

Seal of Approval Introductory Package



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

Standards Matter



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

BCSLA members will show a commitment
to provide Service Standards of

Excellence

Integrity

Leadership

&

True Passion

for our residents of today and tomorrow

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

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

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

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

This short overview is designed to provide a general overview and understanding of the process. The full 70 page detailed Assessment Tool will be sent to you upon your site scheduling an assessment. Please call BCSLA at 604-689-5949 for further details.

The Assessment Process

The assessment process involves the following steps:

Before the Assessment Day:

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

During the Assessment Day:

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

Post Assessment Day:

- The assessor sends your residence a letter indicating whether you have attained the seal of approval designation. BCSLA will confirm this designation and the Assessment Tool booklet will be photocopied and returned to your residence along with your Seal of Approval Plaque. If this is a two year re-assessment you will receive a letter along with your yearly decals to be placed on your plaque.

How to Complete the Assessment Tool

- The Assessment Tool is sent to you at least 8 weeks prior to the assessment along with a format for a typical assessment day and summary of documents and manuals that the Assessor will need to review.
- Thoroughly review the Assessment Tool.
- Work with your Management Team and staff to complete the Assessment Tool.
- Meet on a regular basis with your team to review the standards.
- Review the format for the day with all personnel involved.
- Make available all documentation as listed on the Agenda.
- Ensure that the Administrator/designate (person authorized) **signs** the Declaration of Accuracy upon completion of the entire Assessment Tool and this is returned along with the Assessment Tool to the Assessor.
- On assessment day, the Assessor will review three resident files and 3 – 5 staff personnel files on-site. Ensure that the resident and employee have signed the Resident and Staff Consent Forms. n.b. If your site has registered Assisted Living suites, please ensure that at least 10% of AL residents have also signed a corresponding Resident Consent Form.
- Ensure that you fill out the information on the cover page as to the person(s) that should receive the report and certificate.
- Ensure that payment for the assessment is made prior to the assessment date (if applicable).

You are asked to complete the Assessment Tool ahead of time to assist you to thoroughly prepare for the assessment. Should the Assessment Tool not be completed in advance of your assessment day, this could result in a delay in the approval process and could extend the assessment day beyond regular working hours. Upon request, the BCSLA office will be happy to provide an electronic copy of the tool booklet that may be printed and distributed to department managers and used as a working copy.

If you have any questions, call the BCSLA office and you will be directed to an appropriate person for assistance.

BCSLA Policy Manual

In 2015 BCSLA launched a Seal of Approval Policy and Procedures Manual that is available for purchase. This manual compliments the Seal of Approval Assessment Tool kit and provides 'best practices' policies and procedures for all areas reviewed.

It has been created in the 5 sections; Safety, Infection Control, Staff Training, Resident Services and Assisted Living in a word document format so you may quickly convert the policies, procedures and sample templates with branding for your community. Upon purchase the manual will be emailed to accommodate this format.

Assessment Day Agenda – SAMPLE ONLY

The day's itinerary will be as per the plan made between the Assessor and Site Manager.

The daily schedule of the assessment will vary for each residence. The following is a general guideline. Expect a full day (9:00 am - 4:00 pm). One Assessor will be conducting the Seal of Approval Standards Assessment.

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

9:00 am **Meet and Greet:** The Assessor meets with the Administrator and management team for introductions to explain how the day will unfold. The residence should be prepared to provide the Assessor with a brief overview of its operations, including population served, the array of services provided.

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

9:30 – 10:00 **Basic walk-through of the Residence common areas**
A quick walk around the residence will allow the Assessor to get a feel for your community. This will also help the Assessor identify items quickly when the policies review begins.

