



**THE CORPORATION OF THE CITY OF WINDSOR**

**DOMICILIARY HOSTEL PROCEDURAL MANUAL**  
**RESIDENTIAL SUPPORT SERVICES**

**REVISED OCTOBER 2010**

# TABLE OF CONTENTS

|   |    |
|---|----|
| FOREWORD.....   | 3  |
| BACKGROUND .....  | 4  |
| I. THE APPLICATION PROCESS .....                                | 5  |
| II. MEDICAL FORM – CONSENT TO RELEASE MEDICAL INFORMATION ..... | 6  |
| III. BILLING PROCESS.....                                       | 7  |
| IV. COMPLETION OF THE MONTHLY BILLING FORM .....                | 7  |
| V. TRUST ACCOUNTS AND PERSONAL NEEDS .....                      | 9  |
| VI. LONG-TERM CARE FACILITY PLACEMENT .....                     | 9  |
| VII. DISCHARGE PROCEDURE/BED-HOLDING.....                       | 10 |
| VIII. NOTICE TO VACATE/TRANSFER.....                            | 11 |
| IX. TRANSPORTATION - CABS, BUS PASSES .....                     | 12 |
| X. INCONTINENT SUPPLIES.....                                    | 13 |
| XI. PURCHASE ORDERS – DENTAL , EYEGLASSES & DRUG COVERAGE ..... | 13 |
| XII. SERIOUS OCCURRENCE REPORTING PROCEDURE.....                | 14 |
| XIII. RESIDENT INTERVIEWS .....                                 | 15 |
| XIV. DOMICILIARY HOSTEL STANDARDS .....                         | 15 |
| XV. BYLAW INFRACTIONS.....                                      | 16 |

## **Appendices**

|                    |  |
|--------------------|--|
| Attachment 1 ..... | Consent to Release Medical Information Form            |
| Attachment 2 ..... | Medical Letter to Physician                            |
| Attachment 3 ..... | Resident Authorization Form                            |
| Attachment 4 ..... | Serious Occurrence Report Form                         |
| Attachment 5 ..... | Serious Occurrence Report Form “In the Event of Death” |

## **FOREWORD**

The Domiciliary Hostel Procedural Manual is a reference guide for the daily and monthly procedures that domiciliary hostel Operators must follow in meeting their obligation as it relates to domiciliary hostel services.

The Domiciliary Hostel Procedural Manual reflects the requirements as set out in:

- Domiciliary Hostel Service Agreement
- Schedule L1 to By-law #395-2004
- Domiciliary Hostel Standards
- Policies and Procedures of Community Development and Health Services

**Please note:** Material taken directly from the Domiciliary Hostel Service Agreement is represented by italics throughout this manual.

## BACKGROUND

City of Windsor, Community Development and Health Services offers financial assistance for eligible individuals who have a medical need for domiciliary hostel care but are not able to cover the costs. The Corporation of the City of Windsor has agreements with a number of Domiciliary Hostels Operators in the City, and while Corporate staff may advise an appropriate placement with consideration for the existing populations, the decision regarding placement rests with the individual.

There are 3 primary factors in determining and approving eligibility for subsidy for placement in a domiciliary hostel:

- Medical Need – Demonstrated need for some supervision and support with activities of daily living but who are not eligible for Long-Term Care
- Financial Need – Income and asset level must be below the income and asset levels as set out by the Ministry of Community and Social Services (MCSS)
- Appropriateness of Placement – Without limiting the generality of the foregoing, assistance will be denied if in the opinion of the Community Development and Health Commissioner or his/her designate, the applicant's residency will adversely affect the comfort and well-being of other residents or other more suitable accommodations are available to the applicant.

In the absence of any one factor, subsidy may not be available. The Domiciliary Hostel Program is a discretionary service cost shared by the Ministry of Community & Social Services (MCSS) and the Corporation of the City of Windsor. It is intended to 'top-up' the income of residents and for that reason, all changes of income must be reported immediately.

In 2007-08, MCSS required municipalities to design domiciliary hostel standards. The goal of the Domiciliary Hostel Standards is to create a system that supports vulnerable adults to maintain safe housing and to access supports both in the home and the community that foster and promote independence and social inclusion. As a result, the City of Windsor created the Domiciliary Hostel Standards that apply 40 consistent standards under 3 categories:.

