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REPORT OF THE REVIEW OF SMALL OPTIONS IN NOVA SCOTIA

DEPARTMENT OF COMMUNITY SERVICES
April 30, 1998

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Table of Contents

Executive Summary

Since the late 1960s, a trend has emerged in the delivery of residential services designed to provide care and/or programming to individuals who are frail, elderly, or who have mental or physical disabilities. From de-institutionalization and increased consumer demand for individualized, community-based residential services in settings outside of the legislated framework grew the Community Based Options Program.

Public consultation was sought on proposed policy and standards for the system, and two discussion papers were finalized and distributed in February 1995. Regional consultation sessions and a consumer focus group session on these papers followed, and as a result of the response to these two papers, another document was released which articulated the process, comments and recommendations. This was circulated to participating stakeholders in March 1996.

Provincial/Municipal Service Exchange had a direct impact on the planning under way during this period. The Exchange saw the Department of Community Services committing to provide after April 1, 1995, 100% cost-sharing to municipalities for the expenditures incurred to that date in their Community Based Options Program—placement and monitoring responsibilities would continue to rest with the municipalities. Concluding these processes, efforts began in the preparation of the policy and standards development and decisions with regard to the Community Based Options Program.

To ensure that individuals residing in these settings were receiving an appropriate level of service in safe settings until legislation could oversee this system, it was decided all individuals residing in the "facility-equivalent" component of the Community Based Options Program, namely, small options, would be assessed. The small options component is defined as those services with 24-hour rotating staff that serve three or fewer people whose care/program needs would otherwise be met in a Home for Special Care.

Pending completion of this review, the growth of the system was suspended and a moratorium placed on the development of new small options with the exception of those which were developed as part of official de-institutionalization initiatives and which underwent the full rigour of provincial standards compliance.

Also requiring review was the safety/program delivery appropriateness of these operations. Meetings between representatives of the Office of the Fire Marshal and the Department of Community Services began. Through deliberations around the fire/life safety perspective of individuals residing in these settings, an agreement was reached and an addition was made to the 1995 National Building Code to reflect the necessity to provide a standard of fire/life safety equivalent to the same standard in a care-related setting relative to the individual's assessed functional level.

Throughout this period of discussion, a need to provide standards for the operation of the Community Based Options system was recognized and in November 1996, the Department of Community Services introduced Interim Standards, which provided criteria which all service providers would be required to meet to sustain funding.

At the same time, other important initiatives were being identified, proposed and advanced. These included implementation of a standardized policy framework, as well as training standards for individuals working in the Community Based Options sector.

A policy committee comprising representatives from the Departments of Community Services and Health and municipalities was formed to identify and harmonize the policy framework for programs included in this delivery system resulting in a harmonized, provincial policy for programs included in this sector effective April 1, 1998. It is significant to note that April 1, 1998, as part of the Social Assistance Restructuring Initiative, the Department of Community Services assumed responsibility for the delivery of all social services in the Province of Nova Scotia.

Also, the Department of Community Services and the community college system have collaborated over the past two years in developing standardized curriculum and training for individuals working within this system. This program will be offered by all community college campuses throughout the province, and once fully implemented, will be the minimum standard of entry level for an employee wishing to gain employment in the adult service sector overseen by the Department of Community Services.

Another important initiative was launched in 1997, when municipal and provincial counterparts began developing a case management policy and standards manual, which is pending. This initiative is viewed as substantive in the findings portion of this report.

The Small Options Review process formally began in early 1996 and was divided into several phases:

- on-site assessments of these operations and functional assessments of the residents
- compilation of all the information gathered
- an overall analysis of the findings
- further consultation with stakeholders on the larger system redesign.

With the majority of the review completed, findings will show a continued support by consumers of the smaller community-based options. They will also show the need for service providers to develop, in collaboration with the client, family, funding agent and other relevant support services, a program/care plan which is designed to meet the needs of each resident.

From a fire and life safety perspective, findings, through visits from the Fire Marshal's office, were positive indicating the majority of operations did meet the minimum fire and life safety standards outlined by the Office of the Fire Marshal.

The maintenance of client records, as well as medical/medication records differed from operation to operation; however, the introduction of province-wide, case management standards and a harmonized Community Supports for Adults policy throughout the province will ensure individual practices will be uniform in small operations.

This report will provide an in-depth overview of the growth of Small Options in Nova Scotia leading up to the review of same. It will relate activities and the release of important documents which both provided the framework for conducting the review and the standards, albeit interim, to oversee this system. Most importantly, this report will provide valuable insights and clear recommendations in planning for the future. With activities completed to date and those under way, a framework to ensure safeguards is in place, while a more systems wide and comprehensive redesign of the service delivery system takes place allowing for full stakeholder involvement.

1

History of the Development of Community Based Options in Nova Scotia

In Nova Scotia there exists a broad range of licensed residential services designed to provide care and/or programming to individuals who are frail or elderly or who have mental or physical disabilities.

These services are governed by legislation (the Homes for Special Care Act) which dates back to 1976. The Homes for Special Care Act and regulations are the framework of standards applied to these services through a yearly licensing process. This Act is included in this document as Appendix A.

A review of the Homes for Special Care Act, the description of residential alternatives (Appendix B—Description of Licensed/Unlicensed Services) and the accompanying classification and assessment criteria (Appendix C) reveals that the system is categorical in nature, necessitating that the client be placed in the most appropriate, or "best-fit" setting. The nature of the system has sometimes limited client choices.

Further, the majority of services available within the Homes for Special Care framework tend to be moderate to large facility-based settings.

The philosophy of de-institutionalization and increased consumer demand for individualized, community-based residential services have led toward provision of services in settings outside the legislated framework. The system that has emerged is the Community Based Options Program.

The Community Based Options Program, as we know it today, had its origins in the late 1960s when people began to recognize that many psychiatric patients residing in hospital did not require long-term hospitalization. Rather, because their psychiatric disorders were well stabilized, they could receive service in a less-structured setting. This was, in essence, the emergence of the Community Residence Program, which provides for a family-like setting for up to three individuals with long-term psychiatric disorders or developmental disabilities who require only minimal supervision.

This trend continued and, in the 1970s, the group home movement emerged, which provided a licensed level of service for individuals who required more services and supervision than those who were being placed in family-like community residence settings. Prior to the development of group homes, these individuals would have been referred for placement in larger, long-term care facilities.

The group home movement continued until the early 1980s, when a number of factors arose that affected the future development of the Community Based Options Program.

Provincial/municipal cost-sharing formulas and officials committee processes were factors in the growth of this sector, but the prime factor was consumer demand for non-institutional residential alternatives.

Many groups within the community, individuals, parents and consumers have advocated for the development of least-restrictive, least-intrusive opportunities for individuals in the communities. They want the Department of Community Services to provide maximum choice and independence to individuals with mental and developmental disabilities.

For example, the Minister's Advisory Committee on Services to Children with a Mental Handicap was established in 1992, when the Department of Community Services proposed de-institutionalizing services for children with developmental disabilities who were living in congregate care facilities. Government began to hear diverging opinion on this proposal. The committee, composed of 27 individuals, most of whom were parents of children with developmental disabilities, finalized its deliberation and provided a report and recommendations to the Minister. Part of the report was a policy proposal that supported the provincial initiative toward de-institutionalizing services and it became, in essence, the government's blueprint for de-institutionalizing these services.

Throughout this time, while primary emphasis was dedicated to the children's de-institutionalization movement, the unlicensed, unregulated system of services for adults was growing rapidly. In response, the Department of Community Services participated with a committee of service providers to develop guidelines to ensure that this system was providing a safe and quality level of service. The *Guidelines for the Operation of Small Options Supervised Apartments* was released in 1993. It incorporated input from not-for-profit organizations and representatives of fire safety organizations and is included as an appendix of the document *Community Residential Services—A Discussion Paper on Unlicensed Services,* Appendix E of this report.

The Department received many requests from stakeholders to be involved in the adult service delivery planning process. They decided to follow the process used in public consultations for the children's system to discuss the proposed policy and standards for the adult system.

It became more and more evident that a policy on de-institutionalization was required to support the emerging trend as there was a recognized need for the development of policy and standards for the Community Based Options system, which was growing at a parallel rate to the numbers in the licensed system of service delivery for the disabled without a decline

in licensed beds. Intake and placement of individuals in this unlicensed and unregulated system were occurring through the municipal level and outside provincial statute.

In response to the above, two discussion papers were finalized: *Moving Towards Deinstitutionalization—A Discussion Paper* (Appendix D) and *Community Residential Services —A Discussion Paper on Unlicensed Services for Adults* (Appendix E). They were distributed in February 1995 to ensure that all interested stakeholders could provide input into these important policy initiatives. Regional consultation sessions and a consumer focus group session followed throughout the late summer and early fall of 1995.

These papers prompted substantial response through written briefs and oral presentations. While there was unanimous support for the principles espoused in *Moving Towards Deinstitutionalization*, opinions on the second discussion paper, particularly with regard to mechanisms recommended to monitor these unlicensed settings, were polarized: some clearly supported a licensed framework, while others were vehemently opposed. The document *Report of Stakeholder Input on Community Residential Services: A Discussion Paper on Unlicensed Services for Adults* was developed. It articulated the process, comments and recommendations and was circulated to all participating stakeholders in March 1996.

Throughout this period, another initiative had a direct and immediate impact on the planning process under way—the Provincial/Municipal Service Exchange. Prior to April 1, 1995, the Community Based Options Program was cost-shared with the municipalities through their General Assistance budgets. Placements through this program were municipally driven. After April 1, 1995, the Department of Community Services was committed to providing 100 per cent cost-sharing to municipalities for the expenditures incurred to that date in their Community Based Options Program; placement and monitoring responsibilities would continue to rest with the municipalities, but effective in June 1995 all new referrals for placement in a Community Based Options Program were required to undergo the same assessment and classification process as for individuals referred for placement in a licensed Home for Special Care.

In recognition of the need to ensure that all expenditures were captured and reconciled with each municipality, an inventory of all clients residing in Community Based Options was gathered throughout the summer and fall of 1995. As well, meetings were held with municipalities to reconcile the client inventory with expenditure claims. This work occurred concurrently with the Community Based Options and de-institutionalization discussion papers and consultation processes.

Following the conclusion of these processes, preparation of the policy and standards began for the Community Based Options Program. The Department recognized a need to ensure that individuals residing in these settings were receiving appropriate service in safe settings during this planning period. As part of the safeguards, assessments were conducted on individuals residing in the "facility-equivalent" component of the Community Based Options Program, namely, small options settings. The rationale for this decision was based on an understanding that the small option component, from definition perspective, serve individuals in a setting of three beds or under, with a 24-hour rotating staff situation and

these individuals would be classified as requiring a level of care/program which otherwise would necessitate placement in a Home for Special Care.

The growth of the system needed to be suspended pending completion of the review. As a result, a moratorium was placed on the development of new small options facilities with the exception of those that were developed as part of official de-institutionalization initiatives and that underwent the full rigour of provincial standards compliance.

A detailed account of the methodology developed to conduct this review is contained in Chapter 4.

On April 1, 1998, as part of the major Social Assistance Restructuring Initiative, the Department of Community Services assumed responsibility for delivering all social services in Nova Scotia. As a result of this major initiative, the responsibility of municipalities previously involved in the direct placement, funding and overseeing of clients in Homes for Special Care and the Community Based Options Program shifted to the Department of Community Services. The 1850 clients served by this latter program are now Department of Community Services' clients.

2

Concurrent Activities

Fire and Life Safety

Throughout the period of the emergence of the Community Based Options Program, and, in particular, the small options component of that program, representatives of the Department of Community Services met with representatives of the Office of the Fire Marshal. All involved acknowledged that the emergence of the growth of this unlicensed, unregulated "three and under" sector was happening nationally and was problematic, not only from the Department of Community Services' program standards perspective, but also from a fire and life safety legislation perspective.

Nationally, Nova Scotia was viewed as being in the forefront of work in this area, and other jurisdictions were awaiting our decisions.

The dilemma constantly raised from a fire/life safety perspective was the same as that from a program delivery perspective—the balance between safety/standards issues and client choice/freedom.

They discussed the perceived or real intrusiveness of imposed fire and life safety regulations overseeing these operations.

After much deliberation, an agreement was reached in consultation with officials of the Office of the Fire Marshal, and through that office's intervention, an addition was made to the 1995 National Building Code.

The safety of individuals for whom we are responsible is paramount. While client choice is important, safety cannot be compromised; therefore, the National Building Code contains an addendum for Nova Scotia (January 1997) which reflects the necessity to provide a standard of fire/life safety equivalent to the same standard in a care-related setting relative to the individual's assessed functional level.

Interim Standards—Community Based Options Program

Throughout this period of discussion, the Department of Community Services recognized the need to provide standards for the operation of the Community Based Options system to ensure that individuals in care were receiving an appropriate and safe level of service in safe accommodations, and that existing and potential service providers needed to be provided with standards on which to base their operation to ensure the provision of quality service to individuals served through the Community Based Options Program.

On November 26, 1996, the Department of Community Services introduced the document *Interim Standards—Community Based Options Program* through the Legislature. (Appendix F)

This document was compiled using the Homes for Special Care Act and Regulations as a guide and incorporating many recommendations from the consultation process of the discussion paper *Community Residential Services—A Discussion Paper on Unlicensed Services for Adults.*

The criteria for admission to Community Based Options established by the Interim Standards is a comprehensive assessment of the individual's care/program needs and the ability of the prospective service provider to demonstrate that the client's needs can be appropriately met through the development of a service plan. All cost-shared clients referred for placement in Community Based Options settings are required to undergo a provincial assessment and approval process. Determination of service provision currently equates to the classification criteria used in respect to classification of individuals seeking placement in Homes for Special Care.

When the Interim Standards were released, it was understood that they would evolve as the Department monitored and developed the system to meet the needs of individuals, with further decisions being reached on a regulatory framework for the continuum of long-term care and services. But it was viewed as critical that program and life/safety standards be applied pending a definitive decision on legislative requirements.

As the Small Options Review had been initiated prior to the introduction of the *Interim Standards—Community Based Options Program*, all service providers were recontacted and provided with a copy of the Interim Standards and advised to submit to the Department of Community Services a plan of action and time frame for meeting the new Interim Standards as a minimum requirement to sustain funding.

The challenges of the review process became increasingly apparent as more and more settings self-declared and/or were named for review. This prolonged the process greatly.

Policy Framework

Throughout this period, other extremely important initiatives were being identified, proposed and advanced. The need for a standardized policy framework and for training standards for individuals working in the Community Based Options sector rose to the forefront.

In recognition of the need to move to a provincial policy for the Community Supports for Adults Program for April 1, 1998, with the Social Assistance Restructuring Initiative, a policy committee comprising representatives of the Departments of Community Services and Health and municipalities was formed to identify and harmonize the policy framework for programs included in this delivery system.

There is, effective April 1, 1998, a harmonized provincial policy for programs included in this sector. The Community Based Options Program is included in this policy framework, so that regardless of where one lives in Nova Scotia, there is a single framework to access and fund these services and to oversee this service delivery system.

Work with Department of Health

The harmonization of policy was not the only joint activity of the Departments during this period. The two had long recognized the need to modernize the legislation, policies and tools used in the Homes for Special Care system and stakeholder groups were reinforcing this need.

The departments began working, initially separately, on the needed change (This licensed system is split jurisdictionally between the two departments, although they share legislation, policy, tools and access requirements). Each department was involved in processes that would provide the necessary baseline information to make informed systems decisions. The Small Options Review is an example of one of the processes launched by the Department of Community Services.

However, recognition came early on, to both departments, of the need to plan together on the design of a client-centred system which provided ease of access and province-wide standards and case management.

Further, residential providers within the continuum were advocating for change and seeking input into any system redesign being planned. In early 1997, the two departments established a joint ministerial committee and began meeting regularly with representatives of the residential provider component of the continuum of long-term care for the purpose of working on the development of a shared vision for the future, as well as prioritization of immediate operational concerns.

Further Consultation

Additionally, the Department of Community Services had received input from advocacy organizations throughout the consultation process involved with the dissemination of the two discussion papers, noted in Chapter 1. When the Interim Standards document was released in November 1996, advocacy organizations expressed concern to the Department about the perceived intrusiveness and rigidity of the standards, and asked to have further input into the policy and standards preparation before they were finalized. In recognition of this request, the Department committed to consulting further with them. Regular liaison meetings began in 1997 with a firm commitment to these organizations that, with the completion of the Small Options Review, the results would be shared, and further systems redesign would include their valuable input.

