012. Lower staff vaccination rates are attributed to lower compliance of self-reporting by health care workers in long-term care since the pandemic.
- 69% of residents were vaccinated for COVID-19. The proportion of residents vaccinated is slightly higher in health authority-owned facilities (70%) than in contracted facilities (69%).

INSPECTIONS, COMPLAINTS AND REPORTABLE INCIDENTS

- 94% of long-term care facilities had an inspection compared to 84% in 2019/20. Overall, there were 789 inspections conducted with 1,061 licensing infractions compared to 1,367 infractions in 2023/24. Most of the infractions found related to records and reporting (22%), care and supervision (18%), staffing (16%), physical environment (15%) and policies (11%).
- Overall, the average risk score for compliance and safety standards was within the low-risk band for both health authority-owned facilities (11, low) and contracted facilities (8, low), both showing a slight decrease from the previous year.
- There were 152 substantiated licensing complaints, a 21% increase from last year and 22% decrease from six years ago. The rate of substantiated complaints per 1,000 beds in health authority-owned facilities (2.8) was lower than in contracted facilities (6.3).
- There were 20,235 reportable incidents, a 14% increase from last year and 13% increase from six years ago. The rate of reportable incidents per 100 beds in health authority-owned facilities was 3% higher than in contracted facilities.

SUMMARY HIGHLIGHTS, 2024/25

ASSISTED LIVING RESIDENCES RESIDENCE CHARACTERISTICS

- The assisted living directory contains information on 133 residences that provide 4,334 publicly-subsidized assisted living units for seniors, seven fewer units from last year.
- Of the total residences, seven (5%) were operated directly by a health authority with 180 (4%) units; 126 (95%) were operated by a for-profit or not-for-profit contractor with 4,154 (96%) units.

RESIDENT DEMOGRAPHICS AND CARE NEEDS

- The average age of residents in assisted living was 82 years; 47% were 85 years and older and 10% were under 65 years; 66% were female. Overall, ages ranged from 80-84 years in four health authorities but is slightly lower in Interior Health at 78 years.
- The average wait time for admission to assisted living was 168 days, up 27% from 2023/24; the wait times varied widely across health authorities from 119 days in Interior Health and Fraser Health to 519 days in Northern Health.
- In 2024/25, 18% of residents in assisted living were dependent on activities of daily living such as personal hygiene, toileting, mobility, and eating, continuing an upward trend over the past three years. Meanwhile, 14% of residents had moderate to severe cognitive impairment, up from 12% in the previous two years.
- Over 90% of residents in assisted living reported feeling at ease when interacting with family, friends, and health care professionals. 24% indicated they felt lonely, this was higher in Interior Health (38%).
- The average length of stay was 1,205 days (3.3 years), slightly down from 1,222 days in 2023/24 and 1,209 days in 2022/23. Both the average and median lengths of stay were shortest in Interior Health (1,067 and 689 days, respectively) and longest in Vancouver Coastal Health (1,504 and 1,081 days, respectively).

FUNDING OF ASSISTED LIVING RESIDENCES

- The regulated minimum monthly rate for living in a publicly-subsidized assisted living residence was \$1,219.40 for a single person and \$1,857.30 for a couple.
- The average monthly resident rate was \$1,616, a 6% increase from last year and 12% increase since 2021/22. The maximum monthly resident rate (determined by the health authority) for a single senior ranged from \$2,350 to \$4,762 per month.
- The average food cost per unit per day was \$10.22, representing a 7% increase from 2023/24 and a 20% increase since 2021/22. These costs varied widely across residences ranging from a low of \$4.47 to a high of \$22.93 per unit per day.

CARE SERVICES AND QUALITY INDICATORS

- The percentage of residents in assisted living with nine or more medications was 57%, slightly up from 56% in 2023/24 and 2022/23. The rate ranged from 51% in Vancouver Coastal Health and Northern Health to 63% in Vancouver Island Health.
- The percentage of residents taking antipsychotic drugs without a diagnosis of psychosis in assisted living was 5% in 2024/25, down slightly from 6% in each of the previous two years. Rates were fairly consistent across most health authorities (6–7%), with Interior Health reporting the lowest at 3%. Overall, 19% of residents were taking antipsychotics with or without a diagnosis, a small decrease from 20% in 2023/24, ranging from 16% in Northern Health to 22% in Interior Health.
- 20% of residents in assisted living showed symptoms of depression, while 42% received antidepressant medication. The prevalence of depression symptoms has remained relatively stable over the past three years, whereas antidepressant use has shown an upward trend.
- In 2024/25, 14% of residents in assisted living had four or more emergency room visits, an upward trend for the third consecutive year. Rates varied considerably among health authorities from 10% in Vancouver Coastal to 23% in Northern Health.

IMMUNIZATIONS

- 69% of assisted living residents were vaccinated for influenza, a decrease from 72% in 2023/24 and 70% in 2022/23. This ranged from 60% in Interior Health and Northern Health to 78% in Vancouver Coastal Health.
- 69% of assisted living residents were vaccinated for COVID-19. This ranged from 59% in Interior Health and Northern Health to 80% in Vancouver Coastal Health.

LICENSING, COMPLAINTS AND REPORTABLE INCIDENTS

- On average, B.C. had 6.1 inspections per 1,000 units, a 58% increase from 2023/24 but a 23% decrease from 2021/22.
- There were 45 complaints filed in publicly-subsidized assisted living residences in 2024/25, representing a 27% decrease from 2023/24. Of these, 5 complaints (11%) were substantiated, half the number reported in the previous year.
- There were 4,940 reportable incidents, a 38% increase from 2021/22, approximately 86.7 incidents per 100 units. Most incidents were illness related or attributed to fall. These ranged from 60.2 incidents per 100 units in Northern Health to 132.3 incidents per 100 units in Vancouver Island Health.

INTRODUCTION

The Office of the Seniors Advocate (OSA) has published the British Columbia Long-Term Care and Assisted Living Directory annually since 2016. The Directory is designed to be a centralized resource for seniors, caregivers and the public seeking information about individual publicly-subsidized care homes and assisted living residences in B.C.

The Directory includes basic information such as room configuration, languages spoken by staff, and information about food costs, and 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 report the use of medications, restraints and access to therapies. In the assisted living section, we report medication use, caregiver distress and emergency room visits. As part of our commitment to reconciliation, the Directory also includes the First Nations territory in which a long-term care facility or assisted living residence operates.

This year, a six-year data trend comparison is used, where data permit, instead of the standard five-year review to account for any data trend issues related to the COVID-19 pandemic year (2020/21).

Content updates in this year's Directory include:

- Online wait time reporting for long-term care facilities has been updated to include wait times for new non-urgent admissions from the community, as well as for all new admissions from both hospitals and the community.

Changes in the Directory this year include:

- AgeCare Sun Rivers, Bellevue Park Senior Living, Oakwood Manor and Juniper House long-term care facilities opened and were added to the Directory.
- Aurora Home was removed from the Directory, as it serves clients with mild to moderate dementia and does not meet the criteria for long-term care.
- Village at Mill Creek and Oak Care Centre were previously regulated under the Hospital Act and are now regulated under the Community Care & Assisted Living Act.
- Point Grey Private Hospital is now regulated under both Hospital Act and the Community Care & Assisted Living Act.¹
- Chénchenstway operated by Providence Health Care has shifted from health authority-owned to contracted site.
- Brentwood House and Sluggett House have shifted from contracted to health authority-owned sites.
- As of March 2025, in Interior Health, some long-term care homes have transitioned to using interRAI-LTCF, and some assisted living residences have transitioned to using interRAI-HC as assessment tools for their residents. Others continue to use RAI-MDS 2.0 for long-term care and RAI-HC for assisted living, therefore, all long-term care and assisted living assessment indicators reflect combined results from both tools.

¹ Vancouver Coastal Licensing Office informed that they issued the licence for Point Grey Seniors Care in April 2020.

LONG-TERM CARE FACILITIES

The Directory contains information on 301 facilities that provide subsidized long-term care for seniors, four more than last year and six more than in 2019/20. Of these, 113 facilities with 9,301 beds are operated directly by a health authority, while 188 facilities with 19,568 subsidized beds are operated by a contractor with funding from the health authority.

The total number of subsidized beds in B.C. is 28,869, an increase of 513 beds from 2023/24 and 1,437 more than in 2019/20. Of these subsidized beds, 32% are operated directly by health authorities, 31% by private not-for-profit organizations, and 36% by private-for-profit operators.

Overall, 91% of rooms are single occupancy and 79% of residents live in single occupancy rooms, both unchanged from last year but improved since 2019/20. In health authority-owned facilities, 60% of residents live in single rooms compared to 87% in contracted facilities, similar to last year.

LONG-TERM CARE FACILITY DEMOGRAPHICS, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
NUMBER OF FACILITIES	295	296	293	296	297	301
NUMBER OF PUBLICLY-SUBSIDIZED BEDS	27,432	27,858	27,628	27,991	28,356	28,869
% SINGLE OCCUPANCY ROOMS	89%	90%	90%	90%	91%	91%
% DOUBLE OCCUPANCY ROOMS	7%	7%	7%	6%	6%	6%
% MULTI-BED ROOMS	4%	4%	3%	3%	3%	3%
% OF RESIDENTS IN SINGLE OCCUPANCY ROOMS	76%	77%	77%	77%	79%	79%

NOTES: The number of publicly-subsidized beds at Hilton Villa Seniors Community for 2021/22 has been updated; Aurora Home has been removed from the 2024 Directory, therefore, the figures differ from those published in previous years.

LONG-TERM CARE FACILITY DEMOGRAPHICS BY FACILITY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
NUMBER OF FACILITIES	112	185	297	113	188	301
NUMBER OF PUBLICLY-SUBSIDIZED BEDS	9,250	19,106	28,356	9,301	19,568	28,869
% SINGLE OCCUPANCY ROOMS	83%	94%	91%	83%	94%	91%
% DOUBLE OCCUPANCY ROOMS	9%	5%	6%	9%	5%	6%
% MULTI-BED ROOMS	8%	1%	3%	8%	1%	3%
% OF RESIDENTS IN SINGLE OCCUPANCY ROOMS	61%	87%	79%	60%	87%	79%

NOTES: Aurora Home has been removed from the 2024 Directory, therefore, the figures differ from those published last year.

WHO IS LIVING IN LONG-TERM CARE?

People who are admitted to long-term care are assessed at home or in hospital prior to admission and then regularly throughout their residency. These assessments focus on cognition (memory and judgment), how independently they can perform what are known as the activities of daily living (ADLs), such as toileting, bathing and dressing, and whether or not they display challenging behaviours (wandering, aggression). 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, and provides an opportunity to determine staffing models, recreation activities and improvements to the building and furnishings. For seniors and caregivers, it is important to understand the differences in populations as this helps inform decisions about what facility may best suit their needs. The data below outlines the key characteristics of people living in long-term care in B.C. and highlights some differences between resident populations in health authority-owned sites and contracted sites.

RESIDENT DEMOGRAPHICS

The average age of long-term care residents has remained stable at 83 years since 2020/21. The proportion of residents aged 85 and older declined from 55% in 2019/20 to 51% in 2024/25, while people under 65 years of age have remained relatively unchanged (5–6%) over the past six years. Meanwhile, wheelchair use has continued to rise, from 52% in 2019/20 to 58% in 2024/25.

The average age in health authority-owned facilities (82) was lower than in contracted facilities (84). Contracted facilities had more residents aged 85 and older (53%) compared to health authority-owned facilities (47%) while health authority-owned facilities had more residents under age 65 (7%) compared to contracted facilities (4%). Almost two-thirds of residents in both ownership groups were female. Health authority-owned facilities had a much higher proportion of residents using wheelchairs (64%) compared to contracted facilities (55%), whereas the proportion was the same for both types of facilities last year.²

RESIDENT DEMOGRAPHICS IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
AVERAGE AGE	84	83	83	83	83	83
% OF RESIDENTS 85+	55%	54%	53%	52%	52%	51%
% OF RESIDENTS <65	5%	6%	6%	6%	6%	5%
% RESIDENTS THAT ARE FEMALE	65%	64%	64%	63%	63%	63%
% RESIDENTS IN A WHEELCHAIR*	52%	52%	53%	53%	54%	58%

NOTES: *InterRAI-LTCF includes both wheelchairs and scooters, whereas RAI-MDS 2.0 includes only wheelchairs.

² Interpret changes in wheelchair use cautiously, as the tools measure it differently: interRAI-LTCF tracks primary indoor wheelchair/scooter use over the past three days, while RAI-MDS 2.0 captures wheelchair dependence over the past 7 days.

RESIDENT DEMOGRAPHICS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
AVERAGE AGE	82	84	83	82	84	83
% FACILITIES ABOVE B.C.	28%	66%	52%	31%	65%	53%
% FACILITIES BELOW B.C.	72%	34%	48%	69%	35%	47%
% OF RESIDENTS 85+	47%	54%	52%	47%	53%	51%
% FACILITIES ABOVE B.C.	25%	64%	50%	33%	61%	51%
% FACILITIES BELOW B.C.	75%	36%	50%	67%	39%	49%
% OF RESIDENTS <65	8%	4%	6%	7%	4%	5%
% FACILITIES ABOVE B.C.	56%	26%	37%	56%	27%	37%
% FACILITIES BELOW B.C.	44%	74%	63%	44%	73%	63%
% RESIDENTS THAT ARE FEMALE	63%	64%	63%	62%	64%	63%
% FACILITIES ABOVE B.C.	41%	58%	52%	38%	55%	49%
% FACILITIES BELOW B.C.	59%	42%	48%	62%	45%	51%
% RESIDENTS IN A WHEELCHAIR*	54%	54%	54%	64%	55%	58%
% FACILITIES ABOVE B.C.	43%	50%	47%	68%	40%	50%
% FACILITIES BELOW B.C.	57%	50%	53%	32%	60%	50%

NOTES: *InterRAI-LTCF includes both wheelchairs and scooters, whereas RAI-MDS 2.0 includes only wheelchairs.

