

Augustine House is proudly awarded the Seal of Approval designation by BC Seniors Living Association

March 9, 2011 – Delta, BC – The BC Seniors Living Association (BCSLA) announced today that Augustine House has been awarded the Seal of Approval designation.

BCSLA launched its Seal of Approval program in November 2009, which assesses their member communities for the highest quality of standards within the Senior Living Communities.

Amir Hemani, President of BCSLA, states, “The Seal of Approval is a self assessment and external review of five areas within a senior living community that assures the senior and their family the very best quality of services and care.”

The assessment process details criteria within each of the five areas - Safety, Infection Control, Staff Training, Resident Services, and Assisted Living - which must be met in order to achieve and be rewarded the designation.

What does this mean to seniors? Amir states, “By ‘raising the bar’ to achieve the Seal of Approval, Augustine House has shown a commitment to provide service standards of Excellence, Integrity, Leadership, and True Passion for senior residents of today and tomorrow.” BCSLA congratulates them on this commitment to their residents’ care and well-being.

Augustine House is a retirement paradise for the independent senior and is located half an hour south of Vancouver BC, minutes from the town centres of Ladner and Tsawwassen. Whether taking a leisurely stroll or a robust power walk on the pathways, winding in and around the maple and walnut trees, you’ll enjoy the breathtaking views of the countryside and Mount Baker. With the bus stop in front of Augustine House, on Arthur Drive, there’s quick and easy transportation to shopping, medical services, restaurants, the public library and local churches. Gracious living in a country setting with lush country fields as far as you can see, local greenhouses within walking distance, groves of walnut and maple trees, magnificent view of Mount Baker and eagles soaring above the treetops.

For more information:

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Statement of Purpose

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

BCSLA members will show a commitment
to provide Service Standards of

Excellence

Integrity

Leadership

&

True Passion

for our residents of today and tomorrow

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

In the eyes of the consumer, clients, residents, and the public at large, BCSLA member communities awarded the Seal will be recognized as providing Service of the Highest Standard.

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

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

BCSLA retirement communities are being assessed and approved starting in November 2009 and all BCSLA members will be completed by the end of 2010.

Looking for a retirement community to call your home? Ask for this Seal of Approval and be assured you will be receiving the highest standard of service.

This short overview is designed to provide a general overview and understanding of the Seal of Approval and the Survey Standards that are reviewed. Please call BCSLA at 604-689-5949 for more information on this program.

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



Safety



Infection Control



Staff Training



Resident Services



Assisted Living

Seal of Approval

Standards



BC SENIORS LIVING ASSOCIATION
Innovation and Excellence in Seniors' Residences

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Standards Matter

SAFETY

- 1.01 There is a Fire Safety Plan that is approved by the Local Fire Official, implemented, kept in the building in an approved location, and includes the following:
- (a) The emergency procedures to be used in case of fire including sounding the fire alarm, notifying the fire department, provisions for access for fire fighting, instructing occupants on procedures to be followed when the fire alarm sounds, evacuating endangered occupants, and confining, controlling, and extinguishing the fire
 - (b) The appointment and organization of designated supervisory staff and designated staff to carry out fire safety duties
 - (c) The instruction of supervisory staff and other occupants so that they are aware of their responsibilities for fire safety
 - (d) The control and storage of fire hazards in the building
 - (e) The maintenance of building facilities provided for the safety of occupants
 - (f) The provision of alternative measures for the safety of occupants during any shutdown of fire protection equipment and systems or part thereof
 - (g) Instructions, including schematic diagrams, describing the type, location, and operation of building fire emergency systems
- 1.02 There is written evidence that at least one fire drill is held monthly or as required by the local fire department regulations.
- (a) Reports on the results of the fire drills include:
 - Date, time, and shift
 - Staff in attendance
 - Problems identified
 - Recommendations and follow-up actions to correct deficiencies
 - (b) The fire drills are planned to include practice of the procedure on all shifts on a regular basis throughout the year or in accordance to local fire department regulations
 - (c) Staff attendance at fire drills is recorded on a master attendance sheet so that, at least annually, all staff have the opportunity to test their knowledge of the fire drill procedures.
 - (d) The above are in compliance with the WorkSafeBC and the Assisted Living Registrar (if applicable) standards
 - (e) Horizontal or zone full evacuation are practiced annually or as per the local fire department regulations (best practice model only)
- 1.03 Directions for action in the event of a fire are posted by each fire pull station or in a designated accessible area in accordance to the local fire department regulations.
- 1.04 There is written evidence that a designated staff member:
- (a) Monthly checks and/or inspects fire extinguishers and hoses in accordance with the local fire department regulations.
 - (b) Monthly tests the emergency generator (if applicable) and the emergency lighting and maintains records of the inspection, performance, exercise periods, and repairs.
 - (c) Ensures staff are consist with checking the exits lights, fire alarm system panel (light on), and that all exits are clear on their regular walk-through. Should there be any problems, they are reported, corrected, and documented
- 1.05 Corridors have clearly marked exits with lighted signs.
- 1.06 Access to stairwells and exits is free of obstruction and flammable materials.

