

		B.C.	Alberta	Nova Scotia	New Brunswick
Main legislation		<p><i>Community Care and Assisted Living Act</i>, S.B.C. 2002, c. 75. (CCA)</p> <p><i>Adult Care Regulations</i>, B.C. Reg. 278/2005. (ACR)</p>	<p><i>Social Care Facilities Licensing Act</i>, R.S.A. 2000, S-10 (SCFLA)</p> <p><i>Nursing Homes Act</i>, R.S.A. 2000, c. N-7</p> <p><i>Alberta Housing Act</i>, R.S.A. 1994, S-25</p>	<p><i>Homes for Special Care Act</i>, R.S.N.S. 1989, c. 203 (HSCA)</p> <p><i>Homes for Special Care Regulations</i>, N.S. Reg. 127/77 (HSCR)</p>	<p><i>Family Services Act</i>, c. F-2.2</p> <p><i>Community Placement Residential Facilities Regulation</i>, N.B. Reg. 83-77 (SPRFR)</p> <p><i>Nursing Homes Act</i>, S.N.B. 1982, c. N-11</p> <p><i>General Regulation – Nursing Homes Act</i>, N.B. Reg. 85-187</p>
Ancillary Legislation		<p><i>Residential Tenancy Act</i>, S.B.C. 2002, c. 78 (RTA) –this is not in force yet as Bill 27, <i>Tenancy Statutes Amendment Act</i>, 2006 has been passed but not proclaimed.</p>	<p><i>Social Housing Accommodation Regulation</i>, Alta. Reg. 244/1994 (SHAR)</p> <p><i>Nursing Homes General Regulation</i>, Alta. Reg. 232/1985 (NHR)</p> <p><i>Nursing Homes Operation Regulation</i>, Alta. Reg. 258/1985. (NHOR)</p>	<p><i>Protection for Persons in Care Act</i>, S.N.S. 2004, c. 33</p>	
Discrete Assisted Living or Supported living legislation?		Yes	No	No	No
Lexicon/ parameters of care	lesser care	<p><u>Supportive housing</u> Hospitality services only which are: “meal services, housekeeping services, laundry services, social and recreational opportunities and a 24 hour emergency response system;” (CCA, s. 1)</p> <p>The BC Housing SH provides “modified rental homes... [to seniors which provides]... services such as 24-hour response, light housekeeping, meals, and social and recreational activities.”<sup>1</sup></p>		<p><u>Community Based Options:</u> Unlicensed, but inspected and approved by Dept of Health. They provide accommodation, supervision, and non-nursing level personal care for one – 3 people.<sup>2</sup></p> <p><u>Assisted Living Facilities/ Enriched Living</u> For-profit independent living for those able to direct their own care</p>	
	More care	<p>“<u>Assisted living</u> provide housing, hospitality services and <i>personal assistance services</i> for adults who can live independently but need help with day-to-day activities”<sup>3</sup></p> <p>Assisted living operators offer: meals, housekeeping, laundry, social and recreation opportunities, 24-hour response system<sup>4</sup></p> <p>“a premises or part of a premises, other than a</p>	<p><u>Supportive housing/ lodge accommodation</u> “combines accommodation or housing and hospitality services with other supports and care. Supportive living operators are responsible for coordinating and arranging hospitality services and may coordinate or provide personal care and other support services”<sup>6</sup></p> <p>-household or member must be functionally independent to qualify for Lodge accommodation (SHAR, s. 10)</p>	<p><u>Residential Care Facilities:</u> Licensed homes for people who need supervision and limited help with personal care<sup>7</sup></p>	<p><u>Special Care homes:</u> For people who need moderate to low care (levels 1 – 2). They are usually privately owned Level 1 – Clients are generally mobile but require the availability of supervision on a 24-hour basis related to their personal care . Level 2 – Clients may require some assistance</p>

