



# **Mental Health Approved Home Program Operator's Manual**

**Saskatchewan**  
2015

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## Section One – Introduction

### 1.1 What is a Mental Health Approved Home?

A Mental Health Approved Home is a home that is issued a license under *The Mental Health Services Act*. The Mental Health Approved Home must operate according to the requirements in *The Mental Health Services Act* and Regulations, and Mental Health Approved Home Program Operator Manual. Approved Homes provide residential services to persons with mental health issues. Each approved home has a condition on their license that requires them to operate in accordance with the most recent edition of the Mental Health Approved Homes Program Operator’s Manual.

An approved home can become a home if it can generate a positive, nurturing atmosphere where residents feel:

- safe from physical and psychological harm;
- accepted by others;
- free to express oneself; and
- understood.

**Note: When the term “Approved Home” or “Home” is used in this document, it means a mental health approved home.**

### 1.2 Goal of the Mental Health Approved Home Program

The goal of the Mental Health Approved Home Program is to provide a family living experience for persons who need it. The operators and the home must facilitate this goal.

Becoming an approved home operator is the beginning of an intense learning experience. Much of this learning will be on-the-job training. Prior to licensing, operators will receive an orientation and are required to take courses in Standard First Aid, Food Safety, and CPR, and generally become familiar with mental health issues. Ongoing training will also be available. Operators are expected to participate in at least one full day of training on an annual basis. Most operators who are interested in people and in helping others will be successful in providing a family like living environment and experience for their residents.

Contact your local mental health clinic to obtain information about mental health and mental illness. The Schizophrenia Society of Saskatchewan and the Canadian Mental Health Association are also good resources.

Life experiences can be an asset. A person who has lived in a family with a person who has a disability has likely gained great insight that can be useful in operating an approved home. Many residents have faced problems in their own life and may have been rejected and/or misunderstood because of them. An approved home operator needs a sense of humour, and must be understanding, patient, quick thinking and respectful.

### **1.3 Who are the Residents?**

The residents of the Mental Health Approved Home Program are adult persons who face serious challenges as a result of mental illnesses such as schizophrenia, bipolar disorder, depression, and other psychiatric disorders. They may also have an addiction or legal problem. These challenges make independent living difficult. Medications (injections and/or pills) are often helpful in managing the symptoms of these illnesses. For these medications to work best, good nutrition and regular meals are necessary. Approved Homes provide an effective stage between hospital care and a self-reliant life. The Approved Home must provide a low stress living environment with daily monitoring of mental health issues.

The largest group of persons in Approved Homes have severe mental illness or a disorder that has remained active for at least one year and often several years. The illness or disorder can cause moderate to severe functional disabilities such as:

- low stress tolerance;
- lack of concentration;
- confusion;
- overwhelming emotions;
- poor judgement; and
- learning problems.

Persons with a mental disorder or illness frequently have difficulty finding and maintaining their own accommodations. Many require shelter and support because of difficulties including:

- handling and managing money;
- lack of life experience and independence;
- lack of organizing skills;
- issues with self-care capacities; and

- lack of support from other persons.

## 1.4 Roles

The approved home operator is not alone on the job. There are many people involved in the psychiatric rehabilitation process. The following persons all have a role to play in the Mental Health Approved Home Program:

**Resident** - A person who lives in the home for purposes of receiving safe and appropriate care and has received a level of care determined by the Mental Health Program's Daily Living Support Assessment (DLSA).

**Director of Licensing** - An employee of the Ministry of Health. The Director reviews appeals by an operator regarding decisions made by a Regional Director.

**Regional Director of Mental Health and Addictions** – An employee of the Regional Health Authority (RHA). The Regional Director approves Approved Home Licenses when he/she is satisfied that a current or potential approved home operator has demonstrated that he/she will provide safe and appropriated care to residents in a safe and appropriate environment according to the applicable approved home requirements in *The Mental Health Services Act* and Regulations, and the Approved Home Operator's Manual.

**Approved Home/Residential Coordinator** – An RHA employee who works with the approved homes in the region to ensure that the approved home operator meets the requirements in order to obtain and maintain their approved home license. This position carries out a number of responsibilities including, but not limited to:

- Collecting and reviewing all the information required as part of the initial licensing and renewal of license process.
- Conducting initial inspections and annual operational reviews of the approved home to ensure compliance with the applicable approved home requirements in *The Mental Health Services Act* and Regulations and the Approved Home Operator's Manual.
- Making a recommendation with rationale to the Regional Director of Mental Health and Addictions regarding the status of the initial/renewal application.
- Screening applicants.
- Ensuring that satisfactory health inspections, fire inspections, fire sprinkler inspections (if applicable), criminal record checks and other requested information has been completed, submitted and are current.

- Ensuring that all relevant information regarding the Mental Health Approved Home Program is provided to the operator.
- Compiling and submitting required statistical information about the Mental Health Approved Home Program.
- Conducting resident reviews.
- Ensuring the appropriateness of placements to the Approved Home.
- Ensuring that levels of care have been assigned and a rate of pay has been established.
- Investigating and evaluating all incidents and complaints in approved homes.
- Chairing the Residential Services Advisory Committee meetings for the Mental Health Approved Home Program, if applicable.
- Participate in the design and implementation of provincial evaluation systems for assessing the adequacy of services provided by the operator and quality of care to the residents.
- Coordinating resources and services as needed by the Mental Health Approved Home Program (e.g. workshops).

**Community Mental Health Nurse/Case Manager** - The Community Mental Health Nurse/Case Manager is responsible for treatment planning and ongoing resident management that may include:

- developing a treatment plan and setting rehabilitation goals with the resident;
- monitoring the resident's mental state;
- giving injection type medications;
- meeting with the resident on a regular basis;
- providing information about the resident to the approved home operator; and
- coordinating services and programs for the resident.

**Psychiatrist** - The Psychiatrist is a medical doctor with a specialty in psychiatry working with the health region and responsible for the diagnosis of mental illnesses and disorders, and carries out medical and psychiatric treatment including:

- reviewing and prescribing medications for residents;
- monitoring the resident's mental state on a regular basis;
- participating in treatment planning for residents; and
- admitting and discharging residents to and from the hospital.

**Approved Home Operator** – An approved home operator is a person who has been issued a license to operate an approved home at a specific location. This person works with the resident and the rest of the resident's care team to provide safe and appropriate care and support to residents in a safe and appropriate environment. The operator operates the

approved home in accordance with *The Mental Health Services Act* and Regulations, and the Mental Health Approved Home Operator's Manual.

The approved home operator is part of the rehabilitation team working in cooperation with psychiatrists, community mental health nurses, social workers and other service providers. The operator is frequently the communication link among team members.

**Residential Services Advisory Committee** - Each RHA may have an advisory/review committee to help in the interpretation of the regulations/policies and the resolution of disputes that may be experienced by the operators, residents or RHA staff. The committee may consist of three or more members who are appointed by the Regional Director of Mental Health or designate.

## **1.5 Recruitment for Approved Homes**

When there is a specific or general need for additional approved homes in an RHA, appropriate strategies may be used by the RHA for recruitment.

## **1.6 Challenges and Rewards**

**Challenges** - For approved home operators, having a house full of new household members- each with their own personalities, special needs and disabilities - may create a challenging situation. Some challenges identified by approved home operators include:

- lack of personal privacy for self and family;
- hard to get away for outings, holidays and family crisis events;
- lack of information about residents;
- residents who may be unappreciative;
- lack of support from professional staff;
- amount of work involved;
- smoking (amount, danger, damage, requesting and cost);
- lack of activities and programs for residents;
- motivating residents to be involved in meaningful activities;
- challenging residents; and
- tragic events such as deaths, suicide attempts, etc.

**Rewards** - Along with the challenges that the approved home operator may face, there are rewards to be gained. Approved home operators have identified the following rewards they receive from their work:

- Seeing residents improve and grow.
- Knowing you have contributed to change in a resident.
- Learning from other people.
- Seeing personal growth and self-improvement.
- Being able to work from home.
- Learning about mental health problems.
- Earning an income for myself and family.
- Enjoying the good times with “my people.”
- Receiving thanks and appreciation.
- Being part of a team effort.
- Creating a family feeling and home atmosphere.

## Section Two – Definition of Terms

### **2.1 Vulnerable Persons Criminal Record Check (VP-CRC):**

A satisfactory Criminal Record Check with Vulnerable Persons Check is required for all applications to be licensed as a mental health approved home and is required for all non-residents living in the home over the age of 18 and all respite workers. A VP-CRC is also required for respite workers starting when *The Mental Health Services Act* and Regulations becomes law in 2015. A new VP-CRC must be completed and submitted to the Approved Home/Residential Coordinator every five (5) years from the date of their initial license.

### **2.2 Initial Inspection:**

An inspection that is conducted by an Approved Home/Residential Coordinator or designate in the RHA upon initial application for a license, when renovations have been completed in the home, if the operator wants to increase the occupancy of the home, or as required. This inspection orients the potential operator and also focuses on the physical premises to ensure it meets requirements (e.g. room sizes, number of bathrooms, etc.).

### **2.3 Operational Review Inspection:**

An annual operational review inspection is conducted when the home has residents and is operating. The focus of this inspection is to review activities (such as food served/menus, how residents are assisted with their medications and other care needs, what residents do in their spare time, medical appointments, etc.). This inspection reviews the operational aspects of the home to ensure it is operating according to the requirements under the Act. The operational review inspection is typically completed as part of the annual re-licensing process.

### **2.4 Boarders:**

Persons living in the approved home not placed by the Residential Coordinator (whether or not the operator is receiving payment in cash or kind) and are not part of the immediate family of the operator.

## **2.5 Respite Worker:**

Someone who relieves the operator during vacation and other absences.

## **2.6 Principal Residence:**

A dwelling such as a home where the individual lives for the majority of the year. An individual can only have one principal residence at a time. For the purpose of a mental health approved home, a principal residence must also be where the operators create a homelike environment for the residents, for instance by eating the majority of meals with residents and spending time with residents discussing personal issues.

## Section Three – Administrative Matters

### 3.1 Rates of Payment and Levels of Care

The resident's assessed level of care as determined by the DLSA determines the rate paid to the approved home operator. The resident's case manager and the Approved Home/Residential Coordinator complete the DLSA for each resident. The approved home operator may appeal the assessed level through a process that is established in each RHA. The rates of payment are determined by the Ministry of Social Services, Government of Saskatchewan. The application of the DLSA follows the Implementation Protocol. No changes to the rates can be negotiated by the operator. The rates are changed from time to time and approved home operators will be informed of the new rates.

Residents typically have the following sources of income:

- Saskatchewan Assistance Plan (SAP) or Saskatchewan Assistance Income Disability (SAID);
- Old Age Security (OAS);
- Guaranteed Income Supplement (GIS);
- Canada Pension Plan (CPP) Disability or Retirement Benefits;
- Veterans Affairs;
- Indian and Northern Affairs Canada;
- Indian Bands
- Private pensions;
- Own funds; or
- A combination of the above.

If an approved home operator becomes aware of any change to the financial situation of the resident, the case manager or Approved Home/Residential Coordinator must be advised to ensure ongoing payments. For example, if a resident is changing from SAP/SAID to OAS/GIS, CPP Disability, receiving an inheritance or becoming employed, the Approved Home/Residential Coordinator must be notified.

### 3.2 Dealing with Issues and Concerns

Issues and concerns may arise in the operation of an approved home. Every effort will be made to address and resolve issues and concerns of approved home operators or residents at a local level (i.e. Mental Health Approved Home Program in the RHA).

Where the operator or resident or his/her representative feels that a concern has not been adequately met, the operator may contact the resident's case manager. If the situation is not resolved, here are steps that may be taken:

- The operator or resident may contact the Approved Home/Residential Coordinator of the Mental Health Approved Home Program.
- If the issue is still not resolved, the operator or resident may contact the Approved Home/Residential Coordinator's supervisor and present the case.
- The operator or resident and the Approved Home/Residential Coordinator may by mutual agreement ask that the issue be referred to the Residential Services Advisory Committee, if applicable. The committee will review the issue and advise the Regional Director of Mental Health and Addictions. Issues that would disclose a resident's health information must not be discussed without consent of the resident.
- If the issue is still not resolved, the operator may contact the Regional Director of Mental Health and Addictions in the RHA.
- If still not resolved, the operators may contact the Region's Quality of Care Coordinator.
- If still not resolved, the operator may contact the Ministry of Health.
- The Approved Home/Residential Coordinator of the Mental Health Approved Home Program may involve the assistance of the Residential Services Advisory Committee with the annual review/audit of the Mental Health Approved Home Program in the RHA. Issues that would disclose a resident's health information must not be discussed without the consent of the resident.

In cases where the issue develops into a recommendation to revoke the license of the Approved Home License, the process under Cancelling a License will be followed.

### **3.3 Taxes**

All Canadians are required to report their total income each year regardless of the source (for example, wages, self-employment, interest earned, Employment Insurance, etc.). If you have questions about taxation, contact Canada Revenue Agency.

It is the responsibility of the approved home operator to ensure that residents have filed their income tax.