Training Standards

Concurrent with this policy development was the recognition of the need to have qualified individuals working in the Community Based Options system—this means having a standardized curriculum and training for individuals working within this system. The Department of Community Services has collaborated over the past two years with the community colleges in the development of a curriculum that will train staff who serve clients of Community Based Options funded by the Department of Community Services. This program will be offered by all community college campuses and once fully implemented will be the minimum standard of entry level for anyone wishing to work in the service sector overseen by the Department. At the time of this report, five campuses are prepared to provide the training by September 1998. While this initiative began by looking at the training needs of staff in Community Based Options, it has been developed to include a curriculum which will meet the minimum requirements of staff working in any residential setting, licensed or unlicensed, that serves people classified and funded by the Department of Community Services for placement under the existing Homes for Special Care criteria.

Case Management

Another extremely important planning initiative must be noted. There has been an ongoing recognition of the need for continuous, standardized case management to support the clients of the Community Based Options system, as well as other clients of the long-term care sector.

Accordingly, in February 1997, a committee of municipal and provincial counterparts was established to develop a case management policy and standards document, which would address this need from a Community Supports for Adults' perspective (TOR --Appendix G). The manual, now in preparation, will support the system through an accountability framework in which all clients are assessed and monitored through a protocol which has a provincial framework based on national research and trends. This manual is viewed as substantive in the findings portion of this report.

Upon finalization and approval, a major training plan will be developed and implemented to ensure that case managers have the necessary training and skills to comply with the rigours of the standards and thus provide clients and service providers with skilled support.

3
Funding

Before 1995

Prior to April 1, 1995, municipalities negotiated directly with Community Based Option service providers for services for their clients. Cost-sharing was provided to the then 66 municipalities for administrative costs and costs incurred in their Homes for Special Care and General Assistance (Social Assistance Payments) budgets. Cost-sharing with the municipalities on their Homes for Special Care costs was at 66 2/3 per cent and placements were governed by provincial statute and policy. Cost-sharing on General Assistance budget costs varied from 75 to 50 per cent and was based on the municipal unit's policy of providing social assistance to people in need.

It was through this latter budget subject that municipalities placed clients in the unlicensed and unregulated Community Based Options Program.

On April 1, 1995, through the Provincial/Municipal Service Exchange, the Department of Community Services assumed 100 per cent cost-sharing for all existing municipally-funded clients residing in Community Based Options. However, while the Department assumed this funding responsibility, the municipalities retained responsibility for assessment, placement and monitoring of these clients.

An inventory of the municipally-funded clients of the Community Based Options system was conducted along with a reconciliation of costs incurred by the municipalities during summer and fall of 1995 and spring of 1996. The initial provincial estimate of the cost of this program was $17 million. In addition, there was a provincial government commitment, through the Provincial/Municipal Service Exchange, to provide $6 million to municipalities to offset their expenditures in the Community Based Options Program. At the completion of the inventory and reconciliation of the funding, the cost of the program was $27 million.

Further, during this process, all individual client funding arrangement information was gathered. No rationale for funding could be ascertained: rather, it varied from amounts of $30 to $260 per day.

At the same time, licensed service providers were complaining vehemently because their per diem rates had been frozen for several years. They saw their previously referred clientele being placed in unlicensed settings, and operators being provided with rates which, in some circumstances, were considerably higher and which had been privately negotiated with the municipal agent of the client and a Community Based Options service provider. These licensed service providers sensed a lack of fairness and equity.

After April 1995

In June 1995, the Department of Community Services notified all municipal units of a moratorium on new Community Based Options and/or placements in them without approval of the Department. The Department also required the municipalities to live within the separate allocation it provided for Community Based Options once reconciliation of this program was completed.

In November 1996, the Interim Standards addressed funding by stating that individuals referred for Community Based Options settings thereafter would be funded at the per diem range for a comparable level of assessed care and programming in a licensed facility under the Homes for Special Care Act.

The cost of the system has risen from an estimated $17 million at the time of the funding takeover to $33 million. Clients in the entire Community Based Options system, including small options, community residences and supervised apartments, estimated in 1995 at 1500, number 1850 at the time of the writing of this report.

Further discussion on funding will be provided in the Observations/Findings section of this report.

4

Methodology for Conducting the Small Options Review Process

For the past two years, the Department of Community Services, in partnership with the sponsoring municipalities, has been involved in a major review of the small options component of the Community Based Options Program. Common assessment tools for the assessment of the residents and the operations were developed and are included in Appendix H of this report. The format of the Department's *Program Audit Manual for Use With Agencies/Organizations* was used as the framework for conducting the review.

The process was divided into several phases, with **Phase I** being an on-site assessment of the operation and a functional assessment of the residents. This phase was a conjoint venture between the municipal agent of the client and representatives of the Department, with the Department leading and coordinating the review through the services of a dedicated project coordinator. The intent of the review was to assess municipally and provincially-funded clients living in small options; many private-pay operators self-declared operating small options and voluntarily participated in the review. Government's role regarding private-pay Community Based Options will be elaborated upon in the *Observations and Findings of the Review* chapter.

Based on the information gathered from each municipal unit after April 1, 1995, initial statistics on the Community Based Options Program were compiled by program delivery model by region. The formal review process of the small options component began in early 1996 using the following procedures.

The review process was divided into three stages with the review of small options serving elderly clients the first. Stages two and three of the review, small options serving people with development disabilities and the review of people with mental disabilities, followed. The majority of settings had been reviewed at the time of the drafting of this report, and the remaining reviews were under way.

Phase I of the review process was launched with a letter being forwarded to all Regional Administrators outlining the intent of the review and guidelines for the process.

Subsequent to this, small options operators targeted for the first stage of the review and sponsoring municipalities were asked to participate in a province-wide review of existing settings.

The staff of the Office of the Fire Marshal reviewed existing small options settings to ensure compliance with fire and life safety standards.

The review process was well under way prior to the release of the Interim Standards in November 1996. With the release of this document, all Community Based Options service providers were immediately provided a copy and notified of the need to comply with its standards. The settings that had been reviewed were required to provide to the Department a proposed action plan, with time frames, to address the minimum requirements outlined in the Interim Standards.

It should be noted that any issue identified during site visits as requiring immediate action, whether from a client care/program perspective or a fire/life safety perspective, was dealt with immediately, and compliance was achieved.

Phase II of the review provided for compilation of all the information gathered. This information relates to care/program delivery, compliance with the Interim Standards with regard to direct client service delivery, operations and funding comparisons.

Phase III of the review provided an overall analysis of the findings of the review, including client/consumer satisfaction and observations. This phase also provided short and longer-term suggestions and recommendations of this report.

Phase IV will provide for further consultation with stakeholders on the larger system redesign (including the licensed Homes for Special Care continuum) using the information contained in this report. This will be elaborated upon in the recommendations in Chapter 6.

5

Observations and Findings of the Review

As expected, the review provided a myriad of information and proposed approaches. The first which will be reported on is consumer satisfaction, which is viewed as integral to further developing a client-centred system.

Consumer Satisfaction

Consumers expressed to assessors satisfaction with many aspects of their lives in small options facilities. The locations of the accommodations, the level of personal choice afforded residents and the home-like atmosphere of these settings were common themes in the information gathered.

Following an invitation to each service provider to participate in the process, an appointment was arranged at the convenience of the service provider and the residents living in the small options home. The vast majority of residents were willing to participate; however, a number were not interested in the assessments/reviews and declined to participate. In addition, several families participated and provided valuable information. Much of the information gathered from residents also reflected the opinions of family members.

Even though the assessors endeavoured to be unintrusive, most residents and families appeared apprehensive. Given the fact that employees of the provincial government were visiting operations that previously had had little or no contact from agencies, other than their municipal placement workers or service agencies in their immediate communities, residents were not sure what to expect. The significant concern of the residents was that they would be moved to another location. Assessors assured residents, families and service providers that the intent of the assessments/reviews was not to disrupt lives, but rather to gather statistical data, to ensure that safety features were in place according to provincial standards, and to familiarize service providers with the Interim Standards.

Residents and/or families participated in completing the functional assessment tool, however, generally they were more interested in describing how they arrived at their accommodation. In the majority of small options homes, residents originated from the

immediate community in which the small options home was located or from adjoining communities.

A noted theme in all information gathered was the residents' pleasure and contentment at being able to remain in their own communities and to maintain their traditions and cultures. Many residents related satisfaction in being able to continue involvement in community activities such as dances, bowling, service club membership and libraries. Much of this activity occurred with the accompaniment of friends or family from the community.

Several residents identified the importance of families in their lives. This was associated not only with families being able to visit regularly, but also with their providing natural supports. Many families provided transportation to appointments and stayed involved with resident individual care/program plans and support to staff in the provision of services. Most small options homes assessed/reviewed had no restriction on visiting hours, so families could be present at any time. Residents expressed satisfaction with the ability to have continued involvement in their families' lives through family gatherings, regular visits to families' homes and special events.

During conversations with assessors, residents related that the choice to reside in their small options home was made because the service providers and staff had been friends with, went to school with, or in some cases, worked with residents for whom they now provided care/support/supervision.

Residents who attended a day program or work placement expressed satisfaction at being able to do so in a familiar milieu. Many related social contact with friends from work or day programs and appeared to have established positive personal relationships. In a number of cases, residents spoke of these friends visiting them at the small options home. Several residents also related involvement in volunteer activities at various organizations and agencies within their communities. In larger facilities, this would not necessarily be integrated in the overall plan for the resident. In many cases, these activities were initiated by the individual residents, not facility/operation staff.

Individual resident choice was also a theme recognized in the information compiled. Many residents reported that the decision to live in a small options home environment was made personally or with the suggestion of family and/or friends. Residents spoke openly regarding independent decision making on daily activities and freedom to decide on financial affairs.

Decision making and choice also extended to areas such as menus and meal planning for residents. Residents often noted that they participated in menu planning, and in several cases residents assisted in preparing favourite meals. In addition, many residents related that service providers often prepared separate meals should a resident not enjoy a planned meal.

Choice regarding bedroom accommodations was also important to residents. Service providers in general encouraged residents to bring personal furnishings for their bedrooms. Residents often provided a tour of their rooms for the assessors, who observed that bedrooms displayed many personal effects, including family photographs, antique furniture handed

down through families, and trophies or Special Olympics medals. Bedrooms were arranged according to residents' wishes with televisions, radios, video games, books and plants.

Residents related that although the entire small options home was available and accessible, their bedrooms provided privacy and a sense of well-being that otherwise may not be available in a larger facility.

The greater majority of small options homes offered accommodations which were clean, appropriate and comfortable. Residents often expressed satisfaction with the quality and comfort of their accommodations. Residents related that the home-like atmosphere generated positive feelings of well-being and dignity, whereas a larger facility would be an unacceptable atmosphere in which to pursue continued personal growth and development. However, although service providers tried to maintain small options homes as if they were the residents' own homes, in fact, residents noted that they didn't feel as though they were in their own homes.

Residents also reported satisfaction in participating in decision making regarding their care/program needs. Through information gathered, it was determined that generally routines within small options homes were client-centred and that the daily operating of the small options home responded to the needs and wishes of the residents. In many instances, residents related satisfaction gained by "helping around the house" with such tasks as washing dishes, setting tables and dusting their own bedrooms.

Often noted as important was individual resident choice in maintaining external services from agencies sometimes previously involved in their care/program needs, such as VON or a particular private therapist. These additional individual support structures may not necessarily be involved if residents resided in larger facilities.

A number of residents noted pleasure in the ability to retain medical practitioners of choice. In the majority of cases, the medical practitioner was, in fact, the family doctor who has practised in the community for several years and has been an integral part of the community. Residents' doctors often visited residents in the small options home if required and, in fact, were quite familiar with residents' accommodations.

Individual interest and activities in hobbies also contributed to client satisfaction in all small options homes. Individual residents often noted that they appreciated the ability to continue with hobbies which may not necessarily be the norm for other residents residing in the home. Such activities included raising chickens, repairing small engines or tending to small animals, like rabbits or cats. Freedom to attend to individual specific interests as opposed to attending an afternoon of crafts in the recreation room appeared to be of significance to all residents.

Results of information gathered from residents during the assessments/reviews of small option operations in the province disclosed ongoing general satisfaction by the residents served. In the vast majority of cases, residents recognized that the accommodations and services in these small option operations enhance their potential to live, work and socialize

in the least restrictive setting and in the most integrated circumstances available in their communities.

Compliance with Interim Standards

The Interim Standards regulate Community Based Options facilities in 11 areas: program delivery, fire and life safety, home environment, client records, medical records, medication, nutrition and food services, insurance and liability, financial status, policy (operational/ personnel training), and service evaluation. The following reports detail assessors' findings in each area.

Program Delivery

This area of the Interim Standards addresses the need for service providers to develop, in collaboration with the client, family, funding agent and other relevant support services, a program/care plan which is designed to meet the needs of each resident.

The majority of service providers who provide care/support/supervision to private-paying residents do not comply with the Interim Standards for program delivery. However, many operations that provide services to individuals who receive public funding have developed individual plans for the residents served. Those operations which did not have individual plans developed previous to the assessment have made efforts to comply with this area. As assessments/reviews were completed, assessors discussed the requirements of the Interim Standards with each service provider. Many appeared to have admitted residents based on care/program need at the time of admission, but had done little planning for their ongoing needs. The majority of service providers seemed uncomfortable with writing care/program plans. Assessors provided suggestions, and the service providers appeared to be willing to write them.

Case managers in operations serving publicly-funded residents played a major role in establishing and maintaining individual resident plans. Ongoing monitoring of residents and their care/program plans provided regular evaluation of individual service plans and gave service providers direction and support in meeting resident care/program needs.

The Interim Standards also requires that service providers develop and maintain written policies and procedures for responding to challenging behaviours which may be exhibited by residents being served. Service providers addressing the needs of private-paying residents generally do not maintain such policies and procedures; those serving publicly-funded residents typically do. Many of these policies and procedures require enhancement, and service providers have attempted to complete this work to comply with the Interim Standards.

Fire and Life Safety

Fire and life safety are of prime importance. While residents' individual choice is extremely important, their safety must not be compromised. The procedure used during the assessment/review process involved a visit from the Fire Marshal and a report outlining whether each service provider's operation meets minimum fire and life safety standards. Where they didn't, the Fire Marshal then issued a report or letter to each, with a copy to the Department, outlining items or areas that the service providers needed to address. The majority of operations assessed/reviewed did meet the minimum fire and life safety standards outlined by the Office of the Fire Marshal, or could comply with these standards by making minimal adjustments.

During on-site assessments/reviews by Department staff, residents of each operation were assessed with regard to their ability to leave the operation without assistance of the service provider and/or staff in case of evacuation. For those who were unable to leave unaided, the Office of the Fire Marshal required that a sprinkler system be installed. This has created some distress among the service providers involved because of the cost of installing sprinkler systems.

Through ongoing consultation with the Office of the Fire Marshal, Department staff have been able to clarify several issues. This is evident in an amendment to the Nova Scotia Building Code in which the Office of the Fire Marshal has adopted a policy, titled *Guidelines for the Inspection of Small Options*, which require existing small options operators to comply with the 1995 National Building Code. In addition, a provincial Department of Labour/Department of Community Services' workshop is being planned for spring 1998, to provide further clarification to service providers on issues which may arise following the Fire Marshal's inspection, and/or issues of clarification from the Department of Community Services with regard to the Interim Standards.

The Interim Standards specify that service providers are to conduct bimonthly fire drills and to keep records of them. Service providers caring for private-paying residents generally did not conduct fire drills. Many indicated that they believed the exercise would upset the residents. However, assessors made various suggestions to service providers for alleviating this concern, including asking local fire department personnel to visit. Local departments could not only provide fire and life safety training for service providers and/or staff, but could also be a valuable resource in suggesting how to conduct regular fire drills that would not upset the residents of the small options home.

Home Environment

An integral component of the operational assessment/review of each small options operation was a survey of the home environment to ensure that it meets the requirements of the Interim Standards. With few exceptions, operations provided appropriate space and location for areas to be commonly used by residents for dining, recreation and privacy. Typically, furnishings appeared to be appropriate, clean and in good repair.