- Program Administration
- Hostel Operations
- Hostel Supports

On a yearly basis, reviews are conducted by Corporate staff to ensure domiciliary hostels are in compliance.

## I. THE APPLICATION PROCESS

*The Corporation maintains the right to approve or deny assistance at the initial application or re-documentation. Assistance will be denied if, in the opinion of the Community Development and Health Commissioner or his/her designate, the applicant fails to meet the requirements for eligibility under the **Ministry of Community and Social Services Act** or if the applicant fails to provide medical evidence to support the need for custodial care. Assistance will also be denied if the applicant is eligible for admission to a Long-Term Care Facility. Without limiting the generality of the foregoing, assistance will be denied if, in the opinion of the Community Development and Health Commissioner or his/her designate, the applicant's residency will adversely affect the comfort and well-being of other residents or other more suitable accommodations are available to the applicant.*

Applicants or their designate in need of domiciliary hostel subsidy must contact the City of Windsor Residential Support Services to request an application in determining eligibility and availability of subsidized assistance. Whenever possible, all applications must be completed prior to actual placement into the domiciliary hostel. Corporate staff will commence the application process within 4 business days of receiving the request. Corporate staff will advise the Domiciliary Hostel Operator whether or not subsidy will be provided prior to the applicant being placed in the Home.

The effective date of eligibility for individuals entering a domiciliary hostel directly from home or hospital without prior contact with the Corporation, will be the date that Corporate staff complete the subsidy application. The Corporation is not financially responsible for the admission of residents without prior approval.

Eligibility for assistance is only determined after the completion of an Application and receipt of a Medical Form verifying the need for domiciliary hostel care.

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

- the completed Consent to Release Medical Information must be available clearly stating that some supervision and support with activities of daily living is required.
- verification of monthly income e.g. Ontario Works (OW), Ontario Disability Support Program (ODSP), Canada Pension Plan (CPP), Old Age Security (OAS), Guaranteed Income Supplement (GIS), Employment Insurance Benefit (EIB), private pension payments, etc.
- liquidable assets must be verified and fall below the maximum limits set by MCSS for a single person in receipt of OW/ODSP. If an applicant is low income, the maximum asset levels under ODSP apply. An asset is defined as a bank account, Registered Retirement Savings Plan/Registered Education Savings Plan (RRSP/RESP), investments, second vehicle, property and cash surrender value of life insurance policies. Applicants who exceed the current legislated asset level will be deemed ineligible for subsidy until such time when their asset level is below the maximum allowable amount.
- Life insurance policies are established to assist with funeral and burial expenses even though the appointed beneficiary may not wish to forward monies for this purpose. Subsidized domiciliary hostel residents will not be considered for Corporate paid funeral

and burial expenses if such a policy existed prior to their death.

## **II. MEDICAL FORM – CONSENT TO RELEASE MEDICAL INFORMATION**

### **Consent to Release Medical Information (Attachment #1)**

The medical form must be submitted in each of the following instances:

- A new application (including ODSP applications);
- At least once yearly for redocumentation purposes;
- In the case of a re-admission following discharge from a domiciliary hostel;
- Upon any discharge from hospital when bed holding days have been exhausted;
- Subsequent to any significant change in health.

The medical form must substantiate the need for domiciliary hostel care and be authorized by one of the following:

- Family Doctor or Specialist (such as Psychiatrist)
- Psychologist
- Registered Nurse in the Extended Class (RNEC/Nurse Practitioner)
- In Emergencies – Hospital Charge Nurse/or Patient Care Resource Leader (PCRL) who will make available a History and Physical Report which will identify the client's needs and level of care. Hospital will discharge patients with scripts for medication and referrals to community agencies as appropriate.

The medical form should be as detailed as possible with respect to the individual's activities in daily living (i.e., their limitations to attend to personal care), their health status, their needs and level of care. When issuing the medical form, Letter to the Physician (Attachment #2) should be included.

Failure to submit the medical form may result in suspension or discontinuation of benefits.

No subsidy will be paid or approval given to any **new** applicant who fails to demonstrate a medical need for domiciliary hostel care.

A letter will be issued outlining information which is outstanding from the initial application. The applicant, applicant's family, or the Operator on behalf of the applicant, will have 10 business days to submit the information or the application will be denied.

