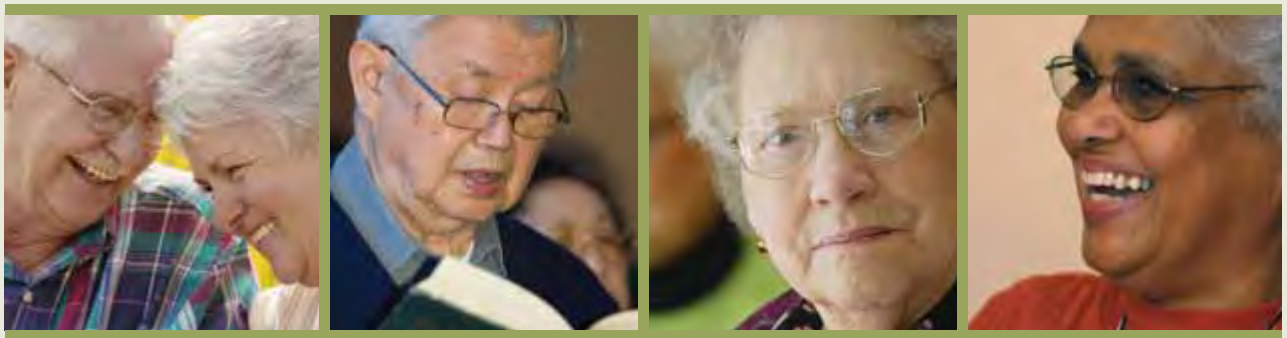
Seniors' Facilities Standards



Seniors' Homes/Long-Term Care Facilities and Seniors' Apartments/Independent Living

The United Church of Canada
L'Église Unie du Canada

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Introduction

Why Do We Need a Set of Standards?

As a ministry in The United Church of Canada providing programs and accommodation with and for some of the most vulnerable seniors in our society, we have a "duty of care." As such, a United Church of Canada–affiliated seniors' facility that engages in a relationship with an individual must take reasonable measures to protect that person from harm. To fulfill that obligation, this set of standards is offered to assist you in designing and delivering programs.

Background

In September 1998, the Division of Mission in Canada (DMC) Executive established a project "to develop a standard methodology for carrying out the institutional obligations associated with United Church institutions involved in social ministries, such as seniors' facilities, camps, group homes and outreach ministries." With the June 1999 ruling of the Supreme Court of Canada on "vicarious liability," the need to develop, implement, and monitor standards was further reinforced.

In October 1999, the Executive of General Council (GCE) adopted "the principle that all camps, schools, residences, outreach ministries and congregations using the name of 'The United Church of Canada' and all groups incorporated under Appendix IV (now section 429) of *The Manual* shall follow the national standards of the church in relation to protecting vulnerable people served by church ministries."

DMC was asked to develop the required standards and management systems appropriate to the new environment for approval by GCE.

In 1998, representatives of the Organization of United Church Homes (OUCH), including Elizabeth Erwin, Don Caughey, and John Kaufman, as well as Cynthia Gunn, Legal Advisor for The United Church of Canada, developed a first draft Minimum Standards of Care. These standards were developed during a series of three meetings in the spring of 1998 and presented to the annual meeting of OUCH for approval in June 1998.

Subsequently, it has been determined that more extensive standards of care need to be developed to honour the duty of care required of institutions using the name of The United Church of Canada. The OUCH group was called on to carry out this task because its purpose is to enhance, promote, and facilitate the relationship between The United Church of Canada and seniors' facilities that are affiliated with the church, either individually or collectively, and among the facilities themselves.

A task group was established at the meeting of the OUCH conference in June 2004. The members of the Seniors Administrative Standards Task Group include Maureen Harrison (Fair Haven Homes, Vancouver and Burnaby, BC Conference); Cliff Pieri (Fred Douglas Society, Winnipeg, Conference of Manitoba and Northwestern Ontario); Terry Meehan (Griffith-McConnell Residence, Montreal, Montreal and Ottawa Conference, until spring 2005); Linda Collingwood (Agnes Pratt Home, St. John's, Newfoundland and Labrador Conference); Jackie Harper (Family and Seniors Ministries Staff, General Council Office); and Beverlea Oag (Duty of Care Staff, General Council Office).

History

Initially, many homes were established to provide affordable housing for retired ministers and overseas ministry personnel and to meet the need for adequate, affordable housing for seniors in the community. The property and, occasionally, funds or buildings were left for the purpose of establishing this form of ministry. At the time, directors were either ministry personnel or individuals with a close affiliation with The United Church of Canada.

Over time, the needs of the community and individuals have changed and the organizations have evolved to meet these changing needs. From the modest cottages and apartments intended for aging but self-sufficient individuals have emerged multimillion-dollar organizations providing a range of services from independent living arrangements to long-term care facilities offering full nursing care. Funding for operating the organizations now comes through government sources or client fees. The expertise required to operate such organizations has resulted in the need for directors and executive administrators with the required skill-set to manage these large organizations. As a result, many have little or no connection to The United Church of Canada.

Currently 27 homes/long-term care facilities and 28 apartments/independent living units are identified as corporations having some affiliation with The United Church of Canada. Of the 55 listings, many offer both long-term care and independent living options. (Refer to Appendix II for further details.)

Process

The Seniors Administrative Standards Task Group met November 15–16, 2004, and again January 19–21, 2005, to develop a set of draft standards. These were circulated to all seniors' homes and independent living organizations for comment. At the same time, an invitation was extended to the group to attend a consultation on May 12, 2005, facilitated by Andrew Reesor-McDowell from Hincks Dellcrest Centre, to discuss the standards in detail. From the May consultation, the task group met again September 8–9, 2005, to review a streamlined version of the standards. The resulting document encompassed administrative standards plus a section on best practices. The document was again circulated to all seniors' ministries for comment. The task group had a conference call in December 2005 for follow-up action.

The document was forwarded to the Duty of Care Program Advisory Committee for review. This committee met via conference call January 9, 2006, to review the document, make necessary edits, and forward it for approval.

In February 2006 the Permanent Committee on Programs for Mission and Ministry agreed to forward these standards to the General Council Executive, which approved them for implementation at its April 2006 meeting.

Implementing These Standards

These Administrative Standards were reviewed at the biennial meeting of the OUCH group in June 2006.

The standards will be introduced through a series of regional workshops for OUCH executive staff and board members to orient them to the standards and the accreditation

process. The workshops will be a cooperative endeavour by the Faith Formation and Education and Support to Local Ministries staff working with the Seniors Administrative Standards Task Group in developing the standards.

The workshops are the first step in the implementation process. It is hoped that workshops will have been presented to all 55 homes and apartments by mid-2007, and that visits will start in 2008.

Theological Rationale

The 37th General Council, 2000, accepted An Ethical and Theological Statement on Aging (Appendix I). This statement undergirds our work with, for, and by seniors in long-term care and homes/apartments and cottages affiliated with The United Church of Canada.