In regard to bedroom accommodation, no residents were found to occupy attic space within any operation, although there were a number of residents who occupied bedroom spaces in basements. Commonly, these were in new split-entry type homes where the homes were purchased and/or rented prior to the admission of residents. During the assessment/review, the majority of service providers discovered ways to address this concern. Solutions included re-establishing residents in other bedrooms within the Small Options Home and, in fact, a number of service providers have made plans to complete renovations to comply with this requirement.

The majority of service providers offered single bedrooms to their residents. In several locations, residents were sharing rooms. Typically this was the case with service providers who offered services to senior residents and who provided services to more than three residents. In several cases, however, rooms were being shared with a spouse, sibling, or long-time friend at the request of the residents. Because individual choice is a primary consideration in serving residents, the Department views these actions favourably. However, service providers were instructed that, in fact, single accommodations must be available for all residents should they choose to occupy a single room at some point in their stay.

The majority of service providers afforded 100 sq. ft. of floor space in their bedrooms. However, it was discovered that several operations could not meet this requirement without extensive renovations, or not at all. Department staff conducting assessments/reviews discussed the requirements of the Interim Standards, and flexibility in this particular area was considered with each visit. In a minimal number of small options homes, it was discovered that residents occupied sleeping areas that were determined to be completely unacceptable. The service provider was instructed to change the situation immediately; in these circumstances, assessors followed up to ensure compliance.

Service providers offered appropriate and adequate bedroom furnishings to residents, however, in most of the small options operations, residents provided their own furnishings for their bedrooms. This allows residents to maintain their individuality and to feel a sense of ownership, and in all cases service providers would have provided furnishings if the resident could not.

In an extremely small number of cases, bedroom furnishings required some repair and/or replacement. These instances were discussed with either the service provider and/or funding agency of the resident, and were immediately rectified.

In all operations reviewed, the majority of small options homes were found to be properly maintained internally and externally, including properties. In several homes, service providers were in the process of renovations and/or repairs in order to upgrade the operation or to provide aesthetic improvements for residents, such as shaded outside areas, or improved deck areas. In the cases where home maintenance required attention, assessors discussed needs with service providers during the on-site assessment/review.

Client Records

Establishment and maintenance of adequate records in small options homes did generate some concern for assessors. They discovered that in small options homes providing services to private-paying residents, resident records and documents were either minimal or non-existent. Why? Service providers, although endeavouring to provide appropriate care/programs to their residents, had entered the service provision without assistance of case management for their residents. Adequate clarity, therefore, was not provided at the onset of the operation. Service providers, left to their own means, did try to create some means by which to recollect events and issues. Many service providers would note doctors' appointments on calendars or would simply try to remember them.

Assessors offered suggestions on methods of establishing and maintaining accurate, current and relevant records. The vast majority of service providers were open to suggestions and understood how these records could be established in relation to individual care/program plans.

The vast majority of service providers who provide care/support/supervision to publicly-funded residents did maintain resident records. Because of the involvement of case managers, service providers expected to establish and maintain resident records from admission. Prior to April 1, 1998, each municipality or funding agency had differing expectations. Therefore, records differed from operation to operation, and in a small number of cases, from resident to resident within one operation.

With the introduction of province-wide case-management standards and a harmonized Community Supports for Adults' policy, practices will be uniform in all small options operations, and the care/program needs of each resident considered. During assessments/reviews, assessors discussed with these service providers the need for adequate and appropriate record keeping. They offered suggestions for refining established systems.

Medical Records

Assessments/reviews revealed that medical services provisions for residents of small options operations were available in all cases, without exception. In all cases, service providers viewed these services as paramount in the provision of care/support/supervision to residents and, in fact, medical practitioners were viewed as extremely valuable resources.

Each service provider used medical services in varying ways. In all cases, residents maintained medical practitioners of choice, although many operations relied on one or two for emergencies, when individual residents' practitioners may not be available. This appeared to be extremely helpful for service providers operating in rural areas of the province.

Several service providers expected that families of residents would remain responsible for ensuring the provision of medical services for residents. During the assessments/reviews,

assessors instructed service providers to assume and hold responsibility for these services. This would not only enable service providers to maintain adequate records and documentation, but would also enable them to redesign individual care/program plans when necessary. In most cases, when families provided for medical services independently, limited information was communicated to service providers. Assessors also discussed with service providers that although service providers must retain responsibility for arranging for medical service provision, they must also involve residents and their families, if residents so choose. In a small number of cases, service providers noted that residents and/or families insisted that arrangements for medical services be independent of the service providers. This action presents challenges for service providers and discussions occurred in relation as to how expectation of residents, families, and service providers could be unified to best meet the needs of the residents served.

These practices were most consistent with service providers providing care/support/supervision to private-paying residents. Where service was provided to publicly-funded residents, the philosophy regarding arrangements for provision of medical services appeared to differ.

Case management of funding agency staff appeared to provide initial instruction to service providers regarding ongoing expectations and responsibility for service providers, along with responsibility of service providers in regard to maintenance of adequate records and documentation relating to medical services provided. Again, because of the differences of funding agency expectations prior to April 1, 1998, these expectations and responses differed somewhat among service providers.

Medication

Medication records, administration and storage appeared to differ between small options operations throughout the province. Service providers providing care/support/supervision to private-paying residents generated the most concerns for assessors during assessments/reviews. Requirements of the Interim Standards were discussed with each service provider with emphasis on the extreme importance of this area in maintaining residents' optimum health. It was determined that some service providers maintain medication records in an adequate fashion, however, others' records are limited or non-existent. Many service providers and/or staff administer medication within the operation, while in other operations, residents administer their own medication without any involvement of service providers. Storage of medications also differs from operation to operation; however, the majority of service providers who administered medication to residents maintained locked storage. For residents who self-administered medication, storage most often was within their bedrooms in unlocked areas.

Assessors discussed with all service providers that written policies and procedures regarding medication administration, handling and storage within operations would set "rules" within their operations so that residents and families would be aware of them upon admission. This would also enable these service providers to comply with this area of the Interim Standards.

Service providers who provided services to publicly-funded residents typically maintained adequate records in relation to medication and generally administered medication to residents. In those cases where residents self-administered medication, this was incorporated as an integral part of residents' individual care/program plans toward self-reliance and independence. Storage of medication within these operations commonly was within a locked or secured area.

Assessors discovered that there were also a variety of policies and procedures evident within these operations. Several service providers had gone to great lengths in maintaining written policies and procedures, while some service providers were not quite as stringent in this area. Assessors discussed this area with all service providers, offering suggestions regarding updating and refinement of policies and procedures in conjunction with Interim Standards requirements.

Nutrition & Food Services

Assessors completing reviews also noted some differences among those service providers providing care/support/supervision to private-paying residents and those providing services to publicly-funded residents. In all operations, however, service providers offered meals based on preferences of residents. Many service providers planned meals from day to day, while others offered advance menus. Those who provided advance menus were prepared to alter them to meet residents' preferences. All service providers did indicate that special diets would be provided to meet special nutritional needs. In a very few cases, snack food was not considered part of the per diem rate for private-paying residents. Generally, service providers did not have menus reviewed by dietitians, although many residents who had diabetes were either attending diabetic clinics, or had originally been admitted to the small options operation with a diet recommended by a dietitian or doctor.

Assessors discussed with each service provider the need to comply with the requirements of the Interim Standards in addition to the importance of proper nutrition of all residents being provided with care/support/supervision within the small option operations. In many instances, medication and nutrition work together in assuring optimum health for individuals.

Insurance & Liability

Adequate liability insurance, as a requirement of the Interim Standards, was discussed by the assessors with all service providers. All small options service providers carried liability insurance, although many expressed that it was a financial burden. This appeared to be related to the fact that Community Based Option services are a new area for the insurance industry. According to many service providers, insurance companies will insure an operation as a nursing home or boarding home. A small number of service providers noted that insurance companies are uncomfortable with them administering medication. Establishing and maintaining medication policies and procedures may help insurance companies to accept that service providers are administering medications, however, there appears to be a need to give the insurers an opportunity to understand and appreciate the trend toward providing services in community-based, unlicensed operations.

Financial

Through the assessments/reviews of small option operations, assessors noted that a vast majority of private-paying residents maintained and administered their finances independently or with the assistance of family, friends, guardians, or power-of-attorney. In a few instances, service providers maintained/administered small amounts of personal funds within the operation for hair cuts, newspapers or other personal items. This practice was established either on the request of the resident or the individual responsible for the resident's funds.

Service providers who provide care/support/supervision for publicly-funded residents generally comply with the requirement of the Interim Standards in accordance with departmental policy. Practices within these operations vary somewhat; however, records of those practices are maintained. Where variances occurred, assessors discussed with service providers the need to refine practices relating to residents' Personal Use Allowances.

Policy (Operational/Personnel Training)

The maintenance of written policies and procedures in small option operations varied greatly across the province. Larger, well-established operations maintained policies and procedures and updated and refined them when necessary. This generally included licensed operations, such as group homes. These service providers have established internal expectations that their operations will provide appropriate, well-maintained services for their residents.

The majority of smaller operations had no written policies and procedures. The Interim Standards require not only personnel statements on job descriptions, job responsibility, qualifications, salary, benefits, probationary period, and a signed statement of confidentiality, but also appropriate training for employees. Assessors discussed them with the service providers.

Larger operations/agencies did expect employees to maintain this training and required updates in training. In addition, many larger agencies maintained internal requirements for supplemental training specific to the resident population served. Most of the smaller operations' service providers and/or employees did not maintain training in areas outlined in the Interim Standards; however, commonly, it was noted that service providers and/or employees gave attention to first aid and CPR training. Assessors spent much time reviewing and exploring means by which service providers could acquire training. Many service providers noted difficulties incurred in attempting to obtain training in areas outlined by the Interim Standards, especially in the area of non-violent crisis intervention. This difficulty is being addressed through ongoing consultation with provincial community colleges; however, at this time, many service providers and/or employees throughout the province are not trained in non-violent crisis intervention.

Service Evaluation

The Interim Standards require that service providers develop a formalized system to allow stakeholders to provide feedback and input into service provided. Generally, service providers do not have a formalized system in place, although many informal systems were evident.

It was noted that ordinarily families, friends and the community at large are involved on a daily basis in each small option operation. This also extended to membership on Boards of Directors of those not-for-profit operations/agencies servicing a large number of small option operations under one agency.

Again, assessors and service providers explored ways to meet the requirements of the Interim Standards.

Many service providers, however, were somewhat hesitant in developing a system which would be considered too formal since the general philosophy of all service providers appears to be that small options homes are the "homes" of the residents serviced.

In discussing this area outlined by the Interim Standards, assessors reviewed the need for service providers to maintain ongoing internal evaluation of their small options homes/ systems in relation to policies and procedures developed to provide for the health, safety and well-being of the residents served. In addition, that each service provider/system best meets these goals by being open to external evaluation to assist in attaining these goals in integrated community settings.

Compliance with Legislation

The Interim Standards document addressed not only standards of operation for small options operators throughout Nova Scotia, but also that three persons or fewer are to be maintained in a small options operation.

The Homes for Special Care Act defines a residential care facility as "any building or place, or part of a building or place, where supervisory care or personal care is provided to four or more persons." It is also a requirement that facilities be licensed by the Department of Community Services to provide for care/program needs to four or more persons. The assessment/review process conducted across the province revealed that many small options operations were providing care/support/supervision to more than three persons.

This was noted more frequently in small option operations providing for care/program needs to private-paying residents. In the absence of provincial standards prior to the release of the Interim Standards, service providers established these operations out of a sincere desire to provide services outside an institutional setting. This, combined with the trend toward de-institutionalization and individual residents' desire to remain in their own communities with traditions and cultures, gave rise to small options service providers admitting and maintaining more than three residents. Although the majority of operations in violation of

the Homes for Special Care Act maintain between four and six residents, a small number of these operations maintain up to 12 residents. They have been notified of the need to comply with existing statute, and follow-up with these operators is ongoing.

Of those operations assessed/reviewed which provide care/support/supervision to publicly-funded residents, the prevailing trend is that of three residents or less being maintained. An extremely small portion of these operations offered services to more than three residents.

Case management involvement, again, appears to be a significant factor. Case managers being aware of the requirements of the Homes for Special Care Act have not only provided ongoing assessment and monitoring of their clients' care/program needs, but have also provided a valuable resource to service providers by assuring compliance with provincial legislation.

Observations

It was described earlier that the review was conducted in a three-staged approach, focusing on small options' services to the elderly, the developmentally disabled and the mentally disabled.

- With the first group assessed (the elderly) it became apparent that the clients' needs spanned the same range as those provided through existing programs; namely, in-home support, home care, or licensed Homes for Special Care. The obvious observation was the appropriateness of continuing to provide this range of services through organizations funded through and overseen by the Department of Community Services, while the generic service delivery system for the elderly is accessed through, funded by, and overseen by the Department of Health. Despite most clients' asserted wishes to reside in these Community Based Options settings, would it be improper to establish a mirror system through the Department of Community Services? This will be elaborated upon in the Recommendations section.

- Another observation made throughout the review related to the Community Based Options system serving clients with developmental disabilities. Consumers who were able to articulate their preference and their advocates, families and friends clearly preferred a more client-centred system—one outside the categorical confines of the existing Homes for Special Care system. It was also observed that, while the Interim Standards were viewed as needing additional stakeholder input, the minimum level of staffing required for a Home for Special Care equivalent was being provided.

- In contrast, the group assessed as having mental disabilities was the one for which assumptions prior to the review were most challenged. This group consisted of individuals who are mental health consumers on a regular and ongoing basis.

  It was the assumption, until the review, that all small options served individuals in a setting of three beds, or fewer, with 24-hour rotating staff and that these individuals would be classified as requiring a level of care/program which otherwise would necessitate placement in a Home for Special Care. Following the review, it became

apparent that, in the true spirit of de-institutionalization, clients who are long-term mental health consumers have needs which will fluctuate and, at times, will be consistent with some rather outmoded classification criteria, but at other times, will be more consistent with the true philosophy of least-intrusiveness, and greater choice and risk taking. Again, clients in these settings have fluctuating needs. At times, more staff time and services are needed; at other times, more independence/autonomy is appropriate. They require a flexible system based on comprehensive assessments, service plans and quality case management, rather than a rigid classification and staffing criteria.

Use, by Client Group, by Region

TYPE	# OF HOMES	# OF RESIDENTS	M.D.	M.C.	SENIOR	P & M.D.	P.D.	UNSPECIFIED
NORTHERN REGION								
SMALL OPTIONS	64	215	21	65	89	-	4	36
COMMUNITY RESIDENCES	15	17	5	1	-	-	5	6
ASSOCIATE FAMILIES	-	-	-	-	-	-	-	-
ORG. ADMINISTERING SUPERVISED APTS.	*11	68	35	25	-	-	-	8
TOTALS	79	300	61	91	89	-	9	50
HALIFAX REGIONAL MUNICIPALITY								
SMALL OPTIONS	112	296	84	118	31	1	10	52
COMMUNITY RESIDENCES	38	129	21	61	23	1	5	18
ASSOCIATE FAMILIES	3	3	-	1	-	-	-	2
ORG. ADMINISTERING SUPERVISED APTS.	*17	428	327	78	-	-	7	16
TOTALS	153	856	432	258	54	2	22	88
EASTERN REGION								
SMALL OPTIONS	67	172	41	48	71	1	3	8
COMMUNITY RESIDENCES	7	12	-	-	10	-	1	1
ASSOCIATE FAMILIES	2	2	-	1	1	-	-	-
ORG. ADMINISTERING SUPERVISED APTS.	*2	3	2	1	-	-	-	-
TOTALS	76	189	43	50	82	1	4	9
WESTERN REGION								
SMALL OPTIONS	61	182	17	92	41	-	8	24
COMMUNITY RESIDENCES	48	98	3	7	30	-	-	58
ASSOCIATE FAMILIES	23	50	7	17	5	-	-	21
ORG. ADMINISTERING SUPERVISED APTS.	*18	92	26	54	1	-	3	8
TOTALS	132	422	53	170	77	-	11	111

*This number reflects the number of organizations administering Supervised Apartments, not the number of homes, hence, is not calculated in the Total Number of Homes.

"M.D." refers to people with mental disabilities; "M.C." to people with mental challenges; "P & M.D." to people with physical and mental disabilities; "P.D." to people with physical disabilities.

6

Recommendations and Proposed Strategies

It can be readily seen that the growth in and preference for community-based alternatives is a trend in Nova Scotia's service delivery system which will continue.

There are many challenges in providing a service system that promotes independence and choice and provides flexibility, while at the same time minimizes structure, intrusiveness, and government intervention. Our challenge is to manage the system today while we plan for the future.

