



Community Care and Assisted Living Act
RESIDENTIAL CARE REGULATION
B.C. Reg. 96/2009

Deposited March 13, 2009 and effective October 1, 2009
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Consolidated Regulations of British Columbia

This is an unofficial consolidation.

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This consolidation includes any amendments deposited and in force as of the currency date at the bottom of each page. See the end of this regulation for any amendments deposited but not in force as of the currency date. Any amendments deposited after the currency date are listed in the B.C. Regulations Bulletins. All amendments to this regulation are listed in the *Index of B.C. Regulations*. Regulations Bulletins and the Index are available online at www.bclaws.ca.

See the User Guide for more information about the *Consolidated Regulations of British Columbia*. The User Guide and the *Consolidated Regulations of British Columbia* are available online at www.bclaws.ca.

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Point in time from July 27, 2018 to November 3, 2019

Community Care and Assisted Living Act

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B.C. Reg. 96/2009

PART 1 – DEFINITIONS, EXEMPTIONS AND OTHER MATTERS

Definitions

1 In this regulation:

“**Act**” means the *Community Care and Assisted Living Act*;

“**Canada’s Food Guide**” means the current edition of the publication produced by or on behalf of the Government of Canada that promotes nutritional health by guiding food selection according to food classification and serving sizes;

“**care plan**” means a care plan under section 81 [*care plan needed if more than 30 day stay*];

“**contact person**” means an individual who is designated by

(a) an adult person in care, or

(b) the parent or representative of a person in care

to act as a contact person in respect of the person in care;

“**criminal record check**” means a criminal record check under the *Criminal Records Review Act*;

“**dietitian**” means a person who is authorized to practise dietetics as a dietitian under the *Health Professions Act*;

“**food services**” means operations of a community care facility related to providing meals and snacks to persons in care and includes menu planning, food purchasing, food storage and preparation, the serving of meals and snacks, space and equipment requirements and sanitation;

“**funding program**” means a program operated by the provincial or federal government, a municipal government, a first nations government, or an agency of any of these, under which funds are provided to a licensee on an ongoing basis for the purpose of providing care to persons in care;

“**health care provider**” has the same meaning as in the *Health Care (Consent) and Care Facility (Admission) Act*;

“**medication**” means a drug as defined in the *Pharmacy Operations and Drug Scheduling Act*;

“**medication administration record**” means a record of the administration of all doses of medication to a person in care;

“**medication safety and advisory committee**” means the committee established under section 68 [*medication safety and advisory committee*];

“**nurse practitioner**” means a person who is authorized to practise nursing as a nurse practitioner under the *Health Professions Act*;

“nutrition plan” means the nutrition plan under section 83 [*nutrition plan*];

“parent or representative” means a person who

- (a) in the case of a child or youth, is the child or youth’s parent within the meaning of the Child Care Licensing Regulation, B.C. Reg. 332/2007, or
- (b) in the case of an adult, has authority
 - (i) under the *Health Care (Consent) and Care Facility Admission Act* or the *Patients Property Act*, or
 - (ii) under an agreement under the *Representation Agreement Act* to make health or personal care decisions on behalf of the adult, but nothing in this regulation confers on the person any greater authority to make health or personal care decisions than the person has under those Acts or an agreement under the *Representation Agreement Act*;

“reportable incident” means a reportable incident as set out in Schedule D;

“restraint” means any chemical, electronic, mechanical, physical or other means of controlling or restricting a person in care’s freedom of movement in a community care facility, including accommodating the person in care in a secure unit;

“short term care plan” means a short term care plan under section 80 [*short term care plan on admission*];

“type of care” means

- (a) a program of care prescribed under section 2 (1) [*types of care*], or
- (b) a type of care described in section 2 (2).

[am. OIC 225/2009, s. 3.]

Types of care

- 2 (1) A prescribed residential program for the purpose of paragraph (b) of the definition of “care” in section 1 of the Act is Child and Youth Residential, being a program that
 - (a) provides a type of care set out in subsection (2) to a child or youth, or
 - (b) promotes or supports the behavioural, intellectual, physical or social development of a child or youth in a therapeutic residential setting.
- (2) The following types of care may be provided to adults who meet the criteria in paragraph (c) of the definition of “care” set out in section 1 of the Act:
 - (a) Hospice, being residential care and short-term palliative services for persons in care at the end of their lives;
 - (b) Mental Health, being residential care for persons who are in care primarily due to a mental disorder;
 - (b.1) Substance Use, being residential care for persons who are in care primarily due to substance dependence;

- (c) Long Term Care, being residential care for persons with chronic or progressive conditions, primarily due to the aging process;
- (d) Community Living, being residential care for persons with developmental disabilities;
- (e) Acquired Injury, being residential care for persons whose physical, intellectual and cognitive abilities are limited primarily due to an injury, including persons suffering from brain injuries or injuries sustained in accidents.

[am. B.C. Reg. 178/2016, Sch. 3, s. 1.]

School residences exempted

- 3** (1) In this section, “**school**” means any of the following:
- (a) a school within the meaning of the *School Act*;
 - (b) a francophone school within the meaning of the *School Act*;
 - (c) an independent school within the meaning of the *Independent School Act*.
- (2) A residential facility is exempt from the Act if
- (a) the facility is located wholly on property owned or controlled by a school, and
 - (b) the facility does not provide a type of care described in section 2 (1) (a) or (b).

[en. B.C. Reg. 178/2016, Sch. 3, s. 2.]

Exemptions by medical health officer

- 4** (1) A licensee or an applicant for a licence may apply for an exemption under section 16 of the Act by submitting an application to a medical health officer.
- (2) A medical health officer may grant an exemption to any section of the Act or this regulation, except the provisions listed in Schedule A.
- (3) A medical health officer who rejects a request for an exemption, or who does not grant the requested exemption in full, must provide the applicant with written reasons for the rejection or for not granting part of the exemption.

Variations from prior approvals

- 5** In determining whether to grant an application made under section 4 (1) [*exemptions by medical health officer*] that would affect
- (a) an exemption that was granted under section 5 (3) of the *Community Care Facility Act*, R.S.B.C. 1996, c. 60, before that provision was repealed,
 - (b) a substitute requirement that was imposed under section 5 (4) of the *Community Care Facility Act* before that provision was repealed, or
 - (c) an alternative arrangement approved under sections 4 (5) (a) (i), 5 (2), 5.3 (2), 5.8 (4), 5.13 (2), 5.18 (4), 5.21 (2), 6 (2), 6.4, 7.4 (4), 7.7 (2) or

8.6 (1) of B.C. Reg. 536/80 before those provisions were amended or repealed, as applicable, by B.C. Reg. 217/2004,
the medical health officer must accept the exemption, substitute requirement or alternative arrangement on its face and consider only the merits of the application.

Applications under this regulation

- 6** A person who makes an application under this regulation must, in addition to any other requirement set out in the Act or this regulation,
- (a) make the application in writing to, and in the form required by, a medical health officer, and
 - (b) provide any records or other information the medical health officer requests for the purposes of evaluating the application.

PART 2 – LICENSING**Applying for a licence**

- 7** (1) A person who is 19 years old or older may apply for a licence by submitting to a medical health officer both
- (a) an application, and
 - (b) records respecting all of the matters set out in Schedule B.
- (2) A medical health officer must not issue a licence in respect of a community care facility in which 6 or fewer persons in care will reside unless the medical health officer is satisfied that, in the event of a fire or other emergency, each person in care can either
- (a) exit the community care facility unaided, or
 - (b) be removed safely from the community care facility by employees.

Continuing duty to inform

- 8** (1) Licensees and applicants for licences must notify a medical health officer immediately of any change in the information provided under section 7 *[applying for a licence]*.
- (2) A licensee must not make any structural change to a community care facility unless the licensee first
- (a) submits to a medical health officer
 - (i) plans for the change, and
 - (ii) a description of how the licensee intends to ensure the health and safety of persons in care while the change is being made, and
 - (b) receives written approval from the medical health officer.
- (3) If the manager of a community care facility resigns, or is or expects to be absent for at least 30 consecutive days, the licensee must

- (a) notify a medical health officer, and
- (b) replace the manager, either by hiring a person who, or using a hiring process that, is approved in writing by the medical health officer.

Notice of change of operation

- 9** (1) A licensee must not suspend, temporarily or permanently, operation of a community care facility unless the licensee has, at least one year before the suspension begins, given written notice to the following:
- (a) a medical health officer;
 - (b) the persons in care;
 - (c) the contact persons of the persons in care;
 - (d) the parents or representatives of the persons in care.
- (2) A licensee must not reduce or expand, or substantially change the nature of, the accommodation or services provided by a community care facility unless the licensee has
- (a) at least 120 days before the reduction, expansion or change begins, given written notice to the following:
 - (i) a medical health officer;
 - (ii) the persons in care;
 - (iii) the contact persons of the persons in care;
 - (iv) the parents or representatives of the persons in care, and
 - (b) received written approval from the medical health officer.
- (3) A licensee must not sell, lease or otherwise transfer control of a community care facility unless the licensee has
- (a) either, at least 120 days before the sale, lease or transfer, given written notice to the following:
 - (i) a medical health officer;
 - (ii) the persons in care;
 - (iii) the contact persons of the persons in care;
 - (iv) the parents or representatives of the persons in careor been informed by a medical health officer that notice
 - (v) need not be in writing, or
 - (vi) may be given less than 120 days before the sale, lease or transfer, and
 - (b) satisfied the medical health officer that the intended purchaser, lessee or transferee
 - (i) will continue the operation of the community care facility for at least 12 months from the date of sale, lease or transfer, and
 - (ii) has applied, and is qualified, to be the licensee of the community care facility.

- (4) Subsection (3) does not apply to a community care facility operated by a designated corporation under the *Health Authorities Act* that, under section 16 of that Act, amalgamates with a board under that Act.

