



## **Oxford County**

# **Domiciliary Hostel Standards**

July 2010

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## INTRODUCTION

### **Program description**

Domiciliary hostels provide permanent housing, personal support and some assistance with activities of daily living to vulnerable adults in the community who, in the absence of such support, are likely to experience significant health and related difficulties and lose their housing. Residents of domiciliary hostels are typically living with psychiatric or developmental impairments and/or are frail and elderly. For many frail elderly persons it is a matter of no longer being able to live on their own and not yet qualifying for placement in long-term care facilities.

### **Purpose:**

The goal in developing Domiciliary Hostel Standards is to:

- Ensure consistent basic client services throughout the service system in the County of Oxford
- Articulate an acceptable standard of service delivery
- Ensure that standards are results focused, observable and verifiable
- Ensure that the standards are attainable within current resources

The guiding principles followed in developing these standards were to:

- Focus on core elements of service aligned with contractual expectations
- Respect multi service programs and value added services
- Design standards as a tool for monitoring and building capacity in the future

## **STANDARD 1: Program Administration**

### **1.1 Eligibility Criteria**

- a) It is the responsibility of the Domiciliary Hostel Operator to assess an individual's appropriateness for residency in a Domiciliary Hostel.
- b) The Operator must confirm the following prior to approving an individual for residency:
  - i. minimum of 18 years of age, and
  - ii. requires supervision in activities of daily living,
  - iii. is not eligible for long-term care,
  - iv. is a recipient of mental health services, has a mental health diagnosis or exhibits symptoms that are diagnosable and have been documented by a medical doctor, and/or
  - v. has a physical and/or developmental disability, which has been verified by a medical doctor, hospital or referral source, and/or
  - vi. is a frail, elderly person,
  - vii. has available assets of less than \$5000 (excluding a pre-paid funeral maximum value \$10,000)
  - viii. has monthly income less than \$1,608.25

The Operator must notify the Social Services and Housing (SS&H) Dept. of any admission or discharge changes.

### **1.2 Home Criteria**

- a) For the purposes of these guidelines a domiciliary hostel shall be defined as any residence, rest home, retirement home or boarding and lodging home which, for a fee;
  - i. accommodates persons who are unable to fully care for themselves due to disabilities of aging, mental or physical handicap or psychiatric disorder, and
  - ii. provides personal care, supervision and assistance with activities of daily living, but does not include;
    - 1) any residential facility which accommodates fewer than five persons,

- 2) the incidental provision of room and/or board by homeowners, or,
- 3) group homes for rehabilitation of law offenders, drug or alcohol addiction, crisis facilities for women, half-way houses and group homes.

### **1.3 Intake Process**

Applicants in need of lodging home subsidy must contact the Department of Social Services and Housing to request an application to determine eligibility and availability of subsidized assistance. Whenever possible, all applications must be completed prior to actual placement into the domiciliary hostel. Patients in hospital who require domiciliary hostel placement should have the Part 1 A, Application for Financial Assistance completed in the hospital prior to placement. New applicants should be advised to contact the Department of Social Services and Housing at (519)539-9800 “Ontario Works” to commence the application process. The Domiciliary Hostel coordinator will advise the Domiciliary Hostel Operator whether or not subsidy will be provided prior to the applicant being placed in the Home. The County of Oxford is not financially responsible for the admission of residents without prior approval.

New admissions must be forwarded to the domiciliary caseworker within 24 hours or on the next working day. The effective date of eligibility which is based on Social Services Policies (e.g. income, assets, etc.) will be the admission date into the Lodging Home.

Domiciliary Hostel caseworker will commence application process within 4 business days of receiving request. Interview for application will be done at a mutually agreed upon location.

The County of Oxford agrees to pay for the period between the initial call by the Administrator and the date when decision is rendered regarding subsidy. That decision will be made within 10 business days. All information requested for the decision regarding subsidy must be submitted by that time, or written evidence that all reasonable efforts have been made to secure information. Requests for extensions must be approved at management level. Eligibility for assistance is only determined after the completion of a Part 1A Application and receipt of a Medical Form verifying the need for domiciliary hostel care (Appendix A). Eligibility for applicants in receipt of the Ontario Disability Support Program (ODSP) or Ontario Works (OW) can be determined by the Department of Social Services and Housing eliminating the completion of a Part 1A application.

The following information is necessary for final processing of the application:

- i. the medical form stating Domiciliary Hostel care is appropriate and necessary and indicating the physician’s recommended level of care;
- ii. verification of income e.g. CPP, private pension payments, etc.

- 1) verification of assets including bank accounts, life insurance, pre-paid funerals and availability of liquid assets. The Liquid Asset Policy is that the maximum allowable is \$5000.00. This policy is pertinent to new and existing residents. Existing residents who have bank accounts which exceed the allowable limit will be de-authorized for subsidy.
- iii. other information as requested.

#### **1.4 Tenant Absence**

- a) The **total** vacation and hospitalization days which will be subsidized are 28 days in a calendar year. The operator shall inform the County of any resident absences before they occur, whenever possible, and will record all resident absences on the monthly subsidy invoice. The County will continue to pay the approved per diem rate, to retain a resident's bed, up to a 28 day maximum per year when the resident is hospitalized. The day of departure and day of return is not included in the 28 day calculation. Residents who are discharged from the Domiciliary Hostel program will not be eligible to re-apply for the Domiciliary Hostel program for a period of 72 hours.

#### **1.5 Confidentiality**

- a) In accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 as amended (MFIPPA) the operator ensures that a written confidentiality policy is in place. The collection, use, disclosure, and storage of all personal information under contractual arrangement with the County is subject to MFIPPA. The confidentiality policy includes statements concerning the privacy, security and confidentiality of resident information as well as statements concerning the removal of, or destruction of, hard copy or electronic files, and resident access to personal information and records.
- b) Resident's personal information can only be disclosed with a signed consent from the resident.