Managing the System Today

The report of the review of the small options program provides many valuable insights for planning. The planning initiatives described will facilitate the needed change, while providing necessary safeguards for the clients being served today.

Before speaking to the need for major systems redesign, we must address the present.

- Legislation is in effect which legally governs licensed Homes for Special Care settings. Service providers must adhere to it in the absence of legislative change. This calls for continued rigour in applying the legislation and in communicating the necessity of operating within the Homes for Special Care Act to all Community Based Options Program service providers who are attempting to operate outside the legislation. Small options homes operating in violation of this Act will be required to reduce their number of residents to less than four and will have an acceptable time period in which to relocate residents to accommodations that are safe and that meet their care/program needs.

- The Department recognizes that most stakeholders want to move toward community integration and the delivery of programs and services within non-institutional settings.

In order to provide necessary supports and monitoring in the Community Based Options Program for both the short and the long terms, **ongoing provincial coordination is now being provided through a permanent co-ordinator dedicated to this program.** This person will continue the work of the Small Options Review by providing the required supports to the program, monitoring compliance with provincial standards, assisting case managers and service providers, and communicating with the Office of the Fire Marshal and the Department of Health.

- The Case Management Policy and Standards currently in draft stage will be finalized and implemented and staff trained. This will give clients, not only throughout the Community Based Options Program, but also throughout the Homes for Special Care Program, a provincial standard for program and care expectations and outcomes for case management.

- Collaboration between the Office of the Fire Marshal and the Department of Community Services will continue. This work will be aimed at ensuring, through inspections, that clients are residing in accommodations which meet fire and life safety standards. In addition, these organizations have planned a workshop, scheduled for the spring of 1998, for licensed and unlicensed service providers, to provide further education and clarification on the Fire Marshal's *Guidelines for the Inspection of Small Options* and the Department of Community Services' *Interim Standards—Community Based Options Program*.

  Further, representatives of the Office of the Fire Marshal and Department of Community Services will continue to develop regional implementation plans on compliance issues related to the need of designated small options to install sprinkler systems.

- The valuable work on the development and implementation by the community college system of entry-level core training for unlicensed Community Based Options Program and the licensed Homes for Special Care services under the jurisdiction of the Department of Community Services will continue. This training will be expanded throughout the province, not only enabling new or potential employees to receive core training, but also providing specialty training for prospective employees and employers. While this is cited within the section *Managing the System Today*, it is viewed as a need which will continue to be considered strongly in any systems redesign.

- Funding always creates challenges. Because the Small Options Program originated in a time and structure which was void of a funding methodology, and which has contributed to the wide disparity in per diem rates being paid for similar services, rationale must be introduced. **It is recommended that a formal rate setting/review process be established by the Department of Community Services which will assess and determine rates for client services within the licensed and unlicensed service delivery system.** There should be no built-in incentives or disincentives for providing services to clients through placement alternatives; rather, the service should be based on the proven ability of the service provider, under the guidance of the clients' case managers, to meet the clients' needs.

- It was noted earlier in the report that the portion of the review dedicated to the elderly population provided valuable insights. The needs of this group of clients spanned the same range as those which are currently provided for through programs under the Department of Health. The report questioned the propriety of the Department of Community Services establishing a system that mirrors one provided by the Department of Health. **It is recommended, therefore, that the two Departments discuss under which jurisdiction this component of the Community Based Options Program should rest.**

Designing the System for the Future

- As noted just above, the present system of small options homes for seniors which mirrors the generic services mandated under the Department of Health requires further discussion. The question of government's role in small options settings in which individuals receive no financial assistance has been repeatedly posed by consumers, their families and service providers. Small options homes that are not in violation of the Homes for Special Care Act, and for whom clients receive no public funding, are at this time exempt from the Interim Standards. Although many private-pay only operations have self-declared, voluntarily participated in the Small Options Review and adopted the Interim Standards, government has no authority to enforce the standards where there is a private contract between an individual and a service provider. **It is recommended that further consultation with stakeholders seek to address this issue and obtain input on this matter.**

- The above issue is but one requiring discussion, consultation and debate as part of a process needed to redesign an entire service delivery system—namely, the continuum of long-term care and services for adults.

- This process is complex, but needed. It requires a mandate, dedicated human and fiscal resources and time to plan, consult and participate with key stakeholders in the redesign process.

- Included in this redesign process will be a review of models to be employed in a newly designed system, tools designed to support the new system and a new piece of legislation drafted for the purpose of overseeing the new system.

- The Small Options Program is but one piece of a complex and integrated service delivery system. Changes to one piece in the absence of a coordinated plan can prove to be detrimental rather than positive. The review of the Small Options Program provides valuable insights which can, and should be, used in the redesign of the system—rather than moving to develop separate legislation for one component.

The review, the concurrent activities noted earlier, ongoing training programs and strong case management can sustain the current system through the redesign, planning and implementation with the continued aim being to provide quality care and services to the citizens of Nova Scotia.

7

Appendices

APPENDIX A -- HOMES FOR SPECIAL CARE ACT AND REGULATIONS

CHAPTER 203

An Act to Revise and Consolidate the Boarding Homes Act, the Nursing Homes Act, and Part of the Social Assistance Act

Short title

1 This Act may be cited as the *Homes for Special Care Act*. 1976, c. 12, s. 1.

Interpretation

2 (1) In this Act,

(a) "activities of daily living" include personal hygiene, dressing, grooming, meal preparation and the taking of medication;

(b) "ambulatory" means the ability of a person to move about without the assistance of mechanical aids or devices and without assistance from another person;

(c) "applicant" means a person who applies for a license pursuant to this Act;

(d) "facility" means a residential care facility;

(e) "inspector" means a person in the public service who is appointed by the Minister;

(f) "license" means a license issued pursuant to this Act and includes a renewed license;

(g) "licensee" means a person to whom a license is issued pursuant to this Act;

(h) "Minister" means the Minister of Community Services;

(i) "nursing care" means the use of methods, procedures and techniques employed in providing nursing care by persons with technical nursing training beyond the care that an untrained person can adequately administer;

(j) "nursing home" means a building or place or part of a building or place in which accommodation is provided or is available to persons requiring or receiving skilled nursing care, including, but not so as to restrict the generality of the foregoing, persons convalescing from or being rehabilitated after illness or injury and, subject to Section 3, does not include a place maintained by a person to whom the residents are related by blood or marriage, a public hospital, mental or psychiatric hospital, tuberculosis hospital or sanatorium, maternity hospital, home operated pursuant to Sections 15 to 17 or residential care facility or a maternity home that is licensed under the *Children's Services Act*;

(k) "personal care" means the provision of room, board and supervision of, and assistance with, the activities of daily living of a person who is ambulatory or semi-ambulatory;

(l) "resident" means a resident of a residential care facility, nursing home or home for aged or disabled persons;

(m) "residential care facility" means any building or place, or part of a building or place, where supervisory care or personal care is provided to four or more persons but, subject to Section 3, does not include

(i) a place maintained by a person to whom the residents are related by blood or marriage,

(ii) a public hospital, mental or psychiatric hospital, tuberculosis hospital, maternity hospital, sanatorium, home operated

pursuant to Sections 15 to 17 or jail, prison or training school,

(iii) a maternity home that is licensed under the *Children's Services Act*,

(iv) a nursing home as defined in clause (j), or

(v) a hotel that is licensed under the *Hotel Regulations Act*;

(n) "semi-ambulatory" means the ability of a person to move about with the assistance of mechanical aides or devices but not involving assistance from another person;

(o) "supervisory care" means the provision of room, board and

(i) guidance or supervision in the activities of daily living, or

(ii) observation or surveillance of the physical well-being,

of a person who is ambulatory or semi-ambulatory.

Existing boarding home

(2) Every boarding home that on the nineteenth day of May, 1976, was operated pursuant to the former *Boarding Homes Act*, or to which that Act then applied, is a residential care facility for the purposes of this Act and is subject to this Act and the regulations.

Existing nursing home

(3) Every nursing home that on the nineteenth day of May, 1976, was operated pursuant to the former *Nursing Homes Act*, or to which that Act then applied, is a nursing home for the purposes of this Act and is subject to this Act and the regulations. 1976, c. 12, ss. 2, 14, 15; 1976, c. 8, s. 99; 1978, c. 38, s. 1; 1988, c. 30, s. 24.

Designation of residential care facility

3 (1) The Minister may designate any building or place or part of a building or place as a residential care facility provided that the building, place or part designated complies with the definition of a residential care facility.

Designation of nursing home

(2) The Minister may designate any building or place or part of a building or place as a nursing home provided that the building, place or part designated complies with the definition of a nursing home.

Compliance with Act

(3) Any building or place or part of a building or place designated by the Minister shall comply with the terms and conditions and provisions of this Act and the regulations. 1976, c. 12, s. 3; 1978, c. 38, s. 2.

Requirement for license

4 No person shall conduct, maintain, operate or manage a residential care facility or a nursing home, or hold himself out as operating a residential care facility or a nursing home, unless that person is issued a license to do so pursuant to this Act and that license has not expired, been cancelled or been suspended. 1976, c. 12, s. 4.

Issuance of license

5 (1) Subject to the regulations, the Minister may issue a license to a person to operate a residential care facility or a nursing home.

Refusal of license

(2) The Minister may for any reasonable cause refuse to issue or re-issue a license to a person or in respect of a residential care facility or a nursing home.

Terms and conditions

(3) The Minister may from time to time attach to any license such terms and conditions or restrictions as the Minister deems advisable. 1976, c. 12, s. 5.

Form of application

6 (1) An application for a license shall be in the form prescribed by the regulations.

Form and duration of license

(2) A license shall be in the form prescribed by the regulations and expires one year from the date on which it was issued or on such other date as the Minister may prescribe in the license. 1976, c. 12, s. 6.

Cancellation or suspension of license

7 The Minister may cancel or suspend a license where in the Minister's opinion

(a) the licensee is not giving or is not capable of giving adequate care to a resident;

(b) the residential care facility or nursing home described in a license has become unsuitable for the purpose authorized by the license;

(c) the residential care facility or nursing home does not comply with fire and building regulations as specified by the regulations;

(d) the number of persons living in the residential care facility or nursing home exceeds the number specified in its license;

(e) the residential care facility or nursing home does not comply with the terms, conditions or restrictions of the license; or

(f) the licensee or employee of the licensee has contravened this Act or the regulations. 1976, c. 12, s. 7.

Deemed cancellation of license

8 A license is deemed to be cancelled when the person to whom it was issued ceases to operate or own the residential care facility or the nursing home for which the license was issued. 1976, c. 12, s. 8.

Inspectors

9 For the purposes of Sections 3 to 13, the Minister may appoint such persons in the public service as the Minister considers necessary to be inspectors and may designate one or more of them to be chief inspector. 1976, c. 12, s. 9.

"qualified medical practitioner" defined

10 (1) For the purposes of this Section, "qualified medical practitioner" means a qualified medical practitioner as defined in the *Medical Act*.

Right of entry and inspection of facility

(2) An inspector appointed by the Minister may at any reasonable time enter and inspect a residential care facility or any place that the inspector has reasonable grounds to believe is a residential care facility and may examine the premises, equipment, facilities, books and records thereof, and may cause any resident to be examined by a qualified medical practitioner or registered nurse appointed by an inspector for purposes of this Act.

Right of entry and inspection of nursing home

(3) An inspector appointed by the Minister may at any reasonable time enter and inspect a nursing home or any place that the inspector has reasonable grounds to believe is a nursing home and may examine the premises, equipment, facilities, books and records thereof, and may cause any resident to be examined by a qualified medical practitioner or a registered nurse appointed by an inspector for purposes of this Act.

Duty to permit entry and inspection

(4) The owner or person in charge of a residential care facility or a nursing home or a licensee shall permit an inspector at all reasonable times to enter and inspect the residential care facility or nursing home and to examine equipment, furnishings and accommodations and shall produce for examination the accounts, books and records of that facility or nursing home, and shall permit any resident to be examined by a qualified medical practitioner or a registered nurse appointed by the chief inspector for the purposes of this Act. 1976, c. 12, s. 10; 1978, c. 38, s. 3.

Records or returns or report

11 The licensee of every residential care facility or nursing home shall forward to the chief inspector such records, returns and reports as the chief inspector requests and in the form and manner and within the time requested by the chief inspector. 1976, c. 12, s. 11.

Alteration of building

12 A licensee shall not add to or alter a building used for the purposes of a residential care facility or a nursing home without first submitting to the Minister plans of the alteration or addition and receiving approval of the Minister for the alteration or addition. 1976, c. 12, s. 12.

Advertising or holding out

13 Unless a license is in force in respect of a residential care facility or nursing home, no person shall advertise or hold out the place to be a facility or nursing home or assume, use or display in connection with the place any terms, sign, title or words which imply or lead the public to believe that the place is a residential care facility or a nursing home. 1976, c. 12, s. 13.

"home" defined

14 (1) In Sections 15 to 17, "home" means a home for aged or disabled persons.

Existing home for aged or disabled

(2) Every home for the aged or disabled persons that on the nineteenth day of May, 1976, was operated pursuant to Part II of Chapter 284 of the Revised Statutes, 1967, the *Social Assistance Act*, or to which that Act then applied, is a home for the purposes of Sections 15 to 17 of this Act and is subject to this Act and the regulations. 1976, c. 12, ss. 16, 20.

Operation by municipal unit

15 (1) With the approval of the Minister, a municipal unit or two or more municipal units that enter an agreement may directly or through an agent or a corporation established under the *Municipal Housing Corporations Act*

erect, acquire, purchase, alter, add to, improve, furnish and equip a building as a home for the accommodation of aged or disabled persons and purchase or acquire land therefor, and may operate and maintain homes for the aged and for disabled persons.

By-laws

(2) Subject to the regulations, a home provided or operated by one municipal unit shall be regulated by by-laws made by the council of that municipal unit and approved by the Minister.

Agreement

(3) Subject to the regulations, a home provided or operated by two or more municipal units or by an agent or a corporation shall be regulated in the manner agreed upon by the Minister and the municipal units.

Joint expenditure

(4) Where a home is provided or operated by two or more municipal units or by an agent or a corporation, the expense of providing, operating or maintaining it, including the payment of interest on and the retirement of debentures issued in respect thereof, may by the agreement be made an object of joint expenditure of the municipal units involved under the *Assessment Act*. 1976, c. 12, s. 17; 1978, c. 38, s. 4.

Board of management

16 The Governor in Council may

(a) establish a board of management for a home;

(b) appoint the members of the board of management; and

(c) prescribe the remuneration, duties and powers of a board of management. 1976, c. 12, s. 18.

Corporation or agency for purposes of Section 15

17 For the purpose of Section 15, a municipal unit or two or more municipal units may establish or arrange for the

establishment of a corporation under the provisions of the *Municipal Housing Corporations Act* or an agency of the unit or units to exercise any of the power granted by Section 15. 1976, c. 12, s. 19.

Offence and penalty

18 Every person who violates or fails to observe or comply with any of the provisions of this Act or the regulations, or with any term, condition or restriction attached to a license held by that person, is guilty of an offence punishable by summary conviction and is liable to a penalty of not more than one hundred dollars and in default of payment to imprisonment for not more than thirty days, and every day that a person fails to observe or comply with any of the provisions or fails to observe or comply with any term, condition or restriction attached to a license held by that person, constitutes a separate offence. 1976, c. 12, s. 21.