- 1.07 There is recorded evidence that a certified third party inspector has inspected and issued a certificate for:
- (a) The fire detection system and safety equipment within the past year and all deficiencies are followed-up
 - (b) Where there is a fixed extinguishing system for a kitchen hood it has been inspected semi-annually and all deficiencies are followed-up
 - (c) Where there is a generator to provide power in the event of a power outage it has been inspected annually and all deficiencies are followed-up
 - (d) Back flow inspection/service (annual)
- 1.08 There is a policy and procedure in place and included in the orientation of staff to ensure staff know how to respond to emergency procedures.
- 1.09 There are written procedures that clearly outline how the residence monitors resident presence and well-being. These procedures indicate search procedure if the resident is deemed missing.
- 1.10 There is a written policy and procedure in place to direct staff in all departments outlining the procedure to be followed for the expected or unexpected death of a resident.
- 1.11 There is a written policy and procedure in place for responding to both extreme hot and cold weather conditions, if applicable for your area.
- 1.12 The grounds and building are maintained and are kept free of potential safety objects and hazards.
- 1.13 There is a system in place for identifying needed repairs and maintenance.
- 1.14 Elevators shall be maintained under a monthly maintenance contract. Annual operating licenses must be displayed.
- 1.15 Dishwasher wash and rinse temperatures are posted and staff are aware of temperatures and chemical requirements.
- 1.16 There is written verification that food temperatures are monitored daily for all meals. (Variations may apply.)
- (a) Hot food is served at a minimum of 140 F or 60 C
 - (b) Cold food is served at 40 F or 4 C
- 1.17 Food Storage principles are adhered to in accordance to the Food Safety Act.
- 1.18 Food Preparation principals are adhered to in accordance to the Food Safety Act.
- 1.19 There is a written policy on smoking in accordance to the current local bylaws.
- 1.20 There must be a policy(s) in place to ensure standards are met in conjunction with the WorkSafeBC, Occupational Health and Safety Act, and Workers Compensation Act:
- (a) If more than 20 employees, there is an OH&S Committee, and:
 - (i) The OH&S Committee meets quarterly, or best case, monthly
 - (ii) The deliberations of the OH&S Committee meetings are documented and posted for the staff to review
 - (iii) There is a visual inspection of one area of the workplace monthly so that the entire residence is completed on an annual basis
- OR
- (b) If less than 20 employees, one employee is designated as the OH&S representative with one other employee trained as a back-up, and:
 - (i) There is a visual inspection of one area of the workplace monthly so that the entire residence is completed on an annual basis

- 1.21 The Workplace Hazardous Materials Information System (WHMIS) requirements are adhered to in accordance to their standards.
- (a) The OH&S representative will also represent the WHMIS requirements.
 - (b) Applicable staff receive WHMIS training as part of orientation and then annually thereafter
 - (c) Decanting and labelling requirements are adhered to
 - (d) MSDS sheets are available for all hazardous products
 - (e) Staff are provided with required protective equipment as needed
 - (f) Eye wash stations are provided
- 1.22 There is a First Aid Attendant on every shift with basic First Aid certification in accordance to WorksafeBC standards.
- 1.23 All residence's chemicals are stored in locked or supervised areas when not in use to ensure that it is not accessible to the residents.
- 1.24 There are appropriate devices in place to ensure and promote the safety of the residents.
- 1.25 There is a scheduled plan for the annual cleaning of the dryer vents both in the common area and in the resident suites (if applicable).
- 1.26 There is a Resident Bus Policy (if applicable) and documentation in place to ensure:
- (a) The bus is inspected semi-annually by an authorized mechanic in accordance with the BC Motor Vehicle Act
 - (b) The driver performs pre-vehicle inspections weekly as outlined in the ICBC Road Sense Guide for commercial vehicles
 - (c) The bus will be driven by an employee qualified under BC law and possessing the appropriate operator's license, currently class 4
 - (d) There is an Evaluation Bus Driver's Policy and all drivers are oriented on this policy semi-annually
- 1.27 There is a Bus Outing Policy in place to ensure the safety of the residents, and all staff is trained on these policies prior to hosting outings.