Drawing from this statement, we acknowledge and affirm:

> God is with us through all of life. At every stage of our development, in our older years as much as in our youth, we are surrounded by God's presence and supported by God's grace.…
>
> Older people need to connect with others in the ebb and flow of relationship and spirituality.…
>
> [We are] called to celebrate the milestones of older persons; their struggles and achievements, their faith, wisdom, and humanity through ritual, worship, and pastoral care. We recognise God's presence in the moments of hope and despair, joy and sadness, doubt and trust.…
>
> The demands of justice and loving service require our recognition of and action against all evils that afflict the elderly. Elder abuse—physical, psychological, financial, or spiritual—may be perpetuated by individuals, family members, or institutions.…
>
> As outlined by the United Nations' principles for older persons, we affirm for the elderly: appropriate and maximum independence; participation in society; health, social, and economic care; and opportunities for self-fulfilment and for living with dignity and security.…
>
> Jesus walked on the earth, journeying with people of all classes and ages. He spoke with compassion and heard the stories of the diseased, the rejected, the marginalised, and the invisible. He kept company with those on the fringes of society.…
>
> We are called to celebrate and seek out the value and wisdom of older women and men so that we may experience Christ's presence in all persons.… The living Christ calls us to…stand against both the marginalisation of and prejudice against older people.…
>
> *—Excerpted from An Ethical and Theological Statement on Aging*

As people of faith we believe every person is created in the image of God and has the right to a safe, secure, and affordable living environment. As people of faith, as followers of Jesus, we commit ourselves to caring for all we relate to with justice, compassion, and care.

Grounded in these understandings, we undertake the work of providing care for seniors.

How to Use This Guide

When talking about seniors' homes, the terms used vary widely and are often contingent upon what part of Canada you are speaking about. For the purposes of this document, *seniors' apartments/independent living* refers to facilities that provide accommodation and possibly some defined services but no personal care (such as nursing care, etc.). *Seniors' homes* refer to those facilities providing a level of personal care in addition to accommodation and meals. Other commonly used terms associated with seniors' homes may include long-term care facility, nursing home, personal care home, or assisted living.

Despite different terms used to describe the facility, from a duty of care perspective, there are common standards that apply to all United Church seniors' organizations.

Acknowledging that seniors' homes are highly regulated facilities and many meet national and provincial accreditation standards, The United Church of Canada still feels that to honour its duty of care it needs to have some common standards for all United Church seniors' organizations. Such standards will ensure reasonable and consistent quality of care for all homes affiliated with the United Church.

In addition to the standards in this document, the Guidelines/Best Practices section identifies items a facility might consider adopting. We offer these best practices not as mandatory requirements but as ways of enriching your service to the residents and staff of your facility and to increase your accountability to the community.

These standards are an evolving document. Your feedback and suggestions are most welcome. Please address your comments to

Seniors Administrative Standards Group
Duty of Care, Support to Local Ministries
The United Church of Canada
3250 Bloor St. West, Suite 300
Toronto, ON M8X 2Y4

Accreditation Process

The accreditation process is intended to be supportive, not punitive. The intent is to ensure that a minimum set of standards is adhered to in the operation of a facility using the name of The United Church of Canada.

In this document, the standard is listed first in plain type, followed by a question/statement in bold type. The question/statement identifies the measure used to determine whether the facility is fulfilling that particular standard.

Each facility that falls under the United Church umbrella will receive an accreditation visit. Each facility will receive adequate notice of this visit in order to prepare. To be accredited, a facility needs to meet all the identified standards.

Up to two follow-up visits will be done to reach compliance with identified deficiencies. If, after three visits, a facility still has not met all the standards, it will be recommended that the right to use the name of The United Church of Canada be removed.

Administrative Standards

A. Mission Statement

1. The organization has a mission statement that reflects the vision and goals of the organization. The mission statement clearly describes
   - the organization's purpose and philosophy
   - whom it serves
   - its areas or scope of service

   The organization has a mission statement. ☐ **Yes** ☐ **No**

2. The mission statement is reviewed, at minimum, every three years and revised as necessary to reflect the organization's strategic planning and visioning for the future as it continues to strive to meet the needs of the community.

   The mission statement is reviewed every three years and revised as necessary, as demonstrated through board minutes or other means. ☐ **Yes** ☐ **No**

B. Theological Values and Standards

1. The organization has an understanding of The United Church of Canada philosophy and the relationship of the organization with The United Church of Canada.

   A narrative/explanation is provided describing the relationship between the organization and The United Church of Canada. ☐ **Yes** ☐ **No**

2. There is a process to orient the Executive Director, senior staff, and board members to the workings of The United Church of Canada and its court structure.

   A narrative/explanation is provided describing the orientation process for the Executive Director, senior staff, and board members. ☐ **Yes** ☐ **No**

3. Spirituality is recognized as part of an individual's well-being. A process/system is in place to foster relationships in the community that nurture and support individual needs for a spiritual community.

   A narrative/explanation is provided describing how the relationship between the community and the organization supports the spiritual needs of the residents. ☐ **Yes** ☐ **No**

4. A space is available for the purpose of religious or spiritual practices for residents.

   A space is available for the purpose of religious or spiritual practices for residents. ☐ Yes ☐ No

C. Accountability

1. Where an organization is separately incorporated, the incorporated body is in compliance with the requirements for nonprofit corporations set out in *The Manual* of The United Church of Canada.

   The organization is in compliance with section 429 requirements of *The Manual*. ☐ Yes ☐ No ☐ N/A

2. A relationship exists between the organization and the supervising court of The United Church of Canada that encourages communication and support. This relationship is evidenced by reports submitted to the supervising court and the invitation to the presbytery/Conference representative to the organization's annual meeting.

   The organization submits the required reports to its supervising court. ☐ Yes ☐ No

D. Governance

1. The scope of authority, roles, and responsibilities of the governing body are clearly defined through the corporation bylaws. These include an assessment of the skill sets required and guidelines for term of office and replacement of members.

   The bylaws include the authority and roles of the governing body. ☐ Yes ☐ No

2. The governing body operates according to the bylaws and corporate policies it sets by
   - conducting regular reviews of the bylaws and corporate policies, as documented in board meeting minutes, to make sure they are current and applicable; at minimum this review should be every three years
   - ensuring the organization complies with relevant laws and regulations
   - receiving, reviewing, and acting on reports and legislative updates

Evidence is provided that the governing body reviews and revises corporate policies regularly in keeping with changes to legislation, both civic and denominational. ☐ Yes ☐ No

3. The governing body (or its representative) ensures that the following documentation is prepared and kept:
   - annual report of operations
   - current listing of the governing body's members, including United Church of Canada affiliation
   - audited financial statement or independently verified financial statement
   - statement detailing the type and level of insurance coverage

   Copies of the annual reporting requirements as listed above are available at the time of the accreditation visit for the previous three years or the last accreditation visit, whichever is greater. ☐ Yes ☐ No

4. The governing body evaluates its own performance annually and takes action to address opportunities for improvement. A formal evaluation of the executive director, chief executive officer, and/or administrator is completed, at minimum, every three years.

   Evidence that an annual evaluation of the governing body activities has occurred is provided. ☐ Yes ☐ No

   Evidence of a formal evaluation is provided. ☐ Yes ☐ No

5. The governing body establishes policy to ensure generally accepted business practices are followed—i.e., contracts, accounting practices, management of personal trust funds.