Regulations

19 (1) The Governor in Council may make regulations

(a) prescribing the form and contents of an application for a license for a facility or a nursing home;

(b) prescribing the form of a license and the fee for a license;

(c) prescribing the manner in which a license shall be displayed;

(d) respecting the terms, conditions and restrictions upon which a license may be issued;

(e) respecting all matters relating to the care and well-being of the residents of a facility, a nursing home or a home which was in operation on the nineteenth day of May, 1976;

(f) respecting the persons or classes of persons to be admitted and maintained in a facility, a nursing home and a home;

(g) authorizing the Minister to designate a home operated by a municipal unit as either a home for the aged or a home for the disabled;

(h) respecting the granting of funds to a municipal unit or non-profit organizations for the construction, renovation and alteration of homes;

(i) respecting the inspection of a facility, a nursing home and a home;

(j) respecting the keeping of a register, records and other reports in a facility, a nursing home and a home and prescribing what shall be entered therein;

(k) prescribing staff requirements and qualifications for a facility, a nursing home and a home;

(l) prescribing qualifications of staff for a facility, a nursing home and a home;

(m) limiting, fixing or regulating fees to be charged by a licensee for residents of a facility, a nursing home and those residents of a home being maintained by public funds;

(n) respecting boards of management;

(o) determining a minimum physical space requirement per resident and otherwise prescribing the maximum number of residents of a facility, a nursing home and a home;

(p) respecting the admission, maintenance and discharge of residents in a facility, a nursing home and a home;

(q) respecting the standards of accommodations to be provided and maintained in a facility, a nursing home and a home;

(r) respecting medical and other services to be provided in a facility, a nursing home and a home;

(s) respecting the standard of care to be provided and maintained in a facility, a nursing home and a home;

(t) respecting the sanitation of a facility, a nursing home and a home;

(u) respecting the precautions to be taken with regard to fire hazards in a facility, a nursing home and a home;

(v) respecting building regulations and the submission of plans for renovations and alterations and the form of the Minister's approval;

(w) respecting the granting, cancellation, renewal or suspension of a license;

(x) defining any term contained herein necessary for the carrying out of this Act;

(y) respecting all matters relating to the care and well-being of the residents of a facility, a nursing home and a home;

(z) generally for the better carrying out of this Act.

Regulations Act

(2) The exercise by the Governor in Council of the authority contained in subsection (1) shall be regulations within the meaning of the *Regulations Act*. 1976, c. 12, s. 22.

Homes for Special Care Regulations

made under Section 19 of the

Homes for Special Care Act

R.S.N.S. 1989, c. 203

O.I.C. 77-1261, N.S. Reg. 127/77

as amended up to and including O.I.C. 93-404, N.S. Reg. 73/93

April 20, 1993

Consolidation prepared by
the Registrar of Regulations

Halifax, Nova Scotia
1996

Homes for Special Care Regulations
made under Section 19 of the
Homes for Special Care Act
R.S.N.S. 1989, c. 203
O.I.C. 77-1261 (October 11, 1977), N.S. Reg. 127/77
as amended up to and including O.I.C. 93-404, (April 20, 1993), N.S. Reg. 73/93

1 Regulations made by the Governor in Council, pursuant to the Boarding Homes Act, the Nursing Homes Act, and regulations made pursuant to clauses (b), (e), (h), (i) and (j) of Section 33 of the Social Assistance Act, which regulations deal with the setting of standards for homes for the aged and the disabled operated by municipal units, are repealed effective the 1st day of September, 1977.

2 These regulations shall come into force on the 1st day of September, 1977.

3 These regulations may be cited as the Homes for Special Care Regulations.

4 (1) "Home for special care" means a nursing home, a home for the aged, a home for the disabled, and a residential care facility.

(2) Unless otherwise stated, any reference in these regulations to a home for the aged or a home for the disabled, shall be deemed to be a reference to a home for the aged or a home for the disabled operated pursuant to Section 15 of the Act.

(3) A home for the disabled shall include an adult residential centre for mentally handicapped persons and a regional rehabilitation centre for post-mentally ill persons.

(4) A residential care facility shall include a community-based residential facility.

(5) The term "community based residential facility" means any building or place where persons receive supervisory care in a residential and family environment and the care is provided by persons who are not their parents.

Subsection 4(5) amended: O.I.C. 82-840, N.S. Reg. 157/82.

(6) For the purposes of Section 2(j) and 2(m) of the Act, the following are considered to be related by blood or marriage to a person maintaining a place within the meaning of Section 2(j) and 2(m) of the Act:

The husband, wife, father, mother, son, daughter, grandmother, grandfather, aunt, uncle, niece, nephew, brother and sister, of a person maintaining a place within the meaning of Section 2(j) and 2(m) of the Act; and the father, mother, son, daughter, grandmother, grandfather, aunt, uncle, niece, nephew, brother and sister of the spouse of a person maintaining a place within the meaning of Section 2(j) and 2(m) of the Act.

Subsection 4(6) added: O.I.C. 82-786, N.S. Reg. 152/82; replaced: O.I.C. 83-1004, N.S. Reg. 199/83.

(7) The term "community based residential facility" includes

(a) a group home for persons who require training to enable them to reach their maximum degree of independence and self-sufficiency; and

(b) a developmental residence for severely handicapped individuals who require training to enable them to be self-sufficient in the activities of daily living.

Subsection 4(7) added: O.I.C. 82-840, N.S. Reg. 157/82.

(8) For the purpose of Section 8 of the Act, a cessation of ownership includes any change in the control of a company which owns either directly or indirectly a residential care facility or a nursing home.

Subsection 4(8) added: O.I.C. 84-655, N.S. Reg. 112/84.

5 (1) The primary purpose of community based residential facilities, adult residential centres, and regional rehabilitation centres shall be to encourage, foster, and promote the social, educational and vocational development and well-being of the residents for the purpose of integrating the residents into the community as self-sufficient and independent individuals.

(2) All matters relating to the administration and operation of a community based residential facility, an adult residential centre and a regional rehabilitation centre, shall be conducted in accordance with the primary purpose as stated in subsection (1) of this Section.

6 (1) A person proposing to construct, renovate or acquire a building or buildings for the purpose of operating a home for special care shall obtain approval from the Minister for the proposed construction, renovation or acquisition.

(2) The person seeking approval under this Section shall consult with the Minister or such persons as he may designate, and shall submit to the Minister the information listed in Form I in the Schedule and such other information as the Minister considers necessary.

(3) The Minister may refuse to approve the construction, renovation or acquisition of a building or buildings for the purpose of operating a home for special care in those cases where the information provided under this Section is not satisfactory to him or where the information indicates that the proposed home will not meet the needs of the persons for whom it is intended.

(4) A person applying for a license for a nursing home or residential care facility shall make the application on Form II contained in the Schedule and the application shall contain the information prescribed on the form and such other information as the Minister may request.

(5) A license for a nursing home or a residential care facility will not be issued to a person who has failed to obtain the approval required pursuant to this Section.

(6) Subject to Section 11 any approval or license given pursuant to the Act or these regulations for the operation of a home for special care is not to be construed as a commitment by the Minister giving the approval or the license to provide funds to the home or to share in the expenses of the home.

7 (1) Every license for the nursing home shall be in Form III as set forth in the Schedule.

(2) Every license for a residential care facility shall be in the form of Form IIIA, Form IIIB, or Form IIIC in the Schedule having regard to the type of residential care facility which is being licensed.

Section 7 replaced: O.I.C. 82-840, N.S. Reg. 157/82.

Section 8 repealed: O.I.C. 84-173, N.S. Reg. 17/84.

9 (1) A license issued pursuant to the Act shall be displayed in the home for special care in a conspicuous place inside the main entrance of the home.

(2) Subsection (1) does not apply to a license issued for the operation of a group home or a community based residential facility.

10 Subject to Section 55 the Minister shall not issue or renew a license in respect of a nursing home or a residential care facility that does not comply with the requirements of the Act and these regulations.

10A(1) The Minister may refuse to issue a license to a person who owns either directly or indirectly more than twenty percent of the total of licensed beds in all licensed residential care facilities in Nova Scotia, or more than twenty percent of the total of licensed beds in all licensed nursing homes in Nova Scotia.

(2) The Minister in exercising his discretion pursuant to subsection (1) may consider the extent to which permanent residents of Nova Scotia own a residential care facility or a nursing home either directly or indirectly, or are shareholders in a company which owns a residential care facility or a nursing home either directly or indirectly, and where the Minister is satisfied that the majority of the shares or the majority of voting rights are owned or held either directly or indirectly by persons who are permanent residents of Nova Scotia, he may issue a license, provided that the residential care facility or the nursing home has complied with the provisions of the Act and these regulations.

Section 10A added: O.I.C. 84-655, N.S. Reg. 112/84.

11 (1) This Section applies to homes for special care which are operated by a municipal unit or which are operated by a charitable or non-profit organization.

(2) In this Section

(a) "municipal unit" means a municipality to which the Municipal Act applies, a city or a town, and includes two or more municipal units that enter an agreement in compliance with Section 15(1) of the Act;

(b) "proposal" means a proposal to erect, acquire, purchase, alter, add to, improve, furnish, or equip a building as a home for special care and includes the purchasing and acquiring of land therefor;

(c) "approval" means an approval signed by the Minister;

(d) "grant" means a grant of assistance, or reimbursement.

(3) Where a person or a municipal unit makes a proposal to the Minister, the proposal shall contain documentation and evidence to verify all costs and expenses involved in the proposal and such other information as the Minister may request.

(4) The Minister may approve the whole proposal or any part of the proposal.

(5) The Minister may, as he deems appropriate, make conditions, qualifications, restrictions or requirements in respect of, or as a prerequisite to an approval of a proposal.

(6) The Minister shall not give an approval of a proposal unless he is satisfied that

(a) there is a need for the type of home that is being proposed;

(b) the home will be constructed and maintained by the municipal unit or person that made the proposal; and

(c) the home will be constructed, operated and maintained in the manner required by all applicable statutes and regulations.

(7) Where the Minister has given an approval of a proposal, he may give a grant to the municipal unit or the person that made the proposal.

(8) The Minister may give a grant in the form, manner and amount he deems appropriate.

(9) All grants made pursuant to these regulations shall be paid out of the appropriation of the Department of Social Services entitled, "Construction Assistance - Homes for Special Care."

12 The Minister may establish admissions committees and classification committees for homes for special care and may prescribe the duties and functions of these committees.

13 (1) The Minister may establish a committee to review decisions of an admissions committee or a classification committee in those cases where there is a dispute as to the type of care or type of home to which a person should be admitted and he may prescribe the procedures that shall be followed by the review committee.

(2) The review committee established pursuant to subsection (1) of this Section shall not consist of the same persons who were members of the admissions committee or the classification committee that made the decision which is being reviewed.

14 (1) For the purpose of this Section, "Director" means a person designated by the Minister of Social Services.

(2) No person whose daily maintenance costs in a home for special care are being paid in whole or in part by the Department of Social Services, or by a municipal unit pursuant to the provisions of the Social Assistance Act shall be admitted to or remain in a home for special care without the prior approval of the Director.

(3) No person shall be admitted to a community based residential facility, a home for the aged or home for the disabled without the prior approval of the Director, provided however, that a person requiring temporary emergency care, but not hospital care may be admitted to a home by the Administrator pending the written approval of the Director.

15 (1) Unless the Minister otherwise orders, no person who requires nursing care may be admitted to or maintained in a residential care facility.

(2) No person who requires hospital care shall be admitted to or maintained in a home for special care.

(3) A residential care facility may provide supervisory care and personal care to the persons admitted to and maintained in the facility.

(4) A home for the aged and a home for the disabled may provide supervisory care, personal care and nursing care to persons admitted to and maintained in the home, provided however that

(a) those persons who require nursing care shall be maintained in a section of the home which complies with all of the requirements of the Act and these regulations which relate to nursing homes except those requirements that deal with licensing; and

(b) the section of the home in which persons who require supervisory or personal care are maintained complies with all the requirements of the Act and these regulations which relate to residential care facilities except those requirements which deal with licensing.

(5) The Administrator of the home for special care shall take whatever action is necessary to remove from the home any resident who, in the opinion of the inspector, is not a suitable person to be maintained in the home, and shall take whatever steps are necessary to place the resident in the type of accommodation recommended by the inspector.

16 Any decision relating to the type of care a person requires or the type of home for special care that is appropriate for a person to be admitted to, may be reviewed by the review committee established pursuant to Section 13 of these regulations.

17 (1) A person appointed by the Minister of Social Services as an inspector pursuant to Section 9 of the Act may at any reasonable time enter and inspect a home for the aged or a home for the disabled and may examine the premises, equipment, facilities, books and records thereof, and may cause any resident to be examined by a qualified medical practitioner or a registered nurse.

(2) Every residential care facility, home for the aged and home for the disabled shall be inspected at least once a year by an inspector appointed pursuant to the Act.

(3) Every nursing home and nursing section of a home for special care shall be inspected regularly and at least twice a year, by an inspector appointed pursuant to the Act.

(4) A member of the staff of the Department of Social Services who is requested by the Minister to conduct an emergency examination of a home for special care or resident thereof, shall have all the rights and responsibilities of an inspector under the Act and these regulations.

18 (1) Every home for special care shall have sufficient staff that will ensure:

(a) compliance with the requirements of these regulations; and

(b) reasonable hours of work and holidays for each member of the staff.

(2) In every nursing home and nursing care section of a home for special care where there are less than thirty residents, there shall be at least one registered nurse on duty for no less than eight hours every day, and in the absence of the registered nurse, there shall be a person on duty in the home who is capable of providing emergency care.

(3) In every nursing home and nursing care section of a home for the aged where there are thirty or more residents, there shall be at least one registered nurse on duty at all times.

(4) In every residential care facility, there shall be a staff member who is capable of providing necessary emergency care on duty in the home at all times.

19 (1) Every home for special care shall have an administrator who shall be responsible for

(a) the overall daily management of the home;

(b) ensuring that the home complies with the requirements of these regulations;

(c) ensuring that the residents receive the standard of care prescribed in the Act and these regulations;

(d) staff orientation and inservice training programs; and

(e) planning and implementing programs and activities in the home and community which provide social, educational, vocational, religious and recreational opportunities for the residents.

(2) In addition to subsection (1), the administrator of a community based residential facility or a home for the disabled shall be responsible for ensuring that the programs and activities of the home are in compliance with the primary purpose as stated in Section 5(1).

(3) The administrator of a home for special care shall be a person who

(a) is in good physical and mental health; and

(b) has a combination of education and experience which will enable him to perform his responsibilities as stated in subsections (1) and (2) of this Section.

Subsection 19(4) repealed: O.I.C. 90-763, N.S. Reg. 158/90.
Subsection 19(5) added: O.I.C. 81-1091, N.S.Reg. 115/81; repealed: O.I.C. 90-763, N.S. Reg. 158/90.

20 In addition to the requirements set out in Sections 18 and 19, every home for special care shall have adequate and competent food service staff, domestic and maintenance staff, program and activity staff, administrative support staff, and such other staff as the Minister may prescribe.

20A(1) The operator of the home for special care shall be responsible to ensure that essential services continue to be provided to and for the residents of the home whenever there is a reduction in the number of staff available to serve the residents occasioned by or as a result of labour-management dispute or other cause.

(2) For the purposes of this Section, "essential services" means services which are necessary to maintain and protect the physical and mental conditions of the residents of the home for special care and the safety and security of the home for special care.

Section 20A added: O.I.C. 82-840, N.S. Reg. 157/82.

20B The operator of a home for special care shall ensure that there is opportunity for management and employees of the home, on a regular basis, to meet together to discuss the operation of the home as it relates to the care and wellbeing of the residents and the safety and security of the home.

Section 20B added: O.I.C. 82-1216, N.S. Reg. 217/82.

20C The operator of a home for special care shall ensure that there is opportunity for management and the residents of the home to meet together on a regular basis to discuss the operation of the home as it relates to the care and well being of the residents and the safety and security of the home.

Section 20C added: O.I.C. 84-267, N.S. Reg. 43/84.

20D Every home for special care shall carry adequate liability insurance, and proof of the liability insurance coverage shall be submitted with the application for a license to operate a home for special care and with every renewal thereof and at such other times as the Minister may require.

Section 20D added: O.I.C. 86-763, N.S. Reg. 152/86.

21 (1) In every home for special care the staff members shall be in good physical and mental health.

(2) No person who is a carrier of a communicable disease shall be on duty in a home for special care.

(3) The administrator of a home for special care may request any staff member of the home. to have a complete physical examination conducted by a qualified medical practitioner where, in the opinion of the administrator, the physical examination is desirable to assure the protection of the health of the staff and residents of the home, and the results of the examination shall be made known to the administrator.

Subsection 21(3) replaced: O.I.C. 86-763, N.S. Reg. 152/86.

22 (1) Every home for special care shall have suitable space, both indoors and outdoors apart from bedrooms, for the relaxation of the residents and reception of visitors.

(2) Every home for special care shall have social, educational, vocational, religious and recreational programs and activities in accordance with the interests and abilities of residents.

(3) Residents shall be encouraged by the staff of a home for special care to join with other members of the home in various leisure time activities.

(4) A resident of a home for special care shall have the freedom of attending the church of his choice and no resident shall be deprived of the right to have visits from a clergyman of his choice.

(5) No resident shall be deprived of the right to have visitors during reasonable hours of the day.

(6) Attendance at religious services held in a home for special care shall be on a voluntary basis.