10:00 – 10:30 **In-depth Tour and Policy review with Administrator**

- BCSLA Certificates - membership
- Exit signs, pull station directions, fire exits
- Fire directions in residents' rooms (if applicable)
- Internal Emergency Response System
- Safety bars
- No doorways blocked
- Stairwells clear of debris
- Sample viewing of a resident's suite
- General cleanliness
- Bulletin board with OH&S and WHMIS information

10:30 – 11:00 **In-depth Tour of the Culinary Department and Kitchen Area**

Chef or Director of Culinary Operations will provide all policies and procedures for the operations required for running of the culinary department including sample menu rotations

- 11:00 – 12:00 **Resident and Staff File reviews**
Assessor will review random files as required within the assessment sections
- 12:00 – 1:00 **Lunch**
Working lunch with residents and/or management team
- 1:00 – 1:30 **In-Depth Tour with Maintenance and Housekeeping**
Maintenance and Housekeeping Managers will provide all policies and procedures for the operations required for running of their departments
- 1:30 – 2:00 **Policy review with the Administrator and Review of Documentation:**
- All manuals (containing policies for review) and documentation should be placed in the private area and flagged for easy reference.
 - Organizing your manuals is key to ensuring a smooth and efficient review of your documentation.
 - For further ease of locating policies, residences should complete the Reference (name of binder) and Page No. (of policy) in the right hand box area following each standard. Assessor will verify documentation seen by checking "documentation" in the right hand box.
- BCSLA does not specify any one system but can provide some suggestions to assist in the process.
- 2:00 – 3:00 **Review of the Assisted Living Department (if applicable)**
Assessor will meet with Director of Care/Health & Wellness to review AL files, policies and procedures.
- 3:00 – 4:00 **Wrap Up & Exit Interview / Form**
Meeting with Administrator and Department Heads if possible to clarify action items or questions for best practice policies. The Assessor will review the strengths of the operations in relation to the standards and to identify areas that you may want to consider upgrading. If you are interested in updated policies you will be directed to call the BCSLA office. NOTE: The BCSLA office will send your Seal of Approval stickers will be sent along with a copy of the assessment tool.

Action Plan Form

- If a residence does not meet with one or more standards, the Assessor will leave an Action Plan Form with the residence. The Assessor will inform BCSLA of this Action Plan.
- Within the specified time frame by the Assessor, please confirm completed action items with the Assessor via email and copy the BCSLA office. You may fax (604-689-5946) or email the completed forms to membership@bcsla.ca. A subsequent site visit may be necessary upon completion.
- BCSLA and/or the Assessor will only contact you if 1) they have not received the Action Plan items in the required time frame; or 2) they require further documentation to support the Plan.

Follow Up Questionnaire – The BCSLA office will email a survey questionnaire to you following the assessment requesting feedback on the Assessor and the process. We appreciate you completing this form and returning to BCSLA within 3 days of achieving compliance.

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

Below are some key documents that will be reviewed.

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

As requested by Assessor, random samplings of:

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

SAFETY

1.01 There is a Fire Safety Plan that is approved by the Local Fire Official. Fire plan must include operationally the following:

- (a) The emergency procedures to be used in case of fire including sounding the fire alarm, notifying the fire department, provisions for access for fire fighting, instructing occupants on procedures to be followed when the fire alarm sounds, evacuating endangered occupants, and confining, controlling, and extinguishing the fire
- (b) The appointment and organization of a designated supervisor/fire safety director to oversee fire safety duties
- (c) The instruction of supervisory staff and other occupants so that they are aware of their responsibilities for fire safety
- (d) The control and storage of fire hazards in the building
- (e) The maintenance of building facilities provided for the safety of occupants
- (f) The provision of alternative measures for the safety of occupants during any shutdown of fire protection equipment and systems or part thereof
- (g) Instructions, including schematic diagrams, describing the type, location, and operation of building fire emergency systems

1.02 There is written evidence that one fire drill is held monthly as a best practice or as required by the local fire department regulations:

- (a) Reports on the results of the fire drills include:
 - Date, time, and/or shift
 - Staff in attendance
 - Problems identified
 - Recommendations and follow-up actions to correct deficiencies
- (b) The fire drills are planned to include practice of the procedure on all shifts on a regular basis throughout the year or in accordance to local fire department regulations
- (c) Staff attendance at fire drills is recorded on a master employee attendance sheet so that, at least annually, all staff have participated and/or have knowledge of the fire drill procedures
- (d) The above are in compliance with the WorkSafe BC and the Assisted Living Registrar (if applicable) Standards
- (e) Horizontal or zone full evacuation are practiced annually or as per the local fire department regulations (best practice model only)

1.03 Directions for action in the event of a fire are posted in designated accessible areas in accordance to the local fire department

1.04 There is written evidence that a designated staff member:

- (a) Monthly checks and/or inspects fire extinguishers and hoses, view gauge, seal and tags in accordance with the fire plan

- (b) Monthly tests the emergency generator (where applicable)
 - (c) Monthly tests the emergency lighting and maintains records of the inspection, performance, exercise periods, and repairs
 - (d) Ensures staff are consist with checking the exits lights, fire alarm system panel (light on), and that all exits are clear on their regular walk-through. Should there be any problems; they are reported, corrected, and documented
- 1.05 Corridors have clearly marked exits with lighted signs
- 1.06 Access to stairwells and exits is free of obstruction and flammable materials
- 1.07 There is recorded evidence that a certified third party inspector has inspected and issued a certificate for:
- (a) The fire detection system and safety equipment within the past year and all deficiencies are followed-up
 - (b) Where there is a fixed extinguishing system for a kitchen hood it has been inspected semi-annually and all deficiencies are followed-up
 - (c) Where there is a generator to provide power in the event of a power outage it has been inspected annually and all deficiencies are followed-up
 - (d) Back flow inspection/service (annual)
 - (e) Roof top Anchors
 - (f) Electrical Vault, as per BC Hydro (applicable in some areas of Vancouver only)
 - (g) Generator, boiler room (if applicable)
- 1.08 There is a policy and procedure in place to ensure staff know how to respond to emergencies.
- 1.09 There are policies in place for outlining: ow you determine how residents are accounted for on a daily basis and what to do in the event of a missing resident and what to do in the event of a missing resident.
- 1.10 There is a written policy and procedure in place to direct staff in all departments outlining the procedure to be followed for the expected or unexpected death of a resident
- 1.11 There is a written policy and procedure in place for responding to both extreme hot and cold weather conditions
- 1.12 The grounds and building are maintained and are kept free of potential safety objects and hazards
- 1.13 There is a system in place for identifying needed repairs and maintenance
- 1.14 Elevators shall be maintained under a monthly maintenance contract. Annual operating licenses must be displayed
- 1.15 Dishwasher wash and rinse temperatures are posted and staff are aware of temperatures and chemical requirements
- 1.16 There is written verification that food temperatures are monitored daily for all meals. (Variations may apply.)
- (a) Hot food is served at a minimum of 140 F or 60 C
 - (b) Cold food is served at 40 F or 4 C