   A copy of the policy(s) addressing the organization's business practices is provided. ☐ Yes ☐ No

E. Leadership and Partnerships

1. Contracts for goods and services are signed, reviewed, and updated according to established policy.

   A policy is in place regarding contracts for goods and services. ☐ Yes ☐ No

2. Contract services are monitored to ensure delivery complies with the terms of the agreement, and issues of dispute/ noncompliance are resolved in a timely manner

There is a process to review delivery of contracted services to ensure compliance with the signed contracts. ☐ Yes ☐ No

F. Insurance

1. The organization ensures that it carries adequate levels of insurance for the following:
   - property, including fire
   - comprehensive/commercial general liability
   - directors and officers
   - any specialized insurance required to address the business of the organization

Documentation is provided showing the organization's coverage for

- **property, including fire** ☐ Yes ☐ No
- **comprehensive/commercial general liability** ☐ Yes ☐ No
- **directors and officers** ☐ Yes ☐ No
- **specialized insurance (please specify)** ☐ Yes ☐ No ☐ N/A

2. Where the organization owns, operates, or leases vehicles or contracts with external providers for the transport of residents, the organization ensures, for the safety of residents, that vehicles are equipped with the appropriate securement system (for mobility aids) and staff is trained in the proper use of these systems.

All vehicles used for the transport of residents are equipped with the appropriate securement system. ☐ Yes ☐ No ☐ N/A

Evidence is provided that staff have received training in the use of these systems. ☐ Yes ☐ No ☐ N/A

3. The organization annually, at minimum, verifies that
   - all vehicles have necessary insurance coverage
   - all vehicles contain first aid kits, fire equipment, insurance documents, and emergency procedure guidelines

A process is in place to ensure the following:

- **review of insurance coverage** ☐ Yes ☐ No ☐ N/A
- **vehicles equipped with first aid kits (stocked), fire equipment, insurance documents, and emergency procedure guidelines** ☐ Yes ☐ No ☐ N/A

G. Information Management

1. The organization has a privacy policy that complies with provincial or federal PIPEDA legislation. **A copy is provided of the organization's privacy policy.**	☐ **Yes** ☐ **No**
2. The organization has an identified Privacy Officer. **The organization has an identified Privacy Officer, whose position title is** _____	☐ **Yes** ☐ **No**
3. The organization has a process in place for addressing complaints regarding the use of information. **A copy is provided of the complaint process regarding privacy issues.**	☐ **Yes** ☐ **No**
4. A process is in place for the periodic audit of resident files for completeness, accuracy, and timely completion. **A copy is provided of the process for resident file audits, and evidence that it has been done as identified in the documentation.**	☐ **Yes** ☐ **No** ☐ **N/A**
5. A process is in place for residents to access their own files. Access is restricted to the resident and his or her family members/responsible other/trustee with legal authority, and consent is required from the resident or designated authority for release of information. **A copy is provided of the policy/procedure for accessing resident files.**	☐ **Yes** ☐ **No** ☐ **N/A**
6. A process is in place for staff to access their own personnel record. All other access is restricted to relevant staff. Consent to release information is required from the staff member. **A copy is provided of the policy/procedure for accessing personnel records.**	☐ **Yes** ☐ **No** ☐ **N/A**
7. Prior to disposal, all computer hard drives/electronic devices are reformatted or other means are used to ensure security of confidential information. **A copy is provided of the policy/procedure for disposing of hard drives/electronic devices.**	☐ **Yes** ☐ **No**

H. Resident Quality of Life

1. The programs and services the facility can and cannot provide are clearly identified in writing.

   Documentation is provided that identifies the programs and services offered by the facility. ☐ **Yes** ☐ **No**

2. Seniors' Homes/Long-Term Care Facilities
   The admission process for all residents includes an assessment of the needs of the resident in relation to the programs and services offered by the facility in order to determine whether the facility can meet the identified needs.

   or

   Seniors' Apartments/Independent Living
   The admission process for all residents takes the following into consideration:
   - mandate of the organization
   - local/provincial housing authority regulations
   - resident needs in relation to program and services offered by facility.

   Documentation is provided of the admission process. ☐ **Yes** ☐ **No**

3. All referrals and the reasons why residents were refused services are recorded, including when resident needs cannot be met by the facility.

   Documentation is provided that identifies why services have been refused. ☐ **Yes** ☐ **No**

The following (4–7) pertain to SENIORS' HOMES only.

Services are delivered in a safe, efficient, and effective manner in accordance with
- current legislation
- accepted standards of practice and guidelines
- codes of ethical practice
- the organization's policies

4. A forum exists where residents/family can bring issues to be addressed.

   A forum or process exists for residents/family to bring issues to be addressed. Please describe. ☐ **Yes** ☐ **No**

5. A policy is in place to address the prevention and safe management of aggressive or violent behaviour. It addresses the following:
   - staff training on how to recognize, diffuse, and control high-risk behaviour using positive methods
   - how incidents are investigated and strategies are developed to prevent recurrence

   A copy is provided of the organization's policy regarding aggressive or violent behaviour. ☐ **Yes** ☐ **No**

6. A policy is in place regarding the organization's restraint philosophy.

   A copy is provided of the organization's restraint policy. ☐ **Yes** ☐ **No**

7. There is a set process for discharge that includes transition planning and information regarding access to services that may assist the resident and/or family during the transition. Discharge may be due to change in care requirements that cannot be met by the facility, discontinued need, or death of the resident.

   Documentation is provided about the discharge process, including any materials provided to the resident family upon discharge. ☐ **Yes** ☐ **No**

I. Food Service

The following apply to organizations where food service is provided to residents.

1. Regular public health inspections are conducted, as evidenced by reports and follow-up action reports.

   Public health inspection reports from the last three visits are provided, including follow-up reports showing action taken. ☐ **Yes** ☐ **No**

2. Meals meet the health needs of residents and include a menu rotation to ensure variety.

   A copy of the current menu, including diet variations, is provided. The menu provides variety for all diets. ☐ **Yes** ☐ **No**

3. Meal delivery meets dietary standards and the needs of the residents.

   An explanation is provided of the process for identifying residents with specific dietary needs and the means by which menu modifications are made to meet these needs. ☐ **Yes** ☐ **No**

4. Cooking utensils, dishes, work surfaces, and sinks are cleaned and sanitized according to local health regulations.

   Dishes/pots are cleaned using either a commercial dishwasher or a three-sink method using a sanitizer. ☐ Yes ☐ No

   Please specify method used: _____

   Please outline the process and cleaning agents used for cleaning work surfaces.

5. Freezers and refrigerators are equipped with thermometers, and temperatures are recorded daily, at minimum upon opening and closing the kitchen.

   Freezers and refrigerators in the food preparation area are equipped with thermometers. ☐ Yes ☐ No

   Temperatures are recorded daily as per identified minimums. ☐ Yes ☐ No

6. Storage areas (fridges, shelves, pantries, storerooms) are clean, with supplies stored off the floor.

   All storage areas are kept clean and supplies are off the floor. ☐ Yes ☐ No

7. Waste is appropriately disposed of in covered garbage cans.

   Waste is disposed of in covered containers. ☐ Yes ☐ No

8. Proper handwashing techniques are employed by all staff.

   Handwashing sinks are available in the food preparation and service areas. Signage for proper handwashing techniques is posted. ☐ Yes ☐ No

9. Staff wear appropriate head coverings and clean uniforms.

   Staff are appropriately attired. ☐ Yes ☐ No

J. Human Resources

1. Job descriptions exist for all staff, volunteer, and student positions that clearly define their roles and responsibilities. Job descriptions are revised when the job, performance requirements, or qualifications change and are reviewed, at minimum, every three years. All contract positions also require job descriptions as part of the written contract.

