

# Continuing Care Strategy



*Living well in a place you can call home.*

**Nova Scotia Department of  
Health and Wellness**

**Long Term Care  
Community Based Options  
Program Requirements**

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**Policy:** Community Based Options Program Requirements

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## Table of Contents

1. BACKGROUND .....	5
2. COMMUNITY BASED OPTIONS.....	5
3. APPROVALS & STANDARDS.....	5
4. VISION OF CONTINUING CARE IN NOVA SCOTIA.....	6
5. FUNDAMENTALS.....	6
6. PROGRAM REQUIREMENTS FOR CBO'S .....	6
6.1 Respect, Dignity, and Right to Privacy .....	6
6.2 Resident Choice .....	7
6.3 Family and Community Relationships.....	7
7. RESIDENT SUPERVISORY/PERSONAL CARE .....	7
7.1 Individual Plan of Care.....	7
7.2 Resident Care.....	8
7.3 Recreational Services .....	8
8. ADMINISTRATION .....	8
8.1 Management of the Home .....	8
8.2 Financial .....	9
8.3 Insurance and Liability.....	10
8.4 Labour Disruption Contingency Plan .....	10
8.5 Inspections.....	10
9. SERVICES .....	10
9.1 Nutritionally Balanced Diet .....	10
9.2 Environmental Services .....	11
9.3 Facility Condition.....	11
10. QUALITY .....	12
10.1 Risk Management Program.....	12
10.2 Protection of Residents from Abuse .....	12
10.3 Disaster Preparedness and Emergency Planning.....	12
10.4 Infection Prevention and Control .....	13
10.5 Pandemic Preparedness Plan .....	13

10.6 Medication Management .....	14
11. INFORMATION MANAGEMENT.....	15
11.1 Confidentiality.....	15
12. HUMAN RESOURCES MANAGEMENT .....	15
12.1 Staff.....	15
13. ACKNOWLEDGEMENTS .....	17

## 1. BACKGROUND

The Department of Health and Wellness (DHW), Continuing Care Branch is responsible for inspecting and approving Community Based Options (CBO) under its mandate. The program requirements for the CBO Program are intended to provide existing service providers with standards on which to base their operation and to ensure the provision of quality services for residents served through the program. CBO's are designed to promote, encourage and facilitate the continued personal growth and development of each resident. This is to enhance his/her potential to live and socialise in the least restrictive, most integrative circumstances available in the community.

The program requirements build on the requirements expressed in the CBO Interim Standards (1997). In 2009-2010 the Department of Health and Wellness undertook a process to update the interim standards. This document is the outcome of that process and replaces the 1997 CBO Interim Standards and applies to all Community Based Options under the DHW.

## 2. COMMUNITY BASED OPTIONS

CBO's are homes in which accommodation, personal care and minimal supervision is provided to three or less residents who have been assessed and placed through the DHW Continuing Care Single Entry Access System. Immediate family members of the operator can stay in the facility, if their presence does not negatively impact the residents. Only individuals placed through single entry access will be funded by the DHW. Staff remain on site at all times and are available to provide residents with assistance with personal care, meal preparation and prompting for daily routines.

There are two types of CBO's:

**Small Option Homes** provide support and supervision for three or less seniors in a purchased or rented unit. The home assists the resident in the development of their self-care skills. Trained staff are available on site at all times.

**Community Residences** are family homes in which accommodation and minimal supervision is provided for two or less seniors who are not immediate family of the operator. The home assists the resident in the development of self-care skills.

## 3. APPROVALS & STANDARDS

CBO's must meet or exceed the program requirements for CBO's issued by the DHW, and all other relevant legislation, policies, standards and procedures. In order to be approved as a CBO the service provider must comply with these requirements.

CBOs are inspected at least annually by the DHW. CBO's must meet all requirements resulting from the inspection. The Service Provider shall permit an inspector at all reasonable times to enter and inspect the CBO and shall produce for examination the accounts, books, records, and permit any resident to be examined by a qualified medical practitioner.