[am. B.C. Reg. 178/2016, Sch. 3, s. 3.]

Liability insurance

- 10** A licensee who provides a type of care described as Long Term Care must have liability insurance to insure the licensee against liability for property damage and bodily injury arising in relation to the community care facility.

Posting and advertising of licence and posting of inspection record

- 11** (1) A licensee, other than a licensee who provides a type of care described as Child and Youth Residential or Community Living, must display in a prominent place in the community care facility
- (a) both the licence, including any terms or conditions of the licence, and the name of the manager, and
 - (b) the most recent routine inspection record made under section 9 (1) (d) of the Act.
- (2) Subsection (1) does not apply if the community care facility is located in a structure that is the personal residence of
- (a) the owner or occupier, or
 - (b) an employee or agent of the owner or occupier.
- (3) When advertising or otherwise offering services to the public, a licensee must identify the type of care being offered.

Investigation or inspection

- 12** (1) During an investigation or inspection, a person must not do either of the following:
- (a) obstruct a medical health officer;
 - (b) withhold, conceal or destroy any records or information relevant to the investigation or inspection or required by the medical health officer.
- (2) If requested by a medical health officer, a licensee who is being investigated must provide to the medical health officer a plan to ensure the health and safety of persons in care during the investigation.

PART 3 – FACILITY REQUIREMENTS

Division 1 – General Physical Requirements

Directional assistance

- 13** A licensee must provide directional signs and other directional information or assistance sufficient to meet the needs of each person in care.

Accessibility

- 14** (1) A licensee must ensure that a person in care who requires a mobility aid may access, in a manner appropriate to the needs of the person in care, all areas intended for use by persons in care.
- (2) A licensee who provides a type of care described as Long Term Care must ensure that each hallway intended for use by persons in care is at least 1.83 m wide.
- (3) A licensee must ensure that all controls for signalling devices, lights and elevators can be accessed and used without difficulty by all persons in care.

Windows

- 15** (1) A licensee must ensure that, if necessary for the health and safety of a person in care, windows are secured in a manner that prevents a person in care from falling from, or exiting through, the window.
- (2) Subsection (1) does not apply to emergency exits that are window-accessed.

Temperature and lighting

- 16** (1) A licensee must ensure that the temperature in each bedroom, bathroom and common room is safe and comfortable for a person who is carrying out the types of activities that would be reasonably expected in the ordinary use of the room.
- (2) A licensee must ensure that each bedroom, bathroom and common room is lit sufficiently to
- (a) permit a person to carry out effectively the types of activities that would be reasonably expected in the ordinary use of the room, and
 - (b) protect the health and safety of a person using the room.
- (3) A licensee must ensure that the lighting, both natural and artificial, and temperature of a room intended for the private use of a person in care meets the needs and preferences of that person.

Water temperature

- 17** A licensee must ensure that water accessible to a person in care, from any source, is not heated to more than 49° Celsius.

Telephones

- 18** A licensee must provide at least one conveniently located telephone, for use only by persons in care, that
- (a) has a private line,
 - (b) has adaptations, as necessary, to meet the needs of persons in care, and
 - (c) is accessible to persons in care at all times.

Monitoring, signalling and communication

- 19** (1) If a person in care requires monitoring, or a signalling device, to ensure that person's health and safety, a licensee must provide a monitoring system or signalling device that
- (a) is appropriate to the needs of the person in care,
 - (b) will identify to employees the location of the person in care, and
 - (c) will signal to employees that the person in care needs immediate assistance.
- (2) A licensee must provide communication devices and other means of communication that
- (a) are appropriate to the needs of the persons in care,
 - (b) enable persons in care to communicate their needs to employees, and
 - (c) enable employees to communicate with each other in respect of the needs of persons in care.
- (3) If a licensee installs electronic devices for the purposes of transmitting or recording images of persons in care or members of the public, the licensee must display in a prominent place notice that electronic surveillance is being used.

Emergency equipment

- 20** A licensee must ensure that a community care facility having fewer than 7 persons in care has the following emergency equipment:
- (a) interconnected smoke alarms, appropriate to the needs of persons in care and installed in each bedroom and in each hallway leading to a bedroom;
 - (b) sprinklers that conform to the British Columbia Building Code;
 - (c) emergency lighting that will automatically illuminate the hallways and stairs for at least 30 minutes in the event of a power failure.

Equipment and furnishings

- 21** A licensee must ensure that all furniture and equipment for use by persons in care
- (a) meet the needs of the persons in care,
 - (b) are compatible with the health, safety and dignity of the persons in care,
 - (c) are maintained in a good state of repair, and
 - (d) are maintained in a safe and clean condition.

Maintenance

- 22** (1) A licensee must ensure that all rooms and common areas are
- (a) well ventilated,
 - (b) maintained in a good state of repair, and
 - (c) maintained in a safe and clean condition.
- (2) A licensee must ensure that emergency exits are not obstructed or secured in a manner that may hinder exit in an emergency.
- (3) A licensee must ensure that all rooms and common areas, emergency exits, equipment, and monitoring and signalling devices are inspected and maintained on a regular basis.

Smoking and use of vapour products

- 23** (1) A licensee must ensure that
- (a) no one other than a person in care smokes or uses tobacco, holds lighted tobacco, uses an e-cigarette or holds an activated e-cigarette while on the premises of a community care facility,
 - (b) employees do not smoke or use tobacco, use an e-cigarette or hold an activated e-cigarette while supervising persons in care, and
 - (c) if necessary for the safety of the person in care, a person in care who is smoking or using tobacco, using an e-cigarette or holding an activated e-cigarette is supervised.

- (2) In this section:

“**activated e-cigarette**” has the same meaning as in the *Tobacco and Vapour Products Control Act*;

“**e-cigarette**” has the same meaning as in the *Tobacco and Vapour Products Control Act*;

“**tobacco**” has the same meaning as in the *Tobacco and Vapour Products Control Act*.

[en. B.C. Reg. 178/2016, Sch. 5.]

Weapons

- 24** A licensee must not permit on the premises of a community care facility weapons within the meaning of the *Criminal Code* (Canada).

Helpline for Children

- 24.1** (1) In this section, “**Helpline for Children**” means the Helpline for Children operated by the Ministry of Children and Family Development.
- (2) A licensee must

- (a) ensure that a person in care who is receiving a type of care described in section 2 (1) (a) or (b) is advised of the person's right to contact emergency services or the Helpline for Children,
- (b) provide the person with contact information for emergency services and the Helpline for Children, and
- (c) provide the person with access to reliable communications equipment to contact emergency services or the Helpline for Children in a private setting.

[en. B.C. Reg. 178/2016, Sch. 3, s. 4.]

Division 2 – Bedrooms

Bedroom occupancy

- 25**
- (1) A licensee must ensure that each person in care has a separate bedroom.
 - (2) Despite subsection (1), a licensee may accommodate 2 persons in care in a bedroom if
 - (a) fewer than 5% of the maximum number of persons in care that the community care facility is licensed to accommodate share a bedroom,
 - (b) the bedroom is screened in a manner that is sufficient to ensure the privacy and dignity of each occupant,
 - (c) measures are in place to protect the health, safety, personal comfort and dignity of each occupant, and
 - (d) a plan has been made for the transfer of one or both occupants, at the request of either of the occupants, to a separate bedroom.
 - (3) A licensee who provides a type of care described as Child and Youth Residential must ensure that no person in care who is over 6 years old is accommodated in a bedroom that is shared with a person of the opposite gender.

Physical requirements of bedrooms

- 26**
- (1) A licensee must ensure that each bedroom meets the needs and provides for the health, safety and dignity of the occupant.
 - (2) A licensee must ensure that each bedroom is directly accessible from a hallway without passing through any other room.
 - (3) If requested by a person in care, and unless it would be unsuitable given the health and safety needs of the person in care, a licensee must ensure that the entrance to the bedroom of the person in care can be locked from the inside.
 - (4) If a licensee provides a locked entrance in accordance with subsection (3), the licensee must ensure that, in an emergency, the bedroom entrance can be unlocked from the outside.

Bedroom floor space

- 27** (1) A licensee must ensure that each bedroom has at least the following amount of usable floor space:
- (a) in the case of a bedroom occupied by one person in care who does not require a mobility aid, 8 m²;
 - (b) in the case of a bedroom occupied by one person in care who requires a mobility aid, 11 m²;
 - (c) in the case of a bedroom occupied by 2 persons in care, neither of whom requires a mobility aid, 14 m²;
 - (d) in the case of a bedroom occupied by 2 persons in care, at least one of whom requires a mobility aid, 18 m².
- (2) For the purposes of subsection (1), usable floor space does not include floor space occupied by the entrance and the swing of the entrance door, closets, wardrobe cabinets, fixed furniture or bathrooms.

Bedroom windows

- 28** (1) A licensee must ensure that each bedroom has a window that provides natural light to the bedroom, with coverings that block out light and protect the privacy of the occupant.
- (2) A licensee must ensure that the window of each bedroom can be opened easily for ventilation, unless
- (a) it would be unsuitable to the health, safety or dignity of the occupant, or
 - (b) the community care facility is equipped with an air conditioning system or mechanical ventilating system.
- (3) If the occupant of a bedroom is non-ambulatory, the bedroom must have at least one window that provides visibility from a sitting position to the outside.

Bedroom furnishings

- 29** (1) A licensee must provide, at no cost to the person in care, each person in care with bedroom furnishings, including
- (a) a safe, secure place in which the person in care may store valuable property, and
 - (b) a closet or wardrobe cabinet measuring at least 0.50 m².
- (2) Except as necessary to maintain the health, safety and dignity of other persons in care, a licensee must permit each person in care to bring into the community care facility, and keep in the person in care's bedroom, furniture, ornaments or other personal possessions.