   Job descriptions are available for all positions:

   - **staff** ☐ **Yes** ☐ **No**
   - **volunteer** ☐ **Yes** ☐ **No**
   - **student** ☐ **Yes** ☐ **No**
   - **contract** ☐ **Yes** ☐ **No**

2. Staff and volunteers are recruited and selected based on
   - qualifications, including licences, registration, or certification
   - a valid driver's licence for the classification of vehicle and a clean driving record (where applicable)
   - knowledge and skills
   - reference checks
   - criminal record checks

   The process for recruiting and selecting staff and volunteers is demonstrated. ☐ **Yes** ☐ **No**

3. The organization has a process in place to ensure that all staff, volunteers, and students receive an orientation program that is timely and documented and that provides initial training and information about the organization, including
   - the mission, vision, goals, and objectives
   - programs/services and key personnel
   - roles and responsibilities
   - relevant policies and procedures, including confidentiality, privacy, sexual abuse/harassment, and infection control
   - safety and emergency preparedness

   Detailed documentation is provided of the information covered at orientation sessions and the orientation attendees. ☐ **Yes** ☐ **No**

4. The organization has a process in place that addresses the following in a formal or informal way:
   - employee recognition
   - performance evaluation and feedback
   - skills development

   An outline of the process is provided for the following:
   - **employee recognition** ☐ Yes ☐ No
   - **performance evaluation and feedback** ☐ Yes ☐ No
   - **skills development** ☐ Yes ☐ No

5. Communication and reporting relationships are clearly defined and support
   - the organization's structure
   - efficient and effective leadership/teamwork throughout the organization, including students and volunteers
   - the flow of staff across the organization
   - the integration of services across the continuum of care

   An organizational chart or narrative demonstrates the communication and reporting relationships. ☐ Yes ☐ No

6. A process that supports regular, effective two-way communication exists to ensure staff and volunteers are consulted on workplace issues and processes. This may be informal, through a suggestion box or staff forums, or formal, through external surveys.

   Information is provided on the process(es) used to involve staff and volunteers in workplace issues, including examples of how this has been used. ☐ Yes ☐ No

7. A process that ensures response in a timely, objective manner without reprisal exists for staff and volunteers to bring forward concerns, complaints, and grievances.

   Evidence is provided of the process used by staff and volunteers to bring forward issues and of the response process. ☐ Yes ☐ No

8. Satisfaction surveys are conducted on an ongoing basis, with action taken on identified opportunities for improvement.

   Evidence is provided of recent satisfaction surveys. ☐ Yes ☐ No

K. Physical Building, Environment, and Equipment

The organization ensures the safety of the physical building for all residents.

1. Health and safety inspections are completed and documented annually. Documentation exists to show that identified hazards have been addressed through corrective action (repairs, change in process, etc.).

   The last three years' documentation are provided for health and safety inspections, including corrective action taken to address identified hazards. ☐ Yes ☐ No

2. Workplace Hazardous Materials Information System (WHMIS) training is provided to staff/volunteers. An overview of the training material and attendance is documented. WHMIS Sheets are current.

   Documentation is provided of WHMIS training for staff. ☐ Yes ☐ No

   Access is provided to WHMIS Manuals/Sheets in each area. ☐ Yes ☐ No

3. The organization has processes in place to address health and safety hazards that are
   - biological
   - chemical
   - environmental
   - ergonomic
   - physical (e.g., lifting heavy weights)
   - psychological (e.g., stress)

   The processes used to address health and safety hazards are identified. ☐ Yes ☐ No

4. Unusual/adverse incidents are reported and documented.

   The process used for reporting unusual or adverse incidents is identified. ☐ Yes ☐ No

5. Where an incident identifies that corrective action is required, documentation exists showing that corrective action has occurred.

   Documentation is provided of corrective action taken. ☐ Yes ☐ No

6. A process exists to identify capital expenditure needs on an annual basis to ensure ongoing property maintenance.

   A narrative/explanation and evidence of the process used to identify capital expenditure needs are provided. ☐ **Yes** ☐ **No**

7. Building repairs are identified and carried out (i.e., maintenance requisitions and logs maintained).

   Documentation is provided of maintenance requisitions and maintenance logs for equipment. ☐ **Yes** ☐ **No**

8. Sidewalks, driveways, parking lots, and entrances are maintained and cleared of snow/ice in a timely manner.

   The procedure used to ensure snow/ice is cleared in a timely manner is demonstrated. ☐ **Yes** ☐ **No**

9. The organization has a process in place to ensure equipment, supplies, and medical devices (where applicable) are managed and maintained in a responsible manner. This process addresses the following:
   - performing routine and preventive maintenance checks, including routine testing and inspection
   - reporting identified maintenance needs
   - following up on maintenance needs
   - tracking service checks, including those performed by an external service
   - adhering to local codes for buildings

   Documentation is provided of maintenance processes for preventive maintenance. ☐ **Yes** ☐ **No**

   Documentation is provided that demonstrates service checks are performed by external services. ☐ **Yes** ☐ **No**

10. The organization educates and trains staff on
    - safely operating and maintaining equipment and medical devices, including new equipment
    - the available backup if equipment fails
    - getting repair services and carrying out emergency procedures
    - reporting problems and incidents involving equipment, supplies, and medical devices
    - the use of personal protective equipment (PPE)
    - keeping records of equipment servicing

Documentation is provided to indicate staff receive training on

- **safely operating and maintaining equipment and medical devices, including new equipment** ☐ Yes ☐ No
- **the available backup if equipment fails** ☐ Yes ☐ No
- **getting repair services and carrying out emergency procedures** ☐ Yes ☐ No
- **reporting problems and incidents involving equipment, supplies, and medical devices** ☐ Yes ☐ No
- **the use of personal protective equipment (PPE)** ☐ Yes ☐ No
- **keeping records of equipment servicing** ☐ Yes ☐ No

11. Where medical gases are used by the facility, these are stored in a safe, secure location with access restricted to authorized personnel only.

Demonstration is provided that medical gases are stored in a safe, secure location. ☐ Yes ☐ No ☐ N/A

12. The organization anticipates and plans for the impact of utility failures.

Contingency plans are provided for utility failures. ☐ Yes ☐ No

The following (13 and 14) pertain to SENIORS' APARTMENTS/INDEPENDENT LIVING only.

13. The organization has a standard lease agreement between the owner and the resident that addresses the rental conditions for the unit/room and any additional services that may be offered.

A sample is provided of the standard lease agreement. ☐ Yes ☐ No

14. Annual inspection of private units is conducted by building maintenance, or another person as identified by the management, to identify required repairs.

Evidence is provided of annual inspections of private units. ☐ Yes ☐ No

L. Emergency Preparedness

The organization has an Emergency Preparedness Plan for emergencies and disasters. Plans address, at minimum, the following: fire, evacuation, missing person, loss of utilities (electric, water, heating).

1. The Emergency Preparedness Plan for each emergency type includes, at minimum, the following components:
   - details regarding who is responsible for managing and coordinating the response to emergency situations during regular and off hours
   - a fan-out list for contacting staff in the event of an emergency and a process for keeping this list current
   - in the event of evacuation, a designated, identified alternative accommodation and agreement of use confirmed annually
   - training schedules and training information for staff/volunteers
   - a process to ensure that plans are reviewed, at minimum, once per year and revised as required
   - discussion with Community Emergency Services to identify how the organization's plan fits with the emergency/disaster plans of the community

   Copies of the Emergency Preparedness Plan are provided, including

   - **fan-out list** ☐ **Yes** ☐ **No**
   - **training schedules** ☐ **Yes** ☐ **No**
   - **documentation showing plans are reviewed annually** ☐ **Yes** ☐ **No**
   - **indication of community involvement** ☐ **Yes** ☐ **No**

2. The organization is in compliance with all relevant fire code regulations. Evidence of annual fire inspections is requested.