#### **1.6 Tenant Files**

The Operator shall maintain up-to-date residents' personal files in a separate and confidential place which will include the following information but is not limited to:

- i. Resident Name and Date of Birth;
- ii. Admission Date;
- iii. Ontario Health Card Number;
- iv. Social Insurance Number;
- v. Previous address and telephone number;
- vi. Medical History and Information including Doctor's name and phone number, special diet, known allergies etc.;
- vii. Next of Kin, Power of Attorney, Public Guardian and Trustee (If applicable);
- viii. Date of Discharge and reason;
- ix. Financial Information;
- x. Copy of signed Tenancy Agreement;
- xi. Copy of House Rules.

The Operator shall ensure that each resident's personal file includes a Consent of Resident to Collection and use of Personal Information Form which is signed and dated by the individual upon intake.

The operator shall maintain an up-to-date, alphabetical list of the tenants of a facility which includes the name, sex, age and date of admission of each tenant.

### **1.7 Serious Incidents**

Any serious incident involving a Resident or any other person residing at the hostel, must be reported immediately to the Social Services and Housing Representative. The Operator must file a report (the "Serious Incident Report" (Appendix B) with the County, to be completed and signed by the Operator's staff member(s)

responsible for the supervision of such Resident or person, or staff member(s) having direct knowledge of the incident, within 24 hours of the incident, and in any event, not later than the next business day. The Serious Incident Report must be filed for any serious incident involving a Resident or other person residing at the hostel which may include but is not be limited to the following:

- i. an individual's death;
- ii. an individual's whereabouts are unknown for a period of twenty-four (24) hours or more;
- iii. the police or fire are called or the police investigate a complaint at the hostel;
- iv. there is a serious accident, illness, communicable disease or injury to an individual;
- v. an individual is at serious risk;
- vi. a disaster at the hostel occurs, e.g. fire, flood and the like;
- vii. a complaint is made by a Resident or other person against a staff member of the Operator involving allegations of assault, abuse or mistreatment of any individual residing at the hostel;
- viii. any complaint concerning the operational, physical or safety standards of the hostel that is considered by the Operator to be of a serious nature, including any report of adverse water quality;
- ix. the misconduct of any individual residing at the hostel which may involve drug or alcohol abuse.

### **1.8 Personal Needs Allowance/Per Diem Subsidy Process and Management**

- a) Residents that have been admitted and have met the eligibility criteria will be entitled to the per diem subsidy and personal needs allowance (PNA) that is payable to the operator through the County of Oxford. A resident when deemed eligible and has been admitted to the program is required to pay 100% of his or her income to the operator.

The Personal Needs Allowance is intended for the purchase of items such as clothing or personal products. It is not intended for rent, care services or the purchase of items of personal care which should be covered by the per diem subsidy and must therefore be provided by the Operator (i.e. soap and toilet paper).

PNA received by or on behalf of the resident should not accumulate to the point of exceeding Liquid Asset Policy.



Where a resident enters a domiciliary hostel part way through any given month, prorated income will be used to determine the eligibility of new residents. A prorated personal needs benefit (PNB) will also be afforded to this person.

This “personal needs” money is spending money for the resident and if the Owner/Operator manages money for the residents who are not able to manage it for themselves there shall be:

- i. A ledger or receipt book indicating the amounts and date issued (weekly, daily, etc.)
- ii. A receipt signed by the resident each time he or she receives money from the Owner/Operator out of this Personal Needs allowance.

Attention must be taken when calculating the monthly subsidy and PNA amounts due to the operator and resident. From time to time, an operator and resident that has been assessed as eligible and has been admitted to the program may not receive subsidy for that particular month. This usually occurs when the resident’s income exceeds the total per diem subsidy allowable for that month. The resident’s income will not exceed \$47.75 per day (based on a monthly calculation) plus the \$128.00 PNA allowed in order for the operator and resident to be eligible to receive remuneration. Residents would also have their PNA adjusted if income levels exceed this monthly calculation. Per diem subsidy rates would change should the minimum per diem cap increase. The following are examples on how the per diem subsidy and PNA would be calculated:

$31 \text{ days} \times \$47.75 \text{ (per diem daily rate)} = \$1480.25 + \$128.00 \text{ (PNA)} = \$1608.25$ $30 \text{ days} \times \$47.75 \text{ (per diem daily rate)} = \$1432.50 + \$128.00 \text{ (PNA)} = \$1560.50$
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### 1.9 Invoicing and Billing Procedures

The County of Oxford will remit payment to the operator upon submitting monthly billing invoices that have been reviewed and approved by SS& H administrative assistant. Domiciliary care subsidy is paid in arrears. Service providers are required to submit monthly billings between the 1<sup>st</sup> and 10<sup>th</sup> of each month for the previous month. Failure to submit invoices by the 10<sup>th</sup> of the month could result in the processing of invoices to be delayed or rejected. If an invoice or part of an invoice is rejected by the County of Oxford, the service provider shall submit a clarified, corrected or revised invoice or part invoice that is acceptable to the County of Oxford within 10 working days of the request.

The County of Oxford Social Services and Housing Department will remit a monthly domiciliary subsidy cheque to the operator based on that month’s approved billing information. It is the responsibility of the operator to provide the PNA portion directly to the resident. Detailed PNA ledger information shall be maintained at the

operator level for verification and audit reviews being conducted by the domiciliary program staff or Ministry of Community and Social Services program audit staff.