(7) Residents in a home for special care shall be given the opportunity to work in the home or the community if they are able, but in no circumstances shall a resident be forced to work.

(8) For the purpose of complying with Section 5, residents in a home for the disabled and a community based residential facility shall be encouraged to find employment, attend school or a training course or to participate in a rehabilitation program.

23 (1) The administrator of a home for special care shall keep a record for each person admitted to the home containing the information listed in Form IV in the Schedule.

(2) In addition to the information listed in Form IV, the following information shall be recorded for all residents in nursing homes and homes for the aged

(a) the treatment plan for the resident; and

(b) changes in the condition of the resident, or any unusual occurrence.

(3) No person without the consent of the Minister shall destroy, alter, deface or obliterate any entry in a record respecting a resident within five years after the resident has left the home for special care or has died.

(4) The administrator of every home for special care shall make a report in writing to the Chief Inspector within the first 15 days of April, July, October and January covering the three calendar months immediately preceding, and this report shall contain the information listed in Form V in the Schedule.

24 (1) The records of all residents of a home for special care shall be kept in a fire resistant cabinet in the home and shall be accessible at all times to the supervisory staff members of the home and to authorized persons of the Department of Social Services and the Department of Health.

(2) No person shall disclose a record or any part of a record relating to a resident or any information contained therein except in the course of his duty or when required by law.

25 (1) Every home for special care shall have a medical health advisor who shall be a duly qualified medical practitioner.

(2) Where the inspector is of the opinion that the home is too large to be adequately serviced by one physician, he may request that an additional medical practitioner be retained to service the medical needs of the home.

(3) The medical health advisor for the home for special care shall

(a) report in writing to the administrator of the home any instance in which, in his opinion, the medical care being provided to a resident is inadequate;
(b) compile and make available such information as the Minister may require with respect to the residents; and

(c) advise the owner and/or the administrator of the home in all matters relating to the physical and mental health of the residents of the home.

26 (1) Every resident of a home for special care has the right to be examined and treated by a qualified medical practitioner of his own choice.

(2) Every resident of a nursing home or a home for the aged shall be personally seen by a qualified medical practitioner at least once every six months and the medical practitioner shall examine the medical records of the resident and determine on each occasion whether the resident requires a physical examination.

Subsection 26(2) replaced: O.I.C. 83-1341, N.S. Reg. 251/83.

(3) Every resident of a community based residential centre or an adult residential centre shall receive at least annually, a complete physical examination by a qualified medical practitioner.

(4) A report of every examination by a qualified medical practitioner performed while the person is a resident in the home shall be placed and remain in the resident's file at the home.

(5) Every resident of a community based residential facility or an adult residential centre shall have periodic assessments to determine what their social, educational, and vocational needs are and to determine the progress they are making in these areas. A written report of each assessment shall be kept in the resident's file at the home.

27 (1) Every home for special care shall have a plan to cope with the following emergency situations:

(a) emergency evacuation
(b) emergency relocation
(c) emergency expansion
(d) emergency isolation

(2) The emergency plan referred to in subsection (1) above shall provide for the implementation of the plan in situations where assistance from local fire departments, police departments, or other persons providing essential services may not be available.

(3) The emergency plan referred to in subsection (1) above shall be established in cooperation with the Emergency Measures Coordinator for the municipal unit in which the home is located and/or the Zone Controller, Emergency Measures Organization, for the zone in which the home is located.

(4) The emergency plan shall be exercised and revised at least once every three years. In addition, a directory of personnel involved in the execution of the plan shall be maintained and revised as required to ensure that it is kept up to date. Call out procedures using the directory shall be exercised at least once a year.

(5) A copy of each emergency plan and a copy of each revised plan shall be forwarded to the Minister.

(6) Every staff member shall be thoroughly instructed in the method of evacuation during an emergency situation and shall be familiar with the location of all fire alarm boxes, extinguishers and exits in the home, prior to commencing active duty in the home.

(7) The administrator of a home shall conduct a fire drill in the home at least once every six months and at such other times as the inspector or the Fire Marshal may require.

(8) The fire protection equipment such as fire alarms, fire extinguishers and fire doors shall be tested monthly and shall be kept in good working order.

(9) In every home for special care, the names, addresses and phone numbers of the local fire department, police department, Emergency Measures Organization, ambulance services and physicians shall be posted in an accessible place in the home and close to a telephone.

(10) The administrator of a home for special care shall request that the Fire Marshal inspect the home at least once a year and shall permit the home to be inspected by a Fire Marshal at such other times as are required to ensure that there are no fire hazards in the home.

(11) No person shall be maintained in a home for special care or any part thereof that is not approved by a Fire Marshal with respect to fire safety.

Section 27 replaced: O.I.C. 79-1387, N.S. Reg. 171/79.

28 (1) Where a person is a resident of a home for special care and where his daily maintenance costs in the home are being paid for in whole or in part by public funds, the cost of medical treatments, medical services, drugs, eye glasses, dentures, prosthetic appliances, crutches, wheelchairs and other devices which are not paid for by the Medical Services Insurance program, shall be paid for by the municipal unit, corporation or person operating the home provided that the cost of these items is included in the per diem rate of the home; and where the cost of these items is not included in the per diem rate of the home, the municipal unit in which the person has settlement as determined by the Settlement Act shall be consulted and requested to pay the cost.

(2) At the time of admitting a resident to a home for special care, there shall be provided to those residents of the home who are being maintained solely by their own financial resources, a schedule showing those services that are included in the per diem rate of the home and those services that are not included in the per diem rate of the home. The schedule shall show the fee that will be charged for those services that are not included in the per diem rate, and shall be displayed in a conspicuous placed in the home.

Subsection 28(3) repealed: O.I.C. 93-404, N.S. Reg. 73/93.

(4) Where a person is requested to pay a fee which is in addition to the per diem rate, he may appeal to the Minister. The Minister may make a direction to the home with respect to the payment of the fee.

Subsection 28(5) repealed: O.I.C. 86-763, N.S. Reg. 152/86.

28A For the purpose of these regulations unless the context otherwise requires, the phrase "per diem rate" means the per diem rate which may be charged by a home for residents, the cost of whose residence in a home for special care is required to be supported and paid in whole or in part by public funds.

Original Section 28A added: O.I.C. 86-763, N.S. Reg. 152/86; replaced: O.I.C. 87-63, N.S. Reg. 16/87. Subsection 28A(1) renumbered Section 28A; Subsections 28A(2) & (3) repealed: O.I.C. 93-404, N.S. Reg. 73/93.

28B The following provisions apply on, from and after April 1, 1993 with respect to per diem rates:

(a) the per diem rate for a residential care facility or a home for the disabled shall be determined by the Minister of Community Services having regard to the best interests of the resident;

(b) the per diem rate for a nursing home and a home for the aged shall be determined by the Minister of Health having regard to the best interests of the resident;

(c) no fee may be charged in excess of the per diem rate established pursuant to this Section;

(d) the Minister of Community Services may refuse to issue a license and may cancel or suspend a license of a residential care facility or a home for the disabled where the facility or home purports to establish a per diem rate other than pursuant to this Section;

(e) the Minister of Health may refuse to issue a license and may cancel or suspend a license of a nursing home or a home for the aged where the nursing home or home for the aged purports to establish a per diem rate other than pursuant to this Section.

Original Section 28B added: O.I.C. 86-763, N.S. Reg. 152/86; renumbered 28T: O.I.C. 87-63, N.S. Reg. 16/87.
Section 28B added: O.I.C. 87-63, N.S. Reg. 16/87; replaced: O.I.C. 93-404, N.S. Reg. 73/93.
Sections 28C to 28U repealed: O.I.C. 93-404, N.S. Reg. 73/93.

29 (1) The administrator of a home for special care shall request that the home be inspected annually by the Health Inspector and the administrator shall permit the Health Inspector to visit and inspect the home at such times as the inspector considers necessary to ensure that sanitary conditions exist in the home.

(2) The administrator of a home for special care shall ensure that the home is kept clean and that a high standard of housekeeping is maintained.

30 The exterior of a home for special care shall be maintained in a good state of repair and the grounds of the home shall be kept clean and free from debris.

31 All furnishings and equipment of a home shall be maintained in a good state of repair.

32 No person shall be maintained in a home for special care or part of a home that is not approved by the Department of Health with respect to sanitary conditions.

33 (1) Where practical and feasible, a resident in a home for special care who has a communicable disease shall be maintained in an isolated area, and proper isolation techniques shall be observed in all aspects of the care of the resident.

(2) Notwithstanding the provisions of subsection (1), any resident of a nursing home or a nursing section of a home for special care, who has a communicable disease, shall be maintained in an isolated area and proper isolation techniques shall be observed in all aspects of the care of the resident.

34 (1) Every home for special care shall have facilities and equipment that are adequate for the preparation, serving and storage of food and which have been approved by the Department of Health.

(2) The food preparation area of every nursing home, home for the disabled and home for the aged shall be at least 10 square feet per resident.

35 (1) Every nursing home shall have a dining room which is capable of accommodating a minimum of 50 percent of the residents in the home. At least 15 square feet shall be allowed per resident.

(2) Every home for the aged and adult residential centre shall have a dining room which is capable of accommodating 100 percent of the residents who require personal or supervisory care and 50 percent of the residents who require nursing care. At least 15 square feet shall be allowed per resident.

(3) Every residential care facility shall have a dining area which accommodates 100 percent of the residents of the home.

36 (1) Every home for special care shall provide to its residents

(a) nutritionally well balanced meals served at morning, noon and evening;

(b) meals which are in accordance with the likes, dislikes and eating habits of the residents and which provide the recommended dietary allowances according to Canada's Food Guide;

(c) an afternoon and bedtime snack.

(2) Subsection (1)(a) does not apply in those cases where the residents have their meals provided for them at their place of work or training.

(3) In every home for special care, the administrator of the home shall designate a staff member as the supervisor of food services for the home.

(4) The supervisor of food services for a nursing home, home for the aged or a home for the disabled shall be responsible for

(a) the planning of menus and special diets;

(b) having the menus evaluated by a dietician to determine whether these are in accordance with the likes, dislikes and eating habits and recommended dietary allowances of the residents; and

(c) maintaining a dated record of daily menus.

(5) The food supervisor shall consult with the dietician in respect to all matters relating to the planning, preparation and storage of food.

(6) There shall be maintained in every home for special care a suitable food service accounting system approved by the Minister and procedures shall be established and followed for the purchase, receipt and inventory of food including a record of the number of meals served to residents, staff and complimentary meals.

37 Where there is bulk purchasing of drugs in a home for special care, a qualified pharmacist shall be employed on a full time or part time basis as is appropriate to supervise the receipt and storage of bulk pharmaceutical orders and to provide consultation relating to the storage and dispensing of drugs.

38 (1) All drugs in a home for special care shall be stored in a separate storage area and no drugs shall be stored or kept in a resident's room.

(2) The storage area for drugs shall be kept locked at all times and only the pharmacist for the home, the administrator of the home and persons authorized by the administrator shall have access to the drug storage area.

(3) The temperature and lighting in the storage area shall be appropriate for the type of drugs that are being stored and there shall be refrigeration facilities for those drugs requiring refrigeration.

39 (1) Where there is bulk purchasing of drugs in a home for special care, records shall be kept which comply with the requirements of the Narcotics Control Act and the Food and Drug Act and which indicate

(a) the name and quantity of bulk drugs received, the date the drugs are received and the signature of the person receiving the drugs; and

(b) the number of residents who are receiving a drug and the daily dosage.

(2) There shall be a regular weekly review by the pharmacist to verify that the balance of drugs that remains is correct.

(3) Drugs which are purchased in bulk in a home may be dispensed only to persons who are residents of the home.

Subsection 39(3) added: O.I.C. 85-695, N.S. Reg. 106/85.

40 There shall be a record kept for each resident of a home for special care who is receiving drugs, and the record shall indicate the resident's name, address, age, sex, weight, food and drug sensitivities and allergies; the type and dosage of drug; the manner in which the drug is to be administered; the physician who prescribed the drug; the date of the prescription and the date of discontinuance.

41 All orders for medication shall be in writing and shall be signed by a qualified medical practitioner, provided however, that in an emergency a verbal order for medication may be accepted if received from a qualified medical practitioner by a registered nurse. A verbal order for medication must be signed by the physician within 72 hours.

41A Notwithstanding Section 41, a verbal order for medication may be accepted from a qualified medical practitioner by a person designated by the Administrator pursuant to Section 42 in those circumstances where the medication is not required by law to be prescribed by a qualified medical practitioner. The verbal order for medication must be signed by the physician within 72 hours.

Section 41A added: O.I.C. 86-1050, N.S. Reg. 236/86.

42 (1) The administrator of the home shall be responsible for ensuring that all medications are properly administered to residents in the home.

(2) No person shall administer any drug to a resident of a home for special care unless he has been designated by the administrator as a person who is competent to do so.

(3) In those homes where there is a director of nursing, the administrator shall consult with that director for the purpose of carrying out his responsibilities pursuant to subsection (1) and subsection (2).

Subsection 42(3) added: O.I.C. 85-695, N.S. Reg. 106/85.

43 (1) Medications received by residents shall be reviewed at least monthly to determine whether the medication should be discontinued or altered.

(2) The administrator of the home shall be responsible for ensuring that this review is made and he shall consult regularly with the dispensing pharmacist and the resident's physician regarding the continuance of the medication and any other matter relating to the use of the medication by the resident.

44 Drugs prescribed for one resident shall not be administered to any other resident.

44A(1) Every home for the aged, regional rehabilitation centre, adult residential centre, and nursing home, shall establish a pharmacy committee consisting of at least the following persons:

(a) the administrator of the home;
(b) the home medical advisors;
(c) a practicing pharmacist designated by the administrator of the home;
(d) the director of nursing in those homes where there is a director of nursing;
(e) the dietician employed by the home.

(2) The pharmacy committee shall meet regularly to establish and monitor guidelines consistent with these regulations in relation to the storage, administration and control of drugs in the home.

Section 44A added: O.I.C. 85-695, N.S. Reg. 106/85.

45 (1) No single bedroom in a nursing home, a home for the aged, or a home for the disabled shall have a floor area of less than one hundred and twenty square feet. Sixty square feet shall be added for each resident in excess of one who is accommodated in a bedroom.

(2) No bedroom for a resident in a residential care facility shall have a floor area of less than one hundred square feet. Fifty square feet shall be added for each resident in excess of one who is accommodated in a bedroom.

(3) Notwithstanding subsections (1) and (2), no bedroom in a home for special care shall accommodate more than four residents.

(4) Every resident in a home for special care shall be provided with a separate bed, except married couples, who may be provided with one doublesized bed if they so desire.

(5) A basement room where the floor is more than three feet below ground level shall not be used as a bedroom for a resident of a home for special care.

(6) No resident or staff member of a home for special care shall be maintained in the attic of a home.

(7) Subject to subsection (8), no resident of a home for special care shall be maintained in accommodation which is located at a level higher than the second floor above ground level at any point of the home unless there is a passenger elevator which services the ground level and all levels above ground level of the home.

Subsection 45(7) added: O.I.C. 83-1341, N.S. Reg. 251/83.

(8) Homes which were licensed prior to the enactment of subsection (7) shall not be required to comply with the provisions of that subsection as a condition of any further uninterrupted licensing provided that residents were being maintained in the accommodation described in subsection (7) prior to the enactment of that subsection.

Subsection 45(8) added: O.I.C. 83-1341, N.S. Reg. 251/83.

46 (1) All rooms in a home for special care for the use of residents shall be kept clean, well ventilated, and free from offensive odours.

(2) All rooms in a home for special care which are used by aged persons or person receiving nursing care, shall be maintained at a temperature of not less than 22 degrees Celsius during the day and not less than 20 degrees Celsius during the night.

(3) Where a resident has his own bedroom the temperature shall be in accordance with the resident's personal preference, if this is feasible.

(4) Every resident shall be provided with adequate drawer space, a bedside table and adequate closet space in which to hang his clothing.

(5) Every resident of a home for special care shall be allowed to bring such furnishings for his bedroom as is appropriate, having regard to the size of the room and the number of other residents in the bedroom.

(6) All beds and mattresses for the use of residents in a home for special care shall be clean and comfortable. Bed linen and blankets shall be kept clean and shall be sufficient for comfort.

(7) Clean and dry towels shall be available at all times to the residents of a home for special care.

(8) Each resident shall be provided with clean bed linen at least once a week, and more frequently if required.