The CBO approval document of issued by the DHW is not automatically transferable to a new service provider. Individuals wishing to purchase an existing DHW approved CBO shall submit a letter of intent outlining their interest in purchasing and operating the CBO to the DHW. Prior to the purchase of the CBO they must receive a response indicating the intent of the Minister to continue approval of the CBO. Final approval cannot be issued by the Minister until an inspection is made under the new ownership and all requirements are met.

Failure to comply with the CBO program requirements may result in the Minister withholding or withdrawing funding and revoking or denying approval to operate.

## 4. VISION OF CONTINUING CARE IN NOVA SCOTIA

- Living well in a place you can call home –

As part of the Continuing Care Strategy released in 2006, the Government committed to increasing long term care bed capacity across the province. As new beds are required, the DHW will follow government procurement policy and processes to secure service providers for these beds.

## 5. FUNDAMENTALS

Service providers of DHW approved CBO's shall meet or exceed requirements of current and future legislation and policy applicable to them from authorities such as, but not limited to the:

- Department of Health and Wellness
- Department of Labour and Workforce Development
- Office of the Fire Marshal
- Occupational Health and Safety

## 6. PROGRAM REQUIREMENTS FOR CBO'S

### 6.1 *Respect, Dignity, and Right to Privacy*

<b><u>Outcome</u></b>
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<b>Residents are treated with respect and dignity and their right to privacy is maintained.</b>
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#### **Requirements**

The Service Provider shall ensure:

- 6.1.1) Residents are treated with respect, dignity and have appropriate privacy.
- 6.1.2) Staff members receive information regarding confidentiality, respect and dignity upon hire.
- 6.1.3) Residents have their own clothing of correct size, clean and neat, in good repair, suitable for the climate and appropriate for the resident.

## 6.2 Resident Choice

### Outcome

**Residents are supported in exercising choice and control over their lives.**

### Requirements

The Service Provider shall ensure:

- 6.2.1) The home operates from a philosophy that maximizes resident ability to exercise personal autonomy and choice.
- 6.2.2) The resident's right to choose is reflected in the individual program plan and its implementation.
- 6.2.3) Resident choices regarding care directives are respected.
- 6.2.4) Residents are supported by staff to make informed decisions.
- 6.2.5) Residents are able to express religious, spiritual, sexual, cultural beliefs and practices.
- 6.2.6) Residents are encouraged to personalize their bedrooms with their possessions.
- 6.2.7) Residents, or their chosen designate, manage their financial affairs.
- 6.2.8) Staff encourage and support the resident to maximize independence in the activities of daily living, to enhance quality of life.

## 6.3 Family and Community Relationships

### Outcome

**Residents are supported in maintaining relationships with family, friends and the in community.**

### Requirements

The Service Provider shall ensure:

- 6.3.1) That each resident provides a designated representative for emergency contact.
- 6.3.2) Community linkages are encouraged, nurtured, and facilitated.
- 6.3.3) There is no restriction on visitors except:
  - a) When requested by the resident; or
  - b) When a visitor is deemed, by the service provider, to pose a security risk or negatively impact any resident ;or
  - c) As necessary during an outbreak of infection.

## 7. RESIDENT SUPERVISORY/PERSONAL CARE

### 7.1 Individual Plan of Care

### Outcome

**The resident has an Individual Program Plan (IPP) based on a holistic assessment focused on maximizing the resident's abilities.**

### Requirements

The Service Provider shall ensure:

- 7.1.1) A care conference, including the resident and/or representatives determined by the resident, is conducted within six weeks of admission to the home and at least annually thereafter or as the resident's individual needs require. The care conference shall result in a mutually agreeable, documented plan of care (IPP).
- 7.1.2) The IPP includes measurable, achievable goals, and identified time frames for evaluation.

The goals will be reviewed annually and as the resident's individual needs require and documented accordingly.

## **7.2 Resident Care**

### **Outcome**

**Residents health care needs are met.**

### **Requirements**

The Service Provider shall ensure:

- 7.2.1) There are written policies and procedures related to resident care that are followed.
- 7.2.2) Resident access to specialized health care services is facilitated, according to the resident's individualized care need, e.g. dietician, pharmacist, physiotherapist, occupational therapist, medical specialists.
- 7.2.3) The resident's health status is regularly assessed and monitored. There is a system in place to recognize indicators of changing resident's needs and to respond accordingly.
- 7.2.4) The resident's next-of-kin or designated representative (as determined by the resident) is advised as soon as possible of changes in the resident's health status.
- 7.2.5) The resident's weight is taken on admission and monitored on a regular basis.
- 7.2.6) Residents are under the care of a physician of their choice, based on availability.
- 7.2.7) Pharmaceutical services are provided to ensure that the medication needs of the resident are met.
- 7.2.8) Staff members document information clearly, concisely, and completely on the resident record.