### 3.4 Trusteeship

- **What is a trustee?**
  - A trustee is someone who is “entrusted with the care of someone’s property, money or estate.”
  - This should not be confused with giving consent for medical treatment.
- **Sometimes the approved home operator will be asked to be a trustee. What does that mean?**
  - It means that the approved home operator is responsible for or has been “entrusted” with the care and management of some of the resident’s money.
- **Are there different ways by which a person is made a trustee?**
  - Yes. Different agencies have different methods for making a person a trustee for residents.
- **What agencies may appoint an approved home operator as a trustee?**
  - The Office of the Public Trustee (Administrator of Estates).
  - Old Age Security Division - Government of Canada.
  - Ministry of Social Services - Government of Saskatchewan.
  - Department of Veterans Affairs.
  - Department of Indian and Northern Affairs Canada.
  - Workers Compensation Board.

### 3.5 Responsibilities of a Trustee

If you are appointed as a trustee by any of the above agencies, your responsibilities under the agency will be given to you in detail at the time of the appointment. If a resident is receiving money or property that would affect his/her right to receive benefits under the SAP/SAID, the information must be reported to the resident’s financial worker.

Record Keeping:

- When an approved home operator is appointed as a trustee for a resident, a Trustee Record of Resident Funds must be kept and made available upon request by the resident, case

manager, Approved Home/Residential Coordinator or funding agencies (see Trustee's Accounting Report, Appendix N).

- Residents and operators must sign for all monies received or spent using the Trustee Accounting Report.
- A record does not have to be kept of how the money is spent by the resident.
- The trustee is only responsible for the money that is entrusted to them by the funding agency. They are not responsible for any other monies or properties of the resident.
- A trustee is responsible for retaining financial records for ten years.
- If an approved home closes, the operator should contact the Approved
  - Home/Residential Coordinator of their local RHA for instruction regarding trustee records.

### **3.6 Education and Training**

All new operators are required to have certificate in First Aid, Safe Food Handling and CPR Level A as part of their application for an approved home license. Some limited exceptions may be made depending on the availability of courses. All certificates must be obtained within one year. They are also to receive an orientation to operating an Approved Home.

All current operators are required to maintain current certification in First Aid, Safe Food Handling and CPR Level A.

The Approved Home/Residential Coordinator conducts educational workshops every year. These workshops are intended to help you with your work.

**All operators must attend at least one full day educational session per year.**

### **3.7 Change of Operator Information**

(A) **Changing Address/Moving to a New Residence** - It is very important for the operator to alert the Approved Home/Residential Coordinator if you are considering a move. The operator must provide at least 30 days written notice to the Regional Director of Mental Health and Addictions prior to moving. It is advisable to have the Approved Home/Residential Coordinator review the home prior to a purchase to ensure it meets requirement for licensing. The operator will proceed in the same fashion as a new application including:

- a Criminal Record Check (if one has not been renewed for five years);
- a floor plan per floor, with accurate measurements of all rooms and where each resident and others are sleeping;

- a fire inspection;
- a public health inspection; and
- an onsite inspection of the new residence by the Approved Home/Residential Coordinator.

New written references are not required. If there is a change of residence, an Approved Home License Cancellation Form (appendix S) needs to be completed regarding the former home.

**An initial inspection must be completed by the Approved Home/Residential Coordinator, and the new certification package approved by the Regional Director before admitting residents to the home.**

- (B) **Operator Change of Name** - If the operator changes his/her name, the following is required:
- Documentation that demonstrates his/her name has been legally changed (e.g. copy of drivers licence).
  - Current VP-CRC (if one has not been renewed for five years).
- (C) **Current Operator Selling Home to a Potential Operator** - If the current operator wants to sell their home to someone else who has the intention of operating the home as an approved home, the following will occur:
- Cancel the license of previous operator.
  - The potential new operator must complete the application process and be issued a license prior to assuming responsibility for the care and supervision of residents.
  - Compatibility of residents and the new home operator should be considered in the transition.

**Licenses are not transferable and shall be returned to the RHA.**

- (D) **Obtaining A License/Certificate or License To Operate Another Type Of Residential Care Home** –
- No operator can have more than one license for the same home/dwelling. If an operator wants to be certified or licensed under another Act they must advise the Approved Home/Residential Coordinator of this intention so that necessary arrangements for the current residents in their home can be made and a new application process can be initiated regarding the new service/home.

### **3.8 Boarders - Can Other Persons Rent a Room in the Approved Home?**

Boarders may rent a room in the home provided the operator seeks approval of the Approved Home/Residential Coordinator. The following criteria will be assessed by the Approved Home/Residential Coordinator prior to the individual moving into the home:

- (A) It can be demonstrated that they do not need care. In some cases, an assessment may need to be completed by the RHA to make this determination.
- (B) The home has sufficient space and facilities to accommodate the additional person (see common area/dining area minimum size requirements, number of bathrooms, sufficient bedrooms, etc.) without negatively affecting the other residents in the home.
- (C) A VP-CRC is completed and deemed satisfactory.
- (D) The total number of occupants in the home does not exceed 10.

Note: Prior written approval needs to be provided to the Regional Director of Mental Health and Addictions.

## Section Four – Licensing / Relicensing / Cancelling a License:

### 4.1 Licensing a Mental Health Approved Home

There are two main considerations in selecting and licensing an approved home:

(A) **Operator's Suitability** – The operator must demonstrate that he/she is:

- a suitable, reliable and responsible adult who is able to provide supervised accommodations for persons with mental illness;
- willing and able to act as a trustee, provide supervision and advocacy when required;
- willing to participate in educational activities as required;
- willing and able to help residents in the home with emotional support;
- able to provide for the basic needs of each resident in a safe and appropriate way which includes food, shelter, safety, privacy, promotion of social relationships, supervision and/or assistance with personal care;
- able to assist residents with their medication in a safe and appropriate way, e.g. self-help, skill teaching and encouragement;
- capable of communicating with residents and Approved Home/Residential Coordinator verbally and in writing;
- able to drive and have a valid driver's license;
- open to visits and inspections by regional health authority officials whether or not they are scheduled; and
- physically and mentally capable of providing safe and effective care to residents.

(B) **Home Suitability** – The home must meet a number of physical requirements, including:

- may accommodate a maximum of five residents;
- be the principal residence of the operator;
- a current satisfactory fire inspection;
- a current satisfactory public health inspection;
- a satisfactory building inspection (if a new build);
- evidence the fire sprinkler system is in working order, if applicable
- has the necessary facilities and equipment maintained in good repair; to meet the needs of each resident;
- have a satisfactory smoking policy;
- number of bathrooms;
- size of bedrooms;
- size of common areas/ dining areas; and

- accessible and appropriate yard space.

It is expected that the home is operated and maintained in a manner which provides for the safety and well-being of residents and others living in the home (e.g. night lights in the hallways, non-skid stair coverings/rugs/bath mats, handrails on stairways/ramps, handrails in bathrooms as needed, and the home is clean).

## **4.2 Initial Licensing of a Mental Health Approved Home**

All applications are made through the Approved Home/Residential Coordinator for the Mental Health Approved Home Program in each RHA. The coordinator or designate will review the application information, inspect the home, interview the person making the application, then make a recommendation to the Regional Director of Mental Health and Addictions regarding the issuance or denial of a license.

The applicant may not accommodate any residents until a license is issued to him/her for the specific location. A license is not transferable from home-to-home or person-to-person. The license is specific to the applicant to operate the approved home at the location stated on the license.

(A) The following information is required as part of the application process:

- Initial application form (see Appendix C).
- Three letters of reference from the applicant that can comment on his/her ability to provide care.
- Current Standard First Aid, Food Handling and CPR certificate.
- Proof of policy of insurance no less than \$1 million against General Liability, including third party liability.
- Proof of no less than \$1 million against claims arising from transportation of residents in a vehicle, if the operator is using their own vehicle to transport residents. If the operator is using a taxi or bus to transport residents, this may not apply.
- Floor plan of each level of the home prepared by the applicant that includes dimensions of the rooms, which rooms accommodate residents as well as family and others, and number of bathrooms,
- Satisfactory fire inspector's report,
- Satisfactory fire sprinkler system test certificate (if applicable),
- Satisfactory public health inspector's report,
- Satisfactory VP-CRC prepared by the police and completed within the previous six months for each adult 18 years or older residing in the home who is not a resident,

- Signed authorization to receive licensing history from another authority where the applicant had previously been approved/licensed to provide care,
- Any other information that is required in order to assess if a license can be issued.

**There may be a fee for public health inspections, fire inspections, criminal record checks, etc.  
Any fees are the responsibility of the applicant.**

(B) The Approved Home/Residential Coordinator will:

- review the application information;
- conduct an interview with the applicant; and
- review/screen the VP-CRC for each non-resident adult living in the home to determine if it is satisfactory. The presence of a criminal record does not automatically disqualify a potential applicant or other individual who wants to live in the home. Consideration will need to be given to the nature of the offence and its relevance in the home. It is important to ensure the VP-CRC is current and the information is complete. For example, if an individual has a criminal record, it must state what they were charged with. In assessing if a VP-CRC can be accepted as satisfactory, the following will be reviewed and written rationale(s) documented regarding:
  - the nature of the offence and its relevance to the safety of vulnerable adults;
  - the length of time between the conviction and the time of the search result;
  - the age of the applicant at the time of the offence;
  - the details of the offence(s), the number of offences and any patterns of offences;
  - any steps taken by the applicant to rehabilitate or prevent reoccurrences;
  - employment history;
  - the applicant's ability to live by the rules of the law and society since the conviction; and
  - any other information that is necessary.
- conduct an initial inspection of the premises using the initial inspection report – (see Appendix D);
- conduct reference checks from at least three unrelated adults who can comment on the applicant's ability to provide safe and appropriate care/supervision to residents ;
- Obtain licensing/certification/approval history from other authority where another history exists.
- Prepare outcome of visit report listing any actions the applicant must take in order to meet requirements (see Appendix E).
- Complete an orientation check list.
- Prepare a recommendation with rationale(s) for the Regional Director of Mental Health and Addictions indicating if the license should or should not be issued; and
- Send all of the completed applications, including recommendations with rationale(s) to the Regional Director. In the case of a negative recommendation, a letter will be

sent to the Regional Director by the Approved Home/Residential Coordinator stating the reasons for the negative recommendation. A copy of this letter will also be sent to the applicant by the Approved Home/Residential Coordinator explaining their rights and identifying a process for them to offer further information to the Regional Director before a final decision is made.

(C) The Regional Director will:

- review the information to determine eligibility; and
- sign the license, request further information, or not sign the license.

### **4.3 Maintaining your License**

Once the license has been signed, the operator must:

- Provide safe and appropriate care and supervision to residents in the home, in a safe and appropriate environment.
- Maintain contact with the Approved Home/Residential Coordinator and case manager and work with them to resolve issues that may come up.
- Become familiar with the standards for operating an approved home.
- Operate the approved home in accordance with the standards in this manual.
- Participate in the required training and educational sessions.
- Participate in the annual review of the operations in your home completed by the Approved Home/Residential Coordinator.
- Complete the application for renewing the license and submit all requested information to the Approved Home/Residential Coordinator within the time frames requested.
- Comply with any terms and conditions on the licence.
- Notify the Approved Home/Residential Coordinator of any changes to the home or operator that would affect the operation of the approved home.
- Display a valid Approved Home License in the Approved Home.

- On a monthly basis conduct fire drills, check fire extinguisher, smoke alarms and other safety equipment and keep a record of those checks.

#### **4.4 Annual Renewal of the License**

(A) Each Residential Coordinator will initiate the renewal process with each approved home operator in the RHA for the upcoming calendar year by:

- providing a Renewal of License Application Form (see Appendix O) to the operator;
- requesting any additional information that is required in order to process the application for renewal including: updated VP-CRCs, fire inspections, training, etc.;
- completing an annual operational review (i.e. inspection) of the Approved Home;
- collecting and analyzing the renewal information and make a recommendation to the Regional Director regarding the renewal of the license of the home;
- completing the required number of Resident's Review Forms (see Appendix R); and,
- completing the Operator's Review process.

(B) The Approved Home Operator will:

- complete the Renewal of License Application Form and provide any other information requested as part of the renewal process to the Residential Coordinator within the required time frames in order to facilitate renewal of the license;
- maintain current certification (i.e. First Aid, CPR, etc.);
- keep track of and obtain a satisfactory fire inspection at least once every three years or more frequently, if requested;
- obtain a satisfactory VP-CRC for each non-resident who is 18 years and older at least every five years (or more frequently if requested);
- obtain a current and satisfactory fire sprinkler system test certificate (if applicable);
- ensure all outstanding matters identified by the Approved Home/Residential Coordinator have been addressed; and
- keep written records of fire drills, smoke and fire extinguisher and other safety equipment.

It is important that all of the requested information is submitted to the Regional Director prior to the expiry of the license.

## 4.5 Cancelling a License

The Regional Director may suspend, amend or cancel a license. Cancelling a license of an approved home is initiated by the Approved Home/Residential Coordinator by completing an Approved Home Program License Cancellation Form (Appendix S) along with rationale(s) and forwarding it to the Regional Director for final consideration.