		community care facility, a. in which housing, hospitality services and at least one but not more than 2 prescribed services are provided by or through the operator to 3 or more adults who are not related by blood or marriage to the operator of the premises,” or designated as such by the L-G (CCA, s. 1)  “There are 6 PA service areas: Activities of daily living, medications, therapeutic diets, purchases or paying bills, psychosocial rehabilitation or intensive physical rehabilitation, structured behavioural programs” <sup>5</sup>			or supervision with mobility and require more individualized assistance or supervision on a 24-hour basis with personal care and their activities of daily living. <sup>8</sup>
	Most Care	<u>Residential Care facility</u> : "residential care facility" means a facility, other than a specialized residential care facility, licensed under the Act to provide care to 7 or more persons;	<u>Facility Living/ Nursing homes</u> : "Includes long-term care facilities (e.g. nursing homes and auxiliary hospitals) that provide care for individuals whose health needs are such that they are unable to remain at home or in a supportive living situation" <sup>9</sup>  “Basic Care” is: accommodation and meals, facilities services, necessary nursing services, personal services, therapeutic and special diets as required, routing and emergency drug and medicine, routine dressings, life enrichment services (NHR, s. 2)	<u>Nursing Homes/ Homes for the Aged</u> : provide personal and/or skilled nursing care in a residential setting to individuals who require the availability of a registered nurse on-site at all times. <sup>10</sup>  Residents will be referred to this level of care if they: Require assistance from an R.N. -cannot ambulate on their own (with or without can, wheelchair, walker) -no physical/cognitive ability to evacuate independently -need more than 1.5 hours of one-on-one care per day <sup>11</sup>	<u>Nursing Homes/Community Residences</u> :  For people needing level 3 or 4 care  Level 3 – Clients have a medically stable physical or mental health conditions or functional limitation and require assistance and supervision on a 24-hour basis . These clients need a great deal of assistance with personal care and often require medical attention . Level 4 – Clients have difficulties with cognition and/or behaviour requiring supervision and care on a 24-hour basis . Clients may display aggressive behaviour toward self and/or others . Most often they need maximum assistance with their personal care and activities of daily living . Often they also require medical care. <sup>12</sup>
Covered by Residential Tenancy Legislation?		No, Bill 27, which would bring RTA applicability to SH and AL, has not been put into force.	Section 2 (2)(f) of the <i>Residential Tenancies Act</i> , S.A. 2004, c. R-17.1 specifically excludes nursing homes as defined in the <i>Nursing Homes Act</i> .  Section 2(2)(h) of the RTA excludes social care facilities licensed under the <i>Social Care Facilities Licensing Act</i> .	Section 2 (h) of the <i>Residential Tenancies Act</i> , R.S.N.S. 1989, c. 401 excludes: (iii) a nursing home to which the Homes for Special Care Act applies, (v) a residential care facility licensed under the Homes for Special Care Act;  “Assisted” and “Enriched Living” is not governed by the Homes for Special Care Act. The RTA is silent as to whether it covers those 2 types of housing.	The <i>Residential Tenancies Act</i> might apply: It says that it “includes any house, dwelling, mobile home, apartment, flat, tenement or similar place that is occupied or may be occupied by an individual as a residence” BUT it does not “does not include a room in a boarding house or lodging house”. It is thus unclear.