## **7.3 Recreational Services**

### **Outcome**

**Recreational activities are in keeping with the resident's needs, preferences, abilities, and strengths.**

### **Requirements**

The Service Provider shall ensure:

- 7.3.1) There are planned recreational activities which take place each week.
- 7.3.2) Recreational activities and schedules are flexible and varied to respond to the resident's leisure needs.
- 7.3.3) Resident participation records of individual and group activities shall be accurately maintained.

# **8. ADMINISTRATION**

## **8.1 Management of the Home**

### **Outcome**

**Residents live in a home that is effectively and efficiently managed and promotes quality of life.**

### **Requirements**

The Service Provider shall ensure:

- 8.1.1) There is a designated administrator responsible for the over-all management of the home.



- 8.1.2) On-site administrative authority is delegated to an appropriate individual, when the administrator is absent.
- 8.1.3) The operation is in compliance with the DHW CBO standards, DHW LTC policies and all applicable legislation, policies, and standards.
- 8.1.4) There is a system in place to advise the resident of alternative care options if his/her needs change.
- 8.1.5) Residents are notified of the process of reassessment should their needs change.
- 8.1.6) A reassessment is requested when the needs of a resident change and the resident is no longer appropriate for a CBO level of care.
- 8.1.7) The necessary operational policies and procedures are developed, documented, implemented and are reviewed with staff upon hire and as required. Required operational policies shall include but are not limited to:
  - a) Responding to complaints
  - b) Critical Incident Reporting
  - c) Disclosure of Adverse Events
  - d) Management of Resident Funds
  - e) Protection of Residents from Abuse
  - f) Smoking (Staff & Residents)
  - g) Refusal of Cardio-Pulmonary Resuscitation
  - h) Personal Directives
  - i) Risk Management (i.e. challenging behaviours, etc.)
- 8.1.8) Residents are given written information about the services provided by the home.
- 8.1.9) Required inspections are completed and documentation is maintained to demonstrate compliance with requirements, e.g. sprinkler system testing, water testing, fire alarm inspection, propane inspection, etc.
- 8.1.10) Residents are provided a regular opportunity to meet with the management to discuss the operation of the home as it relates to the in care and well-being and the safety and security of the home.
- 8.1.11) Staff members are provided a regular opportunity to meet with management to discuss the operations of the home as it relates to the care and well-being of the residents and the safety and security of the home.

## **8.2 Financial**

### **Outcome**

**The service provider is accountable for the use of public funds.**

### **Requirements**

The Service Provider shall ensure:

- 8.2.1) That records related to their operations and the provision of services are kept in accordance with generally accepted accounting principles.
- 8.2.2) The Monthly Occupancy Rates Report and the Monthly Billing Details Report are submitted to the DHW by the end of the following month.
- 8.2.3) That within four months of the fiscal year end a copy of the financial statements supplied to CRA for income tax purposes are submitted to the DHW annually. A Notice to Reader or compilation level of assurance from a certified accounting firm will also be considered adequate.
- 8.2.4) Proper financial records and books of account in respect of the application and expenditure of the funding provided by the DHW are retained and maintained for a period of seven years.

### **8.3 Insurance and Liability**

**Outcome**

The service provider has adequate liability insurance.

**Requirements**

The Service Provider shall ensure:

- 8.3.1) They have adequate liability insurance, and proof of the liability insurance coverage shall be submitted to the Monitoring and Evaluation Officer during the annual inspection.

### **8.4 Labour Disruption Contingency Plan**

**Outcome**

**Residents continue to receive quality care and services in the event of a labour-management dispute.**

**Requirements**

The Service Provider shall ensure:

- 8.4.1) Essential services continue to be provided to residents whenever there is a reduction in the number of staff members available to serve the residents as a result of a labour-management dispute.