The reasons for revoking a license may include:

- The operator requests it.
- The spaces in the residence are not utilized.
- The operator is not operating according to the requirements in *The Mental Health Services Act* and Regulations, and this Operator's Manual, or any other reason that causes the resident(s) safety and well-being to be at risk (i.e. abuse) (Appendix A). In this case, the following steps are followed:

**Step 1** - The Approved Home/Residential Coordinator shall inform the operator of the recommendation to cancel the license of their home, and provide information regarding the review process.

**Step 2** – The Approved Home/Residential Coordinator shall provide a letter to the operator and the Regional Director stating their reasons for recommending that the license of the Approved Home be cancelled.

**Step 3** - Upon receipt of the letter noted in Step 2, the Regional Director will send a letter to the operator regarding:

- Communication from the Approved Home/Residential Coordinator that has been received recommending that they (the operator) have their license cancelled. The Residential Coordinator's letter will be an attachment.
- An invitation to the operator to provide additional information to the Regional Director that they want considered before a decision respecting cancellation of the license occurs. This information must be provided within 30 days.
- The additional information provided may be in written form or at an in-person meeting with the Regional Director. Contact information will be provided to the operator so that they can make these arrangements.

A copy of the letter sent by the Regional Director will be sent to the Approved Home/Residential Coordinator.

**Step 4** - Following the thirty (30) day period, the Regional Director will make a decision based on the information available to them. This decision will be communicated in writing by the Regional Director to the operator and the Approved Home/Residential Coordinator.

#### **4.6 Request for Review by the Ministry of Health**

- A person who is the subject of a decision or action made with respect to the issuing, refusal to issue, renewal, amendment, suspension or cancellation of a license for mental health approved home by an RHA, after exhausting local reviews including the Quality of Care Coordinators, may request a review of the decision made by the RHA. The request for a review of the decision should be made to the Ministry of Health, attention Director responsible for the Approved Home Program.
- The request for the review must be in writing and be within 30 days of the decision being made by the Regional Director of Mental Health and Addictions in the RHA.
- A request for review to the Ministry does not stay the effect of the decision or action in relation to which the review is requested.
- On receiving the request the Ministry shall:
  - review the information provided regarding the decision;
  - allow the person requesting the review the opportunity to make representation in person or in written form; and
  - request further information if necessary.
- On completing the review, the Director shall:
  - confirm, reverse or vary the decision or action in relation to which the review was requested; and
  - provide written reasons for the decision to the person who requested the review.

#### **4.7 Insurance**

Approved Home Operators are required to have their own home insurance. Your insurance agent or the Saskatchewan Approved Private Homes Inc. may provide you with assistance in this regard. Standard residential home insurance is not adequate. An operator must hold the following policies of insurance:

- An amount not less than \$1 million against general liability, including third party liability, with respect to the premises used by the home and to the operation of the home, including claims based on negligence associated with the operation of the home and occupier's liability.
- An amount not less than \$1 million against claims arising from transportation of residents in a vehicle, if applicable.

## **Section Five - How Do Residents Get Placed in a Mental Health Approved Home?**

All placements of residents must be done under the direction of the Approved Home/Residential Coordinator. The final decision regarding any placement or separation in an approved home remains with the resident and the operator in consultation with the treatment team. There is no guarantee that vacancies will be filled; placement is based on the needs of the resident and the other residents. The Approved Home/Residential Coordinator acts as a consultant to the treatment teams, having knowledge of the type of available homes and care provided in each home.

### **5.1 Seven Step Procedure for Resident Placement**

**Step 1:** The resident is assessed by the mental health treatment team using the following criteria:

- The resident is registered with the RHA;
- The resident requires an assessed level of supervisory care as per the DLSA;
- The resident is on active follow up with an established case manager;
- The resident has established rehabilitative goals; and
- The resident is eligible for some form of financial support.

**Step 2:** The treatment team and the Approved Home/Residential Coordinator determines the needs of the clients and identifies a list of available homes and the type of care offered. Placements will depend on the following:

- All inappropriate behaviour must be under reasonable control.
- Active programming in the home and community is in place to reduce inappropriate behaviour of a resident.
- An approved home that can meet the care needs of the resident is available.
- The operator has a clear understanding of what is expected and the level of compensation they will be receiving.

**Step 3:** Wherever possible, a prior visit or several visits by the resident to the approved home is advisable. Discussion with the resident and the approved home operator after a visit will assist in determining the suitability of the placement.

**Step 4:** The approved home operator must be made aware of all behaviour that might be encountered from the resident in the home. Prior to any placement, the operator's specific role and responsibilities regarding the resident must be fully discussed with

the operator and the family. This information must also be clearly stated in the Service Agreement in place between the resident and the home operator.

**Step 5:** Financial arrangements must be made with the funding agency in advance or no later than the date of placement by the Approved Home/Residential Coordinator. In cases where finances are provided by the SAP/SAID, the application form must be completed and submitted to the funding agency in advance of the placement and no later than the date of placement. The case manager will complete the DLSA.

**Step 6:** A Mental Health Approved Homes Operator Service Agreement (see Appendix R) will be provided to the operator, preferably on the date of placement or no later than the first two weeks. The agreement is to be completed and updated as necessary for every resident placed in an approved home. This agreement serves as a means of providing necessary information about the resident to the home operator. Confidential information will be included in the agreement. The “Care Required” section will indicate the specific responsibilities of the operator as well as the type and amount of care that the resident requires.

**Step 7:** The client’s case manager will follow up with the client in the approved home within 15 working days of placement and ensure quarterly that client needs are being met.

## **5.2 Procedure for Increasing the Number of Beds**

1. The approved home operator discusses the proposed change with the Approved Home/Residential Coordinator.
2. The approved home operator draws up a new floor plan and identifies where the additional rooms will be, room sizes, location of bathrooms/current resident rooms/operator rooms, living rooms, dining rooms, etc. and submits this to the Approved Home/Residential Coordinator.
3. The approved home operator obtains a new satisfactory fire inspection report and submits this to the Approved Home/Residential Coordinator.
4. The Approved Home/Residential Coordinator reviews and measures rooms/space available in the approved home and fire inspection report in order to determine whether they meet the requirements.
5. The Approved Home/Residential Coordinator sends a License, a new floor plan, fire inspection report and a recommendation to the Regional Director for consideration and approval.

### **5.3 Procedure for Decreasing the Number of Beds**

The Regional Director requires the following documentation in order to decrease the number of beds in an approved home:

- One License with the proposed capacity.
- A letter explaining the reasons for decreasing capacity.

If the decrease is recommended by the RHA, the operator has the right to have the recommendation reviewed by the Regional Director. No decrease in capacity will take place without approval from the Regional Director.

### **5.4 Residents Leaving the Mental Health Approved Home**

The approved home operator has the responsibility to ensure the residents who live in their home receive safe and appropriate care in a safe and appropriate environment. It is important for the operator to understand the needs of the residents they are considering admitting to their home and be confident in their ability to meet these needs. Even with careful planning, sometimes it is difficult for new residents to fit into the home. In these cases, compromises and trial periods are sometimes necessary on both sides.

(A) There are many reasons for residents deciding to leave an approved home:

- Conflict with the operator or other residents.
- Not satisfied and want to move for no apparent reason.
- Desire to move into his/her own apartment or home.
- Return to live with family.
- Becomes ill and are hospitalized.
- Mental health staff advises separation.
- Difficult physical and medical problems.
- Engagement in illegal activities.

(B) An approved home operator may decide to ask a resident to leave because they are unable to meet their individual needs. Some examples that may precipitate this include:

- difficult behaviour problems;
- refusal to respect house rules;
- disturbing other residents;
- active psychiatric symptoms;
- fire hazards created from smoking;

- non-compliance with medications;
- difficult physical and medical problems;
- interfering family and friends;
- disruptive behaviours;
- drinking and substance abuse; or
- resident being incarcerated.

(C) Notice Period – Resident Discharge: (see Ministry of Social Services, Saskatchewan Assistance Program, Policy Manual):

- The resident who leaves an approved home is required to give thirty (30) days' notice in writing. When thirty (30) days' notice is not given by the resident, including the death of the resident, the operator is entitled to payment at the current rate for thirty (30) days or until the bed is occupied, whichever comes sooner.
- When a client leaves a home pending a review of circumstances in the home, payment may be continued for 30 days or until permanent placement of the resident, whichever occurs sooner.
- The operator is required to give thirty (30) days' notice to a resident in writing who is asked to leave. The operator must also give thirty (30) days' notice to the Approved Home/Residential Coordinator. If the operator agrees to refund the remainder of the month's payment, the thirty (30) days' notice can be waived.
- In the event another resident fills the space prior to the thirty (30) days, payment for the original resident will stop.
- In the event that a resident is accepted into Long Term Care for permanent departure from the Approved Home and no notice is given, payment may be continued for thirty days (30) or until the bed is occupied, whichever occurs sooner.
- If in the opinion of a psychiatrist or mental health professional, it is detrimental for the resident to maintain the placement, then the thirty (30) days' notice can be waived.
- If an approved home is being closed by cancellation of the license, every effort will be made to have the cancellation date coincide with the end of the month.

## **5.5 Temporary Absences of Residents**

A resident who is hospitalized or on holidays is considered temporarily absent from the approved home. In these cases the following rules apply:

- The operator is entitled to the full rate of pay for the first thirty (30) days.
- The operator is entitled to a half rate of pay for the next thirty (30) days.

## Section Six – Your Building

### 6.1 General

An approved home shall meet standards of other housing accommodation in the community. It will not differ in the quality of its exterior and interior.

### 6.2 Resident Bedrooms:

It is important for residents to feel at home in their bedrooms. A display of family pictures, chosen paintings or artwork, plants, knick-knacks, curtains, bedspreads and other personal touches all enhance these feelings. Rooms that lack decorations may appear impersonal. You may have to encourage your residents to purchase modest personal possessions such as a clock, radio, dresser ornaments or photograph albums.

- (A) You cannot accommodate a resident in a bedroom that requires him/her to use stairs if he/she is not able to use stairs independently.
- (B) Each resident bedroom can accommodate no more than two residents and may only be used as bedroom for those residents.
- (C) Resident bedrooms must:
  - not be used as a passageway by other occupants to get to any other rooms in the house or to a common exit to the outside;
  - not be more than 1.22 metres (4 feet) below the ground or be above the second story, except in situations where the house has a full 3 stories;
  - be equipped to ensure resident privacy (e.g. curtains and/or blinds);
  - Upon coming into force of *The Mental Health Act, 2015* and the updated Regulations, any newly licensed approved home must also meet the following criteria:
    - Have a minimum useable floor space, (excluding floor space in closets, hallway, and means of egress) of at least 7.2 square metres and 6 square metres where built in closets are provided for a one resident. The bedroom must be at least 2.75 metres wide.

- Have a minimum useable floor space (excluding space in closets, hallway, and means of egress) of at least 5.4 square metres per resident each where a bedroom accommodates two residents. The bedroom must be at least 2.75 metres wide.
- have a ceiling that is no less than 2.3 metres in height from floor to ceiling;
- have appropriate lighting, temperature and ventilation;
- have a mirror;
- have a chair;
- have a waste basket;
- not have bunk beds;
- have a bed/mattress that is at least 75 inches long and at least 38 inches wide;
- have at least one screened window that may be opened for fresh air;
- have a closet and storage space for their clothes and belongings, including a lockable space;
- have a door that closes but cannot be locked from the outside;
- have furnishings that are safe, clean, and comfortable and do not differ from the other furnishings in the home;
- be accessible, comfortable and safe and not hamper the resident's mobility; and
- not be used as a passageway to another bedroom or a common bath, a common toilet or an exit from the home.

### **6.3 Common Areas:**

#### **(A) Common Living/Dens/Recreation Rooms**

- The common living/den/recreation room(s) must be of sufficient size and separation to accommodate the total number of people living in the home and will be used for visiting, hobbies, crafts and other activities.
- Common living/den/recreation area(s) must be accessible to residents, and provide at least 1.85 square metres (approximately 20 square feet) of usable space for each person who lives in the home. The measurement does not include the space required for the means of egress.

#### **(B) Common Dining Areas**

- Dining area(s) must be accessible to residents and provide at least 1.2 square metres (approximately 13 square feet) of useable space for each person who lives in the home. This measurement does not include the space required for means of egress.

- The dining area provided must be arranged and furnished so that it provides a pleasant dining atmosphere.
- Residents dine in a social atmosphere with other residents, the operator and other family members.

#### **6.4 Study Space (if applicable):**

- Space that is safe, accessible, quiet, comfortable and appropriate for study purposes.

#### **6.5 Outside Yard and Lawn Space:**

- Space that is safe, accessible, and has appropriate seating and walkways for residents.

#### **6.6 Bathrooms:**

- Ensure toilets and bathrooms are accessible to residents, are well ventilated, and have a door that closes securely to provide privacy.
- At least one toilet, sink, and shower or bath tub is provided for a maximum of five occupants (i.e. residents and others).
- All bathroom fixtures must be maintained in good repair.