### **1.10 Staff Qualifications**

- a) The Operator must ensure appropriate staffing compliment and qualifications that ensures safety and an adequate level of support that is responsive to the level of functionality of the residents in the Hostel at all times.
- b) The Operator shall ensure that at all times; the staff member on duty providing supervision of the residents is a minimum of 18 years of age or over; and holds a high school diploma or equivalent; and has experience working with vulnerable people; and has a police clearance specific to working with vulnerable people. A copy of the police clearance must be on file.
- c) The Operator shall ensure staff has training in First Aid and CPR. Diffusing hostility as well as cultural sensitivity and anti- harassment training are strongly recommended. This can be achieved by training (See section 1.12).
- d) The operator hires employees with appropriate qualifications, experience and ability for working with vulnerable individuals and obtains a Canadian Police Certificate from each employee within 30 days of being hired. The operator maintains documentation for each employee including evidence of qualifications, experience, orientation, training and Police Certificate. The Operator shall have a policy acceptable to the Region regarding the hiring of persons who have a criminal record.
- e) The Employment Standards Act and Regulations govern the operator and hostel staff.
- f) Written job descriptions describing responsibilities and scope of function are available for all staff positions.
- g) Staff supervising residents, or providing care and support to residents:
  - i. Are at least eighteen years of age;
  - ii. Have a suitable level of education and /or experience as follows:
  - iii. At least three (3) years relevant experience working with vulnerable people and/or people with mental illness; or
  - iv. A high school diploma and at least six (6) months relevant experience working with vulnerable people and/or people with mental illness; or
  - v. A suitable level of education achieved through community college, university or other accredited institution.
  - vi. Obtain First Aid and CPR certificates within their first year of employment, and keep their certificates current thereafter.

- vii. At least one staff person directly involved with food preparation has obtained the Food Handler certificate, which is kept on file.

### **1.11 Staffing Levels**

- a) The operator ensures that at least one staff person, with current certifications in First Aid and CPR and whose primary duty is the supervision of the residents, is on site in the domiciliary hostel at all times. When there is only one staff person on site, a supervisor can be reached at all times and additional resources are provided as necessary, in a timely fashion.
- b) All staff shall possess such personal qualities so as to relate to all residents in a positive and supportive manner.
- c) It is recommended that all full time and all part time staff and volunteers have a pre-employment TB skin test and it is advisable that they be immunized against Hepatitis B.
- d) Annual influenza vaccination is strongly recommended.
- e) It is the responsibility of the Operator to insure that a staff member who has a communicable disease which might place residents and/or staff at risk shall not continue to work in a Domiciliary Home until he/she is free of the communicable disease.

### **1.12 Staff Conduct**

#### **a) New Staff**

Each new staff receives a copy of his/her job description, an appropriate orientation to the particular job, the hostel's policies and procedures and the staff code of conduct.

#### **b) Supervision**

The operator supervises hostel staff and ensures staff are capable of communicating clearly and effectively with residents, of sustaining the emotional demands of their work and are providing safe and adequate services as set out in these Standards.

A staff code of conduct outlining professional behavior is posted in a conspicuous place within the hostel's premises

#### **c) Training**

Every employee whose primary duty is the supervision of tenants shall be strongly encouraged to participate in continuing education to a minimum of 20 hours within each consecutive period of 24 months from the date of commencing employment.

“Continuing education” means a course, lecture, seminar or other professional activity in which an employee participates as part of the employee’s conditions of employment .

The operator shall make sure that employees who supervise tenants have at least 20 hours of education over 24 months.

Employees should be strongly encouraged to take continuing education in a subject matter relating to care services given in the facility, such as nutrition, medication, contagious diseases, medical and mental health conditions, community resources, Tenant Protection Act, etc.

Employees should be trained in how to give first aid treatment.

Examples of how to earn continuing education hours may include:

- reading material;
  - for example, a magazine (journal) article
- audio/video information;
  - for example, watch an educational video or listen to cassettes. Material is available from community agencies, libraries, and pharmacies, etc.
- attend workshops, or education sessions, or conferences, provided by the residential care facilities; government; educational institutions etc..

The operator shall keep a record of an employee’s education hours, which should be signed by operator and employees. If an employee has proof that he/she went to a class, for example, a certificate, then the employee should keep this proof in his/her records.

### **1.13 Insurance**

- a) The Operator shall obtain and maintain during the term of the Agreement commercial general liability insurance acceptable to the County, which shall be subject to limits of not less than \$5,000,000.00 inclusive per occurrence for bodily injury, death and damage to property including loss of use thereof.
- b) The commercial general liability insurance shall include coverage for:
  - i. premises and operations liability;
  - ii. products or completed operations liability;
  - iii. blanket contractual liability;
  - iv. cross liability;
  - v. personal injury liability;
  - vi. liability with respect to non-owned licensed motor vehicles;
  - vii. severability of interest clause; and

viii. owner's and contractor's protective coverage

- c) The commercial general liability insurance policies shall be in the name of the Operator and shall name the County of Oxford, as an additional insured.
- d) The Operator shall provide and maintain during the term of the Agreement liability insurance in respect to owned licensed motor vehicles subject to a limit not less than \$5,000,000.00 inclusive per occurrence for bodily injury, death and damage to property including loss of use thereof, where applicable to the operations of the Operator under the contract.
- e) The liability insurance policies shall contain an endorsement to provide County of Oxford with thirty (30) days written notice of cancellation or of a material change that would diminish coverage.
- f) The insurance policies shall preclude subrogation claims by the insurer against anyone insured.
- g) Evidence of insurance satisfactory to the County shall be provided within thirty days of commencement of services under this Agreement.

**1.14 Inspections**

- a) The operator ensures that, at least once a year, there is an inspection of:
  - i. The hostel conducted by fire officials of the municipality;
  - ii. The hostel conducted by health officials of the County;
  - iii. Fire extinguishers, hose and standpipe equipment conducted by a qualified fire equipment supplier;
  - iv. Once a month, an inspection of Fire extinguishers, hose and standpipe equipment conducted by in-house staff.;
  - v. Heating equipment and chimneys conducted by a qualified equipment supplier.
- b) All of the above inspection reports are kept at the hostel and may be reviewed at any reasonable time by the County.