47 Every home for special care shall have at least one toilet and basin for each six residents and at least one bath for each ten residents.

48 (1) Every home for special care shall provide for the laundering of items belonging to the home and the laundering of the clothing of the residents and shall also provide facilities so that those residents who are capable may launder their own clothing.

(2) Laundry facilities shall be located in a place that will ensure the maintenance of sanitary conditions in the home.

49 The administrator of a home for special care shall ensure that every resident has his own clothing of the correct size and which is clean, neat, in good repair, suitable for the climate and appropriate for the resident.

50 Every home for special care shall have an electrical system which is approved by a certified electrician and which conforms to the National Building Code of Canada.

51 Every home for special care shall have a heating system which is adequate to keep the home at a comfortable temperature and which is approved by the Fire Marshal.

52 (1) All doors in a home for special care leading to fire escapes shall remain unlocked from the inside at all times.

(2) No staff member of a home for special care shall lock a resident in his bedroom or any other room in the home.

53 If an administrator of a home for special care believes that a resident has been mishandled or mistreated by a member of the staff, he shall immediately suspend the member from duty.

54 Where there is a conflict between the provisions of the Act and these regulations and the bylaws of a corporation which is operating a home for special care, the provisions of the Act and these regulations shall apply.

55 (1) Every home for special care which was in operation at the time the Act came into force shall comply with the provision of these regulations in the manner and to the extent prescribed by the Minister.

(2) The Minister may waive the requirement of compliance with these regulations for those homes for special care which were in operation at the time the Act came into force provided that

(a) the residents of the home are receiving a high standard of care; and

(b) the waiving of these regulations will not be detrimental to the wellbeing of the residents of the home.

Schedule

Form I - Information to be submitted to the Minister in accordance with subsection (2) of Section 6 of the Homes for Special Care Regulations

Province of Nova Scotia
Homes for Special Care Act

(a) a description of the type of people that will be maintained in the home and the services, activities and programs that will be provided to the residents;

(b) a description and plan of the physical layout of the home;

(c) a description of the financial plan for the home; and

(d) a certificate from

(i) an authorized official of the municipality in which the home is located indicating that the home conforms with the zoning bylaws of the municipality; and

(ii) the medical health officer of the municipality indicating that the water supply and sewage disposal systems are satisfactory; and

(iii) a qualified electrician, a plumber and a heating expert concerning the electrical, plumbing and heating aspects of the home; and

(iv) the Fire Marshal.

Form II - Application for a license to operate a Home for Special Care

Province of Nova Scotia
Homes for Special for Care Act

1. Name of applicant.

2. Business address of applicant.

3. Type of home for special care:

   (1) nursing home
   (2) residential care facility
   (3) community based residential facility
   (4) group home.

4. Location of the home for special care.

5. Name of the home for special care.

6. Number of beds in the home for special care.

7. Name of the owner of the home for special care.

8. Name of the person in charge of the daily operation of the home for special care.

The applicant is required to attach to this application the following information (unless the information has been previously submitted) and this information forms part of the application:

(a) a description of the type of people that will be maintained in the home and the services, activities and programs that will be provided to the residents;

(b) a description and plan of the physical layout of the home;

(c) a description of the financial plan for the home;

(d) a certificate from

   (i) an authorized official of the municipality in which the home is located indicating that the home conforms with the zoning bylaws of the municipality;

   (ii) the medical health officer of the municipality indicating that the water supply and sewage disposal systems are satisfactory;

   (iii) a qualified electrician, a plumber and a heating expert concerning the electrical, plumbing and heating aspects of the home; and

Form II (cont.)

(iv) the Fire Marshal.

I, _____ , hereby apply for a license to operate a _____ _____ as described above and certify that the information set out in the application is true and correct.

Dated this ____ day of_____ 19___.

_____
signature of applicant or
authorized agent of applicant

Form III - License for Home for Special Care

Homes for Special Care Act
Province of Nova Scotia
Department of Community Services

Under the Homes for Special Care Act and the regulations, and subject to the provisions thereof, this license is granted to _____ at _____ in the County of _____ to operate a nursing home for a maximum of _____ residents, under the name of _____
under the following terms, conditions and restrictions: _____
_____
_____
_____
_____

This license is issued on the _____ day of _____ 19___,
and expires on the _____ day of _____ 19___.

_____
Minister of Community Services

License No. _____

Form III replaced: O.I.C. 82-840, N.S. Reg. 157/82.

Form IIIA - License for Home for Special Care

Homes for Special Care Act
Province of Nova Scotia
Department of Community Services

Under the Homes for Special Care Act and the regulations, and subject to the provisions thereof, this license is granted to _____ at _____ in the County of _____ to operate a residential care facility for a maximum of _____ residents, under the name of _____ under the following terms, conditions and restrictions _____

_____

_____

_____

_____

_____

_____

This license is issued on the _____day of _____ 19___,
and expires on the _____day of _____ 19___.

_____
Minister of Community Services

License No. _____

Form IIIA added: O.I.C. 82-840, N.S. Reg. 157/82.

Form IIIB - License for Home for Special Care

Homes for Special Care Act
Province of Nova Scotia
Department of Community Services

Under the Homes for Special Care Act and the regulations, and subject to the provisions thereof, this license is granted to _____ at _____ in the County of _____ to operate a group home for a maximum of _____residents, under the name of _____ under the following terms, conditions and restrictions:_____
_____
_____
_____
_____
_____

This license is issued on the _____ day of _____ 19___,
and expires on the _____ day of _____ 19___.

_____
Minister of Community Services

License No. _____

Form IIIB added: O.I.C. 82-840, N.S. Reg. 157/82.

Form IIIC - License for Home for Special Care

Homes for Special Care Act
Province of Nova Scotia
Department of Community Services

Under the Homes for Special Care Act and the regulations, and subject to the provisions thereof, this license is granted to _____ at _____ in the County of _____ to operate a developmental residence for a maximum of _____ residents, under the name of _____

_____

under the following terms, conditions and restrictions: _____

_____

_____

_____

_____

_____

This license is issued on the ____ day of _____ 19___,
and expires on the _____day of _____ 19___.

_____
Minister of Community Services

License No. _____

Form IIIC added: O.I.C. 82-840, N.S. Reg. 157/82.

Form IV - Information to be entered in the record of each person admitted to a Home for Special Care pursuant to subsection (1) of Section 23 of the Homes for Special Care Regulations

Province of Nova Scotia
Homes for Special Care Act

(a) the name, address, place and date of birth, medical service insurance number, marital status and religion of the person;

(b) a copy of the admission forms;

(c) medical reports respecting the resident including the hospital discharge summary and findings of initial and regular health examinations;

(d) medications being received by the resident;

(e) information concerning the eating habits and dietary requirements of the resident;

(f) the name and address of the resident's physician and the person to be notified in case of death or emergency;

(g) the date of admission, the date of death or discharge, reason for discharge and an address where the person may be contacted following discharge;

(h) the discharge form;

(i) a statement of the means by which the person is being maintained in a home;

(j) a list of clothing, valuable and personal belongings that the resident has with him on the date of admission;

(k) the last known place of residence of the person;

(l) a signed statement from the resident's physician indicating whether or not he intends to be responsible for the provision of medical services to the resident; and

(m) a plan for funeral arrangements.

Form V - Information to be submitted to the Chief Inspector in accordance with subsection (4) of Section 23 of the Homes for Special Care Regulations

Province of Nova Scotia
Homes for Special Care Act

(a) the names of persons accommodated in the home as residents at the beginning of the period covered;

(b) the names of persons who were admitted to the home; the names of the persons who have died since the last report was made, the names of the persons who were discharged or transferred since the last report was made, and the name of the place to which the resident was discharged or transferred;

(c) a statement describing the condition of all persons accommodated in the home during the period covered;

(d) information regarding the means by which the resident is being financially supported;

(e) the cause of death of a resident who has died during the period covered; and

(f) the reason for the discharge or transfer of any person discharged or transferred during the period covered and the condition of the person on discharge or transfer.

APPENDIX B -- DESCRIPTION OF RESIDENTIAL SERVICES

APPENDIX B

DESCRIPTION OF CURRENT LICENSED SERVICES UNDER THE JURISDICTION OF THE DEPARTMENT OF COMMUNITY SERVICES

RESIDENTIAL CARE FACILITIES:	Provides supervisory care or limited personal care without professional nursing supervision to four (4) or more persons who are ambulatory or semi-ambulatory.
ADULT RESIDENTIAL CENTRES:	Facilities for persons who require stable, longer term living environments which provide rehabilitation and developmental programming. The primary population served are adults with mental handicaps and mental disabilities.
REGIONAL REHABILITATION CENTRES:	Provide the most intensive level of rehabilitation for persons discharged from psychiatric services who have the potential to move on to less restrictive alternatives in the community.
DEVELOPMENTAL RESIDENCES:	Facilities accommodating approximately eight (8) residents which provide intensive life skills, community orientation and behavioural programming for severely mentally handicapped individuals.
GROUP HOMES: **Mentally Handicapped** **Mentally Disabled** **Physically Disabled**	Facilities for persons with a mental handicap, mental disability or physical disability, in which assistance is provided in the development of social skills, basic community living skills and general adaptation to community life.

DESCRIPTION OF CURRENT SMALLER RESIDENTIAL SERVICES UNDER THE JURISDICTION OF THE DEPARTMENT OF COMMUNITY SERVICES

COMMUNITY RESIDENCES: Adult foster homes in which room and board and minimal supervision is provided for 1 - 3 persons with a mental handicap or a mental disability.

ASSOCIATE FAMILIES: Private households in which persons with mental handicaps are provided with the opportunity to live in a family situation. Families and residents are provided with training, relief and professional support on an ongoing basis. There is an expectation that existing skills will be maintained and new skills will be developed.

SUPERVISED APARTMENTS: Up to 3 persons with a mental disability or up to 3 persons with a mental handicap are provided with an opportunity to live in an apartment setting in the community. Staff may visit regularly or live in, depending on the needs of the residents. There is an expectation that existing skills will be maintained.

SMALL OPTIONS: Up to 3 persons with a mental disability or up to 3 persons with a mental handicap are maintained in a purchased or rented unit. Trained staff are provided on a full time basis through a combination of live-in and shift models. There is an expectation that existing skills will be maintained and new skills developed.

DESCRIPTION OF CURRENT LICENSED SERVICES UNDER THE JURISDICTION OF THE DEPARTMENT OF HEALTH

LICENSED NURSING HOMES:	Provide intensive personal care under professional nursing supervision for the physically disabled and/or mentally handicapped individuals, who are over 16 years of age, with the objective of making provisions for social, psychological, spiritual and medical care for individuals who cannot maintain themselves or be maintained in the community.
HOMES FOR THE AGED:	Provide intensive personal care, under professional nursing supervision for physically disabled and/or mentally impaired individuals who are usually 65 years of age or older. Homes for the Aged have the objective to make provisions for social, psychological, spiritual and medical care for seniors who cannot maintain themselves or be maintained in the community.

APPENDIX C -- CLASSIFICATION AND ASSESSMENT CRITERIA

* CHAPTER 5

TYPES OF CARE: GENERAL AND SPECIFIC CLASSIFICATIONS CRITERIA FOR ADMISSION TO HOMES FOR SPECIAL CARE

1. THE FACT THAT A PERSON IS DISCHARGED OR ABOUT TO BE DISCHARGED FROM A HOSPITAL DOES NOT MEAN THAT THE INDIVIDUAL AUTOMATICALLY BECOMES THE RESPONSIBILITY OF THE DEPARTMENT OF COMMUNITY SERVICES OR THAT THE INDIVIDUAL SHOULD BE ACCEPTED FOR ADMISSION TO A HOME FOR SPECIAL CARE.

2. GENERAL AND SPECIFIC CLASSIFICATIONS CRITERIA FOR ADMISSION TO HOMES FOR SPECIAL CARE:

Before an applicant can be approved for placement in a Home for Special Care, the person shall meet:

(a) the general classifications criteria; and

(b) the specific classifications criteria for a particular category of these facilities, e.g., Regional Rehabilitation Centres as opposed to Adult Residential Centres or Licensed Nursing Homes.

Appendix iii provides a list of conditions and procedures which will render the applicant not eligible for classification for placement in a Home. This list is not exhaustive and, hence, should be taken as guidelines.

In other words, the general classifications criteria are intended to establish whether or not an applicant is eligible, in a general sense, for placement into any of these categories of facilities. If acceptable, the applicant must then be approved for a particular type or category of these facilities in accordance with the specific classifications criteria for that particular category.

*Taken from the Classifications & Assessments Manual

It is quite possible that an applicant fulfills the conditions under the general classifications criteria but does not fully meet those for the specific classifications criteria. In such an eventuality, careful consideration should be given to approve placement in the closest, most appropriate category.

3. THE GENERAL CLASSIFICATIONS CRITERIA

(i) The person is mentally handicapped, mentally disabled or physically disabled[1] to such a degree that he/she is unable to function independently or with community supports at home.

(ii) The person is eighteen (18) years old or over, except for youngsters requiring admission to the specialized Children's Unit at Palmeter's Country Home Limited[2] or those youngsters requiring Type II Care.

(iii) The person's primary need shall not be for the level of medical or psychiatric treatment such as is normally provided in hospitals.

(iv) The person is not dangerous to self and/or to others.

(v) The person does not behave in a manner which is likely to be constantly disruptive to other residents and/or to the care/programming generally provided in that type of facility.

---

1 The person may be both mentally handicapped and mentally disabled in which case the main presenting condition prevails. In general, persons who are only physically disabled would not be considered for placement in a Specialized Facility for the Mentally Handicapped, but in a Group Home for the Physically Disabled, Residential Care Facility, Licensed Nursing Home, or Home for the Aged. Persons who are mentally handicapped and mentally disabled and require the type of care offered in these latter facilities shall be placed there also if they meet the classifications criteria.

2 This Unit is for profoundly and severely mentally handicapped youngsters (6 months to 19 years of age) with multiple physical disabilities who require Type II Care. All applications for admission to this Unit are to be submitted to the Classifications and Assessments Section.

(vi) The person is stabilized on medications.

(vii) The person's primary presenting problem is not active involvement in alcoholic or drug abuse of any kind.

(viii) The person has not had his freedom of movement restricted during the thirty days prior to the date of classification or can function in an open setting.

(ix) The person must not have formal status at the time of the completion of Form E.

THE SPECIFIC CLASSIFICATIONS CRITERIA FOR THE SPECIALIZED FACILITIES FOR THE MENTALLY HANDICAPPED (I.E., THE RRC's, ARC's AND THE COMMUNITY-BASED RESIDENCES).

(THE SPECIALIZED FACILITIES FOR THE MENTALLY HANDICAPPED - THE RRC's, ARC's AND COMMUNITY-BASED RESIDENCES - NORMALLY PROVIDE THE TYPE OF PROGRAM/CARE WHICH IS CONSISTENT WITH THE NEEDS OF MENTALLY HANDICAPPED AND MENTALLY DISABLED PERSONS.)

4. FOR THE REGIONAL REHABILITATION CENTRES.

(i) The individual has had a psychiatric assessment or has been treated in a psychiatric service within thirty (30) days prior to the submission of the application.

ALL APPLICANTS MUST FULFILL THE ABOVE-MENTIONED CRITERION IN ORDER TO BE CONSIDERED FOR CLASSIFICATION FOR ADMISSION TO AN RRC.

(ii) The person's further potential for growth and development is complicated by existing behaviour disorders and/or the residual effects of mental illness.

(iii) The individual requires a period of personal preparation and skill development in order to be able to cope with living and or employment in the community. For such a person, an immediate placement in the community without exposure to rehabilitation programming will most probably result in the need for a return to an in-patient psychiatric service.

(iv) The normal age requirement for eligibility for admission is eighteen (18) years or over. Nevertheless, a younger person may be admitted but only under exceptional circumstances.

(v) The person is referred from the legal/correctional system but requires a period of exposure to structured/intensive rehabilitation programming.

(vi) The individual is a psycho-geriatric person who is normally acceptable for placement in a Licensed Nursing Home and/or Home for the Aged but, because of disruptive behaviour, may be classified for placement in an RRC.

(vii) The person cannot be appropriately placed in a less structured program setting.

5. FOR THE ADULT RESIDENTIAL CENTRES:

(i) The person requires long-term rehabilitation, developmental and/or residential programming.

(ii) The individual may require long-term personal care and/or supervision (needs feeding, bathing and/or dressing, etc.)