WAIT TIME

Wait time is measured from when a resident is accepted for placement to when they are admitted to a facility. Individual wait times vary and depend on several factors including the client's specific needs, size of the facility, the number of facilities in the community and the number of people waiting. To ensure clients who need immediate care are admitted in a timely manner, clients are prioritized as urgent or non-urgent based on their medical condition, level of care required, risk of harm, social support availability, current living situation, spousal reunification and executive or policy exceptions under extenuating circumstances. Generally, non-urgent admissions experience longer wait times than urgent admissions.

The following table presents the average wait time for all newly-admitted residents, both urgent and non-urgent. In 2024/25, the average wait time for people admitted into long-term care was 131 days, about 20 days (17%) longer than the previous year. Wait times were higher in contracted facilities (138 days) compared to health authority-owned facilities (115 days), a pattern consistent over the past five years.

Significant variation exists across health authorities: Northern Health (264 days) and Vancouver Island Health (261 days) reported the longest wait times, while Vancouver Coastal Health (81 days), Fraser Health (91 days), and Interior Health (101 days) had shorter wait times. Overall, wait times increased the most in Vancouver Island Health (51%), followed by Vancouver Coastal Health (37%) and Fraser Health (7%), while Interior Health and Northern Health decreased 10% and 12%, respectively.

AVERAGE WAIT TIME (DAYS) FOR ALL NEW LONG-TERM CARE ADMISSIONS BY HEALTH AUTHORITY, OWNERSHIP TYPE, 2023/24-2024/25

HEALTH AUTHORITY	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	86	136	112	79	118	101
FRASER HEALTH	58	93	85	62	101	91
VANCOUVER COASTAL HEALTH	46	65	59	63	88	81
VANCOUVER ISLAND HEALTH	168	175	173	227	277	261
NORTHERN HEALTH	304	287	300	272	237	264
B.C.	105	115	112	115	138	131

The table below reports the average wait time for all non-urgent (or routine) long-term care admissions from the community, excluding Northern Health. The average wait time was 284 days, more than double the overall average wait time of all long-term care admissions. The wait times for community non-urgent long-term care admissions were generally shorter in the health authority-owned facilities (199 days) compared to contracted facilities (324 days).

People waiting for non-urgent long-term care from the community waited more than a year in Fraser Health (402 days), Vancouver Island Health (404 days) and Vancouver Coastal Health (473 days) to be admitted. Interior Health had the shortest wait time at 150 days. Compared to the previous year, wait times increased in all three of the longest-wait regions, while Interior Health was the only region to see an improvement. While Vancouver Coastal had the shortest overall average wait time for all long-term care admissions, it had the longest wait times for non-urgent community admissions - nearly five times longer. The difference between wait times for non-urgent community and all long-term care admissions ranged from 49 days in Interior Health to 393 days in Vancouver Coastal Health.

AVERAGE WAIT TIME (DAYS) FOR ALL NEW NON-URGENT LONG-TERM CARE ADMISSIONS FROM COMMUNITY BY HEALTH AUTHORITY, OWNERSHIP TYPE, 2023/24-2024/25

HEALTH AUTHORITY	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	118	192	159	116	171	150
FRASER HEALTH	230	306	295	276	422	402
VANCOUVER COASTAL HEALTH	244	336	318	368	490	473
VANCOUVER ISLAND HEALTH	266	327	303	311	453	404
NORTHERN HEALTH*	N/A	N/A	N/A	N/A	N/A	N/A
B.C.	172	267	233	199	324	284

NOTES: Excludes urgent (priority) admissions such as from hospital. * Northern Health: data is not available, therefore, B.C. is the weighted average of the other four health authorities.

CARE NEEDS OF RESIDENTS

Several measures can be used to determine the complexity and frailty of the resident population. This summary highlights three different indicators: Case Mix Index (CMI), the Activities of Daily Living (ADLs) Scale, and the Cognitive Performance Scale (CPS). Overall, these indicators showed that health authority-owned facilities care for more complex and frail residents than do contracted facilities.

The 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 a greater intensity of resources is required to meet the needs of residents. In B.C., the average CMI has remained stable at 0.58 since 2019/20. In 2024/25, both health authority-owned and contracted facilities reported an average CMI of 0.58.

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 impairment. In B.C., the proportion of residents who require significant support in ADLs has remained at 32% since 2020/21, slightly higher than 31% in 2019/20. In 2024/25, health authority-owned facilities reported a higher rate at 36% compared to 30% in contracted facilities, with no change from last year.

COMPLEXITY OF RESIDENTS IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
AVERAGE CASE MIX INDEX (CMI)	0.58	0.58	0.58	0.58	0.58	0.58
% OF RESIDENTS TOTALLY DEPENDENT IN ACTIVITIES OF DAILY LIVING (ADL 5+)	31%	32%	32%	32%	32%	32%

NOTES: Some assessment records from Interior Health were submitted to interRAI-LTCF in 2024/25. Since CMI values are not comparable between RAI-MDS 2.0 and interRAI-LTCF, the CMI figure for 2024/25 includes only data from RAI-MDS 2.0.

COMPLEXITY OF RESIDENTS IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
AVERAGE CASE MIX INDEX (CMI)	0.59	0.58	0.58	0.58	0.58	0.58
% FACILITIES ABOVE B.C.	37%	38%	38%	41%	40%	40%
% FACILITIES BELOW B.C.	63%	62%	62%	59%	60%	60%
% OF RESIDENTS TOTALLY DEPENDENT IN ACTIVITIES OF DAILY LIVING (ADL 5+)	36%	30%	32%	36%	30%	32%
% FACILITIES ABOVE B.C.	58%	44%	49%	53%	42%	46%
% FACILITIES BELOW B.C.	42%	56%	51%	47%	58%	54%

NOTES: Some assessment records from Interior Health were submitted to interRAI-LTCF in 2024/25. Since CMI values are not comparable between RAI-MDS 2.0 and interRAI-LTCF, the CMI figure for 2024/25 includes only data from RAI-MDS 2.0.

The 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 2024/25, 27% of residents had a high CPS score and 62% had dementia, both unchanged from last year but two percentage points lower than in 2019/20.

The proportion of residents with a high CPS score was slightly higher in health authority-owned facilities (28%) compared to contracted facilities (27%). In contrast, contracted facilities continue to have a higher proportion of residents with dementia (64%) than health authority-owned facilities (58%). This trend is similar to the previous year.

COGNITIVE IMPAIRMENT IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
% OF RESIDENTS WITH SEVERE COGNITIVE IMPAIRMENT (CPS 4+)	29%	28%	28%	28%	27%	27%
% OF RESIDENTS WITH DEMENTIA	64%	64%	63%	63%	62%	62%

COGNITIVE IMPAIRMENT IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENTS WITH SEVERE COGNITIVE IMPAIRMENT (CPS 4+)	28%	26%	27%	28%	27%	27%
% FACILITIES ABOVE B.C.	45%	40%	42%	49%	36%	41%
% FACILITIES BELOW B.C.	55%	60%	58%	51%	64%	59%
% OF RESIDENTS WITH DEMENTIA	57%	64%	62%	58%	64%	62%
% FACILITIES ABOVE B.C.	40%	55%	49%	38%	57%	50%
% FACILITIES BELOW B.C.	60%	45%	51%	62%	43%	50%

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 2024/25, the average ISE scores was 2.77, ranging from 0.9 to 5.7 across all facilities. The average ISE score was lower this year in health authority-owned facilities (2.71) than in contracted facilities (2.79), reversing last year's trend. Almost half (47%) of all residents had a low sense of social engagement, indicating that residents in communal environments may still feel isolated and lonely, a figure unchanged from last year and slightly lower than 48% in 2019/20.

SOCIAL ENGAGEMENT IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
AVERAGE INDEX OF SOCIAL ENGAGEMENT (ISE)	2.70	2.63	2.68	2.73	2.78	2.77
% OF RESIDENTS WITH LOW ISE (0-2)	48%	50%	49%	48%	47%	47%

NOTES: Some assessment records were submitted to interRAI-LTCF in 2024/25. Since ISE is not comparable between RAI-MDS 2.0 and interRAI-LTCF, the figures for 2024/25 include only data from RAI-MDS 2.0.

SOCIAL ENGAGEMENT IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
AVERAGE INDEX OF SOCIAL ENGAGEMENT (ISE)	2.80	2.78	2.78	2.71	2.79	2.77
% FACILITIES ABOVE B.C.	51%	43%	46%	35%	41%	40%
% FACILITIES BELOW B.C.	49%	57%	54%	65%	59%	60%
% OF RESIDENTS WITH LOW ISE (0-2)	46%	47%	47%	49%	46%	47%
% FACILITIES ABOVE B.C.	45%	51%	49%	62%	52%	55%
% FACILITIES BELOW B.C.	55%	49%	51%	38%	48%	45%

NOTES: Some assessment records were submitted to interRAI-LTCF in 2024/25. Since ISE is not comparable between RAI-MDS 2.0 and interRAI-LTCF, the figures for 2024/25 include only data from RAI-MDS 2.0.

Residents in long-term care facilities may exhibit physically abusive behaviours such as hitting, shoving, scratching or cursing at other residents or staff. This measure captures incidents of physically abusive behaviour occurring at least once during the observation period prior to assessment: seven days for RAI-MDS 2.0 and three days for interRAI-LTCF. In 2024/25, 8% of residents exhibited physically abusive behaviour, a rate that has remained unchanged over the past three years but is lower than 9% in 2019/20. It was slightly higher in contracted facilities (9%) compared to health authority-owned facilities (7%), consistent with last year's trend.

PHYSICALLY ABUSIVE BEHAVIOUR IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
% OF RESIDENTS WITH PHYSICALLY ABUSIVE BEHAVIOUR	9%	9%	9%	8%	8%	8%

PHYSICALLY ABUSIVE BEHAVIOUR IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENTS WITH PHYSICALLY ABUSIVE BEHAVIOUR	6%	9%	8%	7%	9%	8%
% FACILITIES ABOVE B.C.	25%	46%	39%	30%	51%	43%
% FACILITIES BELOW B.C.	75%	54%	61%	70%	49%	57%

LENGTH OF STAY

In 2024/25, the average length of stay was 855 days (2.3 years), up 3% from last year and 2% from 2019/20. It varied across health authorities, ranging from 709 days (1.9 years) in Interior Health to 1,083 days (3.0 years) in Vancouver Coastal Health. The average length of stay was shorter in health authority-owned facilities (802 days; 2.2 years) than in contracted facilities (881 days; 2.4 years), consistent with last year's trend.

AVERAGE LENGTH OF STAY (DAYS) IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	764	753	758	760	710	709	0%
FRASER HEALTH	832	897	819	765	795	852	7%
VANCOUVER COASTAL HEALTH	1,026	1,117	981	992	1,083	1,083	0%
VANCOUVER ISLAND HEALTH	759	774	796	753	771	795	3%
NORTHERN HEALTH	1,067	1,051	1,148	984	1,004	1,055	5%
B.C.	842	891	843	812	831	855	3%

AVERAGE LENGTH OF STAY (DAYS) IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
AVERAGE LENGTH OF STAY	814	839	831	802	881	855
% FACILITIES ABOVE B.C.	40%	49%	45%	43%	52%	49%
% FACILITIES BELOW B.C.	60%	51%	55%	57%	48%	51%

In 2024/25, the median length of stay was 537 days (1.5 years), up 9% from last year and 13% from 2019/20. Median length of stay increased across all health authorities compared to last year and 2019/20, except Interior Health, which saw a decline from 2019/20. The longest median length of stay was in Northern Health (804 days), while the shortest was in Interior Health (423 days). Health authority-owned facilities had a shorter median length of stay (484 days; 1.3 years) than contracted facilities (563 days; 1.5 years), consistent with last year's pattern.

MEDIAN LENGTH OF STAY (DAYS) IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	435	439	456	467	410	423	3%
FRASER HEALTH	440	586	453	430	461	526	14%
VANCOUVER COASTAL HEALTH	614	682	530	525	643	744	16%
VANCOUVER ISLAND HEALTH	457	471	453	466	476	531	12%
NORTHERN HEALTH	800	819	769	709	680	804	18%
B.C.	475	547	480	471	492	537	9%

MEDIAN LENGTH OF STAY (DAYS) IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
MEDIAN LENGTH OF STAY	453	512	492	484	563	537
% FACILITIES ABOVE B.C.	50%	51%	51%	55%	56%	55%
% FACILITIES BELOW B.C.	50%	49%	49%	45%	44%	45%

FUNDING OF 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 (client fees). The Directory reports on funding for direct care hours, monthly rate, 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 sets a guideline that residents in long-term care facilities should receive an average of at least 3.36 hours of direct care daily. The Health Standards Organization (HSO) and Canadian Standards Association (CSA) Group released national Long-Term Care Services Standard (2023) recommending a minimum of 4.1 hours of direct care per resident.

The Office of the Seniors Advocate reports on the funded direct care hours but cannot validate if the funded hours are the same as the actual hours delivered. Individual facilities may be delivering greater or fewer hours than the number of funded hours.

In 2024/25, the average funded direct care hours across all facilities was 3.43 hours per bed per day, almost unchanged from last year and 5% higher than in 2019/20 (3.28 hours). This average remained relatively stable across all health authorities compared to last year. Contracted facilities (3.37 hours) still lag behind facilities owned by the health authorities (3.56 hours). Funded direct care hours by facility range from a low of 3.35 hours in certain facilities to a high of 7.67 hours in others.