Consumer Protection?	No specific consumer protection rights or coverage.	No specific consumer protection rights or coverage.	No specific consumer protection rights or coverage.	No specific consumer protection rights or coverage.
Funding	<p>Via health authority – mix of public and private</p> <p>-BC Housing runs low-income senior supportive housing with \$45 million over 4 years from Budget 2007 to upgrade or convert up to 750 subsidized housing units<sup>13</sup></p> <p>residents pay fees based on 70% of their after tax income. The rates are between \$29.90 and \$71.80/day depending on income<sup>14</sup></p> <p>For profits AL / SH exists, although the rates vary by facility.</p>	<p>“unbundled costs” – health costs separated from accommodation. Resident pays accommodation cost, and the government pays health costs and provides low-income residents with income supports<sup>15</sup></p> <p>The maximum accommodation fees for long term care are: Private room: \$54.25/day Semi-private: \$47.00/day Standard ward room: \$44.50/day<sup>16</sup></p> <p>BUT – lodge may charge additional costs for services or facilities (SHAR, s. 12)</p> <p>-the Alberta Seniors benefit attempts to ensure that each senior as \$265/month in disposable income every month.<sup>17</sup></p>	<p>Funding is “unbundled,” meaning health care and accommodation costs are deemed separate: -the government pays health care costs (nursing and personal care, social work services, recreation therapy, physical, occupational therapies) -the resident pays for accommodation and maintenance, dietary services, housekeeping, management and admin, capital, return on investment, and personal expenses such as clothes, glasses, hearing aids, dental services, funerals, pharmacare co-pay, transportation etc.<sup>18</sup></p> <p>The ‘standard fees’ are: Nursing home: \$79.00/day Residential Care Facilities: \$50.50/day Community Based Option: \$46.50/day Residents who cannot pay will be assessed, and will be allowed to retain 15% of their monthly income.<sup>19</sup></p>	<p>Max amount that can be paid as of Jan/07 is \$70/day<sup>20</sup></p> <p>If a resident cannot afford cost they need to undergo a financial assessment.<sup>21</sup></p> <p>Residents in all LTC, even those on financial assistance are responsible for: Clothing, personal items, dry cleaning, barber/hairdresser, TV and phone, participation fees for dentist/optometry, meds not covered by Prescription Drug Program, cost of transport,<sup>22</sup></p>
Complaint/ Dispute Resolution	<p>Complaints based - Assisted living registrar has powers to investigate and of <b>health and safety</b> concerns. (CCA, s. 25)</p> <p>ALR can fine an operator or cancel a registration (CCA, s. 27)</p> <p>Medical Health officer can investigate complaints that a community care facility is not operating in compliance with the CCA (CCA, s. 15)</p> <p>A complainant resident’s tenure can not be discontinued, or likewise threatened (CCA, s. 22)</p>	<p>Supportive Living is licensed pursuant to the SCFLA</p> <p>Public reporting system “in the works”<sup>23</sup></p> <p>Under the <i>Protection for Persons in Care Act</i> persons must report abuse, and such abuse will be investigated</p> <p>In supportive housing operator must ensure that there is a “clearly documented process in place for concerns/complaints resolution”<sup>24</sup></p> <p>FL – inspector may ensure compliance w/ act, health, safety, and well-being during “reasonable times” (NHA, s. 12). An inspector finding issues outside of</p>	<p>Under the <i>Protection for Persons in Care Act</i> persons must report abuse, and such abuse will be investigated.</p> <p>Nursing homes - Inspector may inspect premises, equipment, facilities, books, and records, and may cause any resident to be examined by a qualified medical examiner (HSCA, s. 10(3)).</p> <p>Nursing homes must be inspected at least 2 times a year, residential homes must be inspected once a year (HSCR, s. 17).</p> <p>The health inspector must inspect premises every year (HSCR, s. 29).</p>	<p>The Minister can appoint a trustee for a year to take over a nursing home if the licence is taken away due to violation of the act, licence, or if the nursing home doesn’t function effectively (NHA, ss. 10-11).</p> <p>Operator must have procedure for dealing w/ complaints and must inform resident (NHA, s. 13(d)). See also <i>Standards and Procedures for Adult Residential Facilities</i>, Standard 2.21.</p> <p>In their yearly inspections, inspectors must visually examine one or more residents to assess over-all health and well-being and to determine if they are getting adequate care</p>