## **STANDARD 2: Hostel Operations**

### **2.1 Physical Safety**

- a) The operator ensures that policies and procedures are in place to promote the health and safety of all staff, volunteers and residents in accordance with the Occupational Health and Safety Act, as amended, and its regulations. It includes worker training (e.g., new employees, WHMIS, new job procedures), workplace inspections, emergency procedures, First-aid and rescue procedures, Fire prevention etc.
- b) The operator ensures that policies and procedures are in place to manage various types of emergencies (e.g. medical emergencies, fire, flood, threats/ assaults, loss of essential services, service disruption, extreme weather conditions, missing residents, death).
- c) The operator ensures that a procedure is established and followed when a fire alarm is called. It includes the duties of staff and residents in accordance with the Fire Protection and Prevention Act, as amended, its regulations and any relevant guidelines published by the municipality, the Province or the Office of the Fire Marshal for Ontario.
- d) All staff are trained in emergency evacuation of the hostel and all residents are informed of the evacuation plan when they become a resident or as soon thereafter as is practical.
- e) The operator ensures that a First Aid Kit is available on the hostel's premises and is located in a safe and easily accessible location to all staff. A portable kit is taken on outings. The First Aid Kit is checked and updated on a regular basis.
- f) Emergency phone numbers, police, fire department and ambulance, are posted near every telephone.
- g) During periods of extreme heat, at minimum, air fans and sufficient drinking water are actively provided to residents. Where possible, a room with air conditioning is provided.

### **2.2 Health & Safety**

- a) The Operator shall ensure that, at all times, at least one staff member whose duty is the supervision of the Residents is available on or about the premises of the Hostel.
- b) All staff members of the Hostel shall be trained in emergency evacuation of the Hostel and all Residents shall be informed of the emergency evacuation procedures either when they become a resident of the Hostel or as soon as is practicable thereafter.

- c) Reference to “staff members” of the Operator shall include, unless the context requires otherwise, volunteer staff, agents and contractors employed or retained or contracted by the Operator to work or carry out responsibilities at the Hostel.
- d) The Operator shall ensure that emergency evacuation procedures are posted in a conspicuous place within the Hostel’s premises. The Operator shall also ensure that a copy of the evacuation plan is on file with the County.
- e) The Operator shall ensure that an appropriate First Aid Kit be available on the Hostel’s premises in a safe and conspicuous location and that all staff members are trained in the administration of first aid.
- f) The Operator must post emergency phone numbers, police, fire department and ambulance near every telephone.
- g) The Operator’s staff members should be able to assist a Resident in crisis and call additional resources as necessary (e.g., temporary staff back-up, support staff from designated service agencies, referring therapists and/or any community crisis teams). A copy of the back-up and support plan must be in the tenant’s file.
- h) The Operator shall operate the Hostel to promote a stable, safe and peaceful environment for the Residents and shall ensure that Residents are protected from physical violence/abuse and/or threats of physical violence/abuse.
- i) Residents shall not be subjected to emotional, physical or sexual violence.
- j) Residents shall not be subject to physical restraints of any kind.
- k) The Operator shall maintain the Hostel in a safe and clean condition and in a good state of repair, ensuring that Health & Safety policies are in place to comply with requirements of the Occupational Health & Safety Act and required annual inspections.

### **2.3 Medication Management/Drug Storage**

- a) The owner or operator shall ensure that all prescription drugs to be administered by the operator are:
  - i. kept in one or more drug cabinets, locked at all times and medication should be attended to at all times;
  - ii. made available only to those residents for whom they have been prescribed, as directed by the physician;
  - iii. needles/sharps/syringes/vials/ampoules are to returned to pharmacy for disposal;
  - iv. needles/syringes are not capped but placed immediately into a biohazard container;
  - v. containers are disposed of according to Regional guidelines for toxic waste;

- vi. unused/out-dated medications are returned to the pharmacist supplier;
- vii. universal precautions procedures should be followed, in accordance with current policies of hospitals, nursing homes or other residential care facilities, and/or County of Oxford Public Health Department.

The operator shall allow self-medication by the tenants of a facility under specified conditions.

If a tenant asks to take, order, and/or store his/her own medications, the operator shall:

- a) Ask for a note from the tenant's physician that says that the tenant is able to take his/her own medications. This note should be updated if there is a change in a tenant's physical or mental health that would change the tenant's ability to take his/her own medications.
- b) Make sure that the tenant keeps medication in a locked box in his/her room. A tenant with a private room may choose not to keep medications in a locked box, but medications shall be kept in an area where a tenant can easily reach them but away from other tenants. The tenant shall keep his/her room door locked at all times if not present in the room.
- c) Monitor the tenant's ability to make sure that the tenant is taking his/her own medications.
- d) Over the counter (OTC) drugs (laxatives, etc.) should be kept in a safe location, available only to appropriate staff.
- e) Consultation regarding any of the above is available from Public Health staff.

## **2.4 Telephones**

- a) The Operator shall provide all Residents with access to a telephone without a fee for local calls. Reasonable rules for the use of the telephone may be established by the Operator.
- b) The Operator shall ensure that telephones are located where Residents have privacy while speaking on the telephone.

## **2.5 Furnishings**

- a) Each resident is provided with a bed, a mattress, a bedside table and lamp, a separate dresser, a clothing closet, a waste basket, a chair, a towel rack (towel rack to be available in the bathroom or bedroom) and at least one lockable drawer or one lockable space in the bedroom where the resident may place, at his or her own expense, a lock of a type approved by the operator. All of these items must be clean and in good repair.