All health authority-owned and contracted facilities were funded to meet the guideline of 3.36 average direct care hours per resident per day, except for one site. Funding for direct care hours increased at 24 (8%) facilities, decreased at 8 (2.7%) facilities and remained the same at 262 (87%) facilities.

AVERAGE FUNDED DIRECT CARE HOURS IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	3.35	3.37	3.37	3.39	3.39	3.39	0.0%
FRASER HEALTH	3.25	3.37	3.38	3.41	3.42	3.42	0.1%
VANCOUVER COASTAL HEALTH*	3.22	3.38	3.43	3.47	3.47	3.48	0.4%
VANCOUVER ISLAND HEALTH**	3.29	3.37	3.38	3.40	3.42	3.42	0.1%
NORTHERN HEALTH***	3.45	3.45	3.45	3.46	3.49	3.50	0.2%
B.C.	3.28	3.37	3.39	3.42	3.43	3.43	0.1%

NOTES: *Vancouver Coastal Health: Bella Coola General Hospital and Ɂuxválásúilas Heiltsuk Hospital do not report data because the amounts are difficult to separate from global budgets. **Vancouver Island Health: Oakwood Manor was a new facility in 2024/25, therefore, there was no data in 2024/25. ***Northern Health: Juniper house was a new facility in 2024/25, therefore, there was no data in 2024/25.

FACILITIES FUNDED TO THE LEVEL OF PROVINCIAL DIRECT CARE HOURS GUIDELINE BY FACILITY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR		2023/24			2024/25		
		HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	AVERAGE FUNDED DIRECT CARE HOURS	3.43	3.36	3.39	3.43	3.36	3.39
	NUMBER OF FACILITIES REPORTING	40	40	80	40	41	81
	% OF FACILITIES MEETING GUIDELINE	100%	100%	100%	100%	100%	100%
FRASER HEALTH	AVERAGE FUNDED DIRECT CARE HOURS	3.62	3.36	3.42	3.65	3.36	3.42
	NUMBER OF FACILITIES REPORTING	16	63	79	16	64	80
	% OF FACILITIES MEETING GUIDELINE	100%	100%	100%	100%	100%	100%
VANCOUVER COASTAL HEALTH*	AVERAGE FUNDED DIRECT CARE HOURS	3.66	3.38	3.47	3.69	3.39	3.48
	NUMBER OF FACILITIES REPORTING	15	37	52	14	39	53
	% OF FACILITIES MEETING GUIDELINE	100%	100%	100%	100%	97%	98%
VANCOUVER ISLAND HEALTH**	AVERAGE FUNDED DIRECT CARE HOURS	3.52	3.37	3.42	3.52	3.37	3.42
	NUMBER OF FACILITIES REPORTING	17	42	59	17	42	59
	% OF FACILITIES MEETING GUIDELINE	100%	100%	100%	100%	100%	100%
NORTHERN HEALTH***	AVERAGE FUNDED DIRECT CARE HOURS	3.51	3.39	3.49	3.51	3.40	3.50
	NUMBER OF FACILITIES REPORTING	22	2	24	22	2	24
	% OF FACILITIES MEETING GUIDELINE	100%	100%	100%	100%	100%	100%
B.C.	AVERAGE FUNDED DIRECT CARE HOURS	3.54	3.37	3.43	3.56	3.37	3.43
	NUMBER OF FACILITIES REPORTING	110	184	294	109	188	297
	% OF FACILITIES MEETING GUIDELINE	100%	100%	100%	100%	99%	99.7%

NOTES: *Vancouver Coastal Health: Bella Coola General Hospital and Łuxválásúlas Heiltsuk Hospital do not report data because the amounts are difficult to separate from global budgets. **Vancouver Island Health: Oakwood Manor was a new facility in 2024/25, therefore, there was no data in 2024/25. ***Northern Health: Juniper house was a new facility in 2024/25, therefore, there was no data in 2024/25.

NUMBER OF FACILITIES WHERE FUNDED DIRECT CARE HOURS CHANGED BETWEEN 2023/24 AND 2024/25

INDICATOR	INCREASE IN DCH	DECREASE IN DCH	NO CHANGE IN DCH	UNKNOWN CHANGE IN DCH*	TOTAL FACILITIES
INTERIOR HEALTH	0	0	80	1	81
FRASER HEALTH	6	0	73	1	80
VANCOUVER COASTAL HEALTH	8	4	40	3	55
VANCOUVER ISLAND HEALTH	7	4	48	1	60
NORTHERN HEALTH	3	0	21	1	25
B.C.	24	8	262	7	301

NOTES: *Unknowns include the following facilities: Interior Health: AgeCare Sun Rivers was a new facility in 2024/25, therefore, there was no comparison data for 2023/24. Fraser Health: Bellevue Park Senior Living was a new facility in 2024/25, therefore, there was no comparison data for 2023/24. Vancouver Coastal Health: Bella Coola General Hospital and Łuxválásúllas Heiltsuk Hospital do not report direct care hours because the amounts are difficult to separate from global budgets. Silverstone Care Centre was a new facility in 2023/24, therefore, there was no comparison data for 2023/24. Vancouver Island Health: Oakwood Manor was a new facility in 2024/25, therefore, there was no comparison data for 2023/24. Northern Health: Juniper House was a new facility in 2024/25, therefore, there was no comparison data for 2023/24.

MONTHLY RATE (CLIENT FEES)

Residents in publicly-subsidized long-term care pay 80% of their after-tax income as a monthly fee up to a maximum of \$4,073.40 per month in 2025 with a minimum of \$325 left per month for personal expenses. The minimum rate is calculated using the maximum amount of Old Age Security (OAS) and Guaranteed Income Supplement (GIS) as of July 1 of the previous year minus a \$3,900 deduction ($\325×12 months). The maximum monthly fee is adjusted every year to inflation. Residents can apply to their health authority for a temporary rate reduction if the assessed monthly rate would cause financial hardship.

In 2024/25, the average monthly rate paid by residents in long-term care was \$2,215, 7% increase from last year. The average monthly rate varied across health authorities with the highest average rate in Vancouver Island Health (\$2,360) and lowest in Northern Health (\$2,143) while the median monthly rate was highest in Vancouver Coastal Health (\$2,391) and lowest in Northern Health (\$1,750). The average monthly rate in contracted facilities was slightly higher at \$2,242 than health authority-owned facilities at \$2,156 per month.

RESIDENT MONTHLY RATE (\$) FOR PUBLICLY-SUBSIDIZED LONG-TERM CARE BED BY HEALTH AUTHORITY, 2023/24-2024/25

INDICATOR	2023/24		2024/25	
	AVERAGE MONTHLY RATE	MEDIAN MONTHLY RATE	AVERAGE MONTHLY RATE	MEDIAN MONTHLY RATE
INTERIOR HEALTH	\$2,068	\$1,682	\$2,264	\$1,870
FRASER HEALTH	\$2,033	\$1,676	\$2,163	\$1,833
VANCOUVER COASTAL HEALTH	\$2,054	\$1,548	\$2,132	\$2,391
VANCOUVER ISLAND HEALTH	\$2,185	\$1,793	\$2,360	\$1,979
NORTHERN HEALTH	\$1,991	\$1,616	\$2,143	\$1,750
B.C.	\$2,075	N/A	\$2,215	N/A

RESIDENT MONTHLY RATE (\$) FOR PUBLICLY-SUBSIDIZED LONG-TERM CARE BED BY OWNERSHIP, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
AVERAGE MONTHLY RATE	\$2,022	\$2,100	\$2,075	\$2,156	\$2,242	\$2,215
% FACILITIES ABOVE B.C.	29%	56%	46%	41%	56%	50%
% FACILITIES BELOW B.C.	71%	44%	54%	59%	44%	50%

FOOD COSTS

Food cost includes the daily food and dietary supplements for residents and is calculated per bed per day. The cost of preparing and serving the food is not included. Some facilities may spend more on food than others as there is no ministry-defined minimum spend. Amounts reported in the Directory are actual expenditures.

In 2024/25, the average actual food cost continued its upward trend from 2019/20, reaching \$11.68 per bed per day, an increase of 6% from 2023/24 and 40% compared to 2019/20. Costs varied significantly among facilities, ranging from \$6.31 to \$26.00 per bed per day. On average, health authority-owned facilities spent more (\$12.73) than contracted facilities (\$11.18).

AVERAGE ACTUAL FOOD COSTS PER BED PER DAY IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	\$8.39	\$9.03	\$9.85	\$10.93	\$11.54	\$13.16	14%
FRASER HEALTH	\$8.06	\$8.08	\$8.74	\$9.31	\$10.00	\$10.51	5%
VANCOUVER COASTAL HEALTH	\$8.35	\$9.21	\$8.96	\$9.48	\$10.51	\$10.47	0%
VANCOUVER ISLAND HEALTH	\$8.24	\$8.84	\$9.38	\$10.50	\$11.64	\$12.12	4%
NORTHERN HEALTH	\$11.07	\$12.38	\$12.19	\$13.00	\$14.97	\$17.28	15%
B.C.	\$8.37	\$8.88	\$9.30	\$10.10	\$10.99	\$11.68	6%

NOTES: Methodology has been updated for 2019/20 and 2020/21; Aurora Home in Northern Health was removed from the Directory, therefore, some figures differ from the figures reported in previous years.

ACTUAL FOOD COSTS PER BED PER DAY IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH						
AVERAGE ACTUAL FOOD COSTS	\$11.78	\$11.36	\$11.54	\$13.83	\$12.68	\$13.16
RANGE	\$9.13-\$14.47	\$8.55-\$23.88	\$8.55-\$23.88	\$10.46-\$20.76	\$6.39-\$26.00	\$6.39-\$26.00
FRASER HEALTH						
AVERAGE ACTUAL FOOD COSTS	\$8.94	\$10.28	\$10.00	\$10.88	\$10.41	\$10.51
RANGE	\$5.37-\$13.93	\$5.73-\$15.62	\$5.37-\$15.62	\$10.34-\$12.47	\$6.81-\$17.00	\$6.81-\$17.00
VANCOUVER COASTAL HEALTH						
AVERAGE ACTUAL FOOD COSTS	\$10.73	\$10.42	\$10.51	\$9.17	\$11.04	\$10.47
RANGE	\$8.68-\$15.17	\$7.07-\$15.82	\$7.07-\$15.82	\$6.31-\$13.59	\$7.78-\$15.49	\$6.31-\$15.49
VANCOUVER ISLAND HEALTH						
AVERAGE ACTUAL FOOD COSTS	\$14.81	\$10.29	\$11.64	\$15.02	\$10.89	\$12.12
RANGE	\$13.25-\$20.67	\$6.43-\$16.04	\$6.43-\$20.67	\$13.4-\$18.01	\$7.68-\$16.9	\$7.68-\$18.01
NORTHERN HEALTH						
AVERAGE ACTUAL FOOD COSTS	\$15.75	\$9.40	\$14.97	\$16.34	\$24.04	\$17.28
RANGE	\$12.35-\$24.11	\$9.16-\$11.85	\$9.16-\$24.11	\$13.2-\$20.95	\$11.08-\$25.44	\$11.08-\$25.44
B.C.						
AVERAGE ACTUAL FOOD COSTS	\$11.99	\$10.51	\$10.99	\$12.73	\$11.18	\$11.68
RANGE	\$5.37-\$24.11	\$5.73-\$23.88	\$5.37-\$24.11	\$6.31-\$20.95	\$6.39-\$26.00	\$6.31-\$26.00

NOTES: Aurora Home in Northern Health was removed from the Directory, therefore, the figure for Northern Health in 2023/24 differ from the figure reported last year.

PER DIEM RATES

Per diem rates reflect the funding provided by health authorities to contracted facilities. The per diem is a per bed, per day amount and includes resident contributions (co-payments). These rates cover costs such as staffing, food and supplies, administration, repairs and maintenance, housekeeping and landscaping, property costs, and capital expenses. Per diem rates may not represent a contracted facility's total operating revenue, as they exclude sources such as private-pay revenue and auxiliary fund contributions. Per diem rates are not currently reported by health authority-owned facilities, as it is difficult to separate long-term care costs from global budgets.

The average per diem rate has been on an upward trend since 2019/20, reaching \$293.63 in 2024/25, a 4% increase from 2023/24 and 27% higher than in 2019/20. Interior Health recorded the lowest average per diem (\$274.65), while Vancouver Island Health had the highest (\$308.81). Across all facilities in 2024/25, per diem rates ranged from \$258.68 to \$408.80.

AVERAGE PER DIEM RATES FOR CONTRACTED LONG-TERM CARE FACILITIES, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	% CHANGE FROM LAST YEAR
INTERIOR HEALTH	\$219.83	\$225.12	\$225.46	\$237.59	\$250.70	\$274.65	10%
FRASER HEALTH	\$232.49	\$243.11	\$249.66	\$257.70	\$279.29	\$288.08	3%
VANCOUVER COASTAL HEALTH*	\$232.04	\$247.58	\$254.32	\$258.29	\$293.47	\$305.79	4%
VANCOUVER ISLAND HEALTH	\$240.63	\$252.27	\$260.25	\$272.49	\$297.76	\$308.81	4%
NORTHERN HEALTH**	\$235.40	\$243.64	\$247.35	\$255.10	\$263.55	\$278.10	6%
B.C.	\$231.76	\$242.90	\$248.70	\$257.36	\$281.13	\$293.63	4%

NOTES: *Vancouver Coastal Health: data were updated for 2022/23 and 2023/24. ** Northern Health: data was updated for 2023/24 and Aurora Home was removed from the Directory for 2023/24, therefore, the figures for Vancouver Coastal Health, Northern Health and B.C. differ from those published in previous years.