   Copies are provided of the last three fire inspections/ fire marshall reports. ☐ **Yes** ☐ **No**

3. A fire safety plan exists and is visibly posted at each facility. It includes, at minimum,
   - steps to be taken in the event of a fire. Residents in independent living environments receive written instructions on what to do in the event of an emergency.
   - location of exits. These exits are easily identifiable and accessible and meet the local fire code requirements.

A copy is provided of the fire safety plan, including information provided to residents in independent living environments.	**☐ Yes ☐ No**
Fire exits are easily identifiable and accessible.	**☐ Yes ☐ No**
4. Training is provided to all staff/volunteers at orientation and at least once per year thereafter on all emergency plans.	
Evidence is provided of training on an annual basis (signed attendance sheets).	**☐ Yes ☐ No**
5. Drills are held annually, at minimum, and documented.	
Documented evidence is provided of drills.	**☐ Yes ☐ No**
6. The effectiveness of each drill is analyzed and changes are made to plans, procedures, or training methods to improve their effectiveness.	
Evidence is provided (e.g., minutes of health and safety meeting or similar) that results of drills are reviewed and improvements are made where necessary.	**☐ Yes ☐ No**
7. Where more than one physical property comprises an organization, the emergency codes and their meanings are the same throughout the organization. Where possible, emergency codes are universal within the community.	
Emergency codes are universal throughout multiple properties.	**☐ Yes ☐ No ☐ N/A**
8. Where a fire detection and alarm system is required to meet code, this system is inspected and tested according to code requirements and annually, at minimum. There is documented evidence of such inspection and testing.	
Documentation is provided of annual testing of fire detection and alarm system.	**☐ Yes ☐ No**
9. Where smoke/carbon monoxide alarms and/or detectors are required to meet code, a process is in place to test that all are in good working order. This testing is conducted quarterly, at minimum, and documented to show the date and person responsible for conducting the tests.	
Documentation is provided of testing of smoke/carbon monoxide alarms and/or detectors.	**☐ Yes ☐ No**

10. Portable fire extinguishers are located in common hallways as directed by local fire code. Extinguishers are in good working order, and evidence exists that they are checked annually and recharged/replaced as required.

    Evidence (dated/signed tags) is provided that fire extinguishers are checked and recharged as required. ☐ Yes ☐ No

11. Security/emergency lighting systems are present and in good working order in all hallways, stairwells, and common areas. These systems are tested annually, at minimum, and documented.

    Security/emergency lighting is installed in hallways, stairwells, and common areas. ☐ Yes ☐ No

    Documentation (log) is provided showing that emergency lighting is tested annually. ☐ Yes ☐ No

12. The organization has an alternative means of communication in the event of a failure of traditional systems.

    Please describe the alternative means of communication in the event of system failure (e.g., alternative phone/radio system, hand bells for patients, etc.). ☐ Yes ☐ No

M. Infection Control

1. The organization educates staff members on an ongoing basis about the risks of infection and about their role in preventing infections.

    Documentation (outlines, attendance logs) is provided about infection control training for new staff and ongoing training. ☐ Yes ☐ No ☐ N/A

2. To prevent infections, the organization carries out processes that include
    - using isolation and precaution techniques, including routine practices
    - cleaning, disinfecting, and sterilizing space, equipment, supplies, and medical devices
    - properly handling, storing, and disposing of hazardous and infectious material
    - promoting personal hygiene and cleanliness of the physical setting
    - having proper building maintenance to prevent the spread of contaminants and infection, including ventilation and structure

Copies are provided of the policy and procedures or guidelines regarding

- **isolation and precaution techniques** ☐ Yes ☐ No ☐ N/A
- **cleaning, disinfecting, and sterilizing processes** ☐ Yes ☐ No ☐ N/A
- **handling, storing, and disposing of hazardous and infectious material** ☐ Yes ☐ No ☐ N/A
- **personal hygiene** ☐ Yes ☐ No ☐ N/A

Maintenance logs (or similar documentation) are provided showing routine building maintenance for air exchange systems. ☐ Yes ☐ No ☐ N/A

3. In handling food, the organization has a process to prevent staff and volunteers who have a communicable infection from having direct contact with residents and/or with food.

   The organization's policy regarding communicable infection in the workplace is provided. ☐ Yes ☐ No ☐ N/A

4. The organization has processes to collect, transport, process, and store laundry/linen to prevent contamination and infection.

   The policy/procedure regarding laundry/linen processes is provided. ☐ Yes ☐ No ☐ N/A

5. If an infection occurs, the organization has processes to
   - promptly detect, respond to, and contain the infection
   - investigate and manage the infection, including tracking all contacts
   - consult with infectious disease or public health authorities and experts
   - use the results of investigations to prevent the infection from happening again
   - report to public health authorities communicable diseases that are specified as notifiable in provincial or territorial law

   The policy and procedures are provided that direct the organization in the event of an infection outbreak, including when and how public health authorities are contacted. ☐ Yes ☐ No ☐ N/A

Guidelines/Best Practices

In addition to the identified Administrative Standards, both homes and seniors' apartment facilities may find the following guidelines helpful in enhancing the quality of care provided by your organization.

A. Mission Statement

The mission statement is developed with input from staff, residents, and the community and shared with residents, staff, volunteers, other organizations, and the community.

B. Governance

The governing body has processes to resolve conflicts, make group decisions, and analyze potential and past decisions.

C. Leadership and Partnerships

The organization works with the community and other organizations to regularly assess the community's health status, capacities, and health needs as reflected in the organization's strategic planning and visioning. This may be achieved through independent needs assessment of the community or through connections established with community agencies and partners.

D. Information Management

Data is backed up following a commonly defined format to ensure data security and integrity.

E. Resident Quality of Life

As our population ages and people are faced with the decision of leaving the family home, the choice of the type of facility and what that facility offers is difficult and complicated. A number of factors must be taken into consideration, and we, as service providers, need to be able to assist potential residents in making an educated choice. With that in mind, the following are points for consideration:

1. New residents will receive an orientation and welcome to the organization that will include
    - explaining the function and services of the facility to the resident and/or family
    - introducing staff to the resident
    - introducing other residents to new residents
    - providing information to the resident/family about the resident/family council if one exists and other relevant committees or activities
    - providing information regarding the resolution process for addressing complaints

2. A process is in place to assess resident satisfaction, with appropriate action taken on identified opportunities for improvement.

3. Services Provided
   - Where arrangements exist with third-party service providers, provide details of such services indicating additional costs as applicable.

4. Continued Independence
   - Residents are assisted and encouraged to carry out their responsibilities.
   - The organization focuses on resident's and family's needs and abilities.
   - The organization addresses health-related issues and health needs.
   - The organization encourages positive feelings, self-confidence, and dignity.
   - The organization provides resources or access to external resources to assist the resident and family in making and coping with difficult decisions, such as advance directives.
   - The organization provides resources or access to external resources to assist the resident and family in coping with life transitions.

5. Transition of Care
   - Needs are identified and information is provided on other services when the facility is no longer able to meet the needs of the resident.

6. Community Environment

   Linkages with the community are important in fostering a sense of home. These may be services provided to the community by the facility or used by residents of the facility from the community.
   - The facility strives to create a sense of community by providing access to community activities or organizing social activities in the facility to which all residents are invited to participate. This may be facilitated by a specific committee that has resident/family representation.
   - A space is provided, such as a bulletin board, to announce activities in the facility as well as community activities that may be of interest to residents.
   - External community groups are invited to send flyers of activities being held that may be of interest to residents.
   - Community organizations and contacts for information are posted to enable residents to continue to be part of the wider community.