#### **6.7 Laundry:**

- Laundry is processed in a manner that keeps clean laundry separate from soiled laundry.
- Clean linens, including bedding, towels and face cloths, in good repair are available to each resident.

#### **6.8 Private Water:**

- If your approved home is not on a municipal water supply, you must submit evidence from your public health inspector or environmental health officer that the water supply is potable as per the public health inspector but no less than once per year. The use of

bottled drinking as a substitute must be discussed and approved by the local health inspector and the Approved Home/Residential Coordinator.

- Contact the public health officer or environmental health officer in your RHA for more information.

## **6.9 Renovations:**

(A) No operator shall undertake any renovations or construction on a home unless they:

- provide prior written notice to the Residential/Approved Home Coordinator of the intended renovations or construction;
- forward the detailed renovation or construction plans to the Residential/Approved Home Coordinator for approval before undertaking the work; and
- provide the Residential/Approved Home Coordinator with written evidence that the renovation or construction plans meet any applicable requirements of the building code and the fire code.
- Simple renovations of a cosmetic nature such as painting would not need to be approved by the Residential/Approved Home Coordinator unless they would disrupt the daily activities of the residents.

## **6.10 Smoking:**

- Each operator must have a smoking policy.

## **6.11 Fire Prevention Requirements:**

(A) Fire Inspection - You must have a fire inspector inspect your home as part of the initial licensing process, and have it re-inspected every three years or when you do any construction or renovations. Sometimes a fire inspector may want to visit your home more often. The Approved Home/Residential Coordinator can also request that a fire inspector visit your home in certain instances. The inspection report must be submitted to your Approved Home/Residential Coordinator.

(B) Questions - If you have any questions or concerns regarding fire safety in your approved home, please contact your local fire inspector or the provincial office of Building Standards and Licensing.

(C) Emergency Evacuation Plan:

- You are required to have an Emergency Evacuation Plan that includes:
  - what you will do if there is a fire or other emergency in your home;
  - how you and the residents will get to a safe place if a fire or other emergency occurs; and
  - where the residents will be relocated to during and after an emergency.

The plan will include your address and/or land location to aid when you are contacting emergency services.

- The emergency evacuation plan must be posted in clear view, explained to all new residents, and reviewed/practiced with your residents on a regular basis as directed by the fire inspector. Emergency Fire Drills must be held monthly and recorded along with evacuation time.
- Review this plan with your fire inspector.

(D) Fire Sprinkler Systems –Approved Home must comply with all provincial regulations regarding fire sprinkler systems for Approved Homes. Contact your local fire inspector and Approved Home/Residential Coordinator for more information. If you have a fire sprinkler system, you will need to produce evidence that it is in satisfactory working order and meets the requirements of the fire inspector.

## **6.12 Home Safety**

The inside and outside of your home can be made safer for residents by:

- using non-slip surfaces to assist the resident in and out of the tub;
- having sturdy and safe handrails on sides of stairs and decks;
- having non-slip surfaces on stairs and non-slip backs on all floor mats;
- ensuring landings at stairs in front of doors are of sufficient size and clear of obstacles;
- being sure there are no loose floor coverings;
- ensuring hazardous products are safely stored and properly labelled (e.g. cleaning supplies);

- ensuring flammable liquids are not stored in the home or any space or building attached to the approved home;
- ensuring that fluorescent lights have a protective cover in place in case the glass shatters;
- ensuring the maximum temperature of your hot water supply does not exceed 49 degrees Celsius. Bath water is tested and recorded regularly to prevent injury (the temperature should not exceed 49 degrees Celsius);
- ensuring that hallways and stairs are brightly lit and have no clutter;
- ensuring that outside entrances are well lit;
- storing firearms and ammunition according to the provisions of Storage, Display, Transportation and Handling of Firearms by Individuals Regulations under the *Firearms Act*;
- ensuring proper procedures are followed when using oxygen;
- ensuring that at least one approved carbon monoxide detector is installed and maintained in accordance with the manufacturer's instructions on each story where persons are accommodated, and is replaced as indicated by the manufacturer's instructions;
- ensuring that appropriate action is taken to remove and destroy pests present in the approved home;
- maintaining the approved home at a comfortable temperature for residents;
- maintaining the approved home in a clean, safe and sanitary condition free of mold;
- ensuring the proper sanitation and operation of all toilets, hand basin, bathtubs and showers; and
- storing and disposing of solid and liquid waste in a manner that will not permit the transmission of disease or odours, create a health hazard or provide a breeding place or food source for insects or rodents.

### **6.13 Pets**

All pets must have the required current vaccinations.

### **6.14 Records**

- (A) To ensure the equipment you use is safe and properly maintained, you will need to keep a written record, at least monthly of when you have checked the equipment you use (e.g. carbon monoxide detectors, fire/smoke detectors/fire extinguishers, etc.).
- (B) You shall maintain these safety records on an ongoing basis and have it available for the fire inspector and your Approved Home/Residential Coordinator when they do an inspection.

## **Section Seven – Persons Providing Case Planning Supervision and Care of Residents**

### **7.1 Case Planning**

Approved home operators will be part of case planning for each resident and will support the community treatment plan as required. They will not change the case plan without contacting and receiving approval from the case manager

### **7.2 Supervision**

- (A) The operator is responsible for ensuring the supervision, care and safety of each resident.
- (B) Specific requirements for each resident will be described in the Service Agreement and the resident's DLSA. The higher the level on the DLSA, the greater the need for supervision. Supervision levels will be discussed and approved by case managers.
- (C) No resident shall provide the supervision for other residents.
- (D) Any adult (not a resident) who is asked to provide the supervision in the operator's absence must be screened by the operator. The screening must include a current satisfactory VP-CRC.
- (E) Use of electronic or other monitoring devices are prohibited inside the approved home.

### **7.3 Operator's Overnight Absence(s) from the Home**

The operator must advise the Approved Home/Residential Coordinator when you will be away for holidays or overnight. Please indicate the length of time away and the name of the respite person who will be looking after your residents. The operator is responsible for arranging respite personnel. Contact your case manager regarding financial subsidies. The maximum time an operator can be away from the home is one month.

### **7.4 External Employment**

Being an approved home operator is a full-time job in most situations. If an operator has a desire to take on external employment they should discuss this with the Residential

Coordinator and submit a written request to their Residential Coordinator for approval, which identifies:

- where they intend to work;
- length of shifts;
- number of shifts per week;
- what level of care (i.e. DLSA level) can be safely provided;
- how they will ensure that there are qualified persons (i.e. has a current satisfactory vulnerable persons criminal record check, first aid/CPR, food sanitation, and experience providing care/supervision to persons with a mental illness) in the approved home during the time they are working outside of the approved home;
- should a crisis arise while the operator is away from the home, how they will ensure the person providing the care and supervision manages it appropriately; and
- any other information that the operator considers relevant to the request.

The residential coordinator will review the operator's written request and make a written recommendation to the Regional Director that considers:

- the resident's care needs; and
- the operator's plan and ability to ensure the resident's safety and well-being while working outside of the approved home.

If the operator receives written approval from the Regional Director, they may accept the external employment.

## **7.5 Respite Personnel**

The respite worker must be a suitable, reliable and responsible person who is able to provide supervision for the residents of the home. The respite operator must be over the age of 18. The respite operator cannot be a resident.

The respite worker must follow all the policies in the Approved Home Operator's Manual.

The respite worker must have CPR/First Aid, Food Handlers training as of the coming into force of *The Mental Health Act, 2015* and updated Regulations, and the operator will keep copies of the respite worker's certificates.

The respite worker must also have a VP-CRC as of the coming into force of the *The Mental Health Act, 2015* and updated Regulations.

The respite operator should demonstrate understanding, respect and a caring attitude, maintain residents' involvement in a family lifestyle and meet their care needs during your absence.

While the approved home operator is away, he/she is still responsible for the residents and must provide all the instructions/information necessary to ensure that the respite worker continues the operation of the home in a satisfactory manner. A satisfactory criminal record check of the respite worker is required.

## Section Eight - Assessment

- 8.1** The resident's assessed level of care is determined by the DLSA. The DLSA is completed by the resident's case manager and the Approved Home/Residential Coordinator.
- 8.2** It is important for the operator to have a clear understanding of the needs of each resident living in the home. The resident's case manager and/or the Approved Home/Residential Coordinator can provide any clarification the operator requires in order to ensure that the individual resident's needs are met.
- 8.3** DLSA assessments will be discussed with the operator during the annual re-licensing. A new assessment will be completed where there appears to be a significant change in the resident.
- 8.4** Should the operator notice that a resident's care needs have changed, it is important to notify the resident's case manager.

## Section Nine – Resident Support and Care

### 9.1 Home Environment

Operators must provide a nurturing environment to the residents in their home. A nurturing environment includes residents:

- having access to the home on a 24 hours/7 days per week basis;
- eating and participating in conversations at the family meal table;
- participating in special events of the household such as Christmas, family picnics, birthdays, etc.;
- being involved in light domestic routines together with family members, such as house chores. These chores are not compulsory, but are an opportunity to increase the sense of belonging and making a useful contribution. It is the operator's responsibility to ensure their approved home is clean at all times;
- watching and discussing TV programs and current events with the family;
- joining the family in music appreciation, card or table games, etc.; and
- having reasonable access to a phone (long distance charges are the responsibility of the resident).

**Teasing and commands being given by family or other residents are not acceptable behaviours. Screaming, derogatory name-calling and physical abuse are not acceptable behaviours.**

### 9.2 Dress

Each operator is responsible for ensuring that his/her residents have neat and clean clothing that is appropriate for the season. More specifically:

- Careful planning and budgeting is required to ensure that necessary funds are available when the need for additional clothing arises.
- Clothing purchased is appropriate for the age of the resident and reflects their likes and dislikes. Residents should be included when making purchases that affect them.
- Residents have access to their clothing in their bedroom.
- Discuss any difficulties with the resident's case manager.

### **9.3 Personal Hygiene**

- The operator must work with each resident to encourage responsibility for his/her own personal hygiene (e.g. bathing, dressing, grooming, finger nails, toe nails, etc.).
- The operator may need to provide a considerable amount of teaching, prompting and supervision during the initial stages.
- Residents will not be restricted on the number of baths or showers allowed per week.
- Regular brushing of teeth and/or dentures is encouraged when the resident is negligent or reluctant in this area.
- The operator is responsible to purchase (at a reasonably anticipated cost) all personal hygiene products for each resident including soap, shampoo, toilet paper, toothpaste, shaving supplies, feminine hygiene products, etc.

### **9.4 Recreation**

- Every person needs to have fun and simply enjoy life. This should be part of the resident's daily routine. The best way to find out what activities you should provide in your home is by taking time to get to know the resident and what he/she is interested in. The information you gather will guide you in assisting the resident to access activities that are familiar and meaningful to him/her.
- Activities need to be enjoyable and interesting to the resident. Activities need to give residents: a way to express themselves, a sense of pride and satisfaction, something to look forward to and an opportunity to maintain and improve their physical and mental abilities.
- All approved homes should have a room of reasonable size and meet minimum size requirements for common rooms, to facilitate socializing and participation in other activities. This should be a room that is shared with the family. It should have a television set as well as games and reading material.
- All approved homes should have an outdoor recreation area for summer activities.
- All operators should encourage participation in recreational activities and opportunities available by outside agencies such as camps, suppers, etc.

## 9.5 Spiritual Needs

- (A) Many people have spiritual beliefs that are important to them. Spirituality is not limited to organized religion, and may include such activities as meditation or planting a garden.
- (B) As a caregiver, you do not have to share those beliefs, but you must allow residents the right to have those beliefs. Every resident should have the opportunity to attend the religious services and celebrations of his/her choosing without any influence from the approved home operator. If the operator's beliefs are in conflict with the resident's beliefs, the operator must notify the treatment teams so that alternative arrangements can be made for the resident.
- (C) You can help residents practice their spiritual beliefs by:
- encouraging them to take part in customs that are important to them;
  - giving them privacy and respect when they worship;
  - helping to make arrangements for them to attend religious services; and
  - assisting them with contacting their religious organization, or arranging for someone from the organization to visit if residents request it.
- (D) All religious items belonging to the resident should be treated with respect.

## 9.6 Medical

The approved home operator is responsible for the safety and well-being of the residents in his/her home and demonstrates this by:

- (A) Providing transportation to all medical appointments as specified in the Service Agreement. Transporting residents to see their psychiatrist as specified in the Service Agreement.
- (B) Assisting residents to arrange and attend an annual physical from their family physician and other doctor appointments as required.
- (C) Assisting residents with making and attending appointments with the dentist on an annual basis or more frequently when the need arises.
- (D) Assisting residents with making and attending appointments for eye examinations every two years or on the recommendations of the family physician or specialist. When a resident is required to use eyeglasses or dentures, operators should ensure they are worn on a regular basis and the resident knows how to look after them.