RANGE OF PER DIEM RATES FOR CONTRACTED LONG-TERM CARE FACILITIES, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
INTERIOR HEALTH	\$202.93- \$235.98	\$206.60- \$242.32	\$206.60- \$242.32	\$222.57- \$290.84	\$227.20- \$314.72	\$258.68- \$325.52
FRASER HEALTH	\$207.15- \$261.10	\$210.75- \$269.71	\$215.93- \$275.65	\$223.44- \$308.83	\$259.18- \$337.35	\$266.87- \$355.97
VANCOUVER COASTAL HEALTH*	\$218.37- \$299.36	\$221.83- \$309.89	\$229.36- \$316.25	\$229.35- \$316.25	\$269.38- \$354.20	\$276.91- \$408.8
VANCOUVER ISLAND HEALTH	\$199.79- \$275.15	\$212.09- \$286.77	\$227.23- \$294.47	\$250.48- \$300.02	\$273.55- \$327.97	\$282.26- \$349.95
NORTHERN HEALTH**	\$230.68- \$235.76	\$237.90- \$244.08	\$241.58- \$247.86	\$247.49- \$255.80	\$263.41- \$264.98	\$270.80- \$349.04
B.C.	\$199.79- \$299.36	\$206.60- \$309.89	\$206.60- \$316.25	\$222.57- \$316.25	\$227.20- \$354.20	\$258.68- \$408.80

NOTES: *Vancouver Coastal Health: data were updated for 2022/23 and 2023/24. ** Northern Health: data was updated for 2023/24 and Aurora Home was removed from the Directory for 2023/24, therefore, the figures for Vancouver Coastal Health, Northern Health and B.C. differ from those published in previous years.

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 Directory includes information on several of these indicators for long-term care, 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 are determined by each facility based on assessed resident needs and on the availability of therapists. Physical therapy promotes mobility and function and supports residents with muscle strengthening and balance. Occupational therapy helps residents with activities of daily living such as bathing, dressing and eating to improve and maintain independence; and ensures equipment, such as wheelchairs and walkers, are properly fitted. 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 services.

In 2024/25, 11% of residents received physical therapy, unchanged since 2019/20 except for a slight decline in 2020/21. Recreational therapy was provided to 31% of residents, unchanged from 2023/24 and slightly higher than 30% in 2019/20. The proportion receiving occupational therapy was 6%, up slightly from 5% last year and the same as in 2019/20. Overall, the proportions of residents receiving physical, recreational, and occupational therapy have remained relatively stable over the past six years.

THERAPIES IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
PHYSICAL THERAPY	11%	10%	11%	11%	11%	11%
RECREATION THERAPY	30%	28%	30%	30%	31%	31%
OCCUPATIONAL THERAPY	6%	6%	6%	5%	5%	6%

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

THERAPIES IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
PHYSICAL THERAPY	8%	12%	11%	10%	12%	11%
% FACILITIES ABOVE B.C.	27%	32%	30%	31%	31%	31%
% FACILITIES BELOW B.C.	73%	68%	70%	69%	69%	69%
RECREATION THERAPY	31%	31%	31%	30%	31%	31%
% FACILITIES ABOVE B.C.	42%	44%	43%	42%	43%	43%
% FACILITIES BELOW B.C.	58%	56%	57%	58%	57%	57%
OCCUPATIONAL THERAPY	9%	4%	5%	9%	4%	6%
% FACILITIES ABOVE B.C.	35%	18%	24%	39%	20%	27%
% FACILITIES BELOW B.C.	65%	82%	76%	61%	80%	73%

MEDICATION USE

The use of multiple medications, commonly referred to as polypharmacy, is more common among older adults to help manage acute and chronic health conditions. Taking too many medications can lead to safety concerns including harmful side effects and drug interactions.

In 2024/25, 47% of residents were taking nine or more medications, a trend that has steadily increased over the past six years. A higher proportion of residents in health authority-owned sites (52%) took nine or more medications compared to residents in contracted facilities (46%), with both rates higher than last year.

MEDICATION USE IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
% OF RESIDENT TAKING NINE OR MORE MEDICATIONS	38%	39%	42%	45%	46%	47%

MEDICATION USE IN LONG-TERM CARE BY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENT TAKING NINE OR MORE MEDICATIONS	51%	44%	46%	52%	46%	47%
% FACILITIES ABOVE B.C.	59%	46%	51%	59%	46%	51%
% FACILITIES BELOW B.C.	41%	54%	49%	41%	54%	49%

ANTIPSYCHOTIC AND ANTIDEPRESSANT USE

In 2024/25, the proportion of residents taking antipsychotics without a diagnosis of psychosis remained at 28%, unchanged over the last three years but higher than 24% in 2019/20. This rate was higher in health authority-owned facilities (30%) than in contracted facilities (27%), consistent with last year. The proportion of residents taking antipsychotics with or without a diagnosis of psychosis continued to rise, increasing from 30% in 2019/20 to 36% in 2024/25. This rate was higher in contracted facilities (37%) compared to health authority-owned facilities (35%). Overall, antipsychotics use in long-term care has followed an upward trend since 2019/20 and has not improved.

USE OF ANTIPSYCHOTICS IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
% TAKING ANTIPSYCHOTICS WITHOUT A DIAGNOSIS OF PSYCHOSIS	24%	26%	27%	28%	28%	28%
% TAKING ANTIPSYCHOTICS WITH OR WITHOUT A DIAGNOSIS OF PSYCHOSIS	30%	32%	34%	35%	35%	36%

USE OF ANTIPSYCHOTICS IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% TAKING ANTIPSYCHOTICS WITHOUT A DIAGNOSIS OF PSYCHOSIS	30%	27%	28%	30%	27%	28%
% FACILITIES ABOVE B.C.	51%	43%	46%	57%	46%	50%
% FACILITIES BELOW B.C.	49%	57%	54%	43%	54%	50%
% TAKING ANTIPSYCHOTICS WITH OR WITHOUT A DIAGNOSIS OF PSYCHOSIS	35%	35%	35%	35%	37%	36%
% FACILITIES ABOVE B.C.	44%	46%	45%	43%	53%	49%
% FACILITIES BELOW B.C.	56%	54%	55%	57%	47%	51%

The proportion of residents diagnosed with depression decreased slightly to 21%, down from 22% in 2023/24 and 23% in 2019/20. In contrast, the proportion of residents receiving antidepressant medication has continued to increase to 53% up from 49% in 2019/20. More than twice as many residents were on antidepressants compared to residents with a recorded clinical diagnosis of depression. The rate of depression diagnoses was slightly higher in contracted facilities (22%) than in health authority-owned facilities (21%) while the proportion of residents receiving antidepressant medication was slightly higher in health authority-owned facilities (54%) compared to contracted facilities (52%).

DEPRESSION INDICATORS IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
% DIAGNOSED WITH DEPRESSION	23%	23%	23%	23%	22%	21%
% RECEIVING ANTIDEPRESSANT MEDICATION	49%	50%	51%	51%	52%	53%

DEPRESSION INDICATORS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% DIAGNOSED WITH DEPRESSION	23%	22%	22%	21%	22%	21%
% FACILITIES ABOVE B.C.	48%	46%	47%	43%	47%	45%
% FACILITIES BELOW B.C.	52%	54%	53%	57%	53%	55%
% RECEIVING ANTIDEPRESSANT MEDICATION	53%	51%	52%	54%	52%	53%
% FACILITIES ABOVE B.C.	59%	52%	55%	55%	52%	53%
% FACILITIES BELOW B.C.	41%	48%	45%	45%	48%	47%

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, as well as reclining chairs from which a resident cannot rise. The percentage of residents with daily physical restraints remained at 6.2%, slightly higher than 5.9% in 2023/24 but lower than 6.6% in 2019/20. The proportion of residents with daily physical restraints was higher for health authority-owned facilities (9%) than for contracted facilities (5%).

DAILY PHYSICAL RESTRAINTS IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
% OF RESIDENT WITH DAILY PHYSICAL RESTRAINTS	6.6%	6.5%	6.4%	6.0%	5.9%	6.2%

DAILY PHYSICAL RESTRAINTS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENT WITH DAILY PHYSICAL RESTRAINTS	8%	5%	6%	9%	5%	6%
% FACILITIES ABOVE B.C.	49%	31%	38%	54%	28%	37%
% FACILITIES BELOW B.C.	51%	69%	63%	46%	72%	63%

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 percentage of residents who experienced falls has remained at 13% since 2019/20, except for a slight decrease to 12% in 2023/24. The proportion of residents with falls continues to be higher for contracted facilities (13%) than for health authority-owned facilities (12%).

PERCENT OF RESIDENTS WITH FALLS IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
% OF RESIDENT WITH FALLS	13%	13%	13%	13%	12%	13%

PERCENT OF RESIDENTS WITH FALLS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENT WITH FALLS	11%	13%	12%	12%	13%	13%
% FACILITIES ABOVE B.C.	41%	50%	47%	46%	46%	46%
% FACILITIES BELOW B.C.	59%	50%	53%	54%	54%	54%

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 disease, and improper nutrition or hydration.

The percentage of residents with worsened pressure ulcers remained unchanged at 2% since 2019/20. The proportion of residents with worsened pressure ulcers continued to be slightly higher in health authority-owned facilities (3%) compared to contracted facilities (2%).

PERCENT OF RESIDENTS WITH WORSENED PRESSURE ULCER IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
% OF RESIDENT WITH WORSENED PRESSURE ULCER	2%	2%	2%	2%	2%	2%

PERCENT OF RESIDENTS WITH WORSENED PRESSURE ULCER IN LONG-TERM CARE BY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	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.	54%	34%	41%	60%	33%	43%
% FACILITIES BELOW B.C.	46%	66%	59%	40%	67%	57%

EMERGENCY ROOM VISITS

Given the complexity of many residents' care needs, some trips to the emergency department are to be expected, that cannot be managed within a long-term care facility. The percentage of residents with four or more emergency room visits in one year increased to 1.5%, the highest in the past three years. The rate in health authority-owned facilities (2.0%) continued to be higher than in contracted facilities (1.2%).

PERCENT OF RESIDENTS WITH FOUR OR MORE EMERGENCY ROOM VISITS IN LONG-TERM CARE, 2022/23-2024/25

INDICATOR	2022/23	2023/24	2024/25
% OF RESIDENTS WITH FOUR OR MORE EMERGENCY ROOM VISITS	1.4%	1.1%	1.5%

PERCENT OF RESIDENTS WITH FOUR OR MORE EMERGENCY ROOM VISITS IN LONG-TERM CARE BY OWNERSHIP, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% OF RESIDENT WITH FOUR OR MORE EMERGENCY ROOM VISITS	1.4%	1.0%	1.1%	2.0%	1.2%	1.5%
% RESIDENCES ABOVE B.C.	40%	33%	36%	44%	35%	39%
% RESIDENCES BELOW B.C.	60%	67%	64%	56%	65%	61%

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 is to vaccinate vulnerable seniors and everyone close to them against influenza. In long-term care, this includes both residents and the health care workers who care for them.

Since 2012, B.C. has had an influenza prevention policy in health care facilities, including long-term care, requiring all health care workers to be vaccinated against influenza or wear a mask in patient care areas throughout the influenza season. All B.C. health care worker and medical staff (i.e., physicians) employed by a health authority are expected to report what they do to prevent flu – whether by being vaccinated or wearing a mask in patient care areas.

In 2024/25, 94% of facilities reported influenza vaccination data for residents, while 85% reported data for health care workers. Among reporting facilities, 82% of residents and 34% of health care workers were vaccinated for influenza, both the lowest rates in the past six years. The influenza vaccination rate for health care workers has continued to decline since the influenza prevention policy was enacted in 2012, however, this is largely attributed to lower self-reporting by health care staff since the pandemic. Although a new immune status reporting requirement for health care workers in B.C. took effect on July 26, 2024, the policy led to only a modest increase in reporting rate. Overall, the influenza vaccination rate among health care workers still remained low.

In 2024/25, the proportion of residents vaccinated in health authority facilities was lower than in contracted facilities, while a higher proportion of health care workers were vaccinated in health authority facilities compared to contracted facilities. Facilities with fewer than 20 staff or residents are not included in these calculations.

INFLUENZA VACCINATION COVERAGE IN LONG-TERM CARE BY OWNERSHIP TYPE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
% RESIDENTS VACCINATED FOR INFLUENZA	85%	89%	90%	88%	84%	82%
% HEALTH CARE WORKERS VACCINATED FOR INFLUENZA	69%	63%	54%	39%	35%	34%

INFLUENZA VACCINATION COVERAGE IN LONG-TERM CARE BY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
% RESIDENTS VACCINATED FOR INFLUENZA	84%	84%	84%	81%	83%	82%
% FACILITIES ABOVE B.C.	55%	62%	59%	48%	57%	54%
% FACILITIES BELOW B.C.	45%	38%	41%	52%	43%	46%
% HEALTH CARE WORKERS VACCINATED FOR INFLUENZA	34%	36%	35%	37%	32%	34%
% FACILITIES ABOVE B.C.	37%	52%	45%	62%	45%	52%
% FACILITIES BELOW B.C.	63%	48%	55%	38%	55%	48%

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/or be at risk of death. Serious illness is more common in older people and those with certain chronic health conditions. It is strongly recommended that adults 65 years and older receive the COVID-19 vaccine to prevent severe illness, hospitalization and death.

Staff vaccination data are not included in this report because there was a public health order requiring all staff who work in long-term care to be vaccinated against COVID-19 until the order was lifted on July 26, 2024. Effective July 2024, health care workers working in public health facilities are required to report their immunization for COVID-19 and influenza. Data was not available for time of reporting. In 2024/25, 70% of residents in health authority-owned sites and 69% in contracted facilities received COVID-19 vaccinations. The rate varied across health authorities, ranging from 65% in Interior Health to 73% in Vancouver Island Health.