## 2.6 Bedrooms

- a) There shall be a maximum of four (4) residents/bedroom (No more than two (2) tenants/bedroom is recommended).
- b) No area designated as a lobby, hallway, closet, bathroom, attic, stairway, cellar, kitchen, office, sitting room, dining room, furnace room or utility room shall be used by any resident for sleeping purposes.
- c) All beds shall be a minimum of .91 metres (36 inches) apart.
- d) Every bed for a resident shall be at least .91 metres (36 inches) in width.
- e) Every bedroom shall be provided with one or more windows, to the outside that is screened.
- f) Exceptions to this standard may be acceptable, if the needs and comfort of the resident is not compromised.
  - i. An approved ULC or CSA bedside or overhead reading lamp will be provided for each resident.
  - ii. A space shall be provided for the personal effects of each resident.
  - iii. Waterproof coverings shall be provided for each mattress.
  - iv. Homes shall operate under provincial laws regarding smoking.

## 2.7 Bathrooms/Washrooms

- a) Toilet facilities shall be provided in the recommended ratio of one wash basin, one flush toilet, and one bath tub or shower available for every eight residents.
- b) One bathroom, toilet and shower room shall be of a type that is suitable for use by disabled persons, where such persons may be admitted as residents.
- c) One wash basin and one flush toilet shall be provided on each floor that is used by the residents.
- d) A separate staff washroom shall be provided when more than four staff members are on duty at one time.
- e) No toilet shall be located within a bedroom but this does not apply to prohibit a toilet in a separate room off a bedroom.
- f) All bathrooms and toilet rooms shall be provided with doors that will provide privacy and shall not have locks unless they are a type that can be released from the outside in case of an emergency.
- g) Carpeting is prohibited in toilet and tub areas.
- h) Bath tubs or shower stall floors shall be provided with non-skid material.

- i) Shared and public washroom fixtures must be cleaned and sanitized at least once each day and/or more frequently if necessary. Private bathroom fixtures must be cleaned and sanitized at least once per week.
- j) Shared bathtubs and showers are to be cleaned and sanitized after each use.
- k) Sanitary facilities must be equipped with:
  - i. a supply of toilet paper
  - ii. a receptacle which can be cleaned and adequately contain disposable waste material
  - iii. hooks or bars to place each resident's separate towel and face cloth (this can be provided in the resident's room).
- l) The use of a common drinking cup is prohibited.

## **2.8 Kitchens**

- a) The current Ontario Food Premise Regulations will apply to all premises where resident capacity is 10 persons or more.
- b) When the maximum tenant capacity is less than 10 persons, the following shall be provided;
  - i. The floor and floor coverings shall be tight, smooth and non-absorbent.
  - ii. The walls, ceilings, stoves, refrigerators and food preparation areas shall be kept clean.
  - iii. An operable mechanical exhaust system, vented to the outside air, shall be provided in the cooking area.
  - iv. A dishwasher or two-compartment sink shall be provided for dishwashing purposes.
  - v. A separate hand-washing basin for staff shall be provided.
  - vi. All refrigeration units shall be maintained in an operable condition.

## **2.9 Common Areas**

- a) A communal area is provided sufficient to permit the tenants to gather together for the purposes of dining, recreation, crafts, games, and conversation, such area to be available for use by tenants 24 hours a day. An outside recreation area adequate and appropriate to the needs of the tenants is maintained in a safe and sanitary condition.

## **2.10 Linens**

- a) The operator maintains a clean and safe environment at all times and ensures that written housekeeping assignments and/or routines are in place.
- b) There is a readily available supply of clean linen (including sheets, pillow cases, blankets, pillows, bath, hand and face towels) sufficient to meet the residents' needs.
- c) Bed linen is changed at least once weekly and more frequently as required.
- d) Linen is maintained in a good state of repair and free of stains.
- e) All linens are changed and the bed cleaned when the occupancy of a bed changes.
- f) The operator, if practical, provides access, at least once a week, to a washer and dryer to residents who are both able and responsible to launder their personal clothing.

## **2.11 Water**

- a) Every premise shall be constructed and maintained so that there is, at all times, an adequate supply of potable water, hot and cold, which:
- b) Conforms in quality to the current drinking water Regulations of the Ontario Ministry of the Environment and Health Canada Guidelines for Canadian Drinking Water Quality;
- c) Where applicable, compliance with the Ministry of Environment's Regulation (Ontario Drinking Water Systems Regulation).
- d) Does not exceed 49°C (120°F) in fixtures other than those in the kitchen or laundry area, and shall be controlled by a device inaccessible to the residents, that regulates the maximum temperature;
- e) Is discharged through a mixing faucet at all hand basins, bathtubs and showers.

## **2.12 Heating/Cooling**

- a) Every room shall be adequately ventilated by natural or mechanical means so as to remove excess heat, humidity and odours.
- b) Fly screen shall be provided on all windows that open.
- c) The heating system should be capable of, and maintained to provide a minimum air temperature of 21 degrees C (70 F) at all times.
- d) The minimum air temperature of 21 degrees C shall be maintained from September 1 to June 30 of any given year, or at any time where outside temperature warrants inside heating.

### **2.13 Garbage**

- a) All garbage shall be removed from the building daily, stored and disposed in a manner satisfactory to the local municipality.
- b) Rubbish and garbage shall be sorted in receptacles which are:
  - i. insect and rodent proof;
  - ii. water tight;
  - iii. provided with a tight fitting coverp;
  - iv. kept clean.
- c) Combustible debris shall not be allowed to be stored within or adjacent to the building.