<p>Staffing indicators (credentials, ratios)</p>	<p>Staffing levels must be “sufficient to meet hospitality service needs of residents and deliver the personal assistance services offered”<sup>25</sup> also see (ACR, s. 6.8)</p> <p>Staff providing personal assistant (PA) services must have home support/care aide certification<sup>26</sup></p> <p>Licensee must ensure that staff has “personality, ability and temperament necessary”; “training and experience necessary to carry out duties assigned to employee” and “physically and mentally competent to carry out duties assigned to the employee” (ACR, s. 6.1)</p> <p>Must have supervising pharmacist on medication safety and advisory committee (ACR, s. 8.1)</p>	<p>SL - Must always have an employee trained in emergency first aid on site<sup>27</sup></p> <p>SL – all employees, volunteers, and service providers must have criminal record checks<sup>28</sup></p>	<p>In every nursing home and home for the aged: -with &lt;30 residents must have one R.N. on duty at least 8 hours a day, and when she is absent there must be a person in home capable of providing emergency care - with &gt;30 an R.N. must be on duty at all times</p> <p>Staff must be in good physical and mental health (HSCR, s. 21)</p> <p>Pharmacist must supervise receipt and storage of bulk pharmaceuticals (HSCR, s. 37)</p> <p>LPN scope of care is determined by the College of Licensed Practical Nurses of Nova Scotia</p> <p>R.N. standards of practice set by college of registered nurses</p>	<p>Nursing homes bigger than 150 residents must be approved by the minister in writing. (NHA, s. 11(1))</p> <p>Nursing homes providing only supervisory and personal care cannot have more than 29 residents (NHA, s. 11(2))</p> <p>Nursing home employees must have physical examination (NHR, s. 14)</p> <p>Care must be provided by nurse practitioner, and in facilities w/ more than 30 beds, a R.N. must be on duty at all times</p> <p>Care staff must be in attendance at all times in appropriate ratios (NHR, s. 18)</p> <p>Staff must have “the personality, ability and temperament to provide services in a community placement residential facility in a manner that will maintain the spirit, dignity, and individuality of the residents. CPRFR, s. 20(4)(a)</p>
<p>Entry/Exit Criteria</p>	<p>For private facilities entry is contractual.</p> <p><u>For public facilities:</u> Entering resident to AL must be able to make decisions on his own behalf (CCA, s. 26(3)) – although if they reside with a spouse that can make decisions for them then they will be able to stay</p> <p>AL Resident must be informed about hospitality and personal assistant services offered in home<sup>29</sup></p> <p>AL Registrant must screen resident for suitability in relation to building design features, PA services offered, and ability to make decisions on own behalf<sup>30</sup></p>	<p>SL – operator must ensure resident/rep has eligibility reqs, application, move-in and orientation, charge information, list of optional personal services and charges, notice of price increases, exit criteria, dispute resolution process<sup>31</sup></p> <p>SL – must assess new residents for ability, safety, and suitability<sup>32</sup></p> <p>FL – operator must provide resident with move-in and orientation, monthly charges w/ list of included services, personal service charges, notice period for rate increases, policies and forms regarding resident’s expensive or sentimental objects, policies and forms relating to money held by operator, the complaints / concerns resolution process<sup>33</sup></p>	<p>A functional assessment is made determining unmet needs and a care level recommendation is made. The Care Coordinator will decide which of the 3 levels of care is appropriate<sup>34</sup></p> <p>If a resident turns down a specific placement, due to a First Available Bed Policy, if they are in a hospital they will either be discharged or forced to pay a daily fee.<sup>35</sup></p> <p>Individuals are not eligible for any of the 3 care options if they: - have non-stabilized physical/mental illness - have serious behavioural problems - are active substance users or are in acute withdrawal etc.<sup>36</sup></p>	<p>A person wishing to enter into long term care will be assessed level 1 -4 (see above) and placed in suitable care</p> <p>Entering resident or their legal representative must be provided w/ written statement of services provided, additional services/costs, policies, involve resident, (NHA, s. 13)</p> <p>First bed policy is in place<sup>37</sup></p> <p>Nursing homes with 30 or more residents must have admissions committee to determine if applicants needs fit w/ home’s abilities (NHR, s. 7)</p>
	<p>When care needs exceed AL home capacity, or resident loses ability to make decisions for self then registrant must develop exit plan in consultation with resident, Dr., family, support network, and health authority case manager<sup>38</sup></p>	<p>SL – operator must give exit criteria to residents when they enter<sup>39</sup></p> <p>FL – resident may be discharged from Nursing Home when resident no longer needs basic care are decided by attending physician and assessment committee. After discharge the benefits will not be paid to home, and resident will be liable for entire</p>	<p>If the needs of a client changes, then an assessment will be done and the resident will have to re-apply for a new care facility<sup>40</sup></p>	<p>The resident may apply to transfer facilities at any time<sup>41</sup></p> <p>On discharge operator must have records of resident’s health, the address to which they have been discharged (NHA, s. 14)</p> <p>Resident/representative must be given 15 days</p>