### **III. BILLING PROCESS**

*The Operator agrees to make arrangements for all pension cheques, governmental benefits, and any other type of regular income to be directed to the Operator and further that all such income received on a regular and periodic basis, excluding Personal Needs Allowance, shall be deducted from the cost of care. The invoice statement submitted by the Operator shall be in accordance with the agreed format.*

*The Operator further agrees to immediately notify the Community Development and Health Commissioner or his/her designate if a resident's financial circumstances change.*

*The Operator agrees to notify the Community Development and Health Commissioner or his/her designate on the day of a resident's discharge or on the following Departmental working day.*

All resident's income is applied towards the cost of care, minus the current personal needs allowance.

Operators, Trustees, Powers of Attorney and residents MUST report changes in income to Corporate staff as soon as they occur.

Earnings of residents will be budgeted according to current OW/ODSP legislation. Those who earn more than the current legislation MUST contribute dollar for dollar towards their room and board expenses up to the current maximum per diem rate legislated by the province.

Operators are responsible to assist residents to complete applications and/or redeem other sources of income (i.e. moving from OW to ODSP, OAS & GAINS or applying for EI benefits). Corporate staff are available for assistance upon request and will follow-up if not completed.

All residents' income is to be applied towards the following month.(e.g., an ODSP cheque received at the end of January is applied towards cost of care for the month of February)

The Resident Authorization Form will specify the amount and source of the resident's income to be contributed towards the cost of care at the time of the initial application. (Attachment #3)

### **IV. COMPLETION OF THE MONTHLY BILLING FORM**

*The Operator will submit invoices on a monthly basis on or before the 5th day of each month for the immediately preceding month. The Executive Director of Housing & Children's Services or Designate will review all invoices for approval and processing of payment in keeping with the terms of this agreement.*

*Invoices must be supported by such substantiating documentation as may be required by the Corporation, including:*

- *the amount of payment claimed and details thereof, including the details as to the names of the residents in respect of whom each claim is made, the number of days, the dates, a full accounting of any contributions made by or on behalf of each resident, the source contribution and amount of the balance of money or other liquid assets available for the use of such resident and held in or by the Operator or standing to the credit of such resident in a trust account maintained in or by the Operator on behalf of such resident.*

*The Operator will submit invoices in the agreed upon format.*

The domiciliary hostel billing must be completed each month and submitted to the Supervisor of Domiciliary Hostels on or before the 5<sup>th</sup> day of the month immediately following the period of billing.

The billing must include the following information:

- The name of each resident requiring subsidy;
- For new admissions, the date of admission;
- For any discharges, the date of discharge;
- The number of days for which payment is requested;
- The gross cost;
- The total resident income;
- The actual payment towards costs;
- The net cost to the Corporation;

Trust Fund information to be submitted monthly:

- The previous balance of each resident trust;
- The monthly credit to each trust;
- The monthly debit to each trust;
- The present balance of each resident trust.

“Comments” section should include:

- Any and all trust account information;
- Hospital stays during month, bed-holding or other absences;
- Any other pertinent information.

All billings are reviewed and appropriate adjustments are made.

Prior to submitting the billing each month, any problems should be discussed with Corporate staff. Failure to provide information as required may result in delays to processing of payment. Any outstanding billings and adjustments for the year must be received for payment by no later than January 15<sup>th</sup> in the following year. Any billings received after this date **will not** be considered for payment.



## V. TRUST ACCOUNTS AND PERSONAL NEEDS

*The Operator shall keep accurate records of all services provided under this agreement, including accurate trust records and supporting documentation, and shall supply to the Corporation any information from these records that the Corporation may request. The Operator shall not be responsible for trust accounts that families administer for the residents.*

In accordance with the Ontario Works Act: “An Operator may appoint a person to act for a recipient 18 years of age or older if there is no guardian of property or trustee for the recipient and the Operator is satisfied that the recipient is using or is likely to use his or her assistance in a way that is not for the benefit of the member of the benefit unit”.

A resident may request that an Operator administer his or her personal monies in accordance with the Domiciliary Hostel Service Agreement.

The Operator must advise the Corporation immediately should a resident’s liquid assets exceed the allowable levels.

### **Personal Needs**

The Personal Needs Allowance is intended for the purchase of items such as clothing or personal products. It is not intended for 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. shampoo, soap or toilet paper).

PNA is either forwarded by the Corporation to the resident or deducted from their income source and given to the resident or the trustee at the beginning of the month. If the Operator is acting as the Trustee for the PNA, an agreement must be established and a ledger of all transactions for the PNA must be maintained.