Division 3 – Bathroom Facilities**Physical requirements of bathrooms**

- 30** A licensee must ensure that all bathrooms have
- (a) a door, equipped with a lock that can be opened from the outside in the case of an emergency,
 - (b) slip resistant material on the bottom of each bathtub and shower,
 - (c) conveniently located and securely attached grab bars beside each toilet, bathtub and shower, as required to meet the needs and preferences of the persons in care, and
 - (d) any other equipment that is necessary to protect the health, safety and dignity of the persons in care.

Bathrooms in facilities other than long term care facilities

- 31** A licensee, other than a licensee who provides a type of care described as Long Term Care, must provide
- (a) one washbasin and one toilet for every 3 persons in care, and
 - (b) one bathtub or shower for every 4 persons in care.

Bathrooms in long term care facilities

- 32** A licensee who provides a type of care described as Long Term Care must provide
- (a) for the number of persons in care on a floor and in the same wing indicated in column 1 of the following table, the number of bathing facilities indicated in column 2 opposite the number of persons in care:

Item	Column 1 persons in care on floor and in wing	Column 2 bathing facilities on floor and in wing
1	3 – 6	1
2	7 – 25	2
3	26 – 40	3
4	41 – 60	4
5	61 – 75	5

- (b) washbasin and toilet facilities appropriate to the needs of the persons in care next to each dining, lounge and recreational area, and
- (c) for each bedroom, a washbasin and toilet for the exclusive use of the occupants of the bedroom.

Division 4 – Common Areas and Work Areas

Dining areas

- 33** A licensee must provide dining areas with
- (a) seating for each person in care,
 - (b) at least 2 m² of usable floor space for each person in care, and
 - (c) sufficient tables designed to accommodate persons in care in wheelchairs.

Lounges and recreation facilities

- 34** (1) A licensee, other than a licensee who provides a type of care described as Long Term Care, must provide comfortably furnished lounge facilities that have, in total, at least 2 m² of floor space for each person in care.
- (2) A licensee who provides a type of care described as Long Term Care must provide
- (a) comfortably furnished lounge facilities that have, in total, at least 1.5 m² of floor space for each person in care, and
 - (b) suitably equipped and comfortably furnished areas designated for recreational activities, that have, in total, at least 1 m² of floor space for each person in care.
- (3) Except as necessary for cleaning and maintenance, a licensee must ensure that the rooms referred to in subsections (1) and (2) are accessible to persons in care at all times.

Designated work areas

- 35** (1) A licensee must provide the following appropriately furnished and equipped areas:
- (a) work areas for administrative work and other staff use;
 - (b) safe and secure locations for medications and the records of persons in care;
 - (c) secure, safe and adequate storage areas for cleaning agents, chemical products and other hazardous materials;
 - (d) separate utility areas for clean and soiled clothes, bedding and other articles.
- (2) A licensee must ensure that laundry facilities
- (a) if used by persons in care, have a slip resistant floor surface, and
 - (b) if not used by persons in care, cannot be accessed by persons in care.

Outside activity areas

- 36** (1) A licensee must provide outside activity areas that have
- (a) in total, at least 1.5 m² of space for each person in care,
 - (b) a surfaced patio area, and

- (c) comfortable seating
including a reasonable amount of shelter from sun and inclement weather.
- (2) If necessary to protect the health or safety of persons in care, a licensee must ensure that the outside activity area is secured by a fence or other means.

PART 4 – STAFFING REQUIREMENTS

Division 1 – General Staffing Requirements

Character and skill requirements

- 37** (1) A licensee must not employ a person in a community care facility unless the licensee or, in the case of a person who is not the manager, the manager has first obtained all of the following:
- (a) a criminal record check for the person;
 - (b) character references in respect of the person;
 - (c) a record of the person's work history;
 - (d) copies of any diplomas, certificates or other evidence of the person's training and skills;
 - (e) evidence that the person has complied with the Province's immunization and tuberculosis control programs.
- (2) A licensee must not employ a person in a community care facility unless the licensee is satisfied, based on the information available to the licensee under subsection (1), that the person
- (a) is of good character,
 - (b) has the personality, ability and temperament necessary to manage or work with persons in care, and
 - (c) has the training and experience and demonstrates the skills necessary to carry out the duties assigned to the manager or employee.
- (3) Despite this section, a licensee may employ a person as a volunteer who does not provide care to persons or supervise persons if the licensee or manager has first met with the person and obtained all of the following:
- (a) a criminal record check for the person;
 - (b) character references in respect of the person;
 - (c) evidence that the person has complied with the Province's immunization and tuberculosis control programs.

[am. B.C. Reg. 178/2016, Sch. 3, s. 5.]

Additional criminal record checks

- 38** A licensee who provides a type of care described as Child and Youth Residential must not permit a person, other than a person in care, over the age of 12 to be ordinarily

present on the premises of a community care facility while children or youths are present, unless the person is of good character and the licensee has obtained a criminal record check for that person.

Continuing health of employees

- 39** (1) A licensee must not continue to employ a person in a community care facility who does not provide to the licensee evidence of continued compliance with the Province's immunization and tuberculosis control programs.
- (2) If a medical health officer reasonably believes that an employee may present a risk to a person in care, the medical health officer may request a licensee to produce a certificate signed by a medical practitioner indicating that the employee is medically capable of carrying out assigned duties in the community care facility.

Continuing monitoring of employees

- 40** (1) A licensee must ensure that the performance of each employee is reviewed both regularly and as directed by the medical health officer under subsection (2) to ensure that the employee
- (a) continues to meet the requirements of this regulation, and
 - (b) demonstrates the competence required for the duties to which the employee is assigned.
- (2) If a medical health officer reasonably believes that an employee may present a risk to a person in care, the medical health officer may require a licensee to review the performance of the employee within a period of time specified by the medical health officer.
- (3) A licensee must not permit an employee to carry out any duties for which the employee does not have the necessary training and experience or demonstrate the necessary competence.

Division 2 – Coverage and Necessary Staff

Management and supervisory staff

- 41** (1) A licensee must designate an adult employee to act as manager of the community care facility if the manager is temporarily absent from the facility during the course of the manager's regular duties.
- (2) The licensee must designate an employee, qualified by training and experience, to
- (a) supervise employees who provide care to persons in care,
 - (b) coordinate and monitor the care of persons in care, and
 - (c) manage unusual situations or emergencies.

Staffing coverage

- 42** (1) A licensee must ensure that, at all times, the employees on duty are sufficient in numbers, training and experience, and organized in an appropriate staffing pattern, to
- (a) meet the needs of the persons in care, and
 - (b) assist persons in care with the activities of daily living, including eating, moving about, dressing and grooming, bathing and other forms of personal hygiene, in a manner consistent with the health, safety and dignity of persons in care.
- (2) A licensee must ensure that persons in care who require supervision when outside the community care facility are appropriately supervised.
- (3) A licensee must ensure that, at all times, there are employees on duty who can communicate effectively with all of the persons in care.

[am. B.C. Reg. 178/2016, Sch. 3, s. 6.]

Employee trained in first aid

- 43** (1) A licensee must ensure that persons in care have at all times immediate access to an employee who
- (a) holds a valid first aid and CPR certificate, provided on completion of a course that meets the requirements of Schedule C,
 - (b) is knowledgeable respecting each person in care's medical condition, if any, and
 - (c) is capable of effectively communicating with emergency personnel.
- (2) A licensee must have first aid supplies that are readily accessible to all employees, including while care is provided off the community care facility premises.

Food services employees

- 44** (1) A licensee must ensure that employees responsible for the preparation and delivery of food
- (a) have the experience, competence and training necessary to ensure that food is safely prepared and handled and meets the nutrition needs of the persons in care, and
 - (b) receive ongoing education respecting the preparation and delivery of food, nutrition and, if required, assisted eating techniques.
- (2) A licensee who accommodates 50 or more persons in care in a community care facility must have, to supervise the preparation and delivery of food, a food services manager who is
- (a) a nutrition manager with membership in the Canadian Society of Nutrition Management,

- (b) a person who is eligible to be a member of the Canadian Society of Nutrition Management, or
- (c) a dietitian.

Employee responsible for activities

- 45** A licensee, other than a licensee who provides a type of care described as Hospice, must
- (a) designate an employee, qualified by training or experience, to organize and supervise physical, social and recreational activities for persons in care,
 - (b) give the designated employee sufficient time away from other duties to carry out the activities, and
 - (c) ensure that there is sufficient time for persons in care to participate in the activities.

PART 5 – OPERATIONS

Division 1 – Admission and Continuing Accommodation

Prohibited service

- 46** (1) A licensee may accommodate only those persons who will receive both safe and adequate care in the community care facility.
- (2) A licensee must not do any of the following:
- (a) provide a type of care that is not specified on the licensee's licence;
 - (b) accommodate more persons in care than the maximum number of persons in care specified on the licensee's licence;
 - (c) accommodate persons less than 19 years of age if persons aged 19 or older are also accommodated in the community care facility.

Admission screening

- 47** (1) Before admitting a person to a community care facility, a licensee must screen the person to ensure the person will receive both safe and adequate care if admitted to the community care facility.
- (2) A licensee must consider, as part of the screening process under subsection (1), all of the following:
- (a) the training and experience of employees, the number of employees and patterns of employee coverage;
 - (b) the design of the community care facility, its construction, and the facilities and equipment within the community care facility;
 - (c) the needs of the person, including any needs that should be identified specifically in a care plan;

- (d) the health, safety and dignity of other persons in care;
- (e) any criteria set by, or advice or information from, a funding program.

Advice on admission

- 48** (1) Before admitting a person to a community care facility, a licensee must advise the person, or the person's parent or representative, of
- (a) all charges, fees or other payments that the person in care may have to pay in return for accommodation and other services offered by the community care facility,
 - (b) the policies of the community care facility respecting expressing concerns, making complaints and resolving disputes under section 60 [*dispute resolution*], and
 - (c) how the person, or the person's parent or representative, may express concerns or make complaints to
 - (i) a medical health officer, or
 - (ii) if that Act applies, an applicable review board under the *Patient Care Quality Review Board Act*.
- (2) A licensee must ensure that the advice given under subsection (1) is communicated in a manner appropriate to the skills and abilities of the person or the person's parent or representative.