## **STANDARD 3: Hostel Supports**

### **3.1 Activities of Daily Living**

- a) The owner or operator shall ensure such assistance as is required for the resident to carry out the activities of daily living. This may include advice, information or supervision provided to tenants. Such assistance to include, but not be limited to; bathing, personal hygiene, toileting, dressing, eating, and the maintenance of privacy and personal dignity.
- b) The owner or operator shall ensure that the following services are available (however, the service need not necessarily be provided by the owner/operator):
  - i. transportation to medical appointments, dentist, optical care and other health professionals, preferably public transportation,
  - ii. assistance with personal shopping,
  - iii. facilities for personal laundry
- c) Consideration should be given to the provision of:
  - i. guidance, information and advice
  - ii. opportunities for leisure and recreational activities, mental and physical activity.
- d) Wherever the tenant's physician, the operator, or a member of a regulated health profession who is employed by a referring agency designated in the Guidelines, determines that a tenant requires additional care for his or her special needs, the operator shall ensure that such services are provided to that tenant while the tenant continues to reside in the facility.
- e) Where the tenant is determined to have special needs of a physical, mental, or developmental nature, the operator shall consult with the tenant, his or her next-of kin, and/or a community worker, and prepare a plan which may include additional services, such as additional personal care services and/or rehabilitative services.
- f) Where the tenant requires additional personal care services, the operator shall ensure that such services are provided through a referral to a Community Care Access Centre or to a private community agency.
- g) Where the tenant requires rehabilitative services, the operator shall support the tenant's rehabilitative goals in the facility and in the community, which may include assisting tenant with meal preparation, laundry, household duties and self-medication.

- h) The operator shall make sure that extra care is given to the tenant if the physician, the operator, the Medical Officer of Health, or a regulated health professional employed by a referring agency is of the opinion that it is needed.
- i) When a tenant has special needs, the operator shall speak to the tenant, the tenant's next of kin, and the tenant's community worker (for example, social worker from psychiatric agency or nurse from C.C.A.C.) about what needs to be included in the plan to meet the special needs.
- j) The plan should list the special needs of the tenant. For any services given, the plan should state the reason why the service is being given, details of what the extra service is, who will provide the service, and how often the service will be provided.
- k) The operator shall make sure that there are enough employees on duty to provide care services and that these employees are trained to provide the care services to the tenants as needed.
- l) If a tenant appears to need more care services than what the operator is allowed to give, the operator shall:
  - i. Speak to the tenant, next of kin, or attorney for personal care, as the case may be, about contacting Community Care Access Center (CCAC) to get extra help with care and/or to have an assessment for placement into another type of facility.
  - ii. Change the written tenancy agreement to include any new care services that are given to make sure that care needs are being met.
- m) If an operator is providing care that the operator is not allowed to provide, the Building and Licensing Division, (Standards and Licensing Section) will be notified.
- n) "Rehabilitative services" means services for a person with a physical, mental, or developmental handicap, and includes:
  - i. homemaker services;
  - ii. day care;
  - iii. training and rehabilitation;
  - iv. casework and counseling; and,
  - v. training in life skills.
- o) Extra care or goals for rehabilitation should be a part of the plan. The operator shall help the tenant to meet any goals for rehabilitation. This could mean helping with, things such as getting meals ready, doing laundry, doing household chores, and taking his/her own medication.

### 3.2 Tenant Well-Being

- a) The Operator shall promote programs and activities which are intended to enhance the quality of life of the Residents, including, but not limited to, the following:
  - i. organizing social and recreational activities for Residents;
  - ii. collaborating with social and health workers from community agencies, as required; and
  - iii. facilitating the Residents' participation in recommended community programs and events, provided that if there is a cost involved to the Operator, the Operator shall determine whether it will fund or partly fund the cost and the type of any non-monetary assistance it will provide for such purpose.
- b) The Operator shall allow access to the Hostel at any reasonable time by visitors and service agencies mandated to provide programs for Residents who choose to receive these services on the Hostel's premises.
- c) The Operator shall offer regular house meetings. The purpose of the meetings is to give Residents the opportunity to discuss the operations of the Hostel and other related matters.

### 3.3 Tenancy Agreements

- a) The operator enters into a written tenancy agreement with each subsidized individual who is admitted as a tenant of the hostel. The agreement is signed by the resident or representative, retained in the resident's records and a copy provided to the resident as per the Tenant Protection Act. 1997,S.O.1997, c.24.

### 3.4 Access to Home

- a) Each resident has access to the domiciliary hostel on a twenty-four (24) hour basis, however operators may make appropriate arrangements to ensure late night access to the domiciliary hostel. As well, service agencies mandated to provide programs for Residents who choose to receive these services on the Hostel's premises shall have reasonable access.
- b) Residents have 24-hour access to a bathroom and washroom, a sitting room and their bedroom.
- c) Each resident may have visitors at the domiciliary hostel as long as the visitors do not interfere with the privacy and rights of other residents or the usual operation of the domiciliary hostel. The operator shall establish a schedule to allow visitors open access to the domiciliary hostel during reasonable hours. The operator may, for cause, deny certain visitors access to the domiciliary hostel.