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

## VI. LONG-TERM CARE FACILITY PLACEMENT

*The Corporation maintains the right to approve or deny assistance at the initial application or re-documentation. Assistance will be denied if, in the opinion of the Community Development and Health Commissioner or his/her designate, the applicant fails to meet the requirements for eligibility under the **Ministry of Community and Social Services Act**, or if the applicant fails to provide medical evidence to support the need for custodial care. Assistance will also be denied if the applicant is eligible for admission to a Long-Term Care Facility. Without limiting the generality of the foregoing, assistance will be denied if, in the opinion of the Community Development and Health Commissioner or his/her designate, the applicant's residency will adversely affect the comfort and well-being of other residents or*

*other more suitable accommodations are available to the applicant.*

*The Operator shall notify the Community Development and Health Commissioner or his/her designate within twenty-four (24) hours or on the next working day (of the Community Development and Health Services) that a resident has been admitted to hospital, is otherwise absent for any reason, is in need of more than custodial care, or that custodial care is no longer adequate or required for such resident.*

*The Operator agrees to advise the Community Development and Health Commissioner or his/her designate that a resident has been deemed eligible for placement in a Long-Term Care Facility as an insured person under the **Health Insurance Act**.*

An applicant who is deemed eligible for Long-Term Care Facility Placement will not be approved for domiciliary hostel assistance.

When a resident's health changes to the point of requiring more than supervised care the Operator must notify Corporate staff immediately. A meeting will be arranged with the domiciliary hostel Operator, Corporate staff, other concerned parties (i.e. trustee, family) and resident to discuss referral to Community Care Access Centre (CCAC) for assessment and to document concerns.

If there is a concern that the resident should have a CCAC assessment, but the resident/family refuse the assessment process, then a detailed medical from the physician is required to verify that the domiciliary hostel is still an appropriate placement. Failure to provide a detailed written medical within 30 days of request from the Corporation will result in the subsidy being terminated.

If the domiciliary hostel accepts/maintains a resident who would seem to require Long-Term Care, the Operator is responsible for that placement decision.

A resident deemed eligible for Long Term Care Facility Placement is expected to accept the first such placement available. The resident and/or family may decline the placement, however, domiciliary hostel subsidy will be discontinued at that point.

Bed-holding days are not applicable when a resident, assessed as eligible for Long-Term Care Facility Placement, is admitted to hospital. Subsidy will immediately be terminated and approval will not be given for any re-admission to a domiciliary hostel.

## **VII. DISCHARGE PROCEDURE/BED-HOLDING**

*The Operator shall notify the Community Development and Health Commissioner or his/her designate within twenty-four (24) hours or on the next working day (of Community Development and Health Services) that resident has been admitted to hospital, is otherwise absent for any reason, is in need of more than custodial care, or that custodial care is no longer adequate or required for such resident.*

Domiciliary hostel residents are allowed 14 bed-holding days within any 12-month period. The Operator must notify Corporate staff within 24 hours and request approval for bed holding in respect to a hospitalization or other absence (i.e. overnight social visits, vacation).

Each request for bed holding must be reviewed by Corporate staff prior to approval. If a resident is entitled to bed holding, no adjustments will be made to the monthly billing. If a resident has no bed holding days, then termination or deauthorization will be put into effect, as appropriate. Reapplication will be necessary if the resident has been out of the domiciliary hostel for more than 30 days.

An additional period to a maximum of fourteen (14) bed-holding days may be authorized for payment based upon a written request from the Operator outlining the reason(s) for the extension of bed-holding days and forwarded for approval to the Domiciliary Hostel Supervisor. Extensions will only be approved if the resident has been hospitalized.

## **VIII. NOTICE TO VACATE/TRANSFER**

*The Operator agrees to notify the Community Development and Health Commissioner or his/her designate on the day of a resident's discharge or on the following Departmental working day.*

Since domiciliary hostels are considered care homes under the **Residential Tenancy Act Part IX Care Homes**, a resident or Operator is required to provide notice as indicated under the Residential Tenancy Act, if they choose to move from the domiciliary hostel or if the Operator has grounds for eviction.

The Corporation will not be held financially responsible if a resident moves from a domiciliary hostel into the community without providing sufficient notice or if a transfer has been completed without the approval of the Community Development and Health Commissioner or his/her designate.