- (E) The approved home operator shall notify the case manager when a resident is hospitalized.
- The operator should maintain contact with the resident throughout his/her hospitalization. At times it will be necessary to bring clothing and funds.
  - The operator shall notify the funding agency (Ministry of Social Services, Bands, etc.) when the admission is longer than one month in duration.
  - The operator will receive full pay while the resident is in hospital for the first 30 days and half the regular monthly rate for the subsequent 31-60 days.

## **9.7 Consent**

The operator may not sign consent forms on behalf of the resident for hospital admission or medical procedures. Speak to the Approved Home/Residential Coordinator for details.

## Section Ten – Medication Assistance

### 10.0 Medications

(A) Helping a resident with medications is a major responsibility for approved home operators. Psychiatric medications are very powerful and dangerous if not taken as prescribed. Most approved home residents require medications on a regular and ongoing basis. The safety of the residents and any children living in the home is also a major concern. The operator is therefore required to supervise closely when assisting residents to take their medications to ensure that the following rights are followed:

- Right resident.
- Right medication.
- Right dose.
- Right time.
- Right route (e.g. swallowed).
- Right documentation.
- Right reason.
- Right response.

(B) Medication Errors:

- A medication error occurs when a resident has not received their medication as prescribed to them by their doctors or they have taken other medication not intended for them.
- The operator shall ensure that all medication errors are reported to the resident's case manager and physician, Regional Director and the pharmacist who filled the prescription. This needs to be documented in the resident's record as part of corrective action to prevent further harm.

(C) The use of 'bubble packs'/compliance packaging for prescribed medication is required. Issues and concerns about medications should be discussed with the case manager.

(D) Obtaining Medications:

Most residents will require medications on a regular basis. Unless other arrangements are made, it is the operator's responsibility to pick up or arrange for delivery of medications. The resident's health services card must be presented to obtain prescriptions. If the

residents receive SAP/SAID funding, they should have a Supplementary Health Service coverage card, which is also shown to the pharmacist.

(E) Payment:

The cost of medication is the responsibility of the resident. Most residents on SAP/SAID will have Plan III drug coverage. Plan III provides all drugs under the Drug Plan at no cost including the dispensing fee. The operator will be required to show the Plan III card if the prescription is being filled for the first time. If the resident does not have Plan III drug coverage, contact the case manager to clarify the resident's coverage for their medications.

If the resident is legally incompetent and the Public Trustee manages his/her financial affairs, the pharmacy can bill the Public Trustee directly.

If the resident is a pensioner or has funds from some other source, he/she will be responsible for the total drug costs. In this situation, contact your pharmacy for information about subsidy programs.

(F) Storage:

All prescribed medications, over-the-counter drugs, natural remedies and vitamins (including those of the family) **must be kept in a locked space, including those that must be refrigerated.**

**Many of these medications, if taken by children, can cause death. Residents would also be at risk if they took incorrect medications.**

(G) Medication Assistance:

- All medications (prescription and over-the-counter) must have a doctor's order associated with them. This helps to ensure that there are no negative interactions between the medicines that the resident is taking.
- Do not alter the dosage of medication prescribed unless directed to do so by the resident's doctor or the community mental health nurse/case manager. This direction must be recorded in the individual resident record.
- All PRN (whenever necessary) medication orders shall be discussed with the case manager or psychiatrist, and documentation provided regarding when and under what circumstances the medication can be taken by the resident. Operators must

document in the resident's record each time medication is taken and under what circumstances.

- Inform the case manager about temporary resident absences from your home to aid in medication compliance.

(H) Emergencies (overdose or adverse reactions):

Call 911, the ambulance or go directly to the emergency room at the local hospital.

(I) Blood work:

It is essential that you ensure the resident keeps his/her appointments for blood work.

(J) Family physicians:

Attempt to ensure that the resident's family physician is familiar with the drugs the psychiatrist has prescribed, and advise the community mental health nurse/case manager about the drugs ordered by the family physician. Use the same pharmacy each time and the pharmacist will be able to provide monitoring of the medications.

(K) Records:

Keep a record of all medications the resident is receiving from both the psychiatrist and family physician, and have that information available for all medical appointments. Use the same pharmacy each time and the pharmacist will have the entire medication record that you may be able to access. This will allow the pharmacist to provide monitoring too. Ask the pharmacist for a medication record sheet (MAR) as it will have all of the residents medications listed on it.

(L) Over-the-counter medications:

All over-the-counter medications (including herbal medications and vitamins) should be ordered by the resident's physician. The operator must review the use of all over-the-counter medications and vitamins with the case manager, pharmacist and doctor.

(M) Leaving the approved home:

Ensure that the resident's medications are given to the case manager when the resident leaves your approved home.

(N) Medication information:

Pharmacists are an excellent source of up-to-date information on medications and interactions. Using the same pharmacy for all of a resident's medications will allow the pharmacist to monitor the medications as well as any potential problems that can occur. Always confirm recommendations of the pharmacist with the case manager. Ask the pharmacist for an Medication Administration Record (MAR) as this will have all of the residents medication listed on it.

The use of herbal medications, vitamins and all over-the-counter medications should be discussed with the resident's doctor and pharmacist.

## Section Eleven – Resident Records

### 11.1 Records

- (A) Operators are expected to keep a clear, accurate, written record of the following confidential information for each resident in their home, which includes:
- the care and support that the resident requires. This is usually the information included in the Service Contract;
  - 
  - dates and types of appointments and the outcomes of those appointments (e.g. annual physicals, dental, eye examinations, hearing tests, etc.);
  - list of medications ordered by the resident’s doctor. This medication record can often be accessed through the resident’s pharmacy;
  - record of when and under what circumstances a “take as needed” medication was taken by the resident;
  - list of physician(s) and other professional staff who are involved in caring for the resident;
  - list of family, friends and other persons who are important in the resident’s life; and
  - dates/notes about illness or other incidents (e.g. seizures, observed changes in behaviour, significant events, etc.) that are important to share with the resident’s physician and case manager.
- (B) All client records including financial and trustee records must be stored to ensure confidentiality, and must be kept by the operator for ten years before the records can be destroyed. The operator should contact the Approved Home/Residential Coordinator for instructions regarding the disposition of old records.
- (C) All record must be kept confidential and in a secure place.

## Section Twelve – Food

### 12.1 Storage and Preparation of Food

Operators are responsible to ensure that:

- (A) food and beverages served to residents are tasty, appealing and nutritious, and according to the resident's individual needs;
- (B) food is stored, prepared and handled in such a manner that it does not cause food-borne illness, poisoning or injury to the resident;
- (C) food is clean, wholesome, and free from spoilage. Foods such as meat, poultry, dairy products, and fish are considered to be potentially hazardous and if they are not stored, handled or prepared properly, may cause food-borne illness;
- (D) potentially hazardous foods are purchased from an approved source;
- (E) regular hand washing takes place (e.g. after using the washroom, after smoking, after eating, after tending to residents, or at any other time one's hands are soiled or contaminated).
- (F) potentially hazardous foods are handled carefully and maintained at safe temperatures;
- (G) an accurate thermometer is available to monitor the temperature of food while it is being stored, prepared, cooked and served. More specifically:
  - Frozen foods are stored at –18 degrees Celsius (0 degrees F) or lower.
  - Refrigerated foods are stored at 4 degrees Celsius (40 degrees F) or lower.
  - Hot foods are held at 60 degrees Celsius (140 degrees F) or higher.
  - Food preparation and storage areas are kept clean, in good repair and free of pests at all times.
  - Work surfaces in areas where food is prepared are constructed of a non-absorbent material that can be easily cleaned.
  - Garbage is removed from the food preparation at least daily and when the container is full.
  - If residents are involved in meal preparation, they are supervised to ensure they are handling and preparing the food safely.
  - Food is used before the "best before" date.

- The food you bought earliest is used first, so that food is not left in your cupboard, fridge or freezer too long.
- You are labeling all foods with the date of purchase or preparation.
- You do not buy food in dented cans or in packaging that is damaged.
- You do not accept food donations of potentially hazardous food from unapproved sources, as there is no assurance that the food was stored, handled and prepared safely.

Wholesome food, good food handling practices, properly designed and constructed kitchens, adequate refrigeration, properly trained food handlers and the exclusion of pests from the facility all help to ensure that you have safe food for your residents. For more information on handling food safely, refer to the resources provided to you at the Food Sanitation Course.

## 12.2 Food Service Records

New operators shall keep a record of the meals and snacks provided in the home for one year by using a:

- menu journal; or
- cycle menu (at least 2-3 week cycle).

If a resident has special dietary needs the operator must be able to show how these needs are being accommodated.

## 12.3 Planning Meals

Food nourishes the body and gives us energy. Residents must eat the right foods in order to stay healthy. When planning meals and snacks for the residents, be sure they get the daily variety of food and beverages recommended by *Canada's Food Guide*, on a daily basis. Consideration should be given to the following:

- The residents' food likes and dislikes.
- Any food allergies the resident may have.
- The nutritional value of the food.
- A resident's special diet.
- A resident's cultural preferences.
- Number of daily servings in each of the food groups as per *Canada's Food Guide*.  
More specifically: 2 - 3 servings of meat or meat alternatives; 2 – 3 servings of milk or milk products, 7 – 10 servings of vegetables and fruit, and 6- 8 serving of grain

products per day. This can vary with age and gender. Check *Canada's Food Guide* (<http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>) for more information.

## 12.4 Other

- Meals should be eaten together with the family whenever possible. This is an opportunity to interact with your residents.
- Meals will not be withheld for any reason unless this has been discussed with the resident's case manager.
- Breakfast, lunch and dinner are provided to residents at reasonable times each day.
- Nourishing lunches will be provided for residents who attend day programming away from the approved home. Where meals are provided by the day programming agency at a nominal cost, this cost is the responsibility of the approved home operator.
- Snacks shall be provided and offered to the residents at mid-morning, mid-afternoon and in the evening.
- Hydration is important. Beverages (e.g. water) should be available to residents throughout the day.
- Where the operator decides that food will be ordered or attends a restaurant as a household, the operator is responsible for covering the cost.

## Section Thirteen - Other

### 13.1 Confidentiality

Unfortunately, there is a heavy stigma associated with mental illnesses and psychiatric services. It is not unusual for residents, their families or even approved home operators to want to hide or downplay their connection to mental health. Therefore, don't be surprised if residents are cautious about revealing information about their psychiatric histories.

As an approved home operator, you will come to know personal information about the residents in your home. The case manager will give some of this information to you and the resident may confide other information. Any information you learn about the residents in your home must be kept confidential. This information is not to be discussed with any unauthorized person such as neighbours, friends, relatives, other residents or other approved home operators. All operators are required to complete an Oath of Confidentiality called a Confidentiality Agreement (see Appendix Q). All records must be kept in a safe and secure place that is only accessible to the operator or respite worker.

If you rely on other operators for support or direction, it is acceptable for you to discuss problems, problem solving or methods of coping, in general terms. However, a resident's name or specifics that could identify the resident must not be mentioned. This includes electronic communications.

If you are having difficulties with a particular resident, it is best to contact the case manager involved. A phone call made for reassurance or direction does not mean you cannot cope.

In most instances, residents should be encouraged to maintain family relationships. However, personal or confidential information shared with you must not be shared with relatives of that resident without their permission. Encourage the family to speak with the resident directly. If family members request personal information, refer them to the case manager involved.

### 13.2 Basic Rights and Privileges of Residents

You and the residents in your home have rights and privileges by law in Canada. All residents have the following rights and privileges:

- To be treated with respect, dignity, kindness and consideration by you, and other people in your home.
- To voice concerns or recommend change to the expectations and standards of resident conduct or services provided in the home.
- To register complaints to the operator or to anyone else they choose including staff from RHA if they are not satisfied with things in the home, without fear of repercussions.
- To attend their own religious services or other activities of the resident's choosing.
- To be provided with personal privacy.
- To use their own belongings, and to have others use these belongings only if the resident gives permission.
- To communicate with reasonable limits within the home, in private by: telephone, electronic means, or mail (long distance charges will be the responsibility of the resident).
- To receive visitors privately at the home at reasonable hours unless the activities of the visitors negatively affects the other residents. The resident shall make every effort to inform the operator before a visit.
- To come and go as they like, providing they let you know when they leave and when they will return.
- To be free from any physical punishment, threats, or abuse from you, your staff or other people in your home.
- To be free from any actions from the operator of a punitive nature including physical punishment, threats of any kind, intimidation, verbal, mental or emotional abuse or confinement.
- To choose their own physician, dentist, optometrist, or other health care professional.

**Operators must ensure that each resident is aware of the above Rights and Privileges prior to the resident moving into the home.**

### 13.3 Standards of Behaviour

Operators must inform each resident about the expectation and standards of behaviour to be followed in the home prior the resident moving into the home.