F. Human Resources

Working with specific populations, whether in a one-on-one relationship or in a broader venue, requires people with the necessary temperament and skills. In addressing the human resource needs of a facility, the following may be of assistance:

1. Staff and volunteers are selected to reflect the diversity of the resident population.
2. Staff and volunteer retention strategies include
   - carrying out personnel policies in a fair and consistent way
   - providing professional development/ongoing learning opportunities
   - creating opportunities to promote and transfer staff and volunteers
   - having adequately trained and competent supervisors/mentors
   - completing performance reviews that are objective, interactive, and positive, with a plan to promote development and resolve problems
   - carrying out, at minimum, random exit interviews/surveys with staff and volunteers who leave
3. Employee assistance is available and accessible to all staff—e.g., wellness programs, counselling, career development, and transition services.

G. Physical Building, Environment, and Equipment

The well-being of residents and staff is affected by the physical environment in which they are located. To enhance the individual satisfaction of residents and staff, the following may be beneficial:

1. The organization's physical environment meets the needs of residents and staff by
   - controlling temperature and humidity
   - eliminating odours
   - providing fresh air exchange
   - preventing second-hand smoke exposure
   - being tastefully decorated and maintained
2. In multi-unit dwellings, when possible, residents can control the temperature in their own unit.
3. The building's common area is able to accommodate the majority of residents at the same time.
4. All common areas have toilets and sinks within easy access.
5. Windows provide good natural light in common areas, are in good condition, and open easily where applicable.

Appendix I: An Ethical and Theological Statement on Aging

This statement was approved by the 37th General Council of The United Church of Canada, August 2000.

Aging begins with birth and unfolds in stages throughout our life—throughout childhood, adolescence, and adulthood. In late adulthood, aging unfolds in still further stages: we speak of the young old, the old old, and the oldest old, or as some say, the frisky, the frail, and the fragile. To grow older is normal. It is a fulfilment of the cycle of life, a process of maturation, of becoming more fully who we are. In some respects, the older we grow, the more like ourselves we become.

While we may affirm such a perspective intellectually, society's attitudes towards aging and our emotional responses to both our own and others' aging are frequently ambiguous and conflicting. Often we view aging negatively, as the end of life, the sign of decline, the prelude to death. Downright denial is not uncommon.

Positive or negative, our perspectives on aging influence how we engage with the issues it requires us to face, in our own lives and the lives of those we love, in the neighbourhoods in which we live, and also in our church. Our beliefs influence our behaviours; our attitudes affect our actions; our theology informs our ethics.

Ethics invites us to question what we are doing and why. It demands that we ask: How can we ensure that our vision of justice includes older adults individually and in our community and society?

Throughout the centuries the church has expressed its theology in creeds. These creeds are often modified as our understanding of God's presence in the world changes. Here, linked to the theology of The United Church of Canada, as expressed in "A New Creed," are some statements concerning the theology and ethics of aging.

We are not alone,
we live in God's world.

God is with us through all of life. At every stage of our development, in our older years as much as in our youth, we are surrounded by God's presence and supported by God's grace. These mature years are usually a time of fulfilment and blessing.

As we age, however, some of us feel isolated, abandoned, and lost. Whether through the death of a partner or friend, the loss of mobility and independence, the decline of hearing and vision, or the swirl of a bewildering world, we may find our faith growing not stronger, but weaker, and our most long-held certainties and passionate convictions increasingly put to the test. With memory of our early years often only a distant comfort or else a source of continuing puzzlement and pain, a sense of meaning may seem harder and harder to find.

For all of its confusion, its challenge, and its change, however, the world is ultimately God's. Everything it presents us with, potentially, has its purpose and place—if we are open to God. With the help of loving listeners, such as family members, friends, and other caregivers, we can revisit, reinterpret, and redeem events that have caused us distress. In the process, we can

experience healing and hope, discovering the unique wisdom that has taken shape amid the course our life has traced. Through such events, we can thus grow and learn. Because of them, we can experience the ripening of love and become more appreciative of the preciousness of life.

We believe in God:
who has created and is creating…

Created in God's image, we are blessed and cursed with freedom and knowledge, and with responsibility for our actions and our use of earth's resources. We find ourselves co-creators on a lifelong journey.

Like Abraham, Sarah, and Hagar, we set out not knowing where our road will lead, yet we sense the creative force that is with and within us. Our journeys take us through youth, young adulthood, and mid-life experiences, until we come, too soon, to those mature years we call retirement.

Arbitrary chronological terminations, such as mandatory retirement at 65, are social and economic conveniences imposed by society. They do not necessarily reflect the worth, creativity, or energy of older adults, or the value of our several journeys as co-creators with God. Each of us continues to be a "work in progress" until the end of our life.

We are called to recognise, encourage, and support initiatives by older adults to explore meaningful and satisfying options, and to offer (their) experience and wisdom to the church and the community.

…who has come in Jesus,
the Word made flesh…

We are all made flesh. This carries with it the possibility of both the fullness of life and the brokenness of life, as well as the inevitability of death. As we become old, our preoccupation with the flesh does not decrease. Indeed, bodily functions require even more attention. We see our bodies sagging and wrinkling; we hear the creaking; we feel the aching. Yet new physical accomplishments may take place in the form of fitness, dieting, and dancing, as well as new intimacies and affections with grandchildren and great-grandchildren.

Older people need to connect with others in the ebb and flow of relationship and spirituality. Institutions and social structures often deny the humanness that gives rise to such needs of the elderly. Many persons are at their best in whatever they are doing when they are in love, loved, and have intimate relationships. The lifelong need for intimacy and the expression of sexuality is not readily recognised. Older couples living in the same long-term care institutions may not have the option of living together; people are discouraged from holding hands in public; new and possibly life-giving romances are discouraged or in some cases forbidden. For same-gender couples the situation is even more difficult.

The Word made flesh carries with it the inevitability of death. Most people fear the process of dying and long for a sudden death, long to be fully alive until they die. Our society has the ability to prolong life through "heroic" measures, but these practices are being questioned

on humane grounds. Removal of life support systems may be a trauma or a blessing. Older persons can assist loved ones and caregivers by considering this issue with them before the emergency arises, and by making a living will that sets forth their personal desire for end of life care. Questions around power of attorney, the use of palliative care resources, burial or cremation, and funeral planning might also be clarified and discussed.

There are hurting times at this stage of living when losses occur, such as the freedom to drive a car and to live in the comfort of one's familiar home. It is a particularly difficult time if the older person is suffering from dementia. When this happens, caregivers are faced with the dilemma of respecting the choices of the older adult while still dealing with issues of health, safety, and choice of living accommodations. These decisions create increased levels of stress among family members and friends who have taken on the role of caregivers. While recognising the stress of this bittersweet time, many caregivers and older adults experience an increased intimacy and deepened relationship that bring joy and peace to the latter days of life.

…to reconcile and make new,
who works in us and in others
by the Spirit.

There is an element of mystery and surprise about the Spirit. The Spirit often works through the interactions between human beings. The church is called to be a place where the recounting and reviewing of personal life stories becomes a reconciling and healing practice. We must hear the stories of our elders and learn to discern in them both the sacraments of failure and disappointment, and of joyful achievement. In the recognition, acceptance, and occasional reframing of these stories, we leave room for the Spirit to transform our experience into life-giving hope for the individual and also for the whole community of faith.