### **8.5 Inspections**

**Outcome**

**The home is inspected by all applicable authorities having jurisdiction and meets all requirements.**

**Requirements**

The Service Provider shall ensure:

- 8.5.1) Inspection reports and recommendations from legislated authorities having jurisdiction are retained. Compliance with recommendations and requirements are undertaken and evidenced by appropriate documentation. Such documentation is maintained in a common file for access by Department of Health and Wellness inspectors.
- 8.5.2) The Office of the Fire Marshal or designate inspects the home every three years at a minimum, or more frequently, if required by the Office of the Fire Marshal, the Minister or designate.

## **9. SERVICES**

### **9.1 Nutritionally Balanced Diet**

**Outcome**

**Residents receive a nutritious balanced diet at times convenient to them.**

**Requirements**

The Service Provider shall ensure:

- 9.1.1) Residents receive nutritionally well balanced meals served at morning, noon, and evening.

- 9.1.2) Consultation with a dietician in respect to matters relating to the planning, preparation and storage of food at the beginning of care plan and as required.
- 9.1.3) A menu is posted that provides a variety of meals planned in accordance with Canada's Food Guide.
- 9.1.4) Residents have access to food and drink between meals.
- 9.1.5) Specialized nutrition needs shall be recommended and reviewed by a dietician or physician.
- 9.1.6) There is respect for the religious, ethnic and cultural differences of residents.

## 9.2 Environmental Services

### **Outcome**

**The well-being of residents, staff, and visitors is enhanced by the home's physical environment.**

### **Requirements**

The Service Provider shall ensure:

- 9.2.1) Bedrooms shall accommodate no more than one resident. Exceptions will be made for existing CBO's with prior approval by the Minister or designate.
- 9.2.2) Bedrooms shall have a floor area of at least one hundred square feet. Exceptions will be made for existing CBO's with prior approval by the Minister or designate.
- 9.2.3) A room where the floor is more than three feet below ground level shall not be used as a bedroom.
- 9.2.4) Residents shall not be maintained in the attic.
- 9.2.5) The temperature in a resident's bedroom shall be in accordance with the resident's personal preference, if this is feasible.
- 9.2.6) Every resident shall be provided with appropriate bedroom furnishings which shall include adequate a bed, drawer space, a bedside table and adequate closet space in which to hang his/her clothing.
- 9.2.7) All beds and mattresses for the use of residents shall be clean and comfortable.
- 9.2.8) Clean and dry towels shall be available at all times.
- 9.2.9) Every resident shall be provided with clean bed linen at least once a week, more frequently if required.
- 9.2.10) That the CBO is properly maintained both indoors and outdoors. The service provider must ensure that sidewalks, exterior stairs and ramps are kept clear, unobstructed, well lit, and reasonably free from ice and snow in the winter.
- 9.2.11) One full bathroom suite is available, which includes a sink, toilet, tub and shower.
- 9.2.12) Furnished space is provided for cooking, dining, and recreational activities.
- 9.2.13) The laundry area is separate from the kitchen area.

## 9.3 Facility Condition

### **Outcome**

**The facility and site are kept in a condition that provides a comfortable and secure environment that optimizes the quality of life for residents.**

### **Requirements**

The Service Provider shall ensure:

- 9.3.1) General

- a) That site development and building alterations or change of use of space from that originally intended have prior approval of the DHW.
- 9.3.2) Building Systems, Furnishings and Equipment
- a) The functional integrity of all building systems, furnishings and equipment; such as, but not limited to: plumbing, heating, ventilation, power, lighting, emergency power, fire alarm, voice and data.
  - b) The aesthetic and surface integrity of all furnishings and equipment and exposed mechanical and electrical systems and components; such as, but not limited to: fixtures, trim, devices, enclosures and fabrics.
  - c) That service and access operational clearances required for maintenance are not compromised.