### 13.4 First Aid:

All approved homes are expected to have a First Aid Kit consisting of the following items:

#### First Aid Kit Supplies

10-25	Alcohol Wipes
12-50	Bandages
1-2	Hypoallergenic Adhesive Tapes
2-3	Triangular Bandages
4-6	Safety Pins
2-3 each	Gauze Bandages of various sizes
2 each	Sterile Dressings of various sizes
1	Abdominal Pad
2-4	Self Adherent Roller Dressings
1-2	Eye Pad
1	Soap
12-100	Latex/Vinyl Gloves
1	Pocket Mask
1	Tweezers
1	Bandage Scissors

#### Additional Supplies

1	Hot Pack
1	Cold Pack
1	Elastic Bandage (5cm & 10cm)
1	Sterile Burn Sheet

### 13.5 Transportation

It is the approved home operator's responsibility to provide transportation to medical appointments including family physicians, psychiatrists and other health professionals. Other transportation requirements will be specified in the Service Agreements or in

discussion with the case manager. Those clients receiving SAP/SAID may be eligible for subsidies; check with your case manager.

## **13.6 Emergency Planning**

### **(A) Fire Safety:**

Fire inspections are required upon initial application for a license and at least once every three years. It is the responsibility of the approved home operator to arrange for their fire inspection, ensure safety standards are maintained, and any actions given after the fire inspection and fire sprinkler inspection (if applicable) are addressed.

### **(B) Safety Checklist:**

Operator is to check and maintain a record of the checks in order to ensure occupants in the home are safe. The following checklist aids in providing a safer environment for you and your residents:

- Check your smoke alarms on a regular monthly basis and record.
- Make certain that you have fire extinguishers placed at strategic locations. Your local fire inspector can determine the type and location.
- Fire extinguishers are to be inspected annually.
- Draw a fire escape plan and place it in a conspicuous location.
- Practice fire drills monthly and keep records in accordance with the fire inspector in your area.
- Clean and service your furnace annually.
- Do not allow the furnace area to accumulate clutter.
- Make certain that all flammable substances are stored properly and away from the furnace area.
- In the event of a fire, evacuate all residents and call the fire department. Do not re-enter the house to salvage personal belongings.
- In the event of an evacuation of the home, a common meeting place should be designated.

It is very important to have a plan for specific emergency situations and a list of emergency telephone numbers and land location (in rural areas) displayed in a common area of your home.

(C) Missing Resident:

If the resident is expected home and you don't know where he/she is:

- Remain calm.
- Call your case manager or Approved Home/Residential Coordinator and inform him/her what has happened.
- Contact any service provider your resident may be involved with and explain the situation. If you are the only person in the home, do not go out looking for your resident. Stay home to answer the telephone should the resident or other services call.
- After hours, call emergency agencies in your community, and the police or RCMP.
- Document what happens, for future reference.
- In cases where a resident has a history of wandering, you should have a current picture and other detailed information available as this may assist with locating the resident.
- It is also recommended that all residents have identification with them at all times.

(D) Reportable Serious Incident:

An occurrence at or around the mental health approved home that affects or may seriously affect the health or safety of residents of the home including:

- any occurrence, accident or injury that is potentially life threatening;
- a death that is required to be reported pursuant to *The Coroners Act*;
- an outbreak of a communicable disease, notification of which is required under *The Public Health Act*;
- any harm or suspected harm suffered by a resident as a result of unlawful conduct, improper treatment or care, harassment or neglect on the part of any person;
- any incident involving a resident that has been reported to law enforcement officers;
- a fire;
- a prolonged disruption of :
  - the supply of electrical power, heat or water;
  - the provision of food; and
  - the provision of other basic services of the home that interferes with the ability to give appropriate care to the residents.

The operator shall:

- Inform a member of the resident's family (if appropriate), the resident's personal guardian, Approved Home/Residential Coordinator, and personal physician.

- As soon as possible, provide a written report to the Approved Home/Residential Coordinator of the incident including the circumstances leading up to the incident. Also provide:
  - names of the residential person(s) involved;
  - names of the persons notified;
  - actions taken to resolve the problem leading to the incident; and
  - actions taken to prevent recurrences.

(E) Behaviour Problems:

If serious behavioural problems arise, physical punishment should never be used. Consult the case manager or emergency services as to the best approach. Behaviour management approaches should be practiced in consultation with the case managers.

(F) Medical Emergency:

- Have the resident's personal health number, date of birth and contact information available.
- If the situation will negatively affect the safety and/or well-being of the residents or others, call 911.
- In moderate situations, call your local hospital or health centre and explain the symptoms and pertinent information. You will be instructed as to what to do and when. You can also call the provincial HealthLine at 811.
- Contact the case manager, Approved Home/Residential Coordinator or emergency services as soon as possible or the next working day if after hours.

(G) Abuse (see Appendix A for Abuse Policy):

Operators are expected to provide the resident with a safe, healthy and supportive home environment. Abuse in any form shall not be tolerated. Abuse includes physical, sexual, emotional, property, financial, medication and denial of opportunity, or neglect.

To reduce the risk of allegations of abuse:

- Be aware of acceptable ways to respond to situations where the resident may become physically aggressive.
- Be aware of the indicators of abuse and neglect and report these to the resident's case manager.

(H) Conflict of Interest:

No operator or a relative of an operator of a home shall:

- accept an appointment as Power of Attorney for a resident;
- accept an appointment as a personal or property guardian pursuant to *The Adult Guardianship and Co-decision-making Act* for a resident;
- accept an appointment as a proxy for a resident in a directive pursuant to *The Health Care Directives and Substitute Health Care Decision Makers Act*;
- accept the appointment as “Executor” of a resident’s estate;
- accept gifts from a resident with an estimated total value greater than \$100 in a year;
- accept real or personal property or personal possessions from a resident or from anyone on behalf of a resident as payment for care and accommodation in the home; and
- influence or attempt to influence a resident or prospective resident:
  - in the making or alteration of the will of the resident or prospective resident;
  - in the conduct of the financial affairs of the resident or prospective resident, except in the matter of small personal allowances or incidental earnings such as:
    - Approved Home Active Allowance or the Personal Living Allowance provided by *The Saskatchewan Assistance Act* or the Saskatchewan Assured Income for Disability.
  - in handling the personal assets of the resident or prospective resident; or
  - accept gifts or bequests provided in a resident’s Will unless the Will was executed before the resident was admitted to the home.

Nothing precludes an operator from being appointed as a trustee of a resident for the purposes of *The Saskatchewan Assistance Act*.

If a licensee receives a gift from a resident (estimated total value may not exceed \$100 per year), the licensee must: notify the Approved Home/Residential Coordinator and a member of the resident’s family about the gift, and record the following information:

- Date of receipt of the gift.
- Name of the person who received the gift.
- Amount or estimated value of the gift.
- Name of the person contacted.

(I) Death of a Resident:

The sudden, unexpected death of a resident could occur where no doctor is in attendance. Should such an event happen in any approved home, the following procedure is suggested:

- Stay calm.
- Call 911.
- Check to see if all signs of life have ceased.
- Contact the family physician and the case manager. If they are not available, contact the Approved Home/Residential Coordinator or emergency services in your RHA as soon as possible.
- Please do not alter or move the resident or the surroundings. The body may be covered with a blanket.
- Please understand that the police/coroner will investigate and ask questions. Be as helpful to them as you can.
- The case manager or other designated person will notify the next of kin. That is not your responsibility. However, you may choose to contact family members because of your close relationship, after the initial contact has been made by the case manager.
- If other residents are present, please ask them to go elsewhere in the home until the body has been removed.
- Funeral arrangements are made by the next of kin or agencies such as the Ministry of Social Services or Public Trustee.
- **Please Note: If you are acting as trustee, you are responsible to contact the appropriate agency (i.e. Ministry of Social Services, Public Trustee).**
- Under no circumstances should the operator give consent to an autopsy. Ask the case manager for information.

All monies and/or personal property of the deceased resident will be held in trust by the operator until direction is given by the case manager or Public Trustee.

### **13.7 Communicable Diseases**

It is the approved home operator's responsibility to inform the case manager if any resident in the home is suffering from a communicable disease. With the resident's permission the case manager can inform the operator if a resident has a pre-existing communicable disease before placement or acquires one during placement.

## Section Fourteen – Resource Material

### 14.1 Saskatchewan Approved Private Homes Inc.

The Saskatchewan Approved Private Homes Inc. (SAPH) is a non-profit organization that includes both Community Living and Mental Health Approved Home operators. The organization advocates to the government for benefits and levels of care increases for the operators.

The role of SAPH is:

- to promote the development of approved homes;
- to advise the government agencies of the needs and requirements of approved homes;
- to lobby provincial and municipal boards, councils, commissions or committees on existing acts, regulations, bylaws and policies affecting approved homes;
- to provide information, education and support for caregivers; and
- to work in close cooperation with the appropriate agencies in seeking solutions to problems concerning the mentally ill, physically disabled, mentally challenged and senior population.

### 14.2 Basic Rights of the Mental Health Approved Home Operator

#### Respect

The approved home operator has the right to be respected by all the residents in the home and not be subjected to verbal or physical abuse or threats of abuse. Personal threats to Approved Home Program operators and their families will not be tolerated.

#### Privacy

The approved home operator has the right to privacy, including maintaining his/her own bedroom and personal property, which is off limits to residents.

#### Schedules

The approved home operator has the right to be informed by the resident of his/her schedule and activities and to know when he/she will be away for meals or coming home after regular hours.

## **Information**

The approved home operator has the right to receive all the appropriate information concerning the residents in the home.

## **Refusal of Residents**

The approved home operator has the right to refuse placement of a resident into his/her home.

## **Mental Health Team**

The approved home operator shall be treated as a member of the **mental health treatment team**, with valuable knowledge about residents that needs to be considered when treatment decisions are made.

## **Retirement**

An approved home operator needs to be able to provide a safe and caring environment for residents. When this becomes difficult, the operator needs to consider retirement.

## Section Fifteen – Appendixes

### Appendix A



#### **APPROVED HOME PROGRAM POLICY ON ABUSE OF THE RESIDENTS**

Approved Home Program operators are expected to provide residents with a healthy, safe and supportive home environment.

#### **STATEMENT OF POLICY**

Saskatchewan Health and regional mental health services are committed to ensuring that all individuals residing in Mental Health Approved Homes licensed under *The Mental Health Services Act* are provided with an environment which is free from abuse.

#### **PURPOSE**

- Define physical, sexual, emotional, property and medication abuse, denial of opportunity and neglect.
- Describe the procedure that approved home operators and regional mental health staff shall follow in reporting and responding to allegations, disclosures or observations of abuse.
- Describe responsibilities, procedures and review processes in cases of alleged abuse.
- Ensure that the involvement of legal authorities is arranged, when appropriate.

#### **STATEMENT OF PRINCIPLES**

- Abuse in any form shall not be tolerated.
- The rights of individuals under the Canadian Charter of Rights and Freedoms and other Canadian laws shall not be denied.

- It is recognized that an allegation of abuse creates a situation of trauma for the perpetrator and the victim alike.
- The resident's and operator's dignity will be respected through a process for responding to and reviewing allegations of abuse that is timely, fair, humane, objective and complete.

## DEFINITIONS

Physical Abuse	Infliction of bodily pain by one or more instances of, but limited to striking, shoving, slapping, pinching, strangling or kicking; the use of unapproved restraining techniques.
Sexual Abuse	Any form of unwanted or exploitive sexual behaviour including harassment or acts of assault.
Emotional Abuse	Infliction of emotional pain through verbal or written expressions of intimidation, humiliation, ridicule, contempt or hatred. Includes yelling, swearing or screaming at others.
Property Abuse	Misuse of an individual's funds or assets without consent, including unauthorized use of bank accounts or denial of personal possessions.
Medication Abuse	Non-compliance with policies and procedures relating to medication administration, including withholding medication or over-medication, inappropriate use of medication or failure to facilitate access to health services.
Denial of Opportunity	Unreasonable denial of opportunity for economic advancement or intentional withholding of access to available opportunity to meet needs for spiritual, mental or personal growth and satisfaction.
Neglect	Failure to provide the necessary care, assistance, guidance or attention, which results in physical or emotional harm or loss to the adult or their estate. May be caused by an action or a failure to act and may or may not be intentional.
Resident	Person who resides in a Mental Health Approved Home for the purpose of receiving lodging, supervision, personal care and planning support.
Operator	Person who operates a Mental Health Approved Home.
Alleged Perpetrator	Person identified as having committed or participated in an act of abuse toward a resident.

## PREVENTION

There are several things that operators can do to help reduce the risk of abuse and create a safe environment for everyone living in the home. These include:

1. Being familiar with acceptable ways to respond to emergency situations where a resident may become physically aggressive.
2. Being aware of the indicators of abuse and neglect and reporting these to the resident's case manager if observed.
3. Recording and reporting to the case manager:
  - Any significant changes in the resident's behaviour or health condition.
  - Bruises, scratches, wounds, sores, bumps, infections, etc. resulting from accidental injury, self-injury or difficult to explain circumstance and where witnessed, the origin.
  - Acknowledging difficulties in coping with challenging residents and asking the case manager/residential coordinator manager to assist in resolving the issue.