We trust in God.
We are called to be the Church:

Trusting in God often seems easier when our lives feel in tune with our ideas of how our lives should unfold. Scripture reminds us that we can trust that God's Spirit is with us in all of life's experiences.

The latter years of life offer unique opportunities for new perspectives on God's call to be faithful. We are called to consider all aspects of life as part of our human journey. As a community of believers, we are the Body of Christ in the world; we create sacred spaces that are accessible and welcoming to all people.

The story we tell is God's story, recounted through individual and communal stories. These tales serve to celebrate our achievements and struggles and to stretch our awareness of the sacred. The collective wisdom of our stories, when told and when heard, offers the possibility for reflection and transformation both individually and as the Body of Christ.

…to celebrate God's presence…

Celebration is important to our health and fulfilment. Celebration marks the critical stages in the narrative of our lives. Celebration identifies and honours our role in the family, community, and society. In the church, we celebrate in the context of God's unfolding and constant presence.

We believe the church is called to celebrate the milestones of older persons, their struggles and achievements, their faith, wisdom, and humanity through ritual, worship, and pastoral care. We recognise God's presence in the moments of hope and despair, joy and sadness, doubt and trust. The church is called to celebrate God's active presence and calling throughout life.

…to live with respect in Creation…

The overarching love of God challenges us to be accountable, choosing life and growth in our time. Out of the wisdom and experience of older adults can emerge a deepening sense of interconnectedness to God's universe and to the generations who follow. For many, this love and concern for younger generations, including grandchildren and great-grandchildren, call us forth to be agents for a changed relationship with creation. In an age which bears the cries of a broken earth, older adults, whose own generation contributed to the pollution of the earth, have a fundamentally critical role to play as sentinels of healing and restoration. From recycling to petitioning, many older adults are now proactive participants, calling every generation to honour the integrity of creation and to repent our human arrogance and destruction.

…to love and serve others,
to seek justice and resist evil…

The gospel requires us to live out the great commandment of Jesus—to love our neighbour.

The active elderly are a valuable resource pool of experience and knowledge, providing numerous volunteers to help carry out the church's mission of service to others. This action force of elderly volunteers enables congregations to reach inward and outward in the work of caring by devoting innumerable hours to visiting the sick, the lonely, the disabled, the hurting. Senior adults are an important part of the church as they work in local, regional, and national organisations, creating and maintaining healthy communities.

The demands of justice and loving service require our recognition of and action against all evils that afflict the elderly. Elder abuse—physical, psychological, financial, or spiritual—may be perpetuated by individuals, family members, or institutions. There are ways in which pastoral care teams and ministry personnel can be trained to recognise abuse, to intervene appropriately, and to strategize to change institutional or government policies that lead to elder abuse.

We repent the ageism that infects our society, and ourselves as part of society. It affirms newness, wellness, youthfulness as "the only good," and negates the value of the later stages of living.

As outlined by the United Nations' principles for older persons, we affirm for the elderly: appropriate and maximum independence; participation in society; health, social, and economic care; and opportunities for self-fulfilment and for living with dignity and security.

…to proclaim Jesus, crucified and risen,
our judge and our hope.

Jesus walked on the earth, journeying with people of all classes and ages. He spoke with compassion and heard the stories of the diseased, the rejected, the marginalised, and the invisible. He kept company with those on the fringes of society. For this he was crucified. The example of these scandalous friendships still calls us. The church needs to be proactive in challenging the exclusion of older persons by our own culture and our religious institutions.

We are called to celebrate and seek out the value and wisdom of older women and men so that we may experience Christ's presence in all persons. The church has at times failed to do this. The living Christ calls us to confess our failures and stand against both the marginalisation of and prejudice against older people. We need to name and take action to assure affordable housing, accessible health care, and income security for older adults. As a church, we will be enriched by welcoming the ministry of older persons; by listening to their wisdom and suggestions. Our contribution to a new heaven and a new earth takes place in very practical ways.

In life, in death, in life beyond death,
God is with us.
We are not alone.
Thanks be to God.

The society in which we live tends to deny death as part of the cycle of life. Through the small deaths or losses of our lives and the grieving that such losses trigger, we are prepared to face the fact that our life, as we know it, will end. During this time, questions often surface such as, "Why me?" and "Where is God?" For some of us, these questions are part of the process of coming to terms with death. Paradoxically, when we are able to face death, we are able to face life with an increased ability to savour each moment and a greater sense of God's grace.

Every one of us must make this journey through death. The good news is that we are not alone. We have each other to provide loving care up to the moment of death and we have God to journey with us into new life.

So we celebrate God's presence at each stage of our journey. We acknowledge the Mystery that awaits us in our dying, the Presence that assuages our fears, and the love of God that surrounds us as we pass through death to new life.

Thanks be to God!

Appendix II: Listing of Organizations by Category

Seniors' Homes/Long-Term Care Facilities

Conference	Organization	City	CCHSA*
Newfoundland and Labrador	Agnes Pratt Home	St. John's	X
Maritime	Carleton Kirk Complex Inc.	Saint John	
	Maplestone Enhanced Care	Halifax	X
	Oakwood Terrace	Dartmouth	X
	United Church Home for Senior Citizens–The Drew Nursing Home	Sackville	
	Windsor Elms	Windsor	
Montreal and Ottawa	Griffith-McConnell Residence	Côte St. Luc	X
Toronto	Chester Village	Toronto	
	Collier Place	Barrie	
	Ewart Angus Homes	Toronto	
	Ina Grafton Gage Home/Harris Manor	Toronto	
Hamilton	Albright Gardens Homes Inc.	Beamsville	
	Niagara Ina Grafton Gage Village	St. Catharines	X
	St. Luke's Place	Cambridge	X
London	St. Andrew's Residence	Chatham	
Manitoba and Northwestern Ontario	Fred Douglas Society Inc.	Winnipeg	X
	McClure Place Inc.	Winnipeg	
	Prairie View Lodge	Pilot Mound	X
Saskatchewan	Ina Grafton Gage Home for the Elderly	Moose Jaw	
	Mutchmore Lodge and Hewitt Place	Regina	
	Oliver Lodge	Saskatoon	X
Alberta and Northwest	Ashbierne: Garneau United Community	Edmonton	
	Austin H. Nixon Manor	Calgary	
	St. Paul's Foundation	Edmonton	
British Columbia	Fair Haven Homes–Burnaby	Burnaby	X
	Fair Haven Homes–Vancouver	Vancouver	X
	St. Michael's Centre	Burnaby	X

~~*CCHSA refers to the Canadian Council of Health Services Accreditation, a national accrediting body~~ for health services organizations, including nursing homes/long-term care facilities. Organizations with an X were accredited as of June 2005 by the CCHSA. Accreditation by this body is a voluntary action of the organization and is not required by legislation or to qualify for provincial funding.