INFECTION CONTROL

- 2.01 There is a program in place to encourage immunization of all staff and residents against influenza.
- 2.02 An outbreak contingency plan is in place to define, identify, and manage an infectious outbreak that includes the following:
 - (a) Definition of an outbreak as required by the local health department
 - (c) Reporting and documentation
- 2.03 Protective equipment is available or readily accessible if staff precautions are required in the process of isolation.
- 2.04 There are written policies and procedures in place to direct staff in all departments on preventing cross contamination that includes:
 - (a) Handling soiled linens and protection of uniform
 - (b) Separation of dirty and clean items in all departments
- 2.05 There is a written policy stating that should the residents use needles, they must be disposed of appropriately
- 2.06 There is a policy and procedure regarding proper hand washing in accordance to the local health authority standards.
- 2.07 There are infection control policies and procedures in place that are evident during food preparation and service, that include:
 - (a) Hand washing
 - (b) Separation of clean/dirty dishes during service
 - (c) Disposal of left-over food
 - (d) Adherence to cleaning schedules/sanitation practices
- 2.08 All Public Health inspection report recommendations are acted on.

RESIDENT SERVICES

- 3.01 There is indoor and outdoor space that meets the needs of the residents for:
- (a) Privacy
 - (b) Socializing
- 3.02 The residence shall maintain the following advanced directives for all residents:
- (a) Name of next of kin and/or responsible party
 - (b) Power of attorney for finance and/or care, if applicable
 - (c) Consent for release of information in accordance with the Personal Information Protection Act (PIPA)
 - (d) Consent to release information for the BCSLA assessment
- 3.03 On moving in, the resident and/or family will receive a tour of the residence and a full orientation to the residence staff and services. The orientation package will include the following:
- (a) Resident responsibilities
 - (b) Introduction to key personnel, explanation of the amenities and hospitality services available
 - (c) Meal choices and times, if applicable
 - (d) Use of the emergency response system
 - (b) Fire and safety procedures
 - (c) Residents' Council or similar forum, if applicable
 - (d) Residents' complaints procedure
- 3.04 An invoice/statement of all debits and credits regarding additional monthly services is communicated to the residents and/or a responsible party monthly.
- 3.05 Where the residence is contracting outside services to provide services on property, there must be written proof of a valid current license and/or certificate of competency.
- (a) Ensure such provider has liability insurance for services provided (best practices only)
 - (b) WCB coverage
- 3.06 There is a written agreement between the resident and the residence that reflects the details of contract to provide living and hospitality services. The agreement should reflect:
- (a) The rates for the type of accommodation requested
 - (b) The notice period and details of the situations pertaining enacting termination of the agreement by the residence
 - (c) The required 30-day notice period given by the resident to terminate the agreement
 - (d) The required notice period to terminate the hospitality services by the resident, if applicable
 - (e) The terms where a vacating resident's unit is occupied within the notice period
 - (f) Procedures for dealing with complaints
- 3.07 Information and rates for optional services will be made available to all residents.
- (a) The notice period for any rate increases for optional services will be provided in writing
- 3.08 Membership in BCSLA certificate, along with 'Seal of Approval' plaque, is posted denoting current membership in a clearly visible area.
- 3.09 There are rotational menus based on Canada's Food Guide that provide balanced nutrition, visual appeal, and variety to residents.
- 3.10 The menus are:
- (a) Available for resident information
 - (b) Prepared to provide alternate entrée choices at each meal
 - (c) Posted for current day

- 3.11 There are recreation programs that meet residents' needs, which includes the following types of activities:
- (a) Days, evening, and/or weekend programs
 - (b) Celebration of special events and programs that respond to the residents
 - (c) Exercise programs
 - (d) Education programs
 - (e) Special interest activities or hobbies
- 3.12 There are regular forums, which facilitate open communication between residents and management.
- 3.13 There is an organized regular housekeeping and laundry service that maintains a clean and safe environment and staff is provided with equipment and supplies appropriate for the delivery of these services.
- 3.14 There is a regular organized maintenance service which also includes a preventative maintenance program in place to ensure a safe and secure environment.