Other requirements on admission

- 49** (1) A licensee must require all persons admitted to a community care facility to comply with the Province's immunization and tuberculosis control programs.
- (2) A licensee must record the height and weight of each person in care on admission.
- (3) A licensee must assess each person in care on admission to determine the risk that the person in care may leave the community care facility without notification of an employee.

Continuing accommodation

- 50** (1) A licensee must regularly monitor the health and safety of each person in care to determine whether the needs of the person in care continue to be met.
- (2) A licensee must not
- (a) send a person in care to a hospital unless directed to do so by the person in care's medical practitioner or nurse practitioner, or
 - (b) transfer a person in care, other than a person in care who is on leave under the *Mental Health Act*, to another community care facility without the consent of the person in care or that person's parent or representative.
- (3) Subsection (2) does not apply in an emergency.

Division 2 – General Care Requirements

Emergency preparations

- 51** (1) A licensee must have
- (a) an emergency plan that sets out procedures to prepare for, mitigate, respond to and recover from any emergency, including procedures for the evacuation of persons in care, and
 - (b) a plan that sets out how persons in care will continue to be cared for in the event of an emergency.
- (2) A licensee must ensure that the plans described in subsection (1) are updated if there is any change in the facility.
- (3) A licensee must ensure that each employee is trained in the implementation of the plans described in subsection (1), including in the use of any equipment noted in the plan.
- (4) A licensee must display a copy of the emergency plan in a prominent place in the community care facility.
- (5) A licensee must ensure that all employees have access, in an emergency, to reliable communications equipment.

Harmful actions not permitted

- 52** (1) A licensee must ensure that a person in care is not, while under the care or supervision of the licensee, subjected to
- (a) financial abuse, emotional abuse, physical abuse, sexual abuse or neglect as those terms are defined in section 1 of Schedule D, or
 - (b) deprivation of food or fluids as a form of punishment.
- (2) A licensee must ensure that food or fluids are not used as a form of reward to persons in care.

Privacy

- 53** A licensee must, to the greatest extent possible while maintaining the health, safety and dignity of all persons in care, ensure respect for the personal privacy of each person in care, including the privacy of each person in care's bedroom, belongings and storage area.

General health and hygiene

- 54** (1) A licensee must establish a program to instruct, if necessary, and assist persons in care in maintaining health and hygiene.
- (2) A licensee must
- (a) assist persons in care to obtain health services as required, and

- (b) ensure that a medical practitioner or nurse practitioner can be contacted in an emergency.
- (3) A licensee must
 - (a) encourage persons in care to be examined by a dental health care professional at least once every year, and
 - (b) assist persons in care to
 - (i) maintain daily oral health,
 - (ii) obtain professional dental services as required, and
 - (iii) follow a recommendation or order for dental treatment made by a dental health care professional.
- (4) For the purposes of subsection (3), “**dental health care professional**” means a person who is a member of
 - (a) the College of Dental Surgeons of British Columbia,
 - (b) the College of Dental Hygienists of British Columbia, or
 - (c) the College of Denturists of British Columbia.

Program of activities

- 55** (1) A licensee, other than a licensee who provides a type of care described as Hospice, must
- (a) provide persons in care, without charge, with an ongoing planned program of physical, social and recreational activities
 - (i) suitable to the needs of the persons in care, and
 - (ii) designed to meet the objectives of the care plans of the persons in care, and
 - (b) encourage persons in care to
 - (i) participate in the program of activities provided by the community care facility, and
 - (ii) take advantage of physical, social and recreational opportunities available in the community.
- (2) In addition to the activities set out in subsection (1), a licensee may
- (a) provide to persons in care opportunities to participate in events that are beyond the regular program of physical, social and recreational activities, and
 - (b) charge the cost of those activities to the persons in care who participate.
- (3) A licensee must
- (a) provide, without charge, a sufficient quantity and variety of supplies, materials and equipment for the program of physical, social and recreational activities offered at the community care facility, and

- (b) ensure that supplies, materials and equipment are readily accessible and safe for use by the persons in care.

Identification of persons in care off-site

- 56**
- (1) A licensee must ensure that a person in care who leaves a community care facility for a temporary purpose has in his or her possession written documentation indicating the person in care's name, the community care facility's name and emergency contact information.
 - (2) Subsection (1) does not apply to a licensee who provides a type of care described as Child and Youth Residential in respect of persons in care who are capable of identifying themselves.
 - (3) If a licensee has reason to believe that a person in care
 - (a) may leave a community care facility without notifying an employee, and
 - (b) may not be capable of identifying himself or herself,the licensee must ensure that the person in care is fitted with a bracelet or other means that cannot be removed easily, indicating the person in care's name, the community care facility's name and emergency contact information.

Access to persons in care

- 57**
- (1) A licensee must ensure that a parent or representative has reasonable access to a person in care for whom he or she is responsible.
 - (2) A licensee must, to the greatest extent possible while maintaining the health, safety and dignity of all persons in care, ensure that a person in care may
 - (a) receive visitors of the person in care's choice at any time, and
 - (b) communicate with visitors in private.
 - (3) If a person is restricted or prohibited from accessing a person in care by either a court order or an order issued under an enactment, a licensee must restrict or prohibit that person from accessing the person in care as necessary for ensuring compliance with the order.

Release or removal of persons in care

- 58**
- (1) A licensee must ensure that a person in care is not
 - (a) released from the community care facility to, or
 - (b) removed from the community care facility byany person except the person in care's parent or representative, or a person authorized in writing by that person.
 - (2) Subsection (1) does not apply to the release or removal of a person in care in accordance with the care plan of the person in care or another pre-existing arrangement.

Family and resident council

- 59** A licensee must provide an opportunity, at least annually, for persons in care and their parents or representatives, family members and contact persons to
- (a) establish one or more councils or similar organizations to represent the interests of the persons in care, or their parents or representatives, family members and contact persons, or both, and
 - (b) meet with the licensee, either as a council, or, if no council is established, as a group, for the purpose of
 - (i) promoting the collective and individual interests of the persons in care, and
 - (ii) involving the persons in care in decision making on matters that affect their day to day living.

Dispute resolution

- 60** A licensee must
- (a) establish a fair, prompt and effective process for persons in care and their parents or representatives, family members and contact persons to express a concern, make a complaint or resolve a dispute,
 - (b) ensure that there is no retaliation against a person in care as a result of anyone expressing a concern or making a complaint, and
 - (c) ensure that all complaints, concerns and disputes are responded to promptly.

Self-monitoring of community care facility

- 61** A licensee must regularly monitor the physical environment of the community care facility, and the care and services provided by it, to ensure that the requirements of the Act and this regulation are being met.

Division 3 – Nutrition**Menu planning**

- 62** (1) A licensee must ensure that a menu, made in accordance with this section, is developed
- (a) in the case of a community care facility in which persons in care are accommodated for 6 weeks or fewer, for at least each weekly period, or
 - (b) in any other case, for at least each 4 week period.
- (2) A licensee must ensure that each menu provides
- (a) for each day, a nutritious morning, noon and evening meal, with each meal containing at least 3 food groups as described in Canada's Food Guide,
 - (b) for each day, at least 2 nutritious snacks, with each snack containing at least 2 food groups as described in Canada's Food Guide,
 - (c) a variety of foods, taking into consideration

- (i) the nutrition plan of each person in care and the nutrition needs, age, gender and level of activity of the persons in care,
 - (ii) the food preferences and cultural background of the persons in care,
 - (iii) seasonal variations in food, and
 - (iv) the texture, colour and matters that affect food safety, taste and visual appeal, and
- (d) for substitutions to be made that are from the same food group and have a similar nutritional value.
- (3) The licensee must take all reasonable steps to ensure that the food served to persons in care follows the menu and, if unable to do so because of unforeseen circumstances, that the food provided to persons in care meets the nutritional requirements set out in subsection (2).
- (4) A licensee who provides a type of care described as Long Term Care must display in a prominent place in each dining area the menu for each weekly period.

Food preparation and service

- 63** (1) A licensee must ensure that all food is safely prepared, stored, served and handled.
- (2) A licensee must ensure that food is prepared and served in a manner that, to the extent practicable, is consistent with the personal preferences and cultural background of the persons in care.
- (3) A licensee must ensure that meals are provided
- (a) in a dining area,
 - (b) by temporary room tray service, if a person in care is temporarily unable to attend a dining area, or
 - (c) by ongoing room tray service, if
 - (i) necessary because of the physical or mental circumstances of the person in care,
 - (ii) indicated in the care plan of a person in care,
 - (iii) approved by the person in care's medical practitioner or nurse practitioner, and
 - (iv) reassessed by the person in care's medical practitioner, nurse practitioner or dietitian at least once every 30 days.
- (4) Without limiting subsection (3) (c), a licensee must ensure that meals are not provided by ongoing room tray service for the convenience of employees.
- (5) A licensee must ensure that persons in care have sufficient time and assistance to eat safely and comfortably.

[am. B.C. Reg. 178/2016, Sch. 3, s. 7.]

Food service schedule

- 64** (1) A licensee, other than a licensee who provides a type of care described as Child and Youth Residential, must ensure that
- (a) a morning meal is available between 7:00 a.m. and 9:00 a.m.,
 - (b) a noon meal is available between 11:45 a.m. and 1:00 p.m.,
 - (c) an evening meal is served after 5:00 p.m., and
 - (d) snacks are provided at times that meet the needs of the persons in care.
- (2) A licensee who provides a type of care described as Child and Youth Residential must ensure that meals and snacks are provided at times that meet the needs of the persons in care.
- (3) If preferred by a person in care, a licensee may, despite subsection (1) (a) and (b), provide the person in care with brunch instead of a morning and noon meal on weekends and holidays.
- (4) If a person in care is absent during service of a meal or snack, a licensee must provide to the person in care, without charge, a packed meal or snack.