The resident is responsible for finding and securing another domiciliary hostel placement or apartment in the community. If the resident plans to move back into the community, Corporate staff will discuss the repercussions, both financial and social, of that move.

No per diem will be paid for any transfer that has not received prior approval.

Any resident wishing to transfer to another domiciliary hostel must contact Corporate staff prior to any move.

If the request for transfer is the result of a resolvable issue between the Operator and the resident, Corporate staff will attempt to facilitate a resolution prior to any transfer and/or a mediation service can be consulted.

The Operator is obligated to refund any and all monies owed to the resident, including the balance of any trust monies, and to remit to the resident or his/her designate all medications immediately upon discharge from the home in a timely fashion. The Operator may not withhold any portion of the resident's income that is to be applied to the following month or any portion of a resident's Trust. Any outstanding issues in respect to income owed towards cost of care should be addressed directly to the Domiciliary Hostel Supervisor.

## **IX. TRANSPORTATION - CABS, BUS PASSES**

The Operator of a lodging house shall make every attempt to ensure that transportation (either public or private) is available to all residents to allow them to attend medical appointments, social activities and also to participate in recreational or therapeutic programs;

The Operator, wherever practical, shall ensure that transportation to all community programs, facilities and services is to be by public transit system so as to encourage independence and personal growth.

Bus Passes - Bus passes will be issued to eligible OW residents who are able to use public transportation. The resident must have reason to use the bus three times or more a week to qualify for a bus pass and reasons may include medical, legal, recreational and health-related functions. Residents will be asked to provide written documentation to verify appointments and activities if a bus pass is requested.

Residents who have a bus pass will not be approved to use cabs, unless there has been a change in their situation (health) or unless approval for other reasons has been obtained from Corporate staff. The need for a bus pass for that individual will be reviewed.

Residents in receipt of ODSP who require assistance to cover the cost of medical transportation should follow the ODSP Medical & Transportation Benefit Guideline.

OW/ODSP residents who are in receipt of medically related transportation payments must use these funds towards their cost of transportation.

Taxi-Cabs - are provided for medical or therapeutic reasons only.

Operators are responsible to arrange for taxi-cab transportation and for paying the taxi-cab company directly. Operators may be reimbursed for authorized taxi-cab charges on a monthly basis as approved by Corporate staff. A Taxi-Cab Log must be used to record the monthly taxi-cab costs for eligible residents. The Operator is required to sign and date the Taxi-Cab Log and include the original charge slips for reimbursement. The completed Taxi-Cab Log and charge slips are submitted to Corporate staff with the monthly billings. Reimbursement of taxi-cab costs will be for those residents authorized to use taxi-cab transportation only. Reimbursement will be included with the monthly domiciliary hostel payment.

Residents who are denied transportation costs for taxi-cab use by OW/ODSP as they are able to take public transportation, will not be approved for taxi-cab use or payment by the Corporation.

## **X. INCONTINENT SUPPLIES**

Residents in receipt of ODSP who require incontinent supplies are to contact ODSP for assistance.

Incontinent supplies are provided to all other residents who have:

- a prescription
- demonstrated financial need
- information re: size and usage

Orders are placed monthly and a new prescription is necessary every 6 months.

The Operator must advise Corporate staff immediately when:

- incontinent supplies are no longer required
- an order needs to be adjusted due to surplus of supply
- financial circumstance changes and resident may no longer have a demonstrated financial need

Failure to advise the Corporation may result in recovery of costs from the monthly billing.

## **XI. PURCHASE ORDERS – DENTAL , EYEGLASSES & DRUG COVERAGE**

### **Dental:**

Residents in receipt of OW/ODSP who require emergency dental care must contact their worker. All other residents who require emergency dental care should call Corporate staff requesting assistance with dental services.

In determining eligibility, the Corporate Dental Co-ordinator reviews dental estimates, treatment plans and costs involved. All dental services must be pre-approved by the Corporate Dental Co-ordinator prior to receiving treatment. Once eligibility status is determined, Corporate staff process the request of approved services and inform the resident. The Corporate Dental Co-ordinator completes a Pre-Determination form and faxes a copy to the dentist of choice.

### **Eyeglasses:**

Residents in receipt of OW/ODSP who require eyeglasses must contact their worker. All other residents who require eyeglasses, should contact Corporate staff, with their prescription, for approval and a Purchase Order is arranged if eligible.