## 10. QUALITY

### 10.1 Risk Management Program

**Outcome**

**Systems and processes are in place to minimize risk to residents and staff.**

**Requirements**

The Service Provider shall ensure:

- 10.1.1) There are written policies and procedures that are followed to minimize risk to residents, staff, and the home, including:
  - a) An active program plan for the assessment, identification, and management of risk.
  - b) A process to document and appropriately communicate resident allergies.
  - c) A written procedure to direct staff in the event of a missing resident. The procedure is reviewed and communicated to staff annually. Each resident record includes a recent photograph of the resident.
- 10.1.2) A report is completed after each incident including incident review and analysis, reporting and a follow-up process to minimize the risk of future incidents.

### 10.2 Protection of Residents from Abuse

**Outcome**

**Residents are protected from all forms of abuse and neglect.**

**Requirements**

The Service Provider shall ensure:

- 10.2.1) There are written policies and procedures in place for the detection and reporting of suspected or actual abuse and/or neglect of residents which is up to date and reflects the prevailing law.
- 10.2.2) All allegations of abuse and/or neglect are to be reported according to the prevailing law.

### 10.3 Disaster Preparedness and Emergency Planning

**Outcome**

**Resident safety and well being are maintained during an emergency situation.**

### **Requirements**

The Service Provider shall ensure:

- 10.3.1) There is a documented facility specific disaster preparedness plan to address:
  - a) Emergency evacuation;
  - b) Emergency relocation;
  - c) Emergency isolation; and
  - d) Emergency expansion
- 10.3.2) The disaster preparedness plan is exercised at least once every three years and needed changes are incorporated into the plan. Only planned exercises will meet this requirement. A written record of the exercise, areas for improvement, and remedial actions shall be maintained.
- 10.3.3) The staff call-back system is kept current and practiced at least annually. A written record of the exercise shall be maintained and necessary changes shall be incorporated.
- 10.3.4) All residents and staff understand what to do in the event of a fire and bi-monthly fire drills in the home, are conducted or at any other time as required by the Office of the Fire Marshal and a record of same is maintained.
- 10.3.5) Staff is educated on emergency procedures upon hire.

### ***10.4 Infection Prevention and Control***

#### **Outcome**

**Residents live in a home that is maintained in accordance with infection prevention and control standards.**

### **Requirements**

The Service Provider shall ensure:

- 10.4.1) DHW guidelines for *Infection Control in Long Term Care for Small Options Home* are followed and a copy is maintained in the CBO.
- 10.4.2) Antiseptic hand wash and hand washing facilities are prominently situated throughout the home. Paper towels shall be used in washrooms.
- 10.4.3) Systems are in place for detecting and responding to outbreaks of infections with clear reporting mechanisms to public health and the DHW
- 10.4.4) Provision for influenza immunization and other immunizations or vaccinations are facilitated and recorded, in accordance with provincial requirements and guidelines.
- 10.4.5) The infection control program is annually reviewed with staff and documentation retained on file.
- 10.4.6) There are processes and practices in place to ensure staff adhere to the separation of clean and dirty linens/areas.
- 10.4.7) There are designated areas for the collection, and disposal of human and hazardous waste to minimize the transmission of infectious diseases.
- 10.4.8) Personal protective equipment which includes proper fitting gloves, long sleeve gowns, goggles and procedure masks are provided for all staff, when appropriate.

### ***10.5 Pandemic Preparedness Plan***

#### **Outcome**

**Residents' safety and well being are maintained during an Influenza Pandemic.**

### **Requirements**

The Service Provider shall ensure:

- 10.5.1) There is a documented influenza pandemic preparedness plan in place in accordance with the DHW template.
- 10.5.2) The pandemic plan is submitted to the DHW for approval.
- 10.5.3) A pandemic committee for the home is established and daily reports are provided to the DHW during a pandemic situation.
- 10.5.4) The pandemic plan is updated and reviewed annually by the home's pandemic committee.
- 10.5.5) Influenza pandemic staff education sessions are provided.