Participation by persons in care

- 65** (1) A licensee must encourage persons in care to participate in menu planning, meal preparation, food service and related activities as far as is reasonably practical, or as required by a person in care's nutrition plan.
- (2) A licensee must ensure that a person in care who is involved in the preparation or service of food is adequately supervised to ensure that the food is safely prepared and handled.

Individual nutrition needs

- 66** (1) A licensee must ensure that each person in care receives adequate food to meet their personal nutritional needs, based on Canada's Food Guide and the person in care's nutrition plan.
- (2) A licensee must ensure that fluids are provided to persons in care in sufficient quantity and variation to meet the needs and preferences of the persons in care.

Eating aids and supplements

- 67** (1) A licensee must provide each person in care with
- (a) nutrition supplements required by the person in care's nutrition plan or ordered by the person in care's medical practitioner or nurse practitioner,
 - (b) tube feedings ordered by the person in care's medical practitioner or nurse practitioner, and
 - (c) eating aids, personal assistance or supervision, if required by
 - (i) a person in care who has difficulty eating, or
 - (ii) the nutrition plan of a person in care.

- (2) A licensee must ensure that children are not fed by means of a propped bottle.

Division 4 – Medication

Medication safety and advisory committee

- 68** (1) A licensee must appoint a medication safety and advisory committee consisting of at least the following persons:
- (a) the manager or a person designated by the manager;
 - (b) the supervising pharmacist appointed under subsection (2);
 - (c) if one is employed by the licensee, the health care provider responsible for the immediate supervision of health care services provided in the community care facility.
- (2) A licensee must appoint a supervising pharmacist to
- (a) serve on the medication safety and advisory committee,
 - (b) inspect the areas of the facility where medications will be stored, and
 - (c) consult with employees respecting medication interactions and other problems related to medication.
- (3) The medication safety and advisory committee must establish and review as required
- (a) training and orientation programs for employees who store, handle or administer medications to persons in care, and
 - (b) policies and procedures in respect of
 - (i) the safe and effective storage, handling and administration of the person in care's medications, in compliance with the *Pharmacy Operations and Drug Scheduling Act*, and
 - (ii) the immediate response to and reporting of medication errors and adverse reactions to medications.
- (4) A licensee must ensure that all employees comply with the policies and procedures of the medication safety and advisory committee.
- [am. OIC 225/2009, s. 3.]

Packaging and storage of medication

- 69** (1) A licensee must ensure that a pharmacist
- (a) packages all medications, and
 - (b) records all medications on the person in care's medication administration record.
- (2) A licensee must ensure that, except as authorized by the medication safety and advisory committee, a person in care's medications remain in the original labelled container or package provided by the dispensing pharmacy until administered.

- (3) A licensee must ensure that
 - (a) all medications in the community care facility are safely and securely stored, and
 - (b) in the case of a person in care whose short term care plan or care plan provides for the person in care to self-administer medication, the person in care
 - (i) has a safe and secure storage area for medication, and
 - (ii) stores all medications in the storage area described in subparagraph (i).

Administration of medication

- 70**
- (1) A licensee must ensure that only medications that have been prescribed or ordered by a medical practitioner or nurse practitioner are administered to a person in care.
 - (2) A licensee must ensure that employees who store, handle or administer medication to persons in care
 - (a) are 19 years of age or older, and
 - (b) have successfully completed any training programs established by the medication safety and advisory committee.
 - (3) Subject to subsection (4), a licensee must ensure that
 - (a) only employees administer medications to a person in care, and
 - (b) if a person in care is absent from the community care facility, appropriate arrangements are made for the administration of the person in care's medications.
 - (4) A licensee may permit a person in care to self-administer medications if a plan for self-medication is
 - (a) approved by the medication safety and advisory committee and the medical practitioner or nurse practitioner who prescribed or ordered the medication, and
 - (b) included in the care plan of the person in care.
 - (5) A licensee must ensure that, if a person in care suffers an adverse reaction to a medication, an employee immediately
 - (a) documents the reaction on the person in care's medication administration record, and
 - (b) notifies both the medical practitioner or nurse practitioner who prescribed or ordered the medication and the dispensing pharmacy.

Changes to directions for use of medication

- 71** A licensee must ensure that

- (a) employees do not make handwritten changes to the directions for use of a medication on the medication container or package, and
- (b) if changes in the directions for use of a medication are made by a medical practitioner or nurse practitioner,
 - (i) the changes are promptly recorded on the person in care's medication administration record, and
 - (ii) the dispensing pharmacy is promptly notified.

Return of medication to pharmacy

- 72** A licensee must ensure that a person in care's medication is returned to the dispensing pharmacy if
- (a) the person in care is no longer taking the medication, or
 - (b) the expiry date on the medication has passed.

Division 5 – Use of Restraints

Restrictions on use of restraints

- 73** (1) A licensee must ensure that a restraint is not used unless
- (a) the restraint is necessary to protect the person in care or others from serious physical harm,
 - (b) the restraint is as minimal as possible, taking into consideration both the nature of the restraint and the duration for which it is used, and
 - (c) the safety and physical and emotional dignity of the person in care is monitored throughout the use of the restraint, and assessed after the use of the restraint.
- (2) In addition to the requirements under subsection (1), the following conditions apply to the use of a restraint under section 74 (1) (b) [*when restraints may be used*]:
- (a) all alternatives to the use of the restraint must have been considered and either implemented or rejected;
 - (b) the employees administering the restraint must
 - (i) have received training in alternatives to the use of restraints and determining when alternatives are most appropriate, and the use and monitoring of restraints, and
 - (ii) follow any instructions in the care plan of the person in care respecting the use of restraints;
 - (c) the use of the restraint, its type and the duration for which it is used must be documented in the care plan of the person in care.
- (3) Following the use of a restraint in an emergency, the licensee or a person authorized for this purpose by the licensee must

- (a) provide, in a manner appropriate to the person's skills and abilities, information and advice in respect of the use of the restraint to
 - (i) the person in care who was restrained,
 - (ii) each person who witnessed the use of the restraint, and
 - (iii) each employee involved in the use of the restraint, and
- (b) document in the care plan of the person in care the information and advice given.

When restraints may be used

- 74** (1) Subject to subsection (2), a licensee may restrain a person in care
- (a) if the restraint is necessary to protect the person in care or others from imminent serious physical harm, or
 - (b) if there is agreement to the use of a restraint given in writing by both
 - (i) the person in care, the parent or representative of the person in care or the relative who is closest to and actively involved in the life of the person in care, and
 - (ii) the medical practitioner or nurse practitioner responsible for the health of the person in care.
- (2) A licensee must ensure that a person in care is not restrained
- (a) for the purpose of punishment or discipline, or
 - (b) for the convenience of employees.

[am. B.C. Reg. 178/2016, Sch. 3, s. 8.]

Reassessment

- 75** (1) If a person in care has been restrained, a licensee must reassess the need for the restraint at least once within 24 hours after the first use of the restraint.
- (2) If a restraint is used in an emergency and the use of the restraint continues, either continuously or intermittently, for more than 24 hours, a licensee must
- (a) get agreement in writing to the continued use of the restraint by both
 - (i) a person described in section 74 (1) (b) (i) [*when restraints may be used*], and
 - (ii) the medical practitioner or nurse practitioner responsible for the health of the person in care, and
 - (b) comply with the conditions set out in section 73 (2) [*restrictions on use of restraints*].
- (3) If a restraint is used under section 74 (1) (b) and the use of the restraint continues either continuously or intermittently for more than 24 hours, a licensee must
- (a) reassess the need for the restraint on the earlier of
 - (i) the time specified in the care plan of the person in care, and

- (ii) the time specified by the persons who agreed, and
- (b) as part of the reassessment, consult, to the extent reasonably practical, with the persons who agreed to the use of the restraint.

Division 6 – Matters That Must Be Reported

Notification of illness or injury

- 76** (1) If a person in care becomes ill or is injured while under the care or supervision of a licensee, the licensee must immediately notify the parent or representative, or contact person, of the person in care.
- (2) Repealed. [B.C. Reg. 167/2018, s. (d).]
[am. B.C. Reg. 167/2018, s. (d).]

Reportable incidents

- 77** (1) For the purposes of this section, a person in care is involved in a reportable incident if the person in care
- (a) is the subject of
 - (i) a reportable incident, or
 - (ii) in the case of reportable incidents of emotional, physical, financial or sexual abuse, or neglect, an alleged or suspected reportable incident, or
 - (b) witnesses a reportable incident.
- (2) Subject to subsection (3), if a person in care is involved in a reportable incident, the licensee must immediately notify
- (a) the parent or representative, or contact person, of the person in care,
 - (b) the medical practitioner or nurse practitioner responsible for the care of the person in care,
 - (c) a medical health officer, in the form and in the manner required by the medical health officer, and
 - (d) the funding program, if any.
- (3) A licensee who provides a program of care described as Hospice need not report the death of a person in care if
- (a) the death, and the cause of the death, was expected,
 - (b) the licensee immediately notifies the persons described in subsection (2) (a) and (b), and
 - (c) the licensee notifies the persons described in subsection (2) (c) and (d) within 30 days following the death.