RESIDENT COVID-19 VACCINATION IN LONG-TERM CARE BY HEALTH AUTHORITY AND OWNERSHIP TYPE, 2024/25

INDICATOR	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	66%	65%	65%
FRASER HEALTH	68%	70%	70%
VANCOUVER COASTAL HEALTH	73%	68%	70%
VANCOUVER ISLAND HEALTH	74%	72%	73%
NORTHERN HEALTH	70%	63%	69%
B.C.	70%	69%	69%

NOTES: The coverage period is from July 1, 2024 to June 30, 2025.

LONG-TERM CARE LICENSING

INSPECTIONS

All long-term care facilities in B.C. are regulated and licensed under the Community Care and Assisted Living Act (CCALA) or the Hospital Act regardless of whether they receive funding from a health authority, another agency or private-pay clients. The Health Authority Community Care Facility Licensing Programs issue licences and conduct regular health and safety inspections to make sure facilities are providing safe care to residents. Additional inspections may be conducted if they receive care quality complaints from residents or family members.

In 2024/25, 94% of long-term care facilities in B.C. had an inspection, slightly below 96% in 2023/24 but well above 84% in 2019/20. Overall, there were 789 inspections conducted with 1,061 licensing infractions found. This represented a 22% decrease from last year (1,367 infractions), a 10% decrease from 2019/20 (1,175 infractions), although it was still 30% higher than the lowest recorded level in 2020/21 (819 infractions) over the past six years.

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 in facilities inspected. The provincial average was 37 infractions per 1,000 beds, with Fraser Health being the lowest at 12 per 1,000 beds, and Interior Health having the highest at 61. The provincial rate was the second lowest in the past six years, just above the lowest recorded rate of 36 in 2020/21, while the highest rate of 62 occurred in 2021/22. Most infractions related to records and reporting (22%), care and supervision (18%), staffing (16%), the physical environment (15%), and policies and procedures (11%). Across B.C., health authority-owned facilities had more infractions per 1,000 beds (48) than contracted facilities (32), consistent with the pattern observed last year.

FACILITY INSPECTIONS IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
% OF FACILITIES INSPECTED	84%	73%	79%	86%	96%	94%
NUMBER OF INSPECTIONS	687	746	756	857	867	789
NUMBER OF LICENSING INFRACTIONS FOUND	1,175	819	1,478	1,394	1,367	1,061
INFRACTION PER 1,000 BEDS IN FACILITIES INSPECTED	46	36	62	54	48	37

NOTES: : Aurora Home was removed from the 2024 Directory, therefore, the figures differ from those published last year.

FACILITY INSPECTIONS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2023/24-2024/25

	INDICATOR	2023/24			2024/25		
		HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	NUMBER OF FACILITIES	40	40	80	40	41	81
	% OF FACILITIES INSPECTED	90%	98%	94%	93%	88%	90%
	NUMBER OF INSPECTIONS	53	72	125	67	81	148
	NUMBER OF LICENSING INFRACTIONS FOUND	308	169	477	226	140	366
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	127	46	78	90	40	61
FRASER HEALTH	NUMBER OF FACILITIES	16	63	79	16	64	80
	% OF FACILITIES INSPECTED	100%	100%	100%	100%	100%	100%
	NUMBER OF INSPECTIONS	67	267	334	59	268	327
	NUMBER OF LICENSING INFRACTIONS FOUND	39	237	276	25	95	120
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	21	31	29	13	12	12
VANCOUVER COASTAL HEALTH	NUMBER OF FACILITIES	17	38	55	16	39	55
	% OF FACILITIES INSPECTED	88%	100%	96%	88%	87%	87%
	NUMBER OF INSPECTIONS	84	235	319	56	161	217
	NUMBER OF LICENSING INFRACTIONS FOUND	107	184	291	101	209	310
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	57	40	45	59	49	52
VANCOUVER ISLAND HEALTH	NUMBER OF FACILITIES	17	42	59	17	43	60
	% OF FACILITIES INSPECTED	88%	90%	90%	100%	100%	100%
	NUMBER OF INSPECTIONS	16	44	60	19	53	72
	NUMBER OF LICENSING INFRACTIONS FOUND	40	204	244	45	188	233
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	24	53	44	26	44	39
NORTHERN HEALTH	NUMBER OF FACILITIES	22	2	24	22	3	25
	% OF FACILITIES INSPECTED	100%	100%	100%	86%	100%	88%
	NUMBER OF INSPECTIONS	27	2	29	22	3	25
	NUMBER OF LICENSING INFRACTIONS FOUND	76	3	79	31	1	32
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	74	20	67	32	6	28
B.C.	NUMBER OF FACILITIES	112	185	297	111	190	301
	% OF FACILITIES INSPECTED	93%	97%	96%	93%	95%	94%
	NUMBER OF INSPECTIONS	247	620	867	223	566	789
	NUMBER OF LICENSING INFRACTIONS FOUND	570	797	1,367	428	633	1,061
	INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED	65	40	48	48	32	37

NOTES: Aurora Home was removed from the 2024 Directory, therefore, the figures differ from those published last year.

RISK

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

Health authorities reported risk assessment data for 76% of facilities. Among these facilities, the average risk score was 9 (low). The average risk score was higher in health authority-owned facilities (11) than contracted facilities (8). All health authorities remained within the low-risk band, with Fraser Health reporting the lowest average score at 5, followed by Northern Health at 10, and Interior Health, Vancouver Coastal Health, and Island Health each at 11.

AVERAGE RISK SCORE IN LONG-TERM CARE, 2023/24-2024/25

HEALTH AUTHORITY	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH	12	10	11	11	10	11
FRASER HEALTH	7	7	7	6	5	5
VANCOUVER COASTAL HEALTH	15	9	11	16	9	11
VANCOUVER ISLAND HEALTH	13	13	13	11	11	11
NORTHERN HEALTH	12	11	12	11	5	10
B.C.	12	9	10	11	8	9

NOTES: Data is not available for Hospital Act facilities in Interior Health, Vancouver Island Health and Northern Health and therefore only includes facilities licensed under the Community Care and Assisted Living Act (CCALA) for these three health authorities. Aurora Home was removed from the 2024 Directory, therefore, the figures differ from those published last year.

LICENSING COMPLAINTS

Licensing offices in each health authority receive complaints about care and services in facilities and investigate them to determine whether the complaints are substantiated and identify any licensing infractions. In 2024/25, there were 398 licensing complaints, the lowest recorded in the past six years, 3% and 31% lower than in 2023/24 and 2019/20 respectively. Of these, 152 (38%) were substantiated, resulting in some form of licensing violation. This represented a 21% increase from 2023/24 but a 22% decrease compared to 2019/20.

Vancouver Island Health reported the highest rates of complaints (30.2 per 1,000 beds) and substantiated complaints (14.8 per 1,000 beds), both well above the provincial averages of 13.9 and 5.3, respectively. Northern Health had a higher complaint rate (17.6 per 1,000 beds) than the provincial average while its substantiated complaint rate remained below the provincial level. Fraser Health, Interior Health, and Vancouver Coastal Health reported both complaint and substantiated complaint rates below the provincial averages. In B.C., the rate of both complaints and substantiated complaints per 1,000 beds was higher in contracted facilities (15.9 and 6.3, respectively) compared to health authority-owned facilities (8.8 and 2.8, respectively).

LICENSING COMPLAINTS IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
TOTAL COMPLAINTS	580	538	409	461	409	398
TOTAL SUBSTANTIATED COMPLAINTS	195	162	146	128	126	152
COMPLAINTS PER 1,000 BEDS	20.2	18.5	14.8	16.5	14.6	13.9
SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	7.1	5.8	5.3	4.6	4.5	5.3

NOTES: Complaints and substantiated complaints are only available for facilities licensed under CCALA for Interior Health and Northern Health. Substantiated complaints are not available for facilities licensed under Hospital Act for Vancouver Island Health in 2024/25.

LICENSING COMPLAINTS IN LONG-TERM CARE BY FACILITY OWNERSHIP TYPE, 2023/24- 2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH*	TOTAL COMPLAINTS	7	52	59	11	56
	TOTAL SUBSTANTIATED COMPLAINTS	2	13	15	5	15
	% SUBSTANTIATED COMPLAINTS	29%	25%	25%	45%	27%
	COMPLAINTS PER 1,000 BEDS	4.7	14.1	11.4	7.4	14.3
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	1.4	3.5	2.9	3.4	3.8
FRASER HEALTH	TOTAL COMPLAINTS	15	59	74	14	63
	TOTAL SUBSTANTIATED COMPLAINTS	7	10	17	0	11
	% SUBSTANTIATED COMPLAINTS	47%	17%	23%	0%	17%
	COMPLAINTS PER 1,000 BEDS	8.2	7.8	7.9	7.3	8.2
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	3.8	1.3	1.8	0.0	1.4
VANCOUVER COASTAL HEALTH	TOTAL COMPLAINTS	16	44	60	9	47
	TOTAL SUBSTANTIATED COMPLAINTS	8	23	31	7	22
	% SUBSTANTIATED COMPLAINTS	50%	52%	52%	78%	47%
	COMPLAINTS PER 1,000 BEDS	8.2	9.5	9.1	4.5	10.1
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	4.1	4.9	4.7	3.5	4.7
VANCOUVER ISLAND HEALTH**	TOTAL COMPLAINTS	25	173	198	20	162
	TOTAL SUBSTANTIATED COMPLAINTS	3	52	55	7	82
	% SUBSTANTIATED COMPLAINTS	12%	30%	28%	35%	51%
	COMPLAINTS PER 1,000 BEDS	14.7	41.4	33.6	11.6	37.7
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	1.8	12.4	9.3	4.1	19.1

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
NORTHERN HEALTH*	TOTAL COMPLAINTS	17	1	18	16	0
	TOTAL SUBSTANTIATED COMPLAINTS	7	1	8	3	0
	% SUBSTANTIATED COMPLAINTS	41%	100%	44%	19%	0%
	COMPLAINTS PER 1,000 BEDS	19.5	52.6	20.2	18.3	0.0
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	8.0	52.6	9.0	3.4	0.0
B.C.	TOTAL COMPLAINTS	80	329	409	70	328
	TOTAL SUBSTANTIATED COMPLAINTS	27	99	126	22	130
	% SUBSTANTIATED COMPLAINTS	34%	30%	31%	31%	40%
	COMPLAINTS PER 1,000 BEDS	10.2	16.4	14.6	8.8	15.9
	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS	3.4	4.9	4.5	2.8	6.3

NOTES: *Interior Health and Northern Health: Complaints and substantiated complaints are only available for facilities licensed under the CCALA. **Vancouver Island Health: Substantiated complaints are not available for facilities licensed under Hospital Act in 2024/25. Aurora Home was removed from the 2024 Directory, therefore, the figures differ from those published last year.

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 and inspect facilities as necessary. Note that reportable incidents are not available for Vancouver Island Health Hospital Act facilities.

In 2024/25, 20,235 incidents were reported, the highest number in the past six years, representing a 14% increase from 2023/24. The incidents per 100 beds also reached the highest level in the past six years, increasing from 63.8 in 2023/24 to 71.6 in 2024/2025, up 12%. The incidents per 100 beds were the highest in Interior Health (87.3) and lowest in Vancouver Coastal Health (62.8). Overall, reportable incidents per 100 beds were higher in health authority-owned facilities (73.2) compared to contracted facilities (71.0).

TOTAL INCIDENTS IN LONG-TERM CARE, 2019/20-2024/25

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
TOTAL INCIDENTS	17,909	13,565	19,056	18,221	17,715	20,235
TOTAL INCIDENTS PER 100 BEDS	66.1	49.0	69.4	65.8	63.8	71.6

NOTES: Data is not available for Hospital Act facilities in Vancouver Island Health and therefore only includes facilities licensed under CCALA. Aurora Home was removed from the 2024 Directory, therefore, the figures differ from those published last year.

REPORTABLE INCIDENTS IN LONG-TERM CARE BY OWNERSHIP TYPE, 2023/24-2024/25

INDICATOR	2023/24			2024/25		
	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES	HEALTH AUTHORITY	CONTRACTED	ALL FACILITIES
INTERIOR HEALTH						
TOTAL INCIDENTS	2,116	2,833	4,949	2,395	3,308	5,703
TOTAL INCIDENTS PER 100 BEDS	81.0	74.8	77.3	91.7	84.4	87.3
FRASER HEALTH						
TOTAL INCIDENTS	989	3,961	4,950	1,403	5,092	6,495
TOTAL INCIDENTS PER 100 BEDS	53.8	52.4	52.6	73.2	66.1	67.5
VANCOUVER COASTAL HEALTH						
TOTAL INCIDENTS	1,013	3,026	4,039	933	3,229	4,162
TOTAL INCIDENTS PER 100 BEDS	51.7	65.0	61.1	47.0	69.6	62.8
VANCOUVER ISLAND HEALTH*						
TOTAL INCIDENTS	492	2,539	3,031	517	2,567	3,084
TOTAL INCIDENTS PER 100 BEDS	85.4	70.9	72.9	89.8	69.4	72.1
NORTHERN HEALTH						
TOTAL INCIDENTS	664	82	746	700	91	791
TOTAL INCIDENTS PER 100 BEDS	64.8	55.0	63.5	67.5	55.8	65.9
B.C.						
TOTAL INCIDENTS	5,274	12,441	17,715	5,948	14,287	20,235
TOTAL INCIDENTS PER 100 BEDS	65.8	63.0	63.8	73.2	71.0	71.6

NOTES: *Vancouver Island Health: Data is not available for Hospital Act facilities and therefore only includes facilities licensed under CCALA. Aurora Home was removed from the 2024 Directory, therefore, the figures differ from those published last year.