- 1.17 Food Storage principles are adhered to in accordance to the Food Safety Act
- 1.18 Food Preparation principals are adhered to in accordance to the Food Safety Act
- 1.19 There is a written policy on smoking in accordance to the current local bylaws
- 1.20 There must be a policy(s) in place to ensure standards are met in conjunction with the WorkSafe BC, Occupational Health and Safety Act, and Workers Compensation Act:
- (a) If more than 20 employees, there is an OH&S Committee, and:
- (i) The OH&S Committee meets quarterly or best case, monthly
- (ii) The minutes of the OH&S Committee meetings are documented and posted for the staff to review
- (iii) There is a regular visual inspection of the workplace, or as a best practice, monthly.
- OR
- (b) If less than 20 employees, one employee is designated as the OH&S representative with one other employee trained as a back-up, and:
- (i) There is a regular visual inspection of the workplace, or as a best practice, monthly.
- 1.21 The Workplace Hazardous Materials Information System (WHMIS) requirements are adhered to in accordance to their standards
- (a) The OH&S representative will also represent the WHMIS requirements
- (b) Applicable staff receive WHMIS training as part of their education required and then as a best practice annually thereafter
- (c) Decanting and labeling requirements are adhered to
- (d) SDS sheets are available for all hazardous products
- (e) Staff are provided with required protective equipment as needed (please refer to 2.03 infection control)
- (f) Eye wash stations are provided
- 1.22 There is a First Aid Attendant on every shift with basic First Aid certification in accordance to WorkSafe BC Standards
- 1.23 All residence's chemicals are stored in locked or supervised areas when not in use to ensure that it is not accessible to the residents
- 1.24 There are appropriate devices in place to ensure and promote the safety of the residents
- 1.25 There is a scheduled plan for the annual cleaning of the dryer vents both in the common area and in the resident suites (if applicable)
- 1.26 There is a Resident Bus Policy (if applicable) and documentation in place to ensure:
- (a) The bus is inspected semi-annually by an authorized mechanic in accordance with the BC Motor Vehicle Act
- (b) The driver performs pre-vehicle inspections weekly as outlined in the ICBC Road Sense Guide for commercial vehicles
- (c) The bus will be driven by an employee qualified under BC law and possessing the appropriate operator's license currently class 4
- (d) There is a Bus Driver's Evaluation Policy and all drivers are evaluated to ensure the safety of residents

1.27 There is a Resident Car/Van Policy (if applicable) and documentation in place to ensure:

- (a) The car/van is insured for business and mechanically maintained.
- (b) The car/van will be driven by an employee qualified under BC law and possessing the appropriate operator's license, currently class 5
- (c) There is a Driver's Evaluation Policy and all drivers are evaluated to ensure the safety of residents

1.28 There is an Trip Policy in place to ensure the safety of the residents, and all staff are trained on these policies prior to hosting outings.

INFECTION CONTROL

2.01 There are policies and procedures in place to encourage immunization of all staff and residents against influenza

2.02 An outbreak contingency plan is in place to define, identify, and manage an infectious outbreak that includes the following:

- (a) Definition of an outbreak as required by the local health department
- (b) Reporting and documentation

2.03 Protective equipment is available or readily accessible if staff precautions are required in the process of isolation

2.04 There are written policies and procedures in place to direct staff in preventing cross-contamination that includes:

- (a) Handling soiled linens and protection of uniform
- (b) Separation of dirty and clean items

2.05 There is a written policy stating that should the residents use needles, they must be disposed of appropriately by resident

2.06 There is a policy and procedure regarding hand washing in accordance to provincial standards (eg. WorkSafe/FoodSafe) that include:

- (a) Proper hand washing signage posted in all staff washrooms
- (b) Hand washing reminders are posted in all public washrooms

2.07 There are infection control policies and procedures in place that are evident during food preparation and service that include:

- (a) Disposal of left-over food
- (b) Adherence to cleaning schedules/sanitation practices

2.08 All 3rd party inspection reports such as public health food inspections from environmental health food premises inspections recommendations are available and up to date.

RESIDENT SERVICES

3.01 There is indoor and outdoor space that meets the needs of the residents for:

- (a) Privacy
- (b) Socializing

3.02 The residence has a quality improvement program that includes:

- (a) Resident and family satisfaction surveys conducted, at a minimum, every two years (as a best practice)