	When care needs exceed AL home capacity, or resident loses ability to make decisions for self then registrant must develop exit plan in consultation with resident, Dr., family, support network, and health authority case manager <sup>38</sup>	SL – operator must give exit criteria to residents when they enter <sup>39</sup>  FL – resident may be discharged from Nursing Home when resident no longer needs basic care are decided by attending physician and assessment committee. After discharge the benefits will not be paid to home, and resident will be liable for entire cost of nursing home care (NHR, s. 11)	If the needs of a client changes, then an assessment will be done and the resident will have to re-apply for a new care facility <sup>40</sup>	The resident may apply to transfer facilities at any time <sup>41</sup>  On discharge operator must have records of resident's health, the address to which they have been discharged (NHA, s. 14)  Resident/representative must be given 15 days notice of discharge unless safety of resident/care providers/staff requires immediate discharge (NHA, s. 17)
Other	"British Columbia is the first province in Canada to	In AB 67% of seniors live in their own homes, 21%		When looking at NB, note that they are

<sup>1</sup> *Seniors' Supportive Housing Program Overview*, online: BC Housing <<http://www.bchousing.org/programs/SSH#SSHoverview>> [Program Overview].

<sup>2</sup> *Entering Long Term Care Factsheet Spring 2006*, online: Nova Scotia Department of Health <[http://www.gov.ns.ca/health/ccs/ltc/Entering\\_LTC\\_FactSheet.pdf](http://www.gov.ns.ca/health/ccs/ltc/Entering_LTC_FactSheet.pdf)> [LTC factsheet].

<sup>3</sup> Province of British Columbia – Office of the Assisted Living Registrar, online: <<http://www.health.gov.bc.ca/assisted/about/services.html>> at 2.

<sup>4</sup> "Registrant Handbook - Health and Safety Standards," Office of the Assisted Living Registrar, see section 4.3 #2 at 8–13.

<sup>5</sup> Seniors and Community Supports, *Supportive Living in Alberta*, presentation online: Seniors Services Conference <[http://www.seniors.gov.ab.ca/services\\_resources/workshop/supliving.pdf](http://www.seniors.gov.ab.ca/services_resources/workshop/supliving.pdf)> at 2 [SL Slideshow].

<sup>6</sup> *Ibid.*

<sup>7</sup> LTC factsheet, *supra* note 2. See SEP, *infra* note 10 for more information.

<sup>8</sup> Province of New Brunswick, *Be independent. Longer.: New Brunswick's Long-Term Care Strategy* (February 2008) online: Government of New Brunswick <<http://www.gnb.ca/0017/LTC/seniorconsultation-e.asp>> (NB LTC Strategy).

<sup>9</sup> SL Slideshow, *supra* note 5.

<sup>10</sup> *Service Eligibility Policy* (last revised December 2006) online: Nova Scotia Department of Health <[https://www.gov.ns.ca/health/ccs/ltc/policyManual/Service\\_Eligibility\\_Policy.pdf](https://www.gov.ns.ca/health/ccs/ltc/policyManual/Service_Eligibility_Policy.pdf)> at 2 [SEP].

<sup>11</sup> *Ibid.* at 7-8.

<sup>12</sup> LTC Strategy, *supra* note 8.

<sup>13</sup> Program Overview, *supra* note 1.

<sup>14</sup> *Fees for Services*, online: British Columbia Ministry of Health <<http://www.health.gov.bc.ca/hcc/fees.html#residentialfees>>.