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, toileting, mobility, dressing, grooming, bathing, and personal hygiene)
- assistance with managing medication
- therapeutic diet support
- safekeeping of money and other personal property
- behaviour 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 includes information on 133 publicly-subsidized assisted living residences; fully private-pay residences are not included. Of these, seven residences with 180 units are operated directly by health authorities, unchanged over the past three years. The remaining 126 residences, with 4,154 units, are operated by contractors funded by health authorities, seven units fewer than last year and 28 more than in 2021/22. In total, B.C. has 4,334 publicly-subsidized assisted living units: 4% are owned and operated by health authorities, 66% by private not-for-profit organizations, and 30% by private for-profit operators.

Health authority-owned residences are located only in Northern Health (6) and Vancouver Coastal Health (1). Fraser Health accounts for the largest share of publicly-subsidized units (31%), followed by Vancouver Island (22%), Interior Health (21%), Vancouver Coastal Health (20%), and Northern Health (7%).

REGISTERED ASSISTED LIVING RESIDENCE DEMOGRAPHICS BY OWNERSHIP, 2021/22-2024/25

INDICATOR	2021/22	2022/23	2023/24	2024/25
PUBLICLY-SUBSIDIZED RESIDENCES	131	134	133	133
HEALTH AUTHORITY	6	7	7	7
PRIVATE NOT FOR PROFIT	74	77	78	78
PRIVATE FOR PROFIT	51	50	48	48
PUBLICLY-SUBSIDIZED UNITS	4,299	4,337	4,341	4,334
HEALTH AUTHORITY	173	180	180	180
PRIVATE NOT FOR PROFIT	2,720	2,791	2,854	2,854
PRIVATE FOR PROFIT	1,406	1,366	1,307	1,300

NOTES: Kiwanis House and Kiwanis Suites are combined under Kiwanis House although they are registered separately in the Assisted Living Registry. Marrion Village 1950 and Marrion Village 1980 are combined as Marrion Village although they are registered separately in the Assisted Living Registry. The ownership type for Seton Villa was corrected from 'For Profit' to 'Not For Profit' after the release of 2023 Directory. The figures for 2021/22 and 2022/23 differ from previously published reports.

REGISTERED ASSISTED LIVING RESIDENCE DEMOGRAPHICS BY OWNERSHIP AND HEALTH AUTHORITY, 2024/25

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
PUBLICLY-SUBSIDIZED RESIDENCES	38	30	18	30	17
HEALTH AUTHORITY	0	0	1	0	6
PRIVATE NOT FOR PROFIT	17	20	13	19	9
PRIVATE FOR PROFIT	21	10	4	11	2
PUBLICLY-SUBSIDIZED UNITS	926	1,333	847	935	293
HEALTH AUTHORITY	0	0	30	0	150
PRIVATE NOT FOR PROFIT	524	938	673	612	107
PRIVATE FOR PROFIT	402	395	144	323	36

NOTES: Kiwanis House and Kiwanis Suites are combined under Kiwanis House although they are registered separately in the Assisted Living Registry. Marrion Village 1950 and Marrion Village 1980 are combined as Marrion Village although they are registered separately in the Assisted Living Registry.

WHO IS LIVING IN ASSISTED LIVING?

People in publicly-subsidized assisted living residences are distinguished from residents living in long-term care because they:

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

Residents in publicly-subsidized assisted living must complete a standardized clinical assessment before moving in, every year, and whenever their health changes significantly. Health authority clinicians use interRAI clinical assessments to measure overall health status and clinical and functional needs to ensure personal care plans are developed according to the resident's specific needs.

RESIDENT DEMOGRAPHICS

The average age of residents in publicly-subsidized assisted living was 82 years, unchanged from last year; it is slightly lower in the Interior Health at 78 years due to the higher proportion of residents under 65 (18%) and lower proportion of residents 85 and older (36%). Across the other four health authorities, the percentage of residents 85 years and older ranged from 42% in Vancouver Island Health to 53% in Fraser Health and Vancouver Coastal Health; the proportion of residents under 65 ranged from 5% in Vancouver Coastal Health to 12% in Northern Health.

The percentage of female residents dropped to 66% from 68% last year, ranging from 62% in Vancouver Coastal Health to 69% in Fraser Health. The percentage of residents in a wheelchair has remained at 17% over the past three years, varying from 16% to 20% in four health authorities, with Vancouver Coastal Health reporting the lowest rate at 12%.

RESIDENTS DEMOGRAPHICS IN ASSISTED LIVING, 2022/23-2024/25

INDICATOR	2022/23	2023/24	2024/25
AVERAGE AGE	81	82	82
% OF RESIDENTS 85+	47%	47%	47%
% OF RESIDENTS <65	10%	9%	10%
% RESIDENTS THAT ARE FEMALE	68%	68%	66%
% OF RESIDENTS IN A WHEELCHAIR	17%	17%	17%

RESIDENT DEMOGRAPHICS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2024/25

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
AVERAGE AGE	78	84	84	81	80
% OF RESIDENTS 85+	36%	53%	53%	42%	44%
% OF RESIDENTS <65	18%	6%	5%	9%	12%

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
% RESIDENTS THAT ARE FEMALE	65%	69%	62%	68%	66%
% OF RESIDENTS IN A WHEELCHAIR	20%	18%	12%	16%	20%

WAIT TIME

The wait time for assisted living is the time it takes for a senior to be placed into a residence and is measured from the time they are assessed to be accepted for service until they are admitted. Factors affecting wait times include the client's preferred residence, the number of people waiting, and the availability and size of residences in the community. Wait times are calculated for all residents who were newly-admitted in 2024/25.

The provincial average wait time has risen steadily over the past three years, reaching 168 days in 2024/25, 36 days longer than in 2023/24 and 51 days longer than in 2022/23. Wait times ranged from zero to a maximum of 1,817 days (5 years). All health authorities experienced continuous increases over the past three years, except Northern Health, which saw a decrease in 2023/24. In 2024/25, Northern Health recorded the longest average wait time at 519 days, followed by Vancouver Island Health at 286 days, Vancouver Coastal Health at 156 days and both Interior Health and Fraser Health at 119 days.

The median wait time is the number of days that half of the residents waited less, and half waited more before admission, ranging from 59 days in Interior Health to 424 days in Northern Health. The median wait time increased across all health authorities since 2021/22.

AVERAGE WAIT TIME (DAYS) FOR ADMISSIONS INTO ASSISTED LIVING BY HEALTH AUTHORITY, 2021/22 - 2024/25

HEALTH AUTHORITY	2021/22	2022/23	2023/24	2024/25
INTERIOR HEALTH	131	110	110	119
FRASER HEALTH	83	91	105	119
VANCOUVER COASTAL HEALTH	81	75	107	156
VANCOUVER ISLAND HEALTH	97	121	171	286
NORTHERN HEALTH	488	408	338	519
B.C.	N/A	117	132	168

MEDIAN WAIT TIME (DAYS) FOR ADMISSIONS INTO ASSISTED LIVING BY HEALTH AUTHORITY, 2021/22-2024/25

HEALTH AUTHORITY	2021/22	2022/23	2023/24	2024/25
INTERIOR HEALTH	51	59	49	59
FRASER HEALTH	75	66	82	80
VANCOUVER COASTAL HEALTH	51	51	78	122
VANCOUVER ISLAND HEALTH	76	95	148	273
NORTHERN HEALTH	410	246	160	424

CARE NEEDS OF RESIDENTS

InterRAI developed a few outcome scales and screening algorithms to measure the complexity and frailty of long-term care and assisted living resident population. This summary highlights four indicators:

- **Activities of Daily Living Self-Performance Scale (ADL)** uses a seven-point scale to measure the level of independence with respect to various activities of daily living including personal hygiene, toilet use, movement and eating. A higher ADL score indicates a greater degree of dependence in performing these essential activities. ADL 3+ includes residents who need limited assistance in toilet use or personal hygiene to those who are completely dependent on others to perform these activities.
- **Instrumental Activities of Daily Living Difficulty Scale (IADL)** measures the resident's ability to perform everyday tasks. The specific tasks assessed vary by tool: RAI-HC includes meal preparation, ordinary housework and phone use, while interRAI-HC includes meal preparation, ordinary housework, shopping, managing finances and managing medications. Scores range from 0 to 6 with higher scores indicating greater difficulty in completing IADLs. IADL 3+ refers to residents who require limited assistance to complete dependence on others for these activities.
- **Method for Assigning Priority Levels (MAPLe)** uses a five-point scale to assign priority levels for residents needing community or facility-based services; this is a powerful predictor of admission to long-term care or increased home support/personal care services. In most cases, residents with MAPLe 4 or 5 have complex conditions and are at high risk for long-term care placement.
- **Cognitive Performance Scale (CPS)** is a seven-point scale used to assess a resident's cognitive status based on several indicators such as short-term memory, daily decision making, making self understood and eating. The CPS score ranges from 0 (intact) to 6 (very severe impairment). CPS 3+ describes the range of residents with moderate, severe or very severe cognitive impairments.

COMPLEXITY OF RESIDENTS IN ASSISTED LIVING, 2022/23-2024/25

INDICATOR	2022/23	2023/24	2024/25
% OF RESIDENTS DEPENDENT IN ACTIVITIES OF DAILY LIVING (ADL 3+)	16%	17%	18%
% OF RESIDENTS DEPENDENT IN INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL 3+)	77%	77%	77%
% OF RESIDENT WITH MAPLE SCORE (MAPLE 4+)	49%	48%	48%

COMPLEXITY OF RESIDENTS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2024/25

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
% OF RESIDENTS DEPENDENT IN ACTIVITIES OF DAILY LIVING (ADL 3+)	19%	25%	10%	13%	21%
% OF RESIDENTS DEPENDENT IN INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL 3+)	82%	93%	88%	28%	97%
% OF RESIDENTS WITH MAPLE SCORE (MAPLE 4+)	52%	48%	43%	44%	52%

In B.C., 18% of residents had ADL scores of 3+, a slight increase from 17% in 2023/24 and 16% in 2022/23. This rate ranged from 10% in Vancouver Coastal Health to 25% in Fraser Health.

The proportion of residents with IADL 3+ in B.C. remained steady at 77% over the past three years, ranging from 82% to 97% across four health authorities. However, Vancouver Island Health reported a significantly lower rate at 28%.

The proportion of residents with MAPLe 4+ in B.C. was 48%, unchanged from last year and down slightly from 49% in 2022/23. The rate was relatively consistent across health authorities, ranging from 43% in Vancouver Coastal Health to 52% in Interior Health and Northern Health.

COGNITIVE IMPAIRMENT IN ASSISTED LIVING, 2022/23-2024/25

INDICATOR	2022/23	2023/24	2024/25
% OF RESIDENTS WITH MODERATE TO SEVERE COGNITIVE IMPAIRMENT (CPS 3+)	12%	12%	14%
% OF RESIDENTS WITH DEMENTIA	23%	23%	23%

COGNITIVE IMPAIRMENT IN ASSISTED LIVING BY HEALTH AUTHORITY, 2024/25

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
% OF RESIDENTS WITH MODERATE TO SEVERE COGNITIVE IMPAIRMENT (CPS 3+)	14%	18%	8%	9%	15%
% OF RESIDENTS WITH DEMENTIA	24%	26%	21%	21%	23%

The proportion of residents with CPS 3+ was 14%, up from 12% in both 2022/23 and 2023/24. The rate was below 10% in Vancouver Coastal Health and Vancouver Island Health, compared to 18% in Fraser Health, 15% in Northern Health and 14% in Interior Health.

The proportion of residents with dementia in B.C. has remained at 23% over the past three years and is relatively consistent across health authorities, ranging from 21% in Vancouver Coastal Health and Vancouver Island Health to 26% in Fraser Health.

SOCIALIZATION

The majority (96%) of assisted living residents feel comfortable interacting with family, friends, and health professionals, slightly up from 95% in 2022/23 and 2023/24. The rate was consistent across all health authorities.

The proportion of residents reporting or indicating loneliness has steadily declined over the past three years, dropping to 24% in 2024/25 from 26% in 2023/24 and 27% in 2022/23. However, rates vary significantly by health authorities: about one in five residents reported loneliness in Fraser Health and Vancouver Island Health, compared to roughly one in three in Interior Health and Northern Health. Vancouver Coastal Health had the lowest rate, with only 13% of residents reporting loneliness.

SOCIAL INTERACTION IN ASSISTED LIVING, 2022/23-2024/25

INDICATOR	2022/23	2023/24	2024/25
% OF RESIDENTS AT EASE INTERACTING WITH OTHERS*	95%	95%	96%
% OF RESIDENTS SAYING OR INDICATING THAT THEY ARE LONELY	27%	26%	24%

NOTES: *This indicator is not comparable between RAI-HC and interRAI-HC, therefore, it includes only RAI-HC data for 2024/25.

SOCIAL INTERACTION IN ASSISTED LIVING BY HEALTH AUTHORITY, 2024/25

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
% OF RESIDENTS AT EASE INTERACTING WITH OTHERS*	95%	97%	95%	95%	94%
% OF RESIDENTS SAYING OR INDICATING THAT THEY ARE LONELY	38%	20%	13%	21%	30%

NOTES: *This indicator is not comparable between RAI-HC and interRAI-HC, therefore, it includes only RAI-HC data for 2024/25.

Some residents exhibit behaviors that may be harmful or disruptive to others. This indicator includes four behaviours: verbally abusive (i.e., threatened, screamed at or cursed at others), physically abusive (i.e., hit, shoved, scratched or sexually abused others), socially inappropriate/disruptive (i.e., disruptive sounds or behaviour causing distress to others) and care resistance (i.e., resist taking medications/injections or resist assistance in eating or changes in position). In B.C., 9% of residents displayed these behaviours in 2024/25, up slightly from 8% from the previous two years. Rates were similar in Fraser Health, Vancouver Coastal Health, and Vancouver Island Health (6%–7%), compared to higher rates in Interior Health and Northern Health (12%–13%).