PART 6 – RECORDS**Division 1 – Records for Each Person in Care****Records for each person in care**

- 78** (1) A licensee must keep, for each person in care, a record showing the following information:
- (a) name, sex, date of birth, medical insurance plan number and immunization status;
 - (b) date of admission to the community care facility;
 - (c) name and telephone number of the person in care's parent or representative, contact person and primary health care provider;
 - (d) information by which the person in care may be described or identified in an emergency, including a photograph;
 - (e) the identification of any individual who
 - (i) is restricted or prohibited, by either a court order or an order issued under an enactment, from accessing the person in care, or
 - (ii) the licensee has reason to believe may pose a risk to the health, safety or dignity of the person in care.
- (1.1) In addition to the requirements under subsection (1), a licensee must keep, for each person in care who receives a type of care described in section 2 (1) (a) or (b), a record that the information required to be provided under section 24.1 was provided to the person in care.
- (2) A licensee must keep, for each person in care, a medication administration record showing
- (a) all medication administered to the person in care, and
 - (b) the date, amount and time at which the medication was administered.
- (3) A licensee must have, and keep with each person in care's record, consent in writing from the person in care or a parent or representative of the person in care
- (a) to call a medical practitioner, nurse practitioner or ambulance in case of accident or illness, and
 - (b) in the case of a child, to release the child to someone other than the child's parent.

[am. B.C. Reg. 178/2016, Sch. 3, s. 9.]

Records respecting money and valuables of persons in care

- 79** (1) A licensee must keep a record in respect of each person in care showing the following information:
- (a) all money, valuables and other things held by the licensee in trust or safekeeping for persons in care;

- (b) any disbursements made by the licensee on behalf of a person in care, using the money of the person in care;
 - (c) any fee charged by the licensee
 - (i) to hold or administer money, valuables and other things of persons in care, or
 - (ii) to make disbursements on behalf of persons in care;
 - (d) all money, valuables and other things held by the licensee that were returned to a person in care, or the parent or representative of a person in care, when the person in care left the community care facility or died.
- (2) A licensee must issue or get a receipt, as applicable, for the matters described in subsection (1).

Short term care plan on admission

- 80**
- (1) On admitting a person in care to a community care facility, a licensee must ensure that a short term care plan is developed that will guide caregivers in protecting and promoting the health and safety of the person in care.
 - (2) Anything that must be recorded in a care plan under this regulation must be recorded in the short term care plan until a care plan is developed.

Care plan needed if more than 30 day stay

- 81**
- (1) If a person in care is admitted to the community care facility for a period of more than 30 days, a licensee must ensure that a care plan for the person in care is made in accordance with this section within 30 days of admission.
 - (2) A care plan must be developed, to the extent reasonably practical,
 - (a) with the participation of
 - (i) the person in care, or
 - (ii) if the person in care is not capable of participating, the person in care's parent or representative, and
 - (b) in a manner that takes into account the unique abilities, physical, social and emotional needs, and cultural and spiritual preferences of the person in care.
 - (3) A care plan must include all of the following:
 - (a) a plan to address
 - (i) medication, including self-administered medication if approved under section 70 (4) *[administration of medication]*,
 - (ii) behavioural intervention, if applicable, and
 - (iii) if there is agreement to the use of restraints under section 74 (1) (b) *[when restraints may be used]*, the type or nature of restraint and the frequency of reassessment;
 - (b) an oral health care plan;

- (c) a nutrition plan that
 - (i) assesses a person in care's nutrition status, and
 - (ii) specifies the nutrition to be provided to the person in care, including the requirements of any therapeutic diets;
 - (d) a recreation and leisure plan;
 - (e) in the case of a person in care who receives a type of care described as Long Term Care or who may be prone to falling, a fall prevention plan, which must address
 - (i) an assessment of the nature of the risk of falling presented by the person in care,
 - (ii) a plan for preventing the person in care from falling, and
 - (iii) a plan for following up on any falls suffered by a person in care;
 - (f) if a person in care has been determined to be at risk of leaving a community care facility without notification of an employee, a plan
 - (i) to prevent the person in care from leaving, and
 - (ii) if the person in care leaves without notification, to locate the person in care;
 - (g) if a person in care is a child or youth, any special instruction given in writing by a parent of the child or youth to the licensee;
 - (h) if a person in care is released on leave under the *Mental Health Act* or is admitted to the community care facility under an enactment or court order, any condition or requirement under the *Mental Health Act*, the enactment or the order associated with the admission of the person in care to the community care facility.
- (4) A licensee must ensure that
- (a) the implementation of each care plan is monitored on a regular basis to ensure proper implementation,
 - (b) each care plan is reviewed and, if necessary, modified
 - (i) if there is a substantial change in the circumstances of the person in care, or
 - (ii) if there is no substantial change in the circumstances of the person in care, at least once each yearto ensure it continues to meet the needs and preferences, and is compatible with the abilities, of the person in care who is the subject of the care plan, and
 - (c) to the extent reasonably practical, persons in care participate in the review and modification of their own care plans.

Implementation of care plans

- 82** A licensee must ensure that the care and supervision of a person in care is consistent with the terms and conditions of the person in care's care plan.

Nutrition plan

- 83** (1) A licensee of a community care facility with 24 or fewer persons in care must
- (a) develop a nutrition plan for each person in care, and
 - (b) if a nutrition plan is developed without the assistance of a dietitian, ensure that reasonable steps are taken to assess the specific nutritional needs of the person in care who is the subject of the nutrition plan, including considering whether the person in care is at risk of being inadequately nourished because of
 - (i) a physical or mental condition,
 - (ii) a history of issues that affect eating by the person in care, or
 - (iii) any other relevant factor.
- (2) A licensee of a community care facility with more than 24 persons in care must develop, with the assistance of a dietitian, a nutrition plan for each person in care.
- (3) A licensee must review the nutrition plan of a person in care as follows:
- (a) in the case of a nutrition plan developed under subsection (1), on a regular basis,
 - (b) in the case of a nutrition plan developed under subsection (2), with a dietitian on a regular basis, and
 - (c) in any case, with a dietitian if requested or required by
 - (i) a health care provider who provides care to the person in care,
 - (ii) a medical health officer, or
 - (iii) a funding program.
- (4) Subject to subsection (5), a licensee, other than a licensee who provides a type of care described as Hospice, must
- (a) ensure that each person in care is weighed at least once each month,
 - (b) immediately seek the advice of a health care provider if the person in care has experienced, unintentionally, a significant change in weight, and
 - (c) record the weight in the nutrition plan of the person in care.
- (5) If a person in care refuses or is unable to be weighed, the licensee must
- (a) record in the nutrition plan of the person in care the reason why the person in care was not weighed, and
 - (b) if it appears to the licensee that the person in care may have experienced a significant change in weight, immediately seek the advice of a health care provider.

[am. B.C. Reg. 10/2010, s. 1.]

Use of restraints to be recorded in care plan

- 84** If a person in care is restrained, a licensee must ensure that the following information is recorded in the care plan of the person in care:
- (a) the type or nature of the restraint used;
 - (b) the reason for the use of the restraint;
 - (c) the alternatives that were considered to the use of the restraint, and which, if any, were implemented or rejected;
 - (d) the duration of the restraint and the monitoring of the person in care during the restraint;
 - (e) the result of any reassessment of the use of the restraint;
 - (f) employee compliance with the requirements of Division 5 [*Use of Restraints*] of Part 5.

Division 2 – Additional Records**Policies and procedures**

- 85** (1) A licensee must do all of the following:
- (a) have written policies and procedures for the purposes of guiding staff in all matters relating to the care and supervision of persons in care;
 - (b) review and, if necessary, revise the policies and procedures at least once each year;
 - (c) make all policies and procedures available
 - (i) to employees at all times,
 - (ii) to a medical health officer on request,
 - (ii.1) to a person in care on request, and
 - (iii) the parent or representative of a person in care on request;
 - (d) ensure that policies are implemented by employees.
- (2) Without limiting subsection (1) (a), a licensee must have written policies and procedures in respect of all of the following:
- (a) if the licensee provides a type of care described as Long Term Care, fall prevention, including
 - (i) an assessment of the nature of the risks that may result in persons in care falling in the community care facility,
 - (ii) a plan for preventing persons in care from falling, and
 - (iii) a plan for responding to a fall suffered by a person in care, including steps to be taken to ensure the health and safety of the person in care who has fallen and to prevent subsequent falls by the person in care;
 - (b) the orientation of new managers and employees, including orientation respecting the policies and procedures of the community care facility, the regulations and the Act;

- (c) the continuing education of managers and employees;
 - (d) how persons in care, their parents or representatives and contact persons may express concerns, make complaints and resolve disputes under section 60 [*dispute resolution*];
 - (e) access to persons in care by persons who are not employees of the community care facility;
 - (f) release of children, youths and vulnerable adults from the community care facility, including
 - (i) if a person who is authorized to remove the person in care from the community care facility appears to be incapable of providing safe care to the person in care, and
 - (ii) if a person who is not authorized to remove the person in care from the community care facility requests the release of the person in care;
 - (g) monitoring of the nutrition of a person in care;
 - (h) monitoring of the medication of a person in care;
 - (i) the use of restraints in an emergency;
 - (j) responding to reportable incidents;
 - (k) the steps to be taken if a person in care leaves, or may have left, the community care facility without notification of an employee;
 - (l) the appropriate manner and schedule of record keeping.
- (3) A licensee must keep a copy of each policy and procedure of the medication safety and advisory committee.

[am. B.C. Reg. 10/2010, s. 2.]

Repayment agreements

- 85.1** (1) For the purposes of section 19 of the Act,
- (a) classes of community care facilities are established, with one class established for
 - (i) the program referred to in section 2 (1) of this regulation, and
 - (ii) each type of care referred to in section 2 (2) of this regulation, and
 - (b) each class is designated as a class of community care facility to which that section applies.
- (2) A licensee must keep
- (a) a copy of the written statement, referred to in section 19 of the Act, that the licensee delivers to persons who prepay part of the cost of services, and
 - (b) a current record of each person to whom the written statement is delivered in accordance with that section.

[en. B.C. Reg. 110/2012, s. 2 (a).]

Records respecting employees

- 86** A licensee must keep the following records in respect of each employee:
- (a) criminal record check results;
 - (b) character references;
 - (c) compliance with the Province's immunization and tuberculosis control programs;
 - (d) a record of any performance reviews made under section 40 [*continuing monitoring of employees*] and any attendance at continuing education programs.