## **REPORTING PROCEDURES**

1. An approved home operator or mental health services staff who observes or becomes aware of apparent abuse of a client shall report the situation to the client's case manager or Approved Home/Residential Coordinator and appropriate members of the treatment team.
2. Allegations or complaints of abuse must be submitted to the Approved Home/Residential Coordinator in writing, dated and signed.
3. Regional mental health staff will respond to all allegations of abuse.
4. If the allegation of abuse comes from a third party (i.e. someone other than the alleged victim), mental health services staff shall confirm with the appropriate person(s) that he/she has made an allegation of abuse.

The purpose of seeking this confirmation is to verify that a complaint of abuse has been made. The case manager shall not attempt to determine at this time whether or not the abuse actually occurred.

5. The case manager receiving an allegation of physical or sexual abuse shall support the resident to inform the police of the allegation as soon as possible, but not more than 24 hours after the allegation has been made, unless there is substantial reason to question the credibility of the allegation. In such cases, the case manager will consult with the Approved Home/Residential

Coordinator regarding the appropriate course of action.

6. In cases where the operator is abused, the Approved Home/Residential Coordinator shall support the operator to inform the police.

### **ADVISING THE OPERATOR OF THE ALLEGATION**

Where an approved home operator or someone associated with the operator is the alleged perpetrator, the coordinator of residential/approved home services will advise the operator in writing as soon as is reasonably possible that an allegation has been received and that an investigation is underway.

Where the safety of the resident or the integrity of the investigation may be jeopardized, the provision of notice may be waived.

### **ACTIONS WITH RESPECT TO CLIENTS**

Upon receipt of an allegation of abuse, regional mental health staff, in consultation with the Approved Home/Residential Coordinator shall assess the risk/safety of the alleged victim as well as other clients of the home. The Approved Home/Residential Coordinator may also consult with the police and/or the region's legal counsel on the matter.

In the case of a client being temporarily removed from a home pending the results of an investigation, payment to the operator may be continued for 30 days or permanent placement, whichever is sooner.

The alleged victim and other residents may be removed from the home where:

- The alleged victim shows obvious medical evidence of abuse.
- The alleged perpetrator is still in or associated with the home.
- The operator is very distraught about the allegation and unable to continue to provide care.
- The client is afraid or would prefer not to return to the home.
- There are concerns about the ongoing safety of the alleged victim and other residents in the home environment.

## INVESTIGATION

An investigation shall be conducted by regional mental health staff. Regional mental health officials are encouraged to consult with a Saskatchewan Health, Mental Health Program Consultant. The RHA Quality of Care Coordinator and Risk Management Offices may also be consulted.

## PROCESS

- The investigation will be conducted by the Approved Home/Residential Coordinator in conjunction with the client's case manager or other mental health representative, as decided by the region.
- The investigation will be automatically reported to the police in case of physical or sexual abuse (e.g. where assault, threat or fraud are alleged or appear to have been perpetrated). Such reporting will occur prior to the investigation being initiated to ensure that it will not jeopardize any further investigation or criminal proceedings. The police will also be consulted during the review before Mental Health Services share any information, reports or documents with the operator to ensure that sharing this information will not jeopardize the police investigation.
- In case where the police do not believe a criminal investigation is warranted, an RHA investigation shall be conducted.
- As the outcome of the review may impact upon the ability of an approved home operator to maintain his/her license of approval, all investigations shall respect natural laws of justice. These principles mean that the operator has the right to be treated fairly and to be heard before any final decision is made.
- During the investigation process, no new clients shall be placed in the approved home. Vacancies will remain open until the investigative process is complete and a reasonable outcome is established.
- The review may consist of interviews with the alleged victim, the alleged perpetrator, other clients in the home or others who have information relevant to the allegation and the approved home operator.
- After the necessary information has been gathered, the Approved Home/Residential Coordinator shall explain all outstanding concerns to the operator. All materials that are

being relied upon to reach any conclusions will be supplied to the operator so that he/she is able to respond to all issues.

- The operator must have adequate time to prepare a response to any outstanding concerns. The operator may provide his or her response, either in writing or in person, to the Approved Home/Residential Coordinator.
- The Approved Home/Residential Coordinator in conjunction with the Managers of Residential Services and Rehabilitation Services shall review and carefully consider all pertinent information before reaching a final decision.

## OUTCOME

- The Regional Director or designate who has reviewed all of the evidence and the response of the operator will decide how to address the issue of the complaint.
- Unless unavoidably delayed by a police investigation or other circumstances, the investigation will be completed within thirty (30) days of receipt of the allegation.
- Where an allegation of abuse has been substantiated or where the operator's interactions with a client have been found to be unsatisfactory rather than clearly abusive, the written outcome will define the strategy to address the issue of the complaint. This may include:
  - development of a strategy to prevent further occurrences of unsatisfactory interactions with clients.
  - outline of training in which the operator may participate.
  - counselling - where the operator's interactions with the residents are found to be unsatisfactory, yet the actions are not clearly abusive; the case manager shall bring the matter to the attention of the operator. Documentation detailing what was discussed, when and with whom shall be filed.
  - written reprimand – where counselling has been ineffective, but where revoking the license is not warranted, the operator will be formally advised in writing of the consequences of further unsatisfactory interactions with clients. A copy of this letter will be placed on the operator's file.
  - decisions about the License of Approval may include:
    - recommending to the Regional Director the continuation of the license;
    - recommending to the Regional Director continuation of the license with conditions; and
    - recommending to the Regional Director revoking the license.

- The operator will be informed of the decision and the reasons for the decision.
- The operator will be advised of the mechanism for appealing the recommendation.

### **APPEAL**

1. In cases where the operator disagrees with the outcome of the abuse investigation, they should follow the procedures for dealing with issue and concerns as outlined in this manual.
2. In cases where the investigation results in a recommendation to revoke the license, the operator may follow the process as outlined in this manual.

### **DOCUMENTATION**

- All documentation regarding an investigation and its outcome shall be placed in the client's file and in the operator's file.
- The incidence and the outcomes of all investigations shall be reported to the manager of rehabilitation services monthly.

### **CONFIDENTIALITY**

All information obtained during the course of an investigation shall be treated as confidential and the discussion of such information is limited to only those directly involved with the case.

## Appendix B



### Mental Health Approved Home Enhancements Procedures and Guidelines

#### 1. Program Objectives

##### Primary Goal

To enhance the quality of life for those diagnosed with a severe and persistent mental illness residing in Mental Health Approved Homes or in the community by developing individualized, flexible and innovative programs that complement and supplement the existing network of Mental Health Services.

##### Secondary Goal

To enhance the Approved Home Program and support the recruitment and retention of Mental Health approved home operators.

#### 2. Specific Programs

The following programs are all delivered through the RHA offices of Mental Health Services:

##### **a. Increased Individualized Supports/Layered Needs Payments:**

Individualized Supports and Layered Needs Payments offer the opportunity to tailor a program to respond to transitional or emerging needs of clients with higher needs living in Mental Health Approved Homes. The initiative is intended to decrease the likelihood of discharge of the individual from the Approved Homes or operators deciding to cease delivering services. The program is not designed to provide treatment or duplicate the mandate of Mental Health Services, but rather to complement or supplement these services.

**The funds can be distributed in three ways:**

- A contract with an external service provider to work with an individual resident or group of residents or approved home operator to meet specific needs not being met through mental health services, but deemed necessary in the community treatment plan and promotion of an individual's quality of life.
- A contract for additional payment to enable the operator to purchase additional supports for persons with a DSLA level 5 so that the resident can remain in the home.
- A contract to pay for program fees that will allow residents who meet the requirement of the target population to participate in programs outside the Approved Home.

*Target Population for Individualized Supports/Layered Needs Payments*

- Individuals selected to receive of Individualized Supports and Layered Needs Payments must have a severe and persistent mental health issue and meet the following criteria (#1. and #2.):
1. One or more of the following issues and conditions that are of a serious, enduring and persistent nature regarding:
    - Behaviours requiring high levels of care, including obsessive activities (hoarding, excessive washing) and suicidal behaviour.
    - Engagement in high risk behaviour, for example: wandering, prostitution, repeated elopement from Approved home at night and day.
    - Aggressive behaviour including self-injury, physical aggression and/or verbal aggression such as severe intimidation, verbal assaults or harassment.
    - Complex health care needs including addictions.
    - Criminal behaviour within a manageable risk including: sexual offending, theft, arson and assault (e.g. involvement with criminal justice system, not necessarily resulting in formal criminal charges).
  2. Individual requires one or more of the following in addition to what may be considered typical supports (support needs are either multi-dimensional which captures the presence of several issues and support requirements, or one-dimensional which captures the presence of one deep and persistent issue and support requirements):

- Intense, direct support strategies to reduce impact of challenging behaviours.
- Requires individualized supports to engage in activities outside the house.
- Highly specialized support needs requiring a specialized program related knowledge/therapeutic supports, training of care providers and enhancement of skill set, relating to diagnosis, syndromes, mental health supports etc.
- Specialized health related knowledge required for the application of ongoing monitoring and care support measures to maintain a stable health status (e.g. medical procedures, medical therapies, etc.).
- Additional and intensive supports/supervision required to attain a meaningful quality of life as defined by the individual to:
  - reduce the risk of harm to self, service provider and/or community at large; and
  - address barriers imposed by individual characteristics.

*Procedure for Developing and Administering Individual Supports and Layered Payments  
Regional Health Authority Procedures*

- Case Manager and or Approved Home/Residential Coordinator establishes need for services with approved home operator.
- Case Manager and/or Approved Home/Residential Coordinator discusses proposal with his/her supervisor and receives verbal approval.
- Case Manager and/or Approved Home/Residential Coordinator prepares contract and supporting documents, obtains signatures of client and service provider and approved home operator and forwards contract to program coordinator/manager.
- If the client is unwilling to give his/her written consent to a contract but the case manager and Approved Home/Residential Coordinator agree that the contract is in the best interest of the client, then they may proceed once they obtain the agreement of the Regional Director or designate.
- Approved Home/Residential Coordinator receives contract and forwards to the Regional Director/designate of Mental Health Services for approval.

- Contract is signed by the Regional Director/designate of Mental Health Services.
- Copies of contract are distributed to:
  - client, if applicable;
  - service provider;
  - case manager;
  - Approved Home/Residential Coordinator;
  - Rehabilitation Coordinator; and
  - approved home operator.
- Regions are responsible for monitoring their financial commitments, ensuring they do not over-expend their allocations.
- Regions are responsible for maintaining all receipts and documentation to support and reconcile the contract for audit purposes.
- Upon termination of contracts, the case manager is to prepare a brief summary for the case file indicating what services were provided and what was accomplished.
- Funding available:
  - Individual contracts.
  - Additions to DLSA.

Level 5 = \$500/Month

- Contract duration: contract must be reviewed at least once per year, or at the end of the contract period.

**b. Approved Home Respite Program:**

Purpose:

- The Approved Home Respite Program is designed to support Approved Homes by providing a financial subsidy to operators caring for persons residing in their homes.

Objectives:

- The program is designed to provide financial support to Mental Health approved home operators who care for persons in their home while they are on vacation.

The program is not designed to:

- make arrangements on behalf of the Mental Health approved home operator. The operator is responsible for locating an appropriate respite resource.

Available funding:

- Funding for the above options is available for persons in the home at the time of the leave, to a maximum of:
  - \$30 per day per resident; and
  - 21 days per year.

Respite/Relief Operators/Homes (Also See Approved Home Policy Manual):

- Operators may utilize empty Approved Home beds to provide respite to other approved home operators or their resident's family home or other facilities approved by the Residential Coordinator.
- Respite/Relief operators must be at least 18 years of age and demonstrate mature, responsible behaviour. Residents receiving a level of care will not provide respite/relief services to the operator. In all cases, the operator is responsible to ensure the relief operator is a capable individual with the knowledge and experience to carry out the responsibility. They must have a VP-CRC.
- The operator shall obtain the prior approval of the Regional Director or designate before being absent from the home so that the suitability of the alternate arrangements can be assessed and approved.

Procedure:

- Approved Home Operator contacts Approved Home/Residential Coordinator regarding respite plans.
- Approved Home/Residential Coordinator approves respite plan of operator.
- Payment to the operator will be made by the RHA upon receiving of invoice from the Approved Home Operator, within a minimum of seven days.
- Respite must be at least eight hours away from the Approved Home or the residents away from the home.
- Payments will be made by the Approved Home/Residential Coordinators upon receipts signed by the respite worker.

**c. After-Hours Crisis Support:**

Purpose:

- To provide support to Approved Homes after regular hours and on weekends. Crisis supports will be provided to Approved Homes in evenings and weekends through third party arrangement(s) organized and funded by the RHA.

Procedure:

- The RHA and approved home operators will organize and fund third party arrangements where available and appropriate, to provide after-hours crisis supports.

**d. Payment for Exceptional Damages:**

Purpose:

- To compensate approved home operators for exceptional damages caused by residents.
- All other options must be explored before payments are authorized.
- The maximum payment will be \$1,000 and minimum will be \$500 (i.e. damages under \$500 will not be covered).

Procedure:

1. Operator to inform the Approved Home/Residential Coordinator of damage.
2. Coordinator and operator agree on damage and costs.
3. Operators present bills for reimbursement.
4. RHA reimburses operator.