PROBLEM BEHAVIOUR IN ASSISTED LIVING, 2022/23-2024/25

INDICATOR	2022/23	2023/24	2024/25
% OF RESIDENTS WITH PROBLEM BEHAVIOUR	8%	8%	9%

PROBLEM BEHAVIOUR IN ASSISTED LIVING BY HEALTH AUTHORITY, 2024/25

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
% OF RESIDENTS WITH PROBLEM BEHAVIOUR	13%	7%	6%	7%	12%

LENGTH OF STAY

The length of stay refers to the period of time from a resident's admission to an assisted living residence until they are discharged or pass away. In B.C., the average length of stay was 1,205 days (3.3 years), slightly down from 1,222 days in 2023/24 and 1,209 days in 2022/23. Both the average and median lengths of stay were shortest in Interior Health (1,067 and 689 days, respectively) and longest in Vancouver Coastal Health (1,504 and 1,081 days, respectively).

AVERAGE LENGTH OF STAY (DAYS) IN ASSISTED LIVING BY HEALTH AUTHORITY, 2021/22-2024/25

HEALTH AUTHORITY	2021/22	2022/23	2023/24	2024/25
INTERIOR HEALTH	942	950	1,039	1,067
FRASER HEALTH	1,208	1,171	1,177	1,093
VANCOUVER COASTAL HEALTH	1,322	1,487	1,472	1,504
VANCOUVER ISLAND HEALTH	1,328	1,354	1,389	1,436
NORTHERN HEALTH	916	1,157	1,152	1,160
B.C.	N/A	1,209	1,222	1,205

MEDIAN LENGTH OF STAY (DAYS) IN ASSISTED LIVING BY HEALTH AUTHORITY, 2023/24-2024/25

HEALTH AUTHORITY	2023/24	2024/25
INTERIOR HEALTH	642	689
FRASER HEALTH	728	740
VANCOUVER COASTAL HEALTH	1,036	1,081
VANCOUVER ISLAND HEALTH	877	1,048
NORTHERN HEALTH	898	824

FUNDING OF ASSISTED LIVING RESIDENCES

RESIDENT MONTHLY RATE

Residences with subsidized assisted living units receive funding from government through health authorities and resident contributions (client fees). Assisted living residents pay a monthly rate based on 70% of after-tax income, subject to a minimum monthly rate set by the Ministry of Health. For 2025, the minimum monthly rate for a single senior was \$1,219.40 and \$1,857.30 for a couple. The maximum client rates are determined by each health authority and are based on a combination of the market rent for housing and hospitality services for the geographic area and the actual cost of the personal care services requested by the client.

In B.C., residents paid an average of \$1,616 per month for publicly-subsidized assisted living unit in 2024/25. The average monthly rate in B.C. has increased steadily over the past four years, a 12% rise since 2021/22. Rates vary across health authorities, ranging from \$1,475 in Interior Health to \$1,745 in Fraser Health. The median monthly rate increased for three consecutive years across all health authorities, ranging from \$1,363 in Interior Health to \$1,651 in Vancouver Coastal Health in 2024/25.

AVERAGE RESIDENT MONTHLY RATE (\$) FOR ASSISTED LIVING BY HEALTH AUTHORITY, 2021/22-2024/25

HEALTH AUTHORITY	2021/22	2022/23	2023/24	2024/25
INTERIOR HEALTH	\$1,343	\$1,379	\$1,454	\$1,475
FRASER HEALTH	\$1,490	\$1,527	\$1,597	\$1,745
VANCOUVER COASTAL HEALTH	\$1,446	\$1,500	\$1,474	\$1,599
VANCOUVER ISLAND HEALTH	\$1,408	\$1,444	\$1,495	\$1,587
NORTHERN HEALTH	\$1,488	\$1,554	\$1,600	\$1,739
B.C.	\$1,442	\$1,484	\$1,522	\$1,616

NOTES: Northern Health data was corrected for 2021/2022, so the number differs from that published in the previous report.

MEDIAN RESIDENT MONTHLY RATE (\$) FOR ASSISTED LIVING BY HEALTH AUTHORITY, 2021/22-2024/25

HEALTH AUTHORITY	2021/22	2022/23	2023/24	2024/25
INTERIOR HEALTH	\$1,244	\$1,280	\$1,354	\$1,363
FRASER HEALTH	\$1,298	\$1,336	\$1,421	\$1,531
VANCOUVER COASTAL HEALTH	\$1,224	\$1,244	\$1,295	\$1,651
VANCOUVER ISLAND HEALTH	\$1,273	\$1,324	\$1,384	\$1,475
NORTHERN HEALTH	\$1,294	\$1,390	\$1,452	\$1,541

The maximum monthly rate, set by each health authority, varies across the province based on location, type of accommodation, and level of personal care required. For 2024/25, the maximum monthly rate ranged from \$2,350 to \$4,762 for a single senior and from \$2,850 to \$7,369 for a couple, with Vancouver Coastal Health having the lowest maximum rate and Interior Health the highest for a single senior.

MAXIMUM RESIDENT MONTHLY RATE (\$) FOR ASSISTED LIVING BY HEALTH AUTHORITY, 2021/22 - 2024/25

INDICATOR	2021/22	2022/23	2023/24	2024/25
INTERIOR HEALTH				
SINGLE	\$3,190-\$4,673	\$3,243-\$4,765	\$3,260-\$5,107	\$4,681-\$4,762
COUPLE	\$3,690-\$7,929	\$3,743-\$8,112	\$3,840-\$8,799	\$5,293-\$7,356
FRASER HEALTH*				
SINGLE	\$3,308-\$4,138	\$3,839-\$4,465	\$4,031-\$4,640	\$4,143-\$4,537
COUPLE	\$4,638	\$4,990	\$5,165-\$7,346	\$5,076-\$7,369
VANCOUVER COASTAL HEALTH				
SINGLE	\$2,246-\$4,779	\$2,418-\$5,046	\$2,700-\$3,530	\$2,350-\$3,530
COUPLE	\$2,489-\$5,032	\$2,661-\$5,299	\$3,200-\$4,030	\$2,850-\$4,030
VANCOUVER ISLAND HEALTH**				
SINGLE	\$3,250	\$3,250	\$3,250	\$3,250
COUPLE	\$3,750-\$4,750	\$3,750-\$4,750	\$3,750-\$4,750	\$3,750-\$4,750
NORTHERN HEALTH				
SINGLE	\$2,658-\$3,548	\$2,732-\$3,622	\$2,674-\$3,564	\$2,674-\$3,564
COUPLE	\$4,316-\$5,206	\$4,464-\$5,354	\$4,349-\$5,239	\$4,349-\$5,239
B.C.				
SINGLE	\$2,246-\$4,779	\$2,418-\$5,046	\$2,674-\$5,107	\$2,350-\$4,762
COUPLE	\$2,489-\$7,929	\$2,661-\$8,112	\$3,200-\$8,799	\$2,850-\$7,369

NOTES: *The maximum monthly rate for a couple does not vary in 2021/22 and 2022/23. **The maximum monthly rate for single seniors does not vary by type of accommodation.

FOOD COSTS

Food costs cover the daily meals and dietary supplements provided for residents in publicly-subsidized assisted living, but do not include the costs associated with food preparation and service. The amounts reported in the Directory reflect actual expenditures on the food itself. In 2024/25, the average food cost per unit per day rose to \$10.22, representing a 7% increase from 2023/24 and a 20% increase since 2021/22.

Costs varied widely across assisted living residences, ranging from a low of \$4.47 to a high of \$22.93 per unit per day. Northern Health reported the highest average food cost at \$13.43, despite a 20% decrease from the previous year. Interior Health, Fraser Health, and Vancouver Coastal Health reported increases of 7%, 9%, and 6% from last year, bringing their averages to \$10.50, \$9.26, and \$10.41 respectively. Vancouver Island Health was unable to provide food cost data for all reporting years.

ACTUAL FOOD COSTS PER UNIT PER DAY IN ASSISTED LIVING BY HEALTH AUTHORITY, 2021/22-2024/25

INDICATOR	2021/22	2022/23	2023/24	2024/25
INTERIOR HEALTH				
AVERAGE ACTUAL RAW FOOD COSTS	\$8.40	\$9.39	\$9.77	\$10.50
RANGE	\$4.87-\$11.30	\$6.10-\$14.43	\$5.87-\$16.17	\$6.37-\$17.64
FRASER HEALTH*				
AVERAGE ACTUAL RAW FOOD COSTS	\$8.15	\$8.36	\$8.50	\$9.26
RANGE	\$5.24-\$16.81	\$5.02-\$16.91	\$5.34-\$17.51	\$5.92-\$18.44
VANCOUVER COASTAL HEALTH				
AVERAGE ACTUAL RAW FOOD COSTS	\$8.41	\$9.29	\$9.86	\$10.41
RANGE	\$6.52-\$15.79	\$6.51-\$17.38	\$6.46-\$16.82	\$7.66-\$22.42
VANCOUVER ISLAND HEALTH**				
AVERAGE ACTUAL RAW FOOD COSTS	N/A	N/A	N/A	N/A
RANGE	N/A	N/A	N/A	N/A
NORTHERN HEALTH***				
AVERAGE ACTUAL RAW FOOD COSTS	\$13.47	\$14.50	\$16.78	\$13.43
RANGE	\$9.33-\$22.39	\$9.90-\$22.61	\$11.02-\$25.09	\$4.47-\$22.93
B.C.****				
AVERAGE ACTUAL RAW FOOD COSTS	\$8.53	\$9.17	\$9.60	\$10.22
RANGE	\$4.87-\$22.39	\$5.02-\$22.61	\$5.34-\$25.09	\$4.47-\$22.93

NOTES: *Fraser Health data was updated for 2023/24, therefore, the figures for Fraser Health and B.C. differ from those reported in previous reports. **Food cost data was not submitted by Vancouver Island Health from 2021/22 to 2024/25. ***Food cost was not available for contracted residences in Northern Health for 2021/22, 2022/23 and 2023/24. ****The B.C. average is a weighted average based on available data and therefore excludes Vancouver Island Health for 2021/22-2024/25 and contracted homes in the Northern Health for 2021/22-2023/24.

CARE SERVICES AND QUALITY INDICATORS

MEDICATION USE

In 2024/25, 57% of residents in publicly-subsidized assisted living were taking nine or more medications, commonly referred to as polypharmacy, a slight uptick from 56% in the two preceding years. This rate was highest among residents in Vancouver Island Health (63%), followed by Fraser Health (60%) and Interior Health (53%). The lowest rates were observed in Vancouver Coastal Health and Northern Health, both at 51%.

MEDICATION USE IN ASSISTED LIVING, 2022/23-2024/25

INDICATOR	2022/23	2023/24	2024/25
% OF RESIDENTS TAKING 9 OR MORE MEDICATIONS	56%	56%	57%

MEDICATION USE IN ASSISTED LIVING BY HEALTH AUTHORITY, 2024/25

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
% OF RESIDENTS TAKING 9 OR MORE MEDICATIONS	53%	60%	51%	63%	51%

ANTIPSYCHOTIC AND ANTIDEPRESSANT USE

In 2024/25, 5% of residents in publicly-subsidized assisted living were prescribed antipsychotic drugs without a diagnosis of psychosis, a slight improvement from 6% in each of the previous two years. Across four health authorities, this proportion remained relatively consistent at 6–7%, with Interior Health reporting the lowest rate at 3%. It is important to note that disease diagnosis codes differ slightly between RAI-HC and interRAI-HC, therefore, these findings should be interpreted with caution.

The proportion of residents prescribed antipsychotic medications, regardless of diagnosis, was 19% in 2024/25, a marginal decline from 20% in 2023/24 and unchanged from 2022/23. Regional variation was observed, with rates ranging from 16% in Northern Health to 22% in Interior Health.

USE OF ANTIPSYCHOTICS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2022/23-2024/25

INDICATOR	2022/23	2023/24	2024/25
% OF RESIDENTS TAKING ANTIPSYCHOTIC DRUGS WITHOUT A DIAGNOSIS OF PSYCHOSIS*	6%	6%	5%
% OF RESIDENTS TAKING ANTIPSYCHOTIC DRUGS WITH OR WITHOUT A DIAGNOSIS OF PSYCHOSIS	19%	20%	19%

NOTES: The disease diagnosis codes differ slightly between RAI-HC and interRAI-HC, therefore, caution should be taken when interpreting the figure for 2024/25.

USE OF ANTIPSYCHOTICS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2024/25

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
% OF RESIDENTS TAKING ANTIPSYCHOTIC DRUGS WITHOUT A DIAGNOSIS OF PSYCHOSIS	3%	6%	7%	6%	6%
% OF RESIDENTS TAKING ANTIPSYCHOTIC DRUGS WITH OR WITHOUT A DIAGNOSIS OF PSYCHOSIS	22%	17%	20%	19%	16%

NOTES: The disease diagnosis codes differ between RAI-HC and interRAI-HC, therefore, caution should be taken when interpreting the figure for Interior Health. 47

In 2024/25, 20% of residents exhibited symptoms of depression, consistent over the past three years. In contrast, 42% of residents received antidepressant medication, continuing an upward trend for the third consecutive year. Notably, the proportion of residents receiving antidepressants was approximately twice that of those presenting with depressive symptoms.

The prevalence of depression symptoms varied significantly across health authorities. Interior Health reported the highest rate at 34%, while Vancouver Coastal Health had the lowest at 9%, followed by Fraser Health at 14%. Vancouver Island Health and Northern Health fell in the mid-range, with rates of 20% and 23%, respectively. In comparison, the proportion of residents receiving antidepressant medication was relatively consistent, ranging from 33% in Vancouver Coastal Health to 45% in both Interior Health and Vancouver Island Health.