STAFF TRAINING

- 4.01 There are current job descriptions and job routines for each staff category.
- 4.02 There is a written orientation program which includes customer service, handling complaints, dealing with medical emergencies, and WorkSafe BC, WHMIS, and OH&S training to initiate new staff to the residence, all aspects of their job, and emergency procedures.
- 4.03 There is a staff development program and continuing education program for staff that is responsive to the changing needs of the residents such as Fire Safety, WHMIS, OH&S, Prevention of Elder Abuse, Dealing with Aggressive Residents, Infection Control, and the Assisted Living Registrar's complaint process.
- 4.04 There is a confidential personnel record for each staff member and pre-employment references are obtained and documented, as well as a criminal record check completed, prior to commencement of employment.
- 4.05 There is a written policy and procedure in place for staff to deal with suspected or witnessed resident abuse and aggressive behavior that includes:
 - (a) Definitions and indicators of psychological abuse, financial abuse, physical abuse, and neglect
 - (b) Procedures for staff and management to report, document, and investigate
- 4.06 All staff involved in food preparation or service shall receive a minimum of one hour in-service on food handling practices and infection control as part of their orientation and training annually. They also must have a Food Safe Certification.
- 4.07 There are policies for acceptable attire or uniforms for food service staff.

ASSISTED LIVING (if applicable)

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

- 5.01 All assisted living units within the residence are registered with the Office of the Assisted Living Registrar
- 5.02 The prescribed services offered within the assisted living units are clearly identified:
- (a) Review documentation to ensure the residents are receiving the services that are listed
 - (b) Complete a random check of 10% of the personal service plans
- 5.03 There is evidence that policies, procedures, and protocols governing the service delivery model within the residence uphold the principles of choice, privacy, independence, individuality, dignity, and respect.
- Review policies and procedures. Note there may be three or four ways to assess this depending on the residence as follows:
- (a) The company philosophy/vision should reflect the principles of the residence
 - (b) The philosophy/vision statement should be posted for viewing by the residents and family
 - (c) The philosophy/vision statement should be in the resident service plan binders or given to the resident as part of the entrance package
 - (d) The yearly Resident's Satisfaction Survey results and/or minutes of the resident meeting should be reviewed
- 5.04 The residence has policies and procedures to support and uphold the Health and Safety Standards of the Office of the Assisted Living Registrar, including:
- (a) Service planning and personal support plan
 - (b) Complaints resolution/management
 - (c) Resident eligibility, move-in and move-out
 - (d) Personal assistance services
 - (e) Medication services
 - (f) Serious incident reporting
 - (g) Meal services and food safety
- 5.05 Where medication management is one of the prescribed services as per the Assisted Living Registrar standards, the pharmacy provides approved guidelines for the following:
- (a) Provision, use and control of prescribed pharmaceuticals
 - (b) Administration of medications
 - (c) Safe storage
 - (d) Information and education of the medication for staff and residents, wherever applicable
 - (e) Applicable to Levels 1 – 3
- 5.06 There is a policy and procedure that ensures documentation of all medications monitored (as per Level 3) or administered by staff of the residence.
- 5.07 Review the Performance Management Framework in place for the contracted service provider to ensure they follow the same guidelines set forth by the Assisted Living Registrar.
- (a) Review contracted service providers own company contracts that may already be in place
 - (b) Review the contracted service provider and the resident's contract to ensure the standards of the Assisted Living Registrar are being met
 - (c) Review documentation that an orientation has been provided to the contracted service provider

- 5.08 The residence maintains accurate personal service records for all assisted living residents.
- (a) Review documentation of the last review date of the Personal Assistance Plan
 - (b) If not already in place, suggest a six month review of their Personal Assistance Plan with each resident with a validated date and signature as a best practice
- 5.09 Staff providing personal services possess appropriate education and training.
- 5.10 Where residents are receiving personal assistance covered by the Personal Assistance Guidelines (MoH/2008), the residence employs or contracts with a professional nurse for the provision of delegated and assigned tasks.
- 5.11 The residence maintains records of all tasks delegated to non-professional staff under the Personal Assistance Guidelines.
- 5.12 There is evidence the professional nurse responsible for delegating and/or assigning tasks to non-professional staff conducts regular assessments of all residents receiving these services.
- 5.13 The residence holds regular scheduled meetings with residents to provide opportunities for input into service delivery and matters within the residence that affect their day-to-day life.
- 5.14 The residence has a quality improvement program that includes
- (a) Documentation of statistics related to complaints, medication errors, falls, move-ins and move outs (including reasons)
 - (b) Resident and family satisfaction surveys conducted, at minimum, annually
 - (c) Staff satisfaction surveys conducted, at minimum, annually
- 5.15 There is evidence within the residence that data and information gathered through the quality improvement program is reviewed regularly and that changes are implemented and evaluated where appropriate.



BC SENIORS LIVING ASSOCIATION

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