### 3.5 Privacy

- a) All mail received and sent by residents is unopened.
- b) Bedroom doors are lockable from the inside, and the operator has an access key to each room for use in an emergency situation and/or for cleaning.
- c) Staff do not enter a resident's bedroom without knocking first and asking permission to enter unless there is an emergency where the resident's (or other resident's) safety is in question/jeopardy.
- d) All bathrooms and toilet rooms shall be provided with doors that will provide privacy and shall not have locks unless they are a type that can be released from the outside in case of an emergency

### 3.6 Rights & Responsibilities

- a) Every domiciliary care provider shall have house policy procedures and shall have posted in the facility the rights and responsibilities of residents. At minimum, residents have the right to:
  - i. Basic needs including food, water and shelter;
  - ii. A clear understanding of shelter rules and resident responsibilities;
  - iii. Be free from discrimination, harassment and be treated in a non-judgmental and respectful way;
  - iv. Be informed of internal policies and processes for documenting, investigating and resolving complaints;
  - v. Contact directly County of Oxford domiciliary care case workers with concerns that have not been addressed without fear of punishment;
  - vi. An environment free from harassment or discrimination;
  - vii. The protection of their privacy;
  - viii. Receive a written tenancy agreement;
  - ix. Receive a Care Home Information Package (CHIP) which states the agreement between the retirement or rest home and the resident, services being provided, along with costs for these services;
  - x. Information on community services and resources;
  - xi. Have forms and requests for information explained;
  - xii. The opportunity to set their own goals, make decisions that affect them and receive support as they work towards these goals



- b) At minimum residents are expected to:
  - i. Follow the rules of the domiciliary care facility;
  - ii. Treat fellow residents, staff, volunteers with respect;
  - iii. Respect the facility and personal belongings of others.
- c) A resident may be discharged for a number of reasons that may include:
  - i. Resident continues not to comply with house rules and is posing a health and safety risk;
  - ii. Resident's physical and or mental health needs exceed the capacity of the operator's expertise;
  - iii. Resident feels that the home no longer meets their need or expectations.
- d) Under these circumstances the operator will prepare the proper discharge report and consult with the appropriate domiciliary case worker about appropriate referrals and admission to other services for the resident.

### **3.7 House Meetings**

- a) The operator provides the residents with opportunities to establish and maintain an organized residents' council.
- b) Residents are informed of and assisted in accessing advocacy/support agencies, available to them, which can assist them in promoting their rights.
- c) The operator ensures that policies and procedures are in place to manage written complaints regarding the domiciliary hostel and its services and to respond to requests or suggestions made by a resident or resident's representative. The procedures are posted in a conspicuous place within the hostel's premises, easily accessible to residents, families and representatives.
- d) The operator responds, professionally and appropriately, and in a timely fashion, to all written requests, suggestions and complaints. The operator ensures that confidentiality is respected at all times. Records of written requests, suggestions and complaints are kept and include the date received, the feedback and the date it was provided to the complainant, the actions taken to resolve the issues and the follow-up.

### **3.8 Conflict Resolution**

- a) The Operator shall ensure that policies and procedures are in place to manage written complaints regarding the Hostel, its services and to respond to requests or suggestions made by Residents or Resident's representatives and the Operator shall provide the County with a copy of these policies and procedures.

### 3.9 Meals/Nutrition

- a) The Operator shall provide meals prepared in sufficient quantity, quality and nutritional value to meet recommended daily intake for proper nutrition as provided in Canada's Food Guide to Healthy Eating ("Canada's Food Guide") published by Health Canada, 1992, or successor publication therefor, and shall ensure that each daily menu complies with the recommendations for food intake in Canada's Food Guide.
- b) In cases where a Resident's physician has advised that the Resident requires a special diet, the Operator shall provide meals that comply with such diet so long as there is no material additional cost borne by the Operator to provide these meals. If the cost to the Operator to provide the special diet would be significantly more expensive, if the resident receives either Ontario Disability Support Program (ODSP) or Ontario Works (OW) assistance, the County will endeavor to increase assistance to enable the Resident to pay for the additional expense to enable the Operator to provide the special diet.

- c) Residents shall receive three (3) meals a day during the following established times:

Breakfast	7:00 a.m. - 10:00 a.m.
Lunch	12:00 noon - 2:00 p.m.
Dinner	5:00 p.m. - 7:00 p.m.

- d) A nutritious snack and beverage, selected according to Canada's Food Guide, shall also be provided between each meal and after dinner.
- e) The Operator, with reasonable advance notice, shall provide a meal or a packed lunch for a Resident who is unable to eat a meal at the Hostel at the designated time.
- f) The SS&H Representative shall review any items respecting, but not limited to, preparation and serving of food and menus, and food intake, to monitor compliance with Canada's Food Guide.

### 3.10 Menus

- a) The owner/operator shall post a seven day menu plan for the week following the date of posting. Every menu shall bear the date of posting and shall be retained for 90 days following such date.

### 3.11 Bedrooms – Personal Space

- a) Tenants bedrooms are their personal space and they shall be free to use that space in manners they see fit (e.g. decorate, entertain guests) unless this use infringes upon the rights of others, is illegal or poses a safety hazard.

### 3.12 Home Entertainment

- a) The Operator shall promote programs and activities which are intended to enhance the quality of life of the Residents, including, but not limited to, the following:
  - i. organizing social and recreational activities for Residents;
  - ii. collaborating with social and health workers from community agencies, as required; and
  - iii. facilitating the Residents' participation in recommended community programs and events, provided that if there is a cost involved to the Operator, the Operator shall determine whether it will fund or partly fund the cost and the type of any non-monetary assistance it will provide for such purpose.
  - iv. the owner/operator shall provide at least one television and stereo for tenants use in the common area. In large homes, owner/operators are encouraged to provide additional televisions with VCR/DVD capacity.

### 3.13 Transportation

- a) The owner/operator shall provide tenants support to assist with arranging transportation to appointments with community supports and services be available. (service need not necessarily be paid for and/or provided by the owner/operator)

**Appendix A**

**ASSESSMENT FORM**

Residential Care Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number : \_\_\_\_\_

Name of Tenant: \_\_\_\_\_ Gender: \_\_\_\_\_

Surname First Name

**Date of Birth:** \_\_\_\_\_ **Admission Date:** \_\_\_\_\_

Allergies: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Brief Medical History:  
\_\_\_\_\_  
\_\_\_\_\_

Diagnoses:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications Currently Prescribed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tenant: \_\_\_\_ is able \_\_\_\_ is not able to self-medicate.