Seniors' Apartments/Independent Living Units

Conference	Organization	City
Newfoundland and Labrador	Alexander Bay United Church Homes Inc.	Glovertown
Maritime	United Church Home for Senior Citizens Inc.–Tantramar Residence	Sackville
Montreal and Ottawa	Aylmer Arms Apartments	Aylmer
Bay of Quinte	Manning Mews Non-Profit Homes Inc.	Whitby
	Quinte Living Centre Inc.	Belleville
	Zion United Church Housing Foundation and Complex	Kingston
Toronto	Central King Seniors Residence	Weston
	Hope Seniors Centre	Toronto
	Kingsway-Lambton Homes for Seniors	Toronto
	Riverdale United Non-Profit Homes Inc.–Heather Terraces	Toronto
	St. Matthew's Bracondale House	Toronto
	Thorncliffe Chapel Housing Corporation–Chapel Court Apartments	Toronto
	Wilmar Heights United Church Non-Profit Homes Inc.	Scarborough
Hamilton	Edelheim Apartments Inc.	Beamsville
	First Place	Hamilton
	Wesley-Robins Retirement Village Inc.	Welland
London	Argyle Manor	London
	Cencourse Project Inc.	Windsor
Manitou	Emmanuel Village Non-Profit Housing Corp.	North Bay
	St. Andrew's Place Apartments	Sudbury
Manitoba and Northwestern Ontario	St. Andrew's Place Inc.	Winnipeg
	St. Paul's UC Non-Profit Housing Corp.	Thunder Bay
Saskatchewan	McClure Place Association Inc.	Saskatoon
Alberta and Northwest	Oi Kwan Place	Calgary
	Southbow Senior Housing Society–Austin Manor	Calgary
British Columbia	Creston Trinity Housing Society	Creston
	Gilmore Gardens Senior Centre	Richmond
	Gorge View Society	Victoria

Appendix III: Glossary

This glossary is adapted from the Canadian Council on Health Services Accreditation – Achieving Improved Measurement (AIM), and other organizations as noted.

admission
The formal process of accepting a person as a resident and opening a file, after having screened the potential resident based on selection criteria.

capacities
The abilities, resources, assets, and strengths of groups or individuals to deal with situations and meet their needs.

clean driving record
A certificate provided by the provincial Ministry of Transportation that indicates no convictions under the *Highway Traffic Act* or *Criminal Code of Canada*.

community
A collective of individuals, families, groups, and organizations. The members of the collective interact with one another, cooperate in common activities, and solve mutual concerns, usually in a geographic locality or environment. (adapted from the Canadian Public Health Association definition)

competence
Possessing the appropriate knowledge, skills, and attitudes to provide a service and fulfill job requirements. Staff and organizational competence are regularly evaluated.

complaint
The expression of a problem, an issue, or dissatisfaction with services, which may be verbal or in writing.

confidential
Private. This term usually applies to information. Information to be kept private is safeguarded, with guaranteed limits on the use and distribution of information collected from individuals.

consent
Voluntary agreement or approval given by a resident. Consent can come only from someone who understands the information given about his/her condition; the proposed service, risks, benefits, potential outcomes, options, or alternatives, if any; and the consequences of accepting or refusing the proposed services. The consent process confirms the right of competent adults to give or withhold their agreement to services, and to have one or more substitute decision makers involved when the adults are not competent to consent.

continuum
An integrated and seamless system of settings, services, service providers, and service levels to meet the needs of residents or defined populations. Elements of the continuum are self-care, prevention and promotion, short-term care and service, continuing care and service, rehabilitation, and support.

emergency code
A standardized system used to identify an emergency situation requiring response from staff.

evaluation
Assessment of the degree of success in meeting the goals and expected results (outcomes) of an organization, service, program, population, or residents.

family
The person or people who play a significant role in a resident's life; the resident's support network. Family may include people who are or are not legally related to the resident.

fan-out list
An established process, including a list of contacts, for contacting staff in the event of an emergency for the purposes of having them report to work or be on standby if the need arises.

goals
Broad statements that describe the desired state for the future and provide direction for day-to-day decisions and activities.

governing body
Individuals, group, or agency with ultimate authority and accountability for the overall strategic directions and modes of operation of an organization. Also known as the board, board of trustees, board of directors, board of governors, board of commissioners, community board, owner(s), etc.

guidelines
Principles that guide or direct action.

health
The state of complete physical, mental, social, and spiritual well-being, not merely the absence of disease or infirmity. Health is the extent to which individuals and populations are able to develop aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living. It is a positive concept emphasizing social and personal resources as well as physical capacities. (World Health Organization definition)

human resources
The personnel requirements of an organization. Human resources may include staff, volunteers, and independent practitioners.

incidents
Events that are unusual, unexpected, may have an element of risk, or may have a negative effect on residents, groups, staff, or the organization.

incorporation
The act of establishing a corporation by filing the required documents. For the purposes of this document, an incorporated body is any organization that has filed for incorporation with either the federal government or their provincial government. (Corporations Canada definition)

infection control
Practices to reduce the risk of infection and diseases due to infections in residents, groups, and staff.

information management
Planning, organizing, and controlling data. Information management is an organization-wide function that includes clinical, financial, and administrative databases. The management of information applies to both computer-based and manual systems.

mission statement
Broad statement of what an organization does and why it exists. The mission sets one organization apart from another.

need
Physical, mental, emotional, social, or spiritual requirement for well-being. Needs may or may not be perceived or expressed by the person in need. They must be distinguished from demands, which are expressed desires, not necessarily needs.

objectives
Concrete, measurable steps taken to achieve goals.

organization
Comprises all sites/locations under the governance of, and accountable to, the governing body/owner(s).

orientation
The process by which residents, groups, or communities become familiar with the programs and services offered by organizations, or the process by which staff become familiar with all aspects of the work environment and their responsibilities.

partnerships
Formal or informal working relationships between service providers or organizations, where services may be developed and provided jointly, or shared.

policy
Written statements that clearly indicate the position and values of the organization on a given subject.

prevention
Activities designed to prevent the occurrence or progression of death, disease, disability, or dysfunction. (World Health Organization definition)

process
Series of interrelated activities and communications that accomplish a service for a resident.

quality of life
Extent to which a resident's circumstances meet her or his needs and expectations. Quality of life includes personal, family, and community aspects and is determined by each resident.

record (noun)
A collection of information about a resident/staff member. Information may be in written, audio, video, or photograph form. Includes health record, resident file, and personnel file.

residents
The individuals, families, groups, and community being served by the organization.

risk
Chance or possibility of danger, loss, or injury. For health services organizations this can relate to the health and well-being of residents, staff, and the public; property; reputation; environment; organizational functioning; financial stability; market share; and other things of value.

services
Products of the organization that are delivered to residents, units, or staff. Services can be clinical, professional, or business-related.

staff
Individuals employed by an organization.

standard
Desired and achievable level of performance against which actual performance can be compared.

strategic planning
Formalized, ongoing, long-range planning to define and achieve the goals of an organization. The strategic plan responds to seven questions: Who are we? Where are we now? What is the environment? Where do we want to go? How should we get there? What will our path look like? How will we measure our progress?

transition
Transfer or change to another level of services or setting for services.

unusual/adverse incident
An event that is not the norm and poses an opportunity for injury.

vision
Description of what an organization would like to be.

Appendix IV: Resources

Alberta Senior Citizens' Housing Association. www.ascha.com/Main.asp.

Canadian Council on Health Services Accreditation (CCHSA). www.cchsa.ca.

Fédération de l'Âge d'Or du Québeccame (FADOQ). www.fadoq.ca. Roses d'Or is an assessment and rating program on the basis of validated criteria, including the condition of buildings and the types of services offered.

Ontario Retirement Communities Association (ORCA). www.orca-homes.com. Membership in ORCA is dependent on meeting the evaluation standards in the Standards Evaluation Program, which include services and program delivery, physical environment, and resident satisfaction.


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