## Appendix C



### APPLICATION FOR LICENSING AS AN APPROVED HOME

(Subject to the Provisions of *The Mental Health Services Act* and *The Mental Health Services Regulations*)

(1) \_\_\_\_\_  
 Name of applicant Telephone number

\_\_\_\_\_ \_\_\_\_\_  
 Address of building or premises for which approval is being sought Postal Code

Is this your principal residence? Yes \_\_\_ No \_\_\_. If no, where is your principle residence?  
 \_\_\_\_\_

(2) Others living in the home:

Name/Relationship/Age	Name/Relationship/Age

(3) Number of residents you wish to accommodate: \_\_\_\_\_  
 Preferences: Male \_\_\_\_\_ Female \_\_\_\_\_ Couples \_\_\_\_\_ Ages \_\_\_\_\_ Smokers \_\_\_\_\_ Non-smokers \_\_\_\_\_

(4) References (list three people not related to you who may be contacted regarding your application)

Name	Address	Telephone	Occupation

(5) Reasons for wanting to operate an Approved Home:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(6) What qualities, skills and experience do you have that will enable you to provide care to residents in your home?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(7) Explain what experience and knowledge you have had regarding mental illness:

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(8) Have you been licensed or approved to provide care under another Act? Yes\_\_\_ No\_\_? If yes, please complete the Authorization to Receive Confidential Information form.

**AUTHORIZATION TO RECEIVE CONFIDENTIAL INFORMATION**

I hereby authorize the **Mental Health Approved Home Program** to receive full information regarding:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PERSON OR AGENCY RELEASING INFORMATION:

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

The following information will be required:

- Licensing History
- Performance as a Licensee
- Reasons for denial or decertification or revocation of a license (if applicable)
- Recommendations

Authorization is valid for a period of **90 days** from the date on which it is signed.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Witness

(9) The following documents are included with the application:

- Initial application form (see Application for Licensing as an Approved Home; Appendix C).
- Three letters of reference from the applicant that can comment on their ability to provide care.
- Current Standard First Aid, Food Handling and CPR certificate.
- Proof of policy of insurance no less than \$1 million against General Liability, including third party liability.
- Proof of no less than \$1 million against claims arising from transportation of residents in a vehicle, if the operator is using their own vehicle to transport residents. If the operator is using a taxi or bus to transport residents this may not apply.
- Floor plan of each level of the home prepared by the applicant that includes dimensions of the rooms, which rooms accommodate residents, family and others, and number of bathrooms.
- Satisfactory Fire Inspector's report.
- Satisfactory fire sprinkler system test certificate (if applicable).
- Satisfactory Public Health Inspector's report.

- Satisfactory VP-CRC prepared by the police and completed within the previous six months for each adult 18 years or older residing in the home who is not a resident.
- Signed authorization to receive licensing history from another authority where the applicant had previously been approved/licensed to provide care.
- Any other information that is required in order to assess if a license can be issued.

(10) Are there any factors that could adversely affect your ability to be responsible for and provide safe and appropriate care to vulnerable people on a 24 hour basis? (e.g. issues affecting health or family, etc.) Yes \_\_\_ No \_\_\_

If yes, please attach relevant information.

(11) I hereby request a licence to operate an Approved Mental Health Home Yes \_\_\_ No \_\_\_

(12) I declare that all information contained on the Mental Health Approved Home Application for a Licence and accompanying documents are true and accurate Yes \_\_\_ No \_\_\_

(13) I understand that knowingly making false statements may affect my licence Yes \_\_\_ No \_\_\_

(14) I have reviewed *The Mental Health Services Act* and Regulations, the Mental Health Approved Home Operators Manuals, and agree to operate my Approved Home within these requirements Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Recommendations of the Approved Home/Residential Coordinator, Health Region**


\_\_\_\_\_  
Signature of Approved Home/ Residential Coordinator, Health Region

\_\_\_\_\_  
Date

Appendix D



**APPROVED HOME INITIAL LICENSE INSPECTION REPORT**

Name of Potential Operator: \_\_\_\_\_

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

Address of Approved Home: \_\_\_\_\_

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

Section A: General

1. How did you become interested in the Approved Home Program and in providing a home and service to individuals with a long-term mental illness?

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2. Describe the kind of home you can provide for an individual with a long-term illness.

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3. Describe your understanding of mental illness or personal experiences that have led you to this of understanding.

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4. How would you react to a person with both a mental health and an addictions issue?

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5. What difficulties do you foresee in having one or more individuals with a long-term mental illness living in your home?

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6. Do you work outside the home? Yes  No   
If yes, do you plan to continue? Yes  No

7. Do you **own**  or **rent**  your house?

8. What type of work experiences have you had that may help in operating an approved home?

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9. Will the income from approved home residents be the only or major part of your financial income?

Yes  No  Other sources: \_\_\_\_\_

10. Who else is living in your home at the present time? \_\_\_\_\_

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11. To what extent will other people living in your home be involved with providing care and supervision to residents?

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12. What do you feel will be the impact on yourself and family members by introducing a person with long-term mental illness into your home?

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13. How would you involve the resident with your family?

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14. Please describe the type of care and supervision you are willing to provide.

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15. How would you motivate your residents to participate in activities in the community?

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16. Are you prepared to provide a resident full assistance in maintaining his/her personal hygiene?

Yes  No

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17. Is there any behaviour you cannot tolerate or deal with?

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18. How do you define "confidentiality" and how would you practise it?

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19. What do you think might cause a complaint to be made about an approved home from neighbours?

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20. How would you deal with a complaint by a case manager, or family member?

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21. What kind of back-up do you have available if you become ill, stressed, or if an emergency arises? Describe how you cope and what supports you have available to you.

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22. What would you do in an emergency such as a suicide attempt or medication overdose?

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23. How would you handle an abusive or violent resident?

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24. What would you do if a resident is missing?

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25. What do you consider your personal strengths?

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26. How do you respond to persons with different religious faiths and cultural beliefs?

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27. If there is additional information you want to give the Approved Home/Residential Coordinator in support of your application, please do so below.

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**SECTION B**

**PHYSICAL STANDARDS**

	<b>Yes</b>	<b>No</b>
1. The exterior of the home and the yard is safe and accessible?		
2. Resident bedrooms:		
➤ Each bedroom for 1 person has 7.2 sq. meters of usable space?		
➤ Each bedroom for 2 persons has 5.4 sq. meters of useable space each person. Are not more than 1.22 meters below ground level?		
➤ Are not above the second story?		
➤ Has a closable door?		
○ Mattresses are clean and in good repair?		
○ Not be used as passageways?		
○ Locks that can be opened from the inside?		
○ Be occupied by more than 2 persons?		
○ Furnished with a:		
▪ Bed?		
▪ Clothes closet?		
▪ Chest of drawers?		
▪ Comfortable chair?		
▪ Waste basket?		
▪ Window coverings to provide privacy?		
3. Windows meet standards and are operable?		
4. Home is clean?		
5. Interior of home is:		
○ Well ventilated?		
○ Well lit?		
○ Safe, accessible and in good repair?		
○ Have screens on widows that open?		
○ Is clean and free from offensive odours?		
○ Free of pests?		
○ Pets are clean, friendly and vaccinated (where applicable)?		
○ Temperature is comfortable?		
6. A dining area of at least (1.2 sq. meters/occupant)?		
7. Living room or common are of a least (1.85 sq. meters/occupant)?		
8. Bathrooms are conveniently located and equipped with:		
○ One functioning toilet, hand basin and shower or bath for every 5 occupants?		
○ Be well ventilated and have a door that closes for privacy?		
9. Home appears to be clean, safe and sanitary?		
10. Home has smoke and carbon monoxide detector?		
11. Home has fire extinguishers?		
12. Home has a fire evacuation plan posted?		

**SECTION C**

**FOOD**

1. Resident will eat meals with operator in common dining room? Yes  No
  
2. How will you ensure residents receive appropriate nutrition and hydration (e.g. Breakfast, lunch, dinner and snacks)?  

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3. Thermometer is available to monitor temperature of food being stored or prepared?  
Yes  No

\_\_\_\_\_  
Signature of Approved Home/Residential Coordinator

\_\_\_\_\_  
Date of Initial Inspection Completed



## Appendix F



### **MENTAL HEALTH APPROVED HOME PROGRAM OPERATOR'S REVIEW**

(Send to all operators by mail every year with return envelope)

#### **INTRODUCTION:**

In answering the following questions, you are providing feedback on the home program. You will assist staff to better co-ordinate the supports necessary to maintain an approved home.

#### **1. Resident's Worker/Approved Home/Residential Coordinator**

- Do the Approved Home/Residential Coordinators/residential workers make home visits? (YES/NO)
- Does the resident's worker assist you in obtaining mental health and other services for your resident e.g. hospital admissions, medication review, overall benefits? (YES/NO)
- Have you been provided with a copy of the Mental Health Approved Homes Operator Service Agreement and was it discussed and signed? (YES/NO)
- Are you given an opportunity to express your concerns? (YES/NO)
- Are you provided with feedback on the effectiveness of your role as an approved home operator? (YES/NO)
- Are you provided with information regarding the resident's medication(s)? (YES/NO)
- Does the worker inform you of any new health problems your resident develops? (YES/NO)
- Does the worker inform you of all medical appointments? (YES/NO)

#### **2. Approved Home/Residential Coordinator**

- Do you feel comfortable expressing your concerns with the Approved Home/Residential Coordinator? (YES/NO)
- Do you feel that your concerns are considered important and addressed? (YES/NO)

- Are you offered suggestions, guidelines, and feedback in your role as an approved home operator? (YES/NO)
- Does the Approved Home/Residential Coordinator assist you with difficulties you encounter as an approved home operator? (YES/NO)
- Does the Approved Home/Residential Coordinator keep you updated regarding changes? (YES/NO)
- Does the Approved Home/Residential Coordinator provide you with information on the resident at the time of placement? (YES/NO)

### 3. Resident Management

- What difficulties, if any, did you encounter with your resident's management in the past six months to one year? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Was the resident's worker able to assist you? (YES/NO)
- In addition to the service provided by the resident's worker, what other services would you like?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- As an approved home operator, do you feel you are part of a team assisting residents? (YES/NO)
- Do other members of the team value your work and opinions? (YES/NO)
- How can team members assist in making your role as an approved home operator more meaningful and rewarding? \_\_\_\_\_  
 \_\_\_\_\_

### 4. General

Approve Home Manual

- Do you have and use the Approved Home Operator's Manual? (YES/NO)

- Is the information current and useful? (YES/NO)

- What parts of the Manual are most useful?

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- What parts of the Manual are less useful?

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- What changes, if any, would you like to see in the Manual?

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## 5. Training and Education

- Are you a member of your regional (SAPH Inc.)? (YES/NO)

- Do you attend the workshops sponsored by the mental health clinic? (YES/NO)

- How many did you attend in the past year? \_\_\_\_\_

- Have you attended other workshops? \_\_\_\_\_

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## 6. Other

- In what way could the Approved Home Program be improved?

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\_\_\_\_\_  
Signature (optional)

## Appendix G



### AUTHORIZATION TO RECEIVE CONFIDENTIAL INFORMATION

I hereby authorize the **Mental Health Approved Home Program** to receive full information regarding:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

From:

PERSON OR AGENCY RELEASING INFORMATION:

\_\_\_\_\_

\_\_\_\_\_

The following information will be required:

- Licensing History
- Performance as a Licensee
- Reasons for denial or cancellation of license (if applicable)
- Recommendations

Authorization is valid for a period of **90 days** from the date on which it is signed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Potential Operator

\_\_\_\_\_  
Witness

Appendix H



**MENTAL HEALTH APPROVED HOME PROGRAM  
LETTER OF TRANSMITTAL AND DLSA ASSESSMENT**

From: \_\_\_\_\_  
(Worker)

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

To:

Re: Daily Living Support Assessment (DLSA)

\_\_\_\_\_  
(Client Name)

Please be advised that the above named individual has been assessed/reassessed using the DLSA and will be residing in the home of:

Name: \_\_\_\_\_

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

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

Effective: \_\_\_\_\_  
(Date)

The financial requirements are as follows:

Level of Care \_\_\_\_\_

Please mail movement and trustee forms directly to new residence. If you require further information, please contact \_\_\_\_\_ at \_\_\_\_\_.  
(Name of Mental Health Worker) (Telephone)

## Appendix I



### APPROVED HOME OPERATOR'S ORIENTATION CHECKLIST

	Yes	No
1. Provided a history of the Approved Home Program.	___	___
2. Explained purpose and objectives of the Approved Home Program.	___	___
3. Reviewed the types of residents who are referred to the Approved Home Program.	___	___
4. Reviewed regional health authority mental health services.	___	___
5. Provided a copy of Approved Home Program Operators Manual and reviewed with operator.	___	___
6. Explained the role of the operator.	___	___
7. Provided a copy of Mental Health Approved Home Program Operator's Service Agreement.	___	___
8. Provided and discussed information pamphlets.	___	___
9. Discussion re: responsibilities of a business concerning income tax and appropriate