Ambulation: (check all that apply)

- 1. Fully Ambulatory \_\_\_\_ on the level \_\_\_\_ on the stairs \_\_\_\_ wanders
- 2. Independent with aids \_\_\_\_ cane \_\_\_\_ walker \_\_\_\_ wheelchair
- 3. Requires assistance \_\_\_\_ on the level \_\_\_\_ on the stairs

Bladder: \_\_\_\_ responsible for self (not incontinent)  
\_\_\_\_ rare incontinence (use of briefs)  
\_\_\_\_ frequent incontinence

Bowels: \_\_\_\_ responsible for self(not incontinent)  
\_\_\_\_ rare incontinence(use of briefs)  
\_\_\_\_ frequent incontinence

Nutrition:

able to eat: \_\_\_\_independently \_\_\_\_ with supervision \_\_\_\_ assistance

Special diet? \_\_\_\_ No \_\_\_\_ Yes, specify \_\_\_\_\_

Hygiene: \_\_\_\_independent \_\_\_\_ supervision \_\_\_\_assistance

Dressing: \_\_\_\_independent \_\_\_\_ supervision \_\_\_\_assistance

County of Oxford Domiciliary Hostel Standards

Mental Health:

Oriented to: Person, place and time \_\_\_ Yes \_\_\_ No, (specify): \_\_\_\_\_

Confusion: \_\_\_ never \_\_\_ occasionally \_\_\_ frequently

Cognitive Impairment: Impedes functional ability \_\_\_ never \_\_\_ occasionally \_\_\_ frequently

Agitation: \_\_\_ never \_\_\_ occasionally \_\_\_ frequently \_\_\_\_\_

Aggression: \_\_\_ never \_\_\_ occasionally \_\_\_ frequently \_\_\_\_\_

Significant recent mental or physical changes/incidents/hospitalizations:

\_\_\_\_\_  
\_\_\_\_\_

TB skin test (must be completed within 14 days of admission)

Date: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ Results: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

If TB test positive, result of chest x-ray and doctor's assessment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Chest x-ray: \_\_\_\_\_

Additional Care: \_\_\_ Yes \_\_\_ No

Describe: \_\_\_\_\_

\_\_\_\_\_

Please Give Opinion: The Individual requires a level of care services that the operator  
\_\_\_ is able \_\_\_ is not able to provide in the facility.

Date Completed: \_\_\_\_\_

Physician's/Health Professional's Name(print): \_\_\_\_\_

Physician's/Health Professional's Signature \_\_\_\_\_

**Appendix B**

**REPORT OF OCCURRENCE OF ASSAULT OR INJURY**

**COUNTY OF OXFORD  
SERIOUS INCIDENT REPORT  
DOMICILIARY HOSTELS**

***REPORT OF OCCURRENCE OF ASSAULT OR INJURY***

1. Name of Residential Care Facility: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Date of Occurrence: \_\_\_\_\_
4. Time of Occurrence: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
5. Name of tenant: \_\_\_\_\_  
Date of Birth (yyyy/mm/dd): \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Date of Admission: \_\_\_\_\_
6. Name of Person/s who discovered or observed occurrence: \_\_\_\_\_
7. Brief description of occurrence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Type of injury sustained, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Was first aid given? yes \_\_\_\_\_ no \_\_\_\_\_ describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Was 911 called? yes \_\_\_\_\_ no \_\_\_\_\_ Time 911 called \_\_\_\_\_
11. Was tenant sent to hospital? yes \_\_\_\_\_ no \_\_\_\_\_
12. Name of hospital: \_\_\_\_\_
13. Was physician notified? yes \_\_\_\_\_ no \_\_\_\_\_
14. Time when physician notified: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

15. Name of physician: \_\_\_\_\_

16. Physician Notified By: \_\_\_\_\_

**For Physician Use Only**

17. Attending physician's name: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Signature of attending physician: \_\_\_\_\_

19. Were relatives or friends of tenant notified?    yes \_\_\_\_\_    no \_\_\_\_\_

20. What action have you taken to prevent this occurrence from happening again? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If tenant died:**

21. Was coroner notified?    yes \_\_\_\_\_    no \_\_\_\_\_

22. Date coroner notified \_\_\_\_\_

23. Time coroner notified \_\_\_\_\_ a.m.    \_\_\_\_\_ p.m.

24. Signature of Person Completing Form: \_\_\_\_\_

25. Signature of Operator/Manager: \_\_\_\_\_

**NOTES:**

1. Place original form in Tenant's File.
2. Give copy to Physician.

**Appendix C**

**REPORT OF TENANTS DEATH RESULTING FROM AN ACCIDENT OR AN UNDETERMINED CAUSE OR OF A COMMUNICABLE DISEASE**

**County of Oxford  
Domiciliary Hostel Care**

REPORT OF TENANT'S DEATH RESULTING FROM AN ACCIDENT OR AN UNDETERMINED CAUSE OR OF A COMMUNICABLE DISEASE

1. Name of Residential Care Facility: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Tenant's Name: \_\_\_\_\_  
Male  Female

4. Tenant's Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(year) (month) (day)

5. **Check cause of Death**

Accident  Undetermined Cause  Communicable Disease

6. Date of tenant's death: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(year) (month) (day)

7. Time of tenant's death: \_\_\_\_\_ a.m.  p.m.

8. Brief description of events leading up to death:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Name of physician: \_\_\_\_\_ Signature \_\_\_\_\_

10. Date physician notified: \_\_\_\_\_

11. Time physician notified: \_\_\_\_\_ a.m.  p.m.

12. Were Emergency Medical Services (911) called: yes  no

13. Name of person who discovered that tenant had died or who observed accident resulting in death (for employees of facility, indicate position):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