## **10.6 Medication Management**

### **Outcome**

**Residents receive prescribed medications and all medications are administered, stored and documented in a safe, appropriate manner.**

### **Requirements**

The Service Provider shall ensure

- 10.6.1) There are written policies and procedures that are followed for the management and administration of medications and treatments that reflect leading practices and documentation required including documentation of any medication change/errors.
- 10.6.2) Prescription and non-prescription medications and treatments are administered only when ordered by a physician, nurse practitioner, pharmacist, optometrist or dentist with legal authority to prescribe. All written orders are stored on the resident chart.
- 10.6.3) The staff verification record (Master signature list) is updated annually.
- 10.6.4) There shall be written policies and procedures which govern the safe administration, handling and storage of medications, and record keeping (including staff administered medications).
- 10.6.5) Medications are transported, accounted for, administered, and documented in accordance with federal and provincial legislation.
- 10.6.6) Each resident has an individual computer generated Medication Administration Record (MAR) accompanied by a current resident photograph. There shall be a record kept for each resident of a CBO who is receiving medication and the record shall indicate the resident's name, address, age, gender, weight, food and drug sensitivities and allergies; the type and dosage of medication; the manner in which the medication is to be administered; the physician who prescribed the medication; the date of the prescription initiations and discontinuations. Resident allergies are noted on each monthly MAR.
- 10.6.7) MARs are reviewed, double-checked for accuracy and co-signed by two authorized staff (where applicable) before being utilized.
- 10.6.8) Preparation of doses for more than one administration time is not permitted (i.e. pre-pouring) and medications are administered by the person preparing them.
- 10.6.9) There is a current pharmaceutical reference resource available.
- 10.6.10) Pharmaceutical services are provided by a qualified pharmacist to ensure that the medication needs of the resident are met.
- 10.6.11) Discontinued and expired medications are disposed in a safe and appropriate manner.
- 10.6.12) Staff are educated on medication assistance upon hire within three months and annually thereafter, with appropriate documentation maintained.
- 10.6.13) All staff of a CBO shall have received training in the safe administration of medication, prior to administering any medication.

10.6.14) Medications are dispensed from their original packaging and stored in a locked location.

## 11. INFORMATION MANAGEMENT

### 11.1 Confidentiality

#### Outcome

Resident records are accurate, complete and maintained in a manner that ensures privacy and security.

#### Requirements

The Service Provider shall ensure:

- 11.1.1) There is a written policy and compliance with privacy legislation which includes, but is not limited to, resident information, staff confidentiality, resident access to files, and signed statements of confidentiality.
- 11.1.2) Staff do not disclose a record or any part of a record relating to a resident or any information contained in the record except in the course of his/her duty or when required by law.
- 11.1.3) That the resident records shall only be disclosed in a manner that:
  - a) Relates to the resident's care
  - b) Is with the express written consent of the resident or
  - c) Is in accordance with applicable legislation, which may include the *Freedom of Information and Protection of Privacy Act* (Nova Scotia), the *Personal Information Protection and Electronic Documents Act* (Canada)
- 11.1.4) All resident records are retained for seven years, after the resident has been discharged or is deceased.
- 11.1.5) The resident records are available to the Department of Health and Wellness inspectors or investigators, upon request.
- 11.1.6) The resident financial records are maintained separately from the resident care records and are available to the DHW inspectors or investigators upon request

## 12. HUMAN RESOURCES MANAGEMENT

### 12.1 Staff

#### Outcome

The staff complement will support the achievement of the outcomes in all program areas.

#### Requirements

The Service Provider shall ensure:

- 12.1.1) The development of a written human resource plan. The plan will include anticipated human resources required to deliver consistent services.
- 12.1.2) There are written policies and procedures that are followed related to recruitment, hiring, and orientation of staff members.
- 12.1.3) The verification of the current licensure, certification, registration or other credentials of

staff members and volunteers prior to the staff members assuming job responsibilities and that proof of verification is maintained.

- 12.1.4) The maintenance of documentation of pre-employment criminal background checks for staff members and volunteers.
- 12.1.5) written personnel policies are developed and maintained, which include: job description, qualifications, and other relevant information.
- 12.1.6) As a minimum requirement, all employees of a CBO shall have the following, prior to employment or within three months of employment:
  - Fire and Life Safety (as required by the Office of the Fire Marshal) (within 3 months)
  - Current Standard First Aid and CPR (prior to employment)
  - Medication Awareness (annual recertification) (within 3 months)
  - Basic Principles of Personal Care (within 3 months)
  - A recognized crisis prevention/intervention course or the NS Alzheimer Disease and Other Dementia Care Course



### **13. ACKNOWLEDGEMENTS**

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