All residents, except those in receipt of ODSP, receiving assistance with the purchase of eyeglasses must deal with OUELLETTE AVENUE EYECARE only.

Services are as follows:

- Eyeglasses, lenses and frames, repairs or replacements
- Eyeglasses may be replaced every 3 years or more often if breakage occurs
- Lenses may be replaced at any time if the prescription changes

### **Drug Coverage:**

Residents in receipt of OW/ODSP are provided drug coverage under the Ontario Drug Benefit (ODB). All other residents must apply for drug coverage through Trillium. Residents must submit income tax returns on an annual basis to Trillium.

To meet immediate need, the Corporation can arrange a one-time purchase order with the pharmacy. Purchase orders may be issued to allow for prescriptions not covered under ODB pending the Individual Clinical Review (ICR). Corporate staff requires a copy of the prescription, dosage, duration of need and estimated monthly expense prior to issuing a purchase order to the pharmacy.

## **XII. SERIOUS OCCURRENCE REPORTING PROCEDURE**

*The Operator shall notify the Community Development and Health Commissioner or his/her designate within twenty-four (24) hours or on the next working day (of Community Development and Health Services) of every occurrence of fire, assault, injury, infectious condition or disruptive behaviour involving any resident of the Domiciliary Hostel, staff or otherwise occurring within the Domiciliary Hostel. The responsibility to immediately inform Community Development and Health Services of any serious occurrence does not preclude the obligation of the Operator to contact the proper authorities including, but not limited to, the Licensing General Manager, Windsor Police Services, Fire, Emergency Medical Services, resident next of kin, and/or the Windsor-Essex County Health Unit. The Operator shall immediately investigate and document the details of the occurrence including the name of the resident and any other persons involved in the occurrence. This information shall be recorded using the Serious Occurrence Report and forwarded to the Community Development and Health Services Commissioner or designate.*

A Serious Occurrence Report must be submitted whenever any of the following occur:

- Death of a resident
- Fire – serious and/or repetitive
- Assault – Injury to themselves or others
- Communicable Diseases (Infectious Disease)
- Disruptive Behaviour involving any resident of home, staff or otherwise occurring within home
- Incident requiring filing a Police Report
- Resident requires medical attention at a hospital or clinic

The Operator is expected to investigate and document the occurrence and address immediate problems and work towards a solution/resolution. Corporate staff will follow-up with the Operator regarding the success of the resolution plan and/or plan to avoid reoccurrence. A letter will be sent from the Corporation when the issue has been resolved.

The Serious Occurrence Report Form (Attachment #4) must be used by the Operator to report every Serious Occurrence to Corporate staff within 24 hours. In the event of a death complete Attachment #5.

The Operator also has an obligation to report every serious occurrence involving any private paying resident to Bylaw Enforcement Services. A report filed with Bylaw Enforcement Services does NOT preclude the obligation to file a report with Community Development and Health Services using the required form.

### **XIII. RESIDENT INTERVIEWS**

Corporate staff will conduct a thorough, private interview with every subsidized resident at least once a year. At that time, the file will be updated to ensure appropriate documentation is in place. Resident case plans will also be updated to ensure that residents are participating in activities which are necessary and/or of interest (i.e. counselling sessions or recreational programs).

Residents will be asked general questions about life in the home and if items which are required for normal daily living, are readily available, such as shampoo, soap, towels, etc. Residents will also be asked about their level of satisfaction in the domiciliary hostel and if they have any concerns.

### **XIV. DOMICILIARY HOSTEL STANDARDS**

The Domiciliary Hostel Standards consist of standards under 3 categories:

- Program Administration
- Hostel Operations
- Hostel Supports

Corporate staff will conduct a thorough review of each domiciliary hostel at least once a year to ensure that the Domiciliary Hostel Standards are adhered to.

Corporate staff will complete the Domiciliary Hostel Review Report and follow-up with the Operator regarding any categories which are not in compliance with the Domiciliary Hostel Standards. Once the home is in compliance, a letter to this affect will be sent to the Operator.

## **XV. BYLAW INFRACTIONS**

If Corporate staff become aware of possible bylaw and/or service agreement infractions, an assessment will be conducted by Corporate staff. If the concern seems warranted, a referral will be made to Bylaw Enforcement Services to request a formal inspection.