- (b) Staff satisfaction surveys conducted, at a minimum, every two years (as a best practice)
- 3.03 There is evidence within the residence that data and information gathered from these surveys and other sources is reviewed regularly and changes are implemented and evaluated where appropriate.
- 3.04 The residence shall maintain the following pertinent information for all residents:
- (a) Name of next of kin and/or responsible party
 - (b) Power of attorney or representation agreement, if available
 - (c) Consent for release of information in accordance with the Personal Information Protection Act (PIPA), (where applicable)
 - (d) Consent to release information for the BCSLA assessment (where applicable)
- 3.05 On moving in, the resident will receive a full orientation to the residence, staff and services. The orientation package will include the following:
- (a) Resident responsibilities
 - (b) Introduction to key personnel, explanation of the amenities and hospitality services available
 - (c) Meal choices and times, if applicable
 - (d) Use of the emergency response system
 - (b) Fire and safety procedures
 - (c) Residents' Council or similar forum, if applicable
 - (d) Residents' complaints procedure
- 3.06 An invoice/statement of all debits and credits regarding additional monthly services is communicated to the residents and/or a responsible party monthly.
- 3.07 Where the residence is securing outside contractor to provide services on property, there must be proof of:
- (a) Provider has liability insurance for services provided (best practices only)
 - (b) WCB current registration number
- 3.08 There is a written agreement between the resident and the residence that reflects the details of contract to provide living and hospitality services. The agreement should reflect:
- (a) The rates for the type of accommodation requested
 - (b) The notice period and details of the situations pertaining enacting termination of the agreement by the residence
 - (c) A required notice period given by the resident to terminate the agreement
 - (d) The required notice period to terminate the hospitality services by the resident, if applicable
 - (e) The terms where a vacating resident's unit is occupied within the notice period
 - (f) Procedures for dealing with complaints
 - (g) Consent from the resident to communicate with their families and/or friends.
- 3.09 Information and rates for optional services will be made available to all residents.
- (a) The notice period for any rate increases for optional services will be provided in writing
- 3.10 Membership in BCSLA certificate, along with 'Seal of Approval' plaque, is posted denoting current membership in a clearly visible area.
- 3.11 There are rotational menus based on Canada's Food Guide that provide balanced nutrition, visual appeal, and variety to residents.

3.12 The menus are:

- (a) Available for resident information
- (b) Prepared to provide alternate entrée choices at each meal
- (c) Posted for current day

3.13 There are recreation programs that meet residents' needs, which includes the following types of activities:

- (a) Day, evening, and/or weekend programs
- (b) Celebration of special events and programs that respond to the residents
- (c) Exercise programs
- (d) Education programs
- (e) Special interest activities or hobbies

3.14 There are regular forums, which facilitate open communication between residents and management.

3.15 There is an organized regular housekeeping and laundry service that maintains a clean and safe environment and staff is provided with equipment and supplies appropriate for the delivery of these services.

3.16 There is a regular organized maintenance service which also includes a preventative maintenance program in place to ensure a safe and secure environment

3.17 If community offers alcohol there is clarity between selling and complimentary

STAFF TRAINING

4.01 There are current job descriptions and job routines for each staff category.

4.02 There is a written orientation program which includes customer service, handling complaints, bullying and Harassment, medical emergencies, and WorkSafe BC, WHMIS, and OH&S training to initiate new staff to the residence, all aspects of their job, and emergency procedures

4.03 There is a staff development program and continuing education program for staff that is responsive to the changing needs of the residents such as Fire Safety, WHMIS, OH&S, Prevention of Elder Abuse, Dealing with Aggressive Residents, Infection Control, and the Assisted Living Registry's complaint process

4.04 There is a confidential personnel record for each staff member and a criminal record check completed, prior to commencement of employment

4.05 There is a written policy and procedure in place for staff to deal with suspected or witnessed resident abuse and aggressive behavior that includes:

- (a) Definitions and indicators of psychological abuse, financial abuse, physical abuse, and neglect
- (b) Procedures for staff and management to report, document, and investigate

4.06 All staff who handle food are required to take a food safety training course. Department head responsible for food preparation and/or service of food will determine the level each individual employee are required to take. FoodSafe Level 1 (cooks, servers, bussers, dishwashers. At least one employee on every shift must hold a level 1 or equivalent to FoodSafe). Level 2 (owners, managers, executive chefs responsible for managing foodservice) Both Level 1 and Level 2 must be current.