Food services record

- 87** A licensee must keep a record of the following matters respecting food services:
- (a) food purchases;
 - (b) menus and menu substitutions;
 - (c) the results of monitoring, by the licensee, of food services and nutrition care;
 - (d) food services and nutrition care education and training programs attended by food services employees.

Record of minor and reportable incidents

- 88** A licensee must keep a record of all of the following:
- (a) minor accidents, illnesses and medication errors involving persons in care that do not require medical attention and are not reportable incidents;
 - (b) unexpected events involving persons in care;
 - (c) reportable incidents involving persons in care.

Record of complaints and compliance

- 89** (1) A licensee must keep a record respecting complaints made and concerns expressed to the licensee under section 60 [*dispute resolution*], and the responses to them.
- (2) A licensee must keep records respecting the licensee's compliance with the following sections:
- (a) if the licensee provides a type of care described as Long Term Care, section 10 [*liability insurance*];
 - (b) section 59 [*family and resident council*];
 - (c) section 66 [*individual nutrition needs*];
 - (d) section 70 [*administration of medication*].

Financial records and audits

- 90** (1) A licensee must maintain separate financial records for each community care facility, made in accordance with generally accepted accounting practices.
- (2) If required by the director of licensing, the licensee must provide an annual financial statement audited, at the cost of the licensee, by an independent public accountant.

Division 3 – General Requirements Respecting Records

Currency and availability of records

- 91** (1) A licensee must ensure that all records referred to in this regulation
- (a) are current, and
 - (b) if the licensee operates more than one community care facility, are kept separately for each community care facility.
- (2) In respect of a record referred to in this regulation, a licensee must
- (a) keep in a single place at the community care facility the records referred to in sections 78 to 81, 85, 85.1, 88 and 89,
 - (b) keep a record other than one referred to in paragraph (a) in a place from which it can be retrieved within a reasonable time, on request, and
 - (c) produce records, on demand, to the medical health officer.
- (3) A licensee must ensure that a record relating to a person in care is accessible only to employees who require access to perform their duties in relation to the person in care.

[am. B.C. Reg. 110/2012, s. 2 (b).]

How long records must be kept

- 92** (1) Subject to subsections (2) to (5), a licensee must keep all records referred to in this regulation for at least one year.
- (2) A licensee must keep for at least 5 years all signed original forms authorizing criminal record checks to be done.
- (3) A licensee must keep
- (a) in the case of employees, all records required under section 37 (1) [*character and skill requirements*] for the entire time that the subject of the records is an employee of the community care facility, and
 - (b) in any other case, all criminal record check results and character references for the entire time that the subject of the criminal record check or character reference is ordinarily present on the premises.
- (4) Immediately after a person who was the subject of a character reference is no longer employed by or ordinarily present at the community care facility, a

licensee must return all character references to the person, or destroy the character references.

- (5) A licensee must keep a record referred to in section 78 [*records for each person in care*] for at least 2 years from the date the person in care who is the subject of the record is discharged from the community care facility.
- (6) A licensee must keep a record referred to in section 89 (1) [*record of complaints*] for at least 2 years.

Confidentiality

- 93** A licensee must, to the greatest extent possible while maintaining the health, safety and dignity of persons in care, keep the records and personal information of persons in care confidential.

PART 7 – TRANSITIONAL**Transitioned facilities**

- 94** (1) In this Division, “**transitioned facility**” means a facility that was licensed on or before August 1, 2000 and has been continuously licensed since that date.
- (2) Subject to subsection (3), the following sections do not apply to a transitioned facility:
 - (a) section 14 (2) [*accessibility*];
 - (b) section 20 [*emergency equipment*];
 - (c) section 25 (2) (a) [*bedroom occupancy*];
 - (d) section 27 [*bedroom floor space*];
 - (e) section 28 (2) and (3) [*bedroom windows*];
 - (f) section 31 [*bathrooms in facilities other than long term care facilities*];
 - (g) section 32 [*bathrooms in long term care facilities*];
 - (h) section 33 (b) [*dining areas*];
 - (i) section 34 (1) and (2) [*lounges and recreation facilities*];
 - (j) section 36 (1) (a) and (b) [*outside activity areas*].
- (3) If a licensee
 - (a) makes a structural change or addition to a transitioned facility, or
 - (b) constructs a new community care facility on property that is or was occupied by a transitioned facility,the sections listed in subsection (2) apply to the change, addition or new community care facility.

[am. B.C. Reg. 10/2010, s. 3.]

Unacceptable threat to health or safety

- 95** If a medical health officer has reasonable grounds to believe that the health or safety of a person in care is in danger, or the standard of care is unacceptable, the medical health officer may restrict the use as a community care facility of a transitioned facility.

Transition – criminal record check

- 96** For the purposes of any provision of this regulation that references a criminal record check, if the *Criminal Records Review Act* does not apply to a licensee as an employer, that part of the provision of this regulation that references the criminal record check does not apply to the licensee.

SCHEDULE A

(Section 4 [exemptions by medical health officer])

- 1** For the purposes of section 16 of the Act, a medical health officer may grant an exemption from any but the following provisions of the Act:
 - section 1 *[definitions]*;
 - section 2 *[application]*;
 - section 5 *[operating or advertising without a licence]*;
 - section 6 *[age of licensee or manager]*;
 - section 7 (1) (a), (b) and (d) *[standards to be maintained]*;
 - section 18 (2) and (3) *[certain advertisements or inducements prohibited]*;
 - section 22 *[protection for persons who report]*.
- 2** For the purposes of section 16 of the Act, a medical health officer may grant an exemption from any but the following provisions of the regulation:
 - section 1 *[definitions]*;
 - section 2 *[types of care]*;
 - section 12 *[investigation or inspection]*;
 - section 37 *[character and skill requirements]*;
 - section 38 *[additional criminal record checks]*;
 - section 46 (1) *[prohibited service]*;
 - section 52 *[harmful actions not permitted]*;
 - section 54 (2) *[general health and hygiene]*;
 - section 55 *[program of activities]*;
 - section 73 *[restrictions on use of restraints]*;
 - section 74 (2) *[when restraints may be used]*;
 - section 76 *[notification of illness or injury]*;
 - section 77 *[reportable incidents]*;
 - section 89 *[records of complaints and compliance]*.

SCHEDULE B*(Section 7 [applying for a licence])*

- 1 An applicant for a licence must submit with the application all of the matters set out in this Schedule.
- 2 An applicant must provide a detailed description of the type of care to be offered.
- 3 An applicant must provide 3 references and a criminal record check for
 - (a) the applicant, if not a corporation, and
 - (b) the proposed manager, if not the applicant.
- 4 An applicant must provide an employee plan that includes all of the following:
 - (a) the name and age, and a statement of the duties, qualifications, relevant work experience and suitability, of the proposed manager;
 - (b) the proposed number of employees, their qualifications and expected duties;
 - (c) a supervision and staffing plan, including while persons in care are attending or being transported to and from activities located outside the community care facility.
- 5 An applicant must provide a site plan, drawn to scale, showing all of the following:
 - (a) the proposed location of the community care facility, including the property boundaries;
 - (b) the location and dimensions of the outdoor recreation area;
 - (c) on request of a medical health officer,
 - (i) the elevation and grade relationships of any building or other structure on the site, and
 - (ii) the sound levels of the proposed site.
- 6 An applicant must provide a floor plan, drawn to scale, showing all of the following:
 - (a) for each room, the room's purpose, its inside dimensions and the location and size of any fixed equipment;
 - (b) the width of each hallway and stair;
 - (c) the location and size of windows and the height of windowsills from the floor;
 - (d) the location of toilets, wash basins, containers for soiled clothes and, if applicable, diaper changing surfaces;
 - (e) the location of all exits;
 - (f) the location of all security devices installed for the purposes of monitoring or controlling the movements of persons in care, including, without limitation,
 - (i) door and window alarms,
 - (ii) video surveillance, and
 - (iii) alarm control points in relation to electronic monitoring devices worn or carried by a person in care;
 - (g) the location of any accommodation and washrooms reserved for employees.
- 7 An applicant must provide a statement of projected monthly revenues and expenditures, including the estimated cost of employee salaries and benefits, food, utilities, taxes, insurance, maintenance, the principal and interest of any mortgage, supplies and programs.

- 8 An applicant must provide a copy of the purchase agreement or lease for the community care facility or, if the community care facility is not yet built, for the property on which the community care facility will be situated.
- 9 An applicant who intends to provide a program of care described as long term care must provide proof of liability insurance, as required under section 10 [*liability insurance*] of the regulation.
- 10 An applicant must provide, on request of a medical health officer,
 - (a) if the applicant is a corporation, a list of the directors and officers of the corporation, or
 - (b) if the applicant is a society,
 - (i) a copy of its constitution and bylaws, and
 - (ii) a list of the society's directors.