DEPRESSION INDICATORS IN ASSISTED LIVING, 2022/23-2024/25

INDICATOR	2022/23	2023/24	2024/25
% OF RESIDENTS WITH DEPRESSION SYMPTOMS	20%	20%	20%
% OF RESIDENTS RECEIVING ANTIDEPRESSANT MEDICATION	40%	41%	42%

DEPRESSION INDICATORS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2024/25

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
% OF RESIDENTS WITH DEPRESSION SYMPTOMS	34%	14%	9%	20%	23%
% OF RESIDENTS RECEIVING ANTIDEPRESSANT MEDICATION	45%	43%	33%	45%	38%

FALLS

No matter where seniors live, whether it is at home, long-term care or assisted living, they are vulnerable to falls. Risk factors increasing their likelihood of a fall include changes in medication, a previous history of falling or tripping hazards in the home. In 2024/25, 34% of residents fell in the last 90 days, the same as in 2023/24 and slightly down from 35% in 2022/23. Fall prevalence was relatively consistent across health authorities, ranging from 30% in Vancouver Coastal Health to 39% in Interior Health.

PERCENT OF RESIDENTS WITH FALLS IN ASSISTED LIVING, 2022/23-2024/25

INDICATOR	2022/23	2023/24	2024/25
% OF RESIDENTS WITH FALLS	35%	34%	34%

PERCENT OF RESIDENTS WITH FALLS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2024/25

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
% OF RESIDENTS WITH FALLS	39%	32%	30%	36%	35%

CAREGIVER DISTRESS

Although their loved ones reside in assisted living, family members and close friends can still feel the stress of being a caregiver. Many caregivers remain actively involved in residents' daily lives and may provide assistance with various activities similar to what they would offer if their loved one still lived at home.

Caregiver distress measures whether a resident's primary caregiver is experiencing significant stress (such as anger, depression, or conflict related to caregiving) or is unable to continue providing care. In 2024/25, the proportion of residents with a caregiver in distress was 17%, unchanged over the past three years. Regional variation was observed, with the highest rate in Interior Health (23%), followed by Fraser Health (18%), Northern Health (16%), Vancouver Island Health (13%), and the lowest in Vancouver Coastal Health (9%).

PERCENT OF RESIDENTS HAVING A CAREGIVER IN DISTRESS IN ASSISTED LIVING, 2022/23-2024/25

INDICATOR	2022/23	2023/24	2024/25
% OF RESIDENTS HAVING A CAREGIVER IN DISTRESS	17%	17%	17%

PERCENT OF RESIDENTS HAVING A CAREGIVER IN DISTRESS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2024/25

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
% OF RESIDENTS HAVING A CAREGIVER IN DISTRESS	23%	18%	9%	13%	16%

EMERGENCY ROOM VISITS

Assisted living residences do not provide medical care on site and residents access health services through physicians' offices, clinics, hospitals and emergency department, similar to the general population. In 2024/25, 14% of residents had four or more emergency room visits, continuing an upward trend over the past three years. The percentage varied across regions, ranging from a low of 10% in Vancouver Coastal Health to a high of 23% in Northern Health.

PERCENT OF RESIDENTS WITH FOUR OR MORE EMERGENCY ROOM VISITS IN ASSISTED LIVING, 2022/23-2024/25

INDICATOR	2022/23	2023/24	2024/25
% OF RESIDENTS WITH FOUR OR MORE EMERGENCY ROOM VISITS	11%	13%	14%

PERCENT OF RESIDENTS WITH FOUR OR MORE EMERGENCY ROOM VISITS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2024/25

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
% OF RESIDENTS WITH FOUR OR MORE EMERGENCY ROOM VISITS	19%	11%	10%	14%	23%

VACCINATIONS IN ASSISTED LIVING

INFLUENZA VACCINATIONS

People of any age living in residential care, assisted living or other group facilities are at risk of serious illness, hospitalization and death from influenza. To enhance protection, vulnerable people and those in close contact with them, such as other residents and health care workers, are strongly encouraged to receive the influenza vaccination.

In 2024/25, 69% of assisted living residents were vaccinated for influenza, a decrease from 72% in 2023/24 and 70% in 2022/23. The vaccination rate varied across health authorities, ranging from 60% in Interior Health and Northern Health to 78% in Vancouver Coastal Health. Note that influenza vaccination information is not available for staff in assisted living residences.

RESIDENT INFLUENZA VACCINATION COVERAGE IN ASSISTED LIVING, 2022/23-2024/25

INDICATOR	2022/23	2023/24	2024/25
% OF RESIDENTS VACCINATED FOR INFLUENZA	70%	72%	69%

NOTES: The data source has been revised; consequently, the figures differ from those presented in previous reports.

RESIDENT INFLUENZA VACCINATION COVERAGE IN ASSISTED LIVING BY HEALTH AUTHORITY, 2024/25

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
% OF RESIDENTS VACCINATED FOR INFLUENZA	60%	70%	78%	69%	60%

COVID-19 VACCINATIONS

Seniors in congregate living, such as assisted living, are particularly vulnerable to severe outcomes from COVID-19. Public health officials recommend adults 65 and older receive COVID-19 vaccine to prevent severe illness, hospitalization and death. Between July 1, 2024, and June 30, 2025, 69% of residents in publicly-subsidized assisted living received a COVID-19 vaccine. Vaccination rates varied across health authorities, ranging from 59% in Interior Health and Northern Health to 80% in Vancouver Coastal Health.

RESIDENT COVID-19 VACCINATION IN ASSISTED LIVING BY HEALTH AUTHORITY, 2024/25

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH	B.C.
% OF RESIDENTS VACCINATED FOR COVID-19	59%	72%	80%	70%	59%	69%

NOTES: The coverage is for period from July 1, 2024 to June 30, 2025.

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 Registry's functions include registering assisted living residences, establishing and administering health and safety standards and administrative policies and procedures, investigating complaints and inspecting residences.

In 2024/25, 35 inspections were conducted across 27 assisted living residences, representing 20% of all publicly-subsidized residences. The number of inspections has been on an upward trend since 2022/23, but remained at 22% lower than in 2021/22.

The number of inspections per 1,000 units increased compared to the previous year across all health authorities except Vancouver Island Health. The rates varied by region, with three health authorities exceeding the provincial average of 6.1: Northern Health (13.2), Interior Health (8.5) and Fraser Health (7.4). Vancouver Coastal Health (2.1) and Vancouver Island Health (3.1) were below the provincial rate. It is important to note that a residence may be inspected more than once within a year if necessary.

INSPECTIONS IN ASSISTED LIVING, 2021/22-2024/25

INDICATOR	2021/22	2022/23	2023/24	2024/25
TOTAL INSPECTIONS	45	16	22	35
TOTAL INSPECTIONS PER 1,000 UNITS	8.0	2.8	3.9	6.1

INSPECTIONS IN ASSISTED LIVING BY HEALTH AUTHORITY, 2023/24-2024/25

HEALTH AUTHORITY	2023/24		2024/25	
	TOTAL INSPECTIONS	TOTAL INSPECTIONS PER 1,000 UNITS	TOTAL INSPECTIONS	TOTAL INSPECTIONS PER 1,000 UNITS
INTERIOR HEALTH	7	5.0	12	8.5
FRASER HEALTH	6	3.4	13	7.4
VANCOUVER COASTAL HEALTH	2	2.1	2	2.1
VANCOUVER ISLAND HEALTH	6	4.8	4	3.1
NORTHERN HEALTH	1	3.3	4	13.2

COMPLAINTS

The Assisted Living Registrar monitors complaints to help ensure they protect the health and safety of residents. A complaint is substantiated if there is evidence to confirm the operator contravened licensing standards or regulations. The Registrar will report substantiated complaints on their website with a detailed explanation of their findings.

In 2024/25, there were 45 complaints filed in publicly-subsidized assisted living residences, the lowest number in the past four years, compared to a peak of 75 complaints in 2021/22. Of these, 5 (11%) were substantiated, also the lowest in four years, with the highest recorded in 2022/23 (17, 29%). These equate to 7.9 complaints per 1,000 units and 0.9 substantiated complaints per 1,000 units, a 28% and 50% decrease from 2023/24 respectively.

Both complaints and substantiated complaints declined from 2023/24 across all health authorities, with two exceptions: an increase in complaints in Interior Health and an increase in substantiated complaints in Vancouver Coastal Health. The number of complaints ranged from 0 in Northern Health to 26 in Interior Health. Notably, no complaints and substantiated complaints were filed in Northern Health in 2024/25.

COMPLAINTS IN ASSISTED LIVING RESIDENCES, 2021/22-2024/25

INDICATOR	2021/22	2022/23	2023/24	2024/25
TOTAL COMPLAINTS	75	58	62	45
TOTAL SUBSTANTIATED COMPLAINTS	16	17	10	5
% SUBSTANTIATED COMPLAINTS	21%	29%	16%	11%
COMPLAINTS PER 1,000 UNITS	13.3	10.2	10.9	7.9
SUBSTANTIATED COMPLAINTS PER 1,000 UNITS	2.8	3.0	1.8	0.9

COMPLAINTS IN ASSISTED LIVING RESIDENCES BY HEALTH AUTHORITY, 2023/24-2024/25

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
TOTAL COMPLAINTS					
2023/24	22	17	5	14	4
2024/25	26	7	4	8	0
TOTAL SUBSTANTIATED COMPLAINTS					
2023/24	2	3	0	3	2
2024/25	2	1	1	1	0
% SUBSTANTIATED COMPLAINTS					
2023/24	9%	18%	0%	21%	50%
2024/25	8%	14%	25%	13%	N/A
COMPLAINTS PER 1,000 UNITS					
2023/24	15.6	9.7	5.3	11.2	13.2
2024/25	18.5	4.0	4.3	6.2	0.0

INDICATOR	INTERIOR HEALTH	FRASER HEALTH	VANCOUVER COASTAL HEALTH	VANCOUVER ISLAND HEALTH	NORTHERN HEALTH
SUBSTANTIATED COMPLAINTS PER 1,000 UNITS					
2023/24	1.4	1.7	0.0	2.4	6.6
2024/25	1.4	0.6	1.1	0.8	0.0

REPORTABLE INCIDENTS

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

In 2024/25, a total of 4,940 reportable incidents were recorded, marking a continued upward trend over the past four years and representing a 38% increase from 2021/22. This equates to 86.7 incidents per 100 units, up from 63.4 in 2021/22. Of these incidents, 2,770 (56%) were illness-related, a 9% increase from last year, while 1,756 (36%) were attributed to falls, a 12% increase from last year.

The total number of incidents and the rate per 100 units increased from 2023/24 across all health authorities except for a decline in Fraser Health. Incident counts ranged from 183 (60.2 per 100 units) in Northern Health to 1,714 (132.3 per 100 units) in Vancouver Island Health.

TOTAL INCIDENTS IN ASSISTED LIVING RESIDENCES, 2021/22-2024/25

INDICATOR	2021/22	2022/23	2023/24	2024/25
TOTAL INCIDENTS	3,579	4,005	4,728	4,940
TOTAL INCIDENTS PER 100 UNITS	63.4	70.2	83.4	86.7

TOTAL INCIDENTS IN ASSISTED LIVING RESIDENCES BY HEALTH AUTHORITIES, 2023/24-2024/25

HEALTH AUTHORITY	2023/24		2024/25	
	TOTAL INCIDENTS	TOTAL INCIDENTS PER 100 UNITS	TOTAL INCIDENTS	TOTAL INCIDENTS PER 100 UNITS
INTERIOR HEALTH	1,171	83.0	1,302	92.4
FRASER HEALTH	1,185	67.3	1,092	62.4
VANCOUVER COASTAL HEALTH	605	64.2	649	69.2
VANCOUVER ISLAND HEALTH	1,608	128.6	1,714	132.3
NORTHERN HEALTH	159	52.3	183	60.2

CONCLUSION

The 2025 British Columbia Long-Term Care and Assisted Living Directory is the eleventh edition providing public information on long-term care homes and the fourth edition including assisted living residences. With the addition of 2024/25 data, the Directory shows continued improvements in several key areas across both care settings. These include an increase in the number of long-term care homes and subsidized beds, a higher proportion of single occupancy rooms in long-term care, and a modest increase in funded direct care hours. With the exception of one care home, all long-term care facilities continue to be funded to meet the provincial guideline of at least 3.36 hours of direct care per resident per day. In addition, the number of complaints filed in both long-term care and assisted living has declined.

There has also been an increase in funded per diems for contracted long-term care facilities and higher spending on food in both long-term care and assisted living. For some care homes, these increases help address funding gaps and support care delivery. In other cases, they reflect rising operating and inflationary costs.

Despite these improvements, the Directory highlights ongoing and emerging areas of concern. The use of antipsychotic medications without a corresponding diagnosis of psychosis, as well as the use of antidepressant medications in long-term care and assisted living settings, has shown little improvement and, in some cases, has increased over the past two years. Emergency department visits have also increased slightly in both care settings. In addition, wait times for admission into long-term care and assisted living continue to grow, reflecting ongoing demand pressures in seniors' care.

The Directory provides an objective, standardized overview of various key quality care measures in B.C. long-term care homes and assisted living residences. Identifying systemic trends and measuring progress over time are essential to drive meaningful improvements. The Directory supports health authorities in their improvement efforts and provides transparency to the public which is essential for British Columbians to have confidence in the publicly-subsidized continuing care system. It also offers seniors and their families valuable information when considering long-term care and assisted living options.

This Directory was developed using data provided from all long-term care homes and assisted living residences, health authorities, the Ministry of Health, the Canadian Institute for Health Information (CIHI), and the BC Centre for Disease Control (BCCDC). Without their contributions, the Directory would not be possible. On behalf of all British Columbians, we sincerely thank them 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, CLASSES AND EXEMPTIONS

- 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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