4.07 There are policies for acceptable attire or uniforms for food service staff.

ASSISTED LIVING (if applicable)

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

5.01 All assisted living units within the residence are registered with the Office of the Assisted Living Registry

5.02 The prescribed services offered within the assisted living units are clearly identified:

- (a) Review documentation to ensure the residents are receiving the services that are listed
- (b) Complete a random check of the personal service plans (3 – 5 max)

5.03 There is evidence that policies, procedures, and protocols governing the service delivery model within the residence upholds the principles of choice, privacy, independence, individuality, dignity, and respect. Review policies and procedures. Note there may be three or four ways to assess this depending on the residence as follows:

- (a) The company philosophy/vision should reflect the principles of the residence
- (b) The philosophy/vision statement should be posted for viewing by the residents and family
- (c) The philosophy/vision statement should be in the resident service plan binders or given to the resident as part of the entrance package
- (d) The Resident's Satisfaction Survey results and/or minutes of the resident meeting should be reviewed

5.04 The residence has written policies and procedures to support and uphold the Health and Safety Standards of the Office of the Assisted Living Registry, including:

- (a) Resident eligibility, move-in and move-out
- (b) Service planning and personal support plan
- (c) Quarterly assessments, or as per health authority contract for funded AL; otherwise review on a regular basis and update as resident's needs change.
- (d) Complaints resolution/management
- (e) Personal assistance services
- (f) Medication services
- (g) Incident reporting
- (h) Serious incident reporting

5.05 Where medication management is one of the prescribed services as per the Assisted Living Registry standards, guidelines will be followed as directed:

- (a) Information and education of the medication for staff and residents, wherever applicable
- (b) Control of prescribed medication
- (c) Administration of medications
- (d) Safe Storage

- 5.06 There is a policy and procedure that ensures documentation of all medication assistance by professional nursing staff of the residence
- 5.07 Review the Performance Management Framework in place for the contracted service provider to ensure they follow the same guidelines set forth by the Assisted Living Registrar:
- (a) Review contracted service providers own company contracts that may already be in place
 - (b) Review the contracted service provider and the resident's contract to ensure the standards of the Assisted Living Registrar are being met
 - (c) Review documentation that an orientation has been provided to the contracted service provider
- 5.08 The residence maintains accurate personal service records for all assisted living residents:
- (a) Review documentation of the last review date of the Personal Assistance Plan
 - (b) If not already in place, suggest a six month review as a best practice of their Personal Assistance Plan with each resident with a validated date and signature
- 5.09 Staff providing personal services possess appropriate education and training.
- 5.10 Where residents are receiving personal assistance covered by the Personal Assistance Guidelines (MoH/ 2008), the residence employs or contracts with a professional nurse for the provision of delegated and assigned tasks, or the service is provided by the health authority.
- 5.11 The residence maintains records of all tasks delegated to unregulated caregivers under the Personal Assistance Guidelines.
- 5.12 There is evidence the professional nurse (RN/LPN) responsible for:
- 1. Delegating and/or assigning tasks unregulated caregivers conducts regular assessments of all residents receiving these services.
 - 2. Assessing residents.
- 5.13 The residence holds regular scheduled meetings with residents to provide opportunities for input into service delivery and matters within the residence that affect their day-to-day life.
- (a) Meeting schedules should be, at a minimum quarterly
- 5.14 The residence has a quality improvement program that includes:
- (a) Documentation of serious incident reports outlining statistics related to complaints, medication errors, falls, move-ins and move-outs (including reasons)
- 5.15 There is evidence within the residence that data and information gathered through the quality improvement program is reviewed regularly and that changes are implemented and evaluated where appropriate.