<sup>15</sup> SL Slideshow, *supra* note 5.

<sup>16</sup> *Long-Term Care Accommodation Fees*, online: Alberta Seniors And Community Supports <<http://www.seniors.gov.ab.ca/housing/LTCare/index.asp>>.

<sup>17</sup> *Ibid.*

<sup>18</sup> *Paying for Long Term Care Factsheet Fall/Winter 2007*, online: Nova Scotia Department of Health <[http://www.gov.ns.ca/health/ccs/ltc/Paying\\_LTC\\_Fact\\_Sheet.pdf](http://www.gov.ns.ca/health/ccs/ltc/Paying_LTC_Fact_Sheet.pdf)>. See also *Resident Charge Policy* (last revised November 1, 2008) online: Nova Scotia Department of Health <[www.gov.ns.ca/health/ccs/ltc/policyManual/Resident\\_Charge\\_Policy.pdf](http://www.gov.ns.ca/health/ccs/ltc/policyManual/Resident_Charge_Policy.pdf)>.

<sup>19</sup> *Ibid.*

<sup>20</sup> LTC Strategy, *supra* note 8 at 3.

<sup>21</sup> *Ibid.*

<sup>22</sup> *Ibid.*

<sup>23</sup> SL Slideshow, *supra* note 5.

<sup>24</sup> Government of Alberta, *Supportive Living Accommodation Standards* (March 2007) online: Seniors and Community Supports <[http://www.seniors.gov.ab.ca/housing/continuingcare/Standards\\_SupportiveLiving.pdf](http://www.seniors.gov.ab.ca/housing/continuingcare/Standards_SupportiveLiving.pdf)> Standard 25.3 at 19 [AB Standards].

<sup>25</sup> Ministry of Health, *Registrant Handbook: Health and Safety Standards* online: Office of the Assisted Living Registrar <[http://www.health.gov.bc.ca/library/publications/year/2007/handbook\\_Health\\_and\\_Safety\\_Standards.pdf](http://www.health.gov.bc.ca/library/publications/year/2007/handbook_Health_and_Safety_Standards.pdf)> at 14 [Registrant Handbook].

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<sup>26</sup> *Ibid.* at 15.

<sup>27</sup> AB Standards, *supra* note 24 Standard 28.3 at 21.

<sup>28</sup> *Ibid.* Standard 30 at 21.

<sup>29</sup> Registrant Handbook, *supra* note 25 at 16.

<sup>30</sup> *Ibid.*

<sup>31</sup> AB Standards, *supra* note 24 Standard 25.1 at 19.

<sup>32</sup> *Ibid.* Standard 26.1 at 20.

<sup>33</sup> Government of Alberta, *Long-Term Care Accommodation Standards* (March 2007) online: Seniors and Community Supports <[http://www.seniors.gov.ab.ca/housing/continuingcare/Standards\\_LongTermCare.pdf](http://www.seniors.gov.ab.ca/housing/continuingcare/Standards_LongTermCare.pdf)> Standard 24 at 16-17.

<sup>34</sup> SEP, *supra* note 10 at 4-5.

<sup>35</sup> LTC factsheet, *supra* note 2.

<sup>36</sup> SEP, *supra* note 10 at 6-7.

<sup>37</sup> *Going to a Nursing Home* (Last Revised 2008) online: Public Legal Education and Information Service of New Brunswick <[http://www.legal-info-legale.nb.ca/assets/pdf/Nursing\\_home\\_en\\_lr.pdf](http://www.legal-info-legale.nb.ca/assets/pdf/Nursing_home_en_lr.pdf)> [NB PLEI].

<sup>38</sup> Registrant Handbook, *supra* note 25 at 16.

<sup>39</sup> AB Standards, *supra* note 24 Standard 25.1 at 19.

<sup>40</sup> SEP, *supra* note 10 at 9.

<sup>41</sup> NB PLEI, *supra* note 37 at 2.

<sup>42</sup> SL Slideshow, *supra* note 5.

<sup>43</sup> *Ibid.*