SERVICE EVALUATION	**The service provider shall develop a formalized system to enable clients, client's families, municipalities, and other stakeholders, opportunities to provide feedback and input into the services provided.**

APPENDIX G -- TERMS OF REFERENCE, CASE MANAGEMENT COMMITTEE

TERMS OF REFERENCE

CASE MANAGEMENT COMMITTEE

DEPARTMENT OF COMMUNITY SERVICES

Committee Established to Develop a Province-Wide Policy on Case Management

MANDATE: To develop a province-wide policy on case management for the management of cases referred for placements and/or services through Community Supports for Adults Program (Homes for Special Care, Community Based Options, Day Programs).

OBJECTIVES:

1. Research case management policy/standards, material from other jurisdictions.
2. Identify client caseloads throughout the province by region, and by municipality.
3. Develop a case management policy framework articulating principles and functions.
4. Develop recommendations on caseload standards based on research review of best practices, identify the relationship between recommended caseload standards and existing caseload/worker ratios. This item should contain financial resources required to meet recommended caseload standards.
5. Provide recommendations on case management training requirements.
6. Provide options/recommendations on implementation of a province wide case management policy for presentation to the Department of Community Services' Senior Management Committee and Municipal Directors of Social Services.

APPENDIX H -- SMALL OPTIONS REVIEW FORMS

OUTLINE FOR REVIEW - COMMUNITY BASED OPTIONS

CHAIRPERSON/TEAM MEMBERS:

BOARD CHAIRPERSON:

EXECUTIVE DIRECTOR/OWNER/OPERATOR (PLEASE SPECIFY):

PROGRAM COORDINATOR/SUPERVISOR:

HISTORY OF OPERATION

TYPE OF C.B.O.: ___ **SMALL OPTION** ___ **COMMUNITY RESIDENCE**

___ **SUPERVISED APARTMENT** ___ **ASSOCIATE FAMILY**

DATE INCORPORATED/OPENED:

OTHER SERVICES OPERATED:

HOW DEVELOPED:

RESIDENT INFORMATION

RESIDENTS NAME: _____

DATE OF BIRTH: _____

UNIT OF SETTLEMENT: _____

MEDICAL/PHYSICAL CARE NEEDS

RESIDENT'S DOCTOR/G.P.: _____

_____

ADDRESS: _____

_____ TELEPHONE #: _____

RESIDENT'S PSYCHIATRIST/THERAPIST: _____

_____

ADDRESS: _____

_____ TELEPHONE #: _____

MEDICAL/NURSING CARE NEEDS: _____

_____

_____

MEDICATIONS: _____

_____

_____

PHYSICAL CARE NEEDS: _____

_____

_____

MENTAL HEALTH NEEDS: _____

_____

_____

RESIDENT INFORMATION

RESIDENTS NAME: _____

DATE OF BIRTH: _____

UNIT OF SETTLEMENT: _____

MEDICAL/PHYSICAL CARE NEEDS

RESIDENT'S DOCTOR/G.P.: _____

_____

ADDRESS: _____

_____ TELEPHONE #: _____

RESIDENT'S PSYCHIATRIST/THERAPIST: _____

_____

ADDRESS: _____

_____ TELEPHONE #: _____

MEDICAL/NURSING CARE NEEDS: _____

_____

_____

MEDICATIONS: _____

_____

_____

PHYSICAL CARE NEEDS: _____

_____

_____

MENTAL HEALTH NEEDS: _____

_____

_____

RESIDENT INFORMATION

RESIDENTS NAME: _____

DATE OF BIRTH: _____

UNIT OF SETTLEMENT: _____

MEDICAL/PHYSICAL CARE NEEDS

RESIDENT'S DOCTOR/G.P.: _____

_____

ADDRESS: _____

_____ TELEPHONE #: _____

RESIDENT'S PSYCHIATRIST/THERAPIST: _____

_____

ADDRESS: _____

_____ TELEPHONE #: _____

MEDICAL/NURSING CARE NEEDS: _____

_____

_____

MEDICATIONS: _____

_____

_____

PHYSICAL CARE NEEDS: _____

_____

_____

MENTAL HEALTH NEEDS: _____

_____

_____

PHYSICAL PLANT - HOME

WHERE LOCATED:

DESCRIPTION - EXTERIOR (USE ATTACHED SHEET IF NECESSARY):

DESCRIPTION - INTERIOR (USE ATTACHED SHEET IF NECESSARY):

NUMBER OF RESIDENTS PER ROOM:

NUMBER OF BEDROOMS, (SINGLE/DOUBLE/OTHER):

ACCESSIBILITY (PROPERTY/INTERIOR) (USE ATTACHED SHEET IF NECESSARY):

FURNISHINGS:

DESCRIPTION - EXTERIOR

DESCRIPTION - INTERIOR

ACCESSIBILITY (PROPERTY/INTERIOR)

SUGGESTED CONSIDERATIONS WHEN DESCRIBING PHYSICAL PLANT

WHERE LOCATED:	- Describe neighbourhood - Consider distance from emergency services, recreation, education, vocational services, public transportation.
DESCRIBE EXTERIOR:	- State of general repair - Outdoor stairs (handrail), walkway (good repair) - escape way free from debris - well lit
DESCRIBE INTERIOR:	- Atmosphere - General housekeeping/general repair - Availability of recreational area, availability of private area. - Bedroom space provided for residents (how many to a room), furniture available to resident (bed, bureau, adequate closet space, chair). - Kitchen - Windows - Indoor stairwells (well lit, handrails) - Heating (where controls located, any portable heaters). - Are any bedrooms located in basement (general description of area) - Laundry facilities (location) - Telephone (how many, location)
ACCESSIBILITY:	- Consider walkways, doorways, bathroom (technical aids available) - Consider yard - is it accessible to residents with mobility difficulties.

SAFETY ISSUES

FLOOR PLAN:

EVACUATION/RELOCATION PLAN:

STAFF CALL-BACK POLICY:

FIRE DRILLS (TIMES/DATES):

LIST OF EMERGENCY TELEPHONE #'S POSTED AND LOCATION:

FIRE EXTINGUISHERS/SMOKE DETECTORS:

EMERGENCY LIGHTING:

STAFF TRAINING - (FIRST AID/CPR):

USE OF FIRE EXTINGUISHERS (DATE OF LAST CHECK):

FIRE DEPARTMENT INSPECTION (LAST INSPECTED):

EMERGENCY MEDICAL RESPONSE PROCEDURE:

LIABILITY INSURANCE:

VEHICLE OPERATION

SIZE/YEAR OF VEHICLE(S)/MAKE:

COMPLIANCE WITH VANS POLICY:

STAFF USING VEHICLES:

STAFFING

STAFF LIST:

SHIFT SCHEDULE (NOTE IF TIMES WHEN NO STAFFING AVAILABLE):

STAFF QUALIFICATIONS:

STAFF TRAINING - ON THE JOB:

HOW TO ACCESS:

PERSONNEL COMMITTEE:

EVALUATIONS - (HOW OFTEN COMPLETED/BY WHOM):

SCHOOL/WORKSHOP/DAY PROGRAM

WHO ATTENDS:

WHERE:

HOURS OF ATTENDANCE:

COMMUNICATION:

SCHOOL - SEGREGATED OR INTEGRATED:

WHAT DOES A TYPICAL DAY LOOK LIKE:

PERSONNEL POLICIES

PROGRAM DELIVERY

MEDICATION POLICY/STORAGE/STAFF TRAINING/ERRORS

RECREATION/LEISURE ACTIVITIES

NUTRITION

TYPE OF DIET: REGULAR ☐ PUREE ☐ GROUND ☐ SOFT ☐ LIQUID ☐

MENUS (WHO PREPARES/HOW OFTEN):

SPECIAL DIETS:

WHO ENSURES MEETING CANADA FOOD GUIDE:

RESIDENT RECORD KEEPING

HOW ARE RECORDS STORED:

HOW IS RECORDING DONE/SYSTEM (DOCUMENTATION/MONITORING/FOLLOW UP):

WHO IS RESPONSIBLE FOR REPORTING (TO WHOM, FREQUENCY):

WHAT INFORMATION IS REPORTED:

WHAT INFORMATION IS KEPT ON RESIDENT FILES:

ACCOUNTING PROCEDURE FOR HOUSE/RESIDENT ACCOUNTS/PERSONAL USE ALLOWANCE:

ADMISSION/DISCHARGE CRITERIA

PROCESS:

INFORMATION REQUESTED:

REFERRALS RECEIVED FROM:

BEHAVIOURAL

Please comment on behavioural management techniques emphasized within the operation.

- **What corrective measures are used when residents exhibit behaviours which may be considered to present risk for themselves or others.**

- How are incidents reported; by whom; to whom; what follow-up procedure is adhered to.

- What specific training do all staff have in dealing with behavioural management concerns.

- What supports are available to residents.

- What supports are available to staff.

SERVICE EVALUATION/FEEDBACK

MEETINGS WITH FAMILIES/ADVOCATES:

SUPPORT INVOLVEMENT:

HOME'S RELATIONSHIP WITH FAMILIES/ADVOCATES:

RELATIONSHIP WITH NEIGHBOURHOOD/COMMUNITY:

COMMUNICATION WITH MUNICIPALITY:

MATERIAL TO BE FORWARDED TO COMMUNITY SUPPORT SPECIALIST

POLICY MANUAL

ORGANIZATION CHART

LIST OF BOARD MEMBERS

STAFF LIST/QUALIFICATIONS/JOB DESCRIPTIONS

EMERGENCY PLAN

SAMPLE SHIFT SCHEDULE

BUDGET PRINT-OUT

FORMS USED WITHIN THE HOME (FOR RESIDENT FILES/ADMISSIONS/DISCHARGES)

EVALUATIONS (STAFF)

SAMPLE OF MENUS

INSURANCE COVERAGE/COMPANY VEHICLE INSURANCE (OPERATION/STAFF/PRIVATE VEHICLES)/AMOUNT

RESIDENT POLICY/HANDBOOK

COPY OF BILLING SYSTEM

COPY OF FLOOR PLAN

ANY IMMEDIATE CONCERNS:

SIGNATURE OF ASSESSOR

DATE

MAY, 1998

FUNCTIONAL ASSESSMENT

INFORMATION PROVIDED BY: _____

NAME: _____ DATE OF BIRTH: _____

MUNICIPALITY OF SETTLEMENT: _____

TYPE OF C.B.O.: SM.OPT . ☐ COMM RES. ☐ SUP. APT. ☐ ASSOC. FAM. ☐

DIAGNOSES: _____

_____

_____

MEDICATIONS: _____

_____

_____

DATE OF ADMISSION: _____ FROM: _____

MOTOR SKILLS (GROSS AND FINE): _____

_____

_____

_____

BEHAVIOR: _____

_____

_____

_____

_____

_____

SELF CARE/HELP SKILLS: _____

_____

_____

_____

_____

_____

PROGRAM INVOLVEMENT (household activities, day program, special projects): _____

_____

_____

_____

_____

_____

ITEMS OF SPECIAL NEED: _____

_____

_____

TRANSPORTATION (destination and cost): _____

_____

_____

SOCIALIZATION: _____

_____

_____

HOBBIES: _____

_____

COMMUNICATION: _____

_____

_____

GENERAL HEALTH: _____

_____

_____

COMMUNITY INVOLVEMENT: _____

_____

_____

FAMILY SUPPORT/CONTACT: _____

_____

_____

PROGRESS/CHANGE: _____

_____

_____

POTENTIAL: _____

_____

_____

RESIDENT COMMENTS: _____

_____

RECOMMENDATION: _____

_____

TEAM MEMBERS: _____

_____/_____/_____ _____

DATE: YY MM DD SIGNATURE OF CHAIRPERSON

CARE PROFILE

MMcF1996/05/22-chart.lp2

Name: _____ Program #: _____
Financial Status: Public ☐ Private ☐ Mun. Unit of Settlement: _____
Medications: _____

Date of Admission: Y ___ /M ___ /D ___ From: _____
Diagnoses: _____

DIAGNOSTIC CODES				
CLASSIFICATION DATE	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
CARE PROFILE: . Mental Condition				
. Behaviour				
. Skin Condition				
. Feeding				
. Hygiene				
. Use of Limbs				
. Personal Habits				
. Dressing				
. Ambulation				
. Bed Care				
. Nursing Care				
. Sensory Deprivation				
TOTAL:				
CLASS. DECISION				
FACILITY TYPES				
PROGRAM NEED				
B/F ASSESSMENT				
PSYCHOGERIATRIC CARE				
CLASS. OFFICER ID				
PROFESSIONAL CARE				
MEDICAL MANAGEMENT				

TEAM MEMBERS:	
_____ _____	Date: YYMMDD _____ Signature, Chairperson _____

Nova Scotia
Department of Community Services

ASSESSMENT SHEET

COMMUNITY BASED OPTIONS

Please type or print legibly.

NAME — SURNAME / GIVEN NAME / INITIAL

PROGRAM NUMBER — If available

SERVICE RECORD
Military: ☐ Overseas ☐ In Canada
Merchant Marine: ☐ Overseas ☐ In Canada

DATE OF BIRTH — YYYY MM DD

SEX: ☐ Male ☐ Female

SERVICE NUMBER

CURRENT ADDRESS
If in hospital, please specify.

POSTAL CODE

TELEPHONE NO.

RELIGION
☐ NOT PROVIDED ☐ JEWISH
☐ ROMAN CATHOLIC ☐ JEHOVAH WITNESS
☐ ANGLICAN ☐ OTHER
☐ UNITED ☐ NONE
☐ BAPTIST

HEALTH CARD # 81

CITIZENSHIP:
☐ 0,1 Can. Birth ☐ 0,3 Landed Immig.
☐ 0,2 Can.-Natural ☐ 0,4 Non-Canadian

UNIT OF SETTLEMENT — NUMBER / NAME

UNIT OF ASSISTANCE — NUMBER / NAME

EFFECTIVE DATE — YYYYY MM DD

FINANCIAL STATUS:
☐ 1,0,1 Private
☐ 2,0,1 Public

☐ Monthly Cost Specials
☐ Per Diem Rate
☐ Monthly Rate
$

PERSONAL USE ALLOWANCE
☐ Yes ☐ No
If Yes, Amount : $

MARITAL STATUS:
☐ Married ☐ Widowed ☐ Divorced
☐ Single ☐ Separated/Deserted ☐ Common-Law

DATE SINCE CHANGE OF MARITAL STATUS (If applicable) — YYYY MM DD

FAMILY MEMBERS AND/OR FRIENDS — START WITH NEXT OF KIN

NAME	ADDRESS	PHONE	RELATIONSHIP

EDUCATION

EDUCATION LEVEL	YEAR COMPLETED	CAN APPLIC. READ? ☐ YES ☐ NO	CAN APPLIC. WRITE? ☐ YES ☐ NO
TYPE OF VOCATIONAL OR OTHER TRAINING			YEAR COMPLETED

EMPLOYMENT HISTORY

Form 1073
Rev. 02/95

FINDINGS OF ASSESSMENT

RESIDENT'S NAME:

CATEGORY: ☐ SENIOR ☐ M.C. ☐ M.D. ☐ P.D.

DATE OF BIRTH:

ADDRESS:

NAME OF OPERATION/OPERATOR:

---

1. **CARE LEVEL/POINT SCORE:** _____

2. **ARE RESIDENT'S NEEDS ADEQUATELY MET IN THIS C.B.O.:**

   YES ____ **NO** ____

   IF NO, PLEASE INDICATE APPROPRIATE SETTING AND REASON WHY

   APPROPRIATE SETTING: _____

   ☐ **CARE/SUPERVISION/SUPPORT NEEDS OF RESIDENT ARE TOO GREAT.**

   ☐ **RESIDENT DOES NOT REQUIRE AMOUNT OF CARE/SUPERVISION/SUPPORT PROVIDED AT THIS C.B.O.**

3. **INDICATE THE TYPE OF LICENSED FACILITY THIS RESIDENT WOULD OTHERWISE REQUIRE (EVEN IF APPROPRIATELY PLACED AT THIS TIME):**

☐ LNH/HFA	☐ GROUP HOME	☐ DEV. RES. I
☐ A.R.C.	☐ MENTALLY DISABLED	☐ DEV. RES. II
☐ R.R.C.	☐ MENTALLY CHALLENGED	☐ DEV. RES. III
☐ R.C.F.	☐ PHYSICALLY CHALLENGED	

_____ _____

ASSESSOR(S) **DATE**