SCHEDULE C

(Section 43 [*employee trained in first aid*])

- 1 For the purposes of section 43 (1) [*employee trained in first aid*] of the regulation, the employee must hold a valid first aid and CPR certificate from a course that meets the following requirements:
 - (a) the course must offer at least 8 hours of instruction;
 - (b) the instructor of the course must be a certified first aid specialist;
 - (c) the first aid certificate
 - (i) is issued only after the employee has successfully completed an examination that includes demonstration and evaluation of the skills relevant to the components described in section 2 of this Schedule,
 - (ii) is signed by the instructor,
 - (iii) expires no more than 3 years from the date of issue, and
 - (iv) is not renewable unless the holder, before the expiry date, participates in at least 8 hours of further instruction followed by an examination that includes demonstration and evaluation of the skills relevant to the components described in section 2.
- 2 A first aid course is not sufficient for the purposes of section 43 of the regulation unless the course provides instruction in, and requires successful completion of, an examination that includes demonstration and evaluation of skills relevant to the following matters in respect of the sorts of persons in care the employee ordinarily encounters in the community care facility:
 - (a) management of an emergency scene;
 - (b) assessment of a patient;
 - (c) fainting and unconsciousness;
 - (d) cardiopulmonary resuscitation skills recognized by the agencies referred to in section 1 (b) of this Schedule as “(CPR) Level B” or a program that is equivalent;
 - (e) shock;
 - (f) choking;
 - (g) wounds and severe bleeding;

- (h) insect, animal and human bites;
- (i) eye injuries;
- (j) spinal and head injuries;
- (k) dental emergencies;
- (l) fractures of the upper and lower limbs, including bone and joint injuries;
- (m) cardiovascular emergencies;
- (n) burns;
- (o) electric shock;
- (p) poisoning;
- (q) environmental injuries, including exposure to heat or cold;
- (r) common medical conditions, including diabetes, epilepsy, convulsions and allergic reactions.

SCHEDULE D

[am. B.C. Regs. 205/2013, Sch. 2, ss. 1 and 2; 178/2016, Sch. 3, s. 10.]

(Section 77 [reportable incidents])

Reportable incidents

- 1 For the purpose of this regulation, any of the following is a reportable incident:

“aggression between persons in care” means aggressive behaviour by a person in care towards another person in care that causes an injury that requires

- (a) first aid,
- (b) emergency care by a medical practitioner or nurse practitioner, or
- (c) transfer to a hospital;

“aggressive or unusual behaviour” means aggressive or unusual behaviour by a person in care towards another person, including another person in care, that

- (a) has not been appropriately assessed in the care plan of the person in care, and
- (b) is not aggression between persons in care within the meaning of this Schedule;

“attempted suicide” means an attempt by a person in care to take his or her own life;

“choking” means a choking incident involving a person in care that requires

- (a) first aid,
- (b) emergency care by a medical practitioner or nurse practitioner, or
- (c) transfer to a hospital;

“death” means any death of a person in care;

“disease outbreak or occurrence” means an outbreak or the occurrence of a disease above the incident level that is normally expected;

“emergency restraint” means any use of a restraint that is necessary to protect the person in care or others from imminent serious physical harm and is not agreed to under section 74 *[when restraints may be used]*;

“emotional abuse” means any act, or lack of action, which may diminish the sense of dignity of a person in care, perpetrated by a person not in care, such as verbal harassment, yelling or confinement;

“fall” means a fall of such seriousness, experienced by a person in care, as to require emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital;

“financial abuse” means

- (a) the misuse of the funds and assets of a person in care by a person not in care, or
- (b) the obtaining of the property and funds of a person in care by a person not in care without the knowledge and full consent of the person in care or his or her parent or representative;

“food poisoning” means a food borne illness involving a person in care that requires emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital;

“medication error” means an error in the administration of a medication which adversely affects a person in care or requires emergency intervention or transfer to a hospital;

“missing or wandering person” means a person in care who is missing;

“motor vehicle injury” means an injury to a person in care that occurs during transit by motor vehicle while the person in care is under the care and supervision of the licensee;

“neglect” means the failure of a care provider to meet the needs of a person in care, including food, shelter, care or supervision;

“other injury” means an injury to a person in care requiring emergency care by a medical practitioner or nurse practitioner or transfer to a hospital;

“physical abuse” means any physical force that is excessive for, or is inappropriate to, a situation involving a person in care and perpetrated by a person not in care;

“poisoning” means the ingestion of a poison or toxic substance by a person in care;

“service delivery problem” means any condition or event which could reasonably be expected to impair the ability of the licensee or his or her employees to provide care, or which affects the health, safety or dignity of persons in care;

“sexual abuse” means any sexual behaviour directed towards a person in care and includes

- (a) any sexual exploitation, whether consensual or not, by an employee of the licensee, or any other person in a position of trust, power or authority, and
- (b) sexual activity between children or youths,

but does not include consenting sexual behaviour between adult persons in care;

“unexpected illness” means any unexpected illness of such seriousness that it requires a person in care to receive emergency care by a medical practitioner or nurse practitioner or transfer to a hospital.

AMENDMENT NOT IN FORCE

Community Care and Assisted Living Act

RESIDENTIAL CARE REGULATION, B.C. REG. 96/2009

amended by B.C. Reg. 96/2009

*effective on the later of October 1, 2009 and the coming into force of
section 4 of the Adult Guardianship and Planning Statutes
Amendment Act, 2007, S.B.C. 2007, c. 34*

- 4** *The definition of “parent or representative” in section 1 of the Residential Care Regulation is amended by striking out “Patients Property Act” and substituting “Adult Guardianship Act”.*

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AMENDMENTS NOT IN FORCE

Community Care and Assisted Living Act

RESIDENTIAL CARE REGULATION, B.C. REG. 96/2009

amended by B.C. Reg. 114/2019

effective November 4, 2019

SCHEDULE 2

1 *Section 1 of the Residential Care Regulation, B.C. Reg. 96/2009, is amended in paragraph (b) of the definition of “parent or representative” by striking out “to make health or personal care decisions on behalf of the adult, but nothing in this regulation confers on the person any greater authority to make health or personal care decisions” and substituting “to make health or personal care decisions, or decisions respecting admission to or continued accommodation in a care facility, on behalf of the adult, but nothing in this regulation confers on the person any greater authority to make those decisions”.*

2 *The following section is added to Division 1 of Part 5:*

Continuing accommodation for incapable persons

50.1 (1) In this section:

“**assessed**” means assessed, for incapability, in accordance with section 26 of the *Health Care (Consent) and Care Facility (Admission) Act*;

“**incapable person in care**” means a person in care who has been assessed as incapable or for whom a personal guardian has been appointed;

“**personal guardian**” has the same meaning as in the *Health Care (Consent) and Care Facility (Admission) Act*;

“**substitute consent**” means substitute consent given in accordance with section 22 of the *Health Care (Consent) and Care Facility (Admission) Act*.

(2) If an incapable person in care expresses a desire to leave a community care facility, the licensee must, within a reasonable time of the expression, act as follows:

(a) have the person in care assessed if

(i) the licensee has reason to believe that the person in care may be capable of giving or refusing consent to continued accommodation in the community care facility, and

(ii) the person in care does not have a personal guardian;

(b) obtain substitute consent to the continued accommodation of the person in care in the community care facility if

-
- (i) paragraph (a) does not apply, or
 - (ii) the person in care is assessed as incapable.
- (3) Subsection (2) does not apply to a program described in section 2 (1) as Child and Youth Residential or a type of care described in section 2 (2) (d) as Community Living.
- (4) Subsection (2) (b) does not apply
- (a) if the incapable person in care was admitted to the community care facility within 30 days before expressing the desire to leave, or
 - (b) if substitute consent to the continued accommodation of the person in care in the community care facility has been obtained within the last 90 days.

3 *The following section is added to Division 1 of Part 6:*

Records respecting admission

- 77.1** (1) Subject to subsections (2) to (4), a licensee must keep, for each person in care, a record showing the following information:
- (a) the date of admission to the community care facility;
 - (b) in the case of an adult, the consent for that person in care to be admitted or to continue to be accommodated in the community care facility, given in accordance with section 21 or 22 of the *Health Care (Consent) and Care Facility (Admission) Act* or section 50.1 of this regulation, as applicable;
 - (c) each assessment report, if any, provided under section 22 (1) (c) of the Health Care Consent Regulation.
- (2) Subsection (1) (b) and (c) does not apply to a person in care who is in a program described in section 2 (1) as Child and Youth Residential or is receiving a type of care described in section 2 (2) (d) as Community Living.
- (3) Subsection (1) (b) applies only in respect of a consent or continued consent given on or after November 4, 2019.
- (4) Subsection (1) (c) applies only in respect of an assessment report provided on or after November 4, 2019.

4 *Section 78 (1) (b) is repealed.*

5 *Section 85 is amended*

(a) in subsection (2) by adding the following paragraph:

- (m) obtaining consent, in accordance with Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act*, before admitting an adult to the community care facility. , ***and***

(b) by adding the following subsection:

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- (2.1) Despite subsection (2) (m), that paragraph does not apply to a person in care who is receiving a type of care described as Child and Youth Residential or Community Living.

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AMENDMENTS NOT IN FORCE

Community Care and Assisted Living Act

RESIDENTIAL CARE REGULATION, B.C. REG. 96/2009

amended by B.C. Reg. 189/2019

effective December 1, 2019

APPENDIX 3

- 1** *Section 1 of the Residential Care Regulation, B.C. Reg. 96/2009, is amended by repealing the definition of “health care provider” and substituting the following:*
“health professional” means a person who provides professional health services; .
- 2** *Section 12 (1) is repealed.*
- 3** *Sections 68 (1) (c), 78 (1) (c) and 83 (3) (c) (i), (4) (b) and (5) (b) are amended by striking out “health care provider” and substituting “health professional”.*
- 4** *The following Part is added:*

PART 8 – OTHER MATTERS

Prescribed provinces

- 97** All provinces of Canada except Nunavut are prescribed for the purposes of section 11 (2) (b) (i) [*powers of medical health officer*] of the Act.

Publishing information on official website

- 98** The prescribed period within which a medical health officer must publish information for the purposes of the following is 30 days:
- (a) sections 15.2 [*publication of reports respecting licensed facility*] and 15.3 (1) and (2) [*publication of reports respecting unlicensed facility*] of the Act;
 - (b) section 7 (1) (a) of the *Community Care and Assisted Living Amendment Act, 2018*.

Telewarrants

- 99** For the purposes of section 9.1 [*powers in relation to unlicensed premises*] of the Act, a medical health officer may request, by telephone or other means of telecommunication, a warrant authorizing entry into a premises.

Appeals to the board

- 100** A licensee may make an appeal to the board in writing, in the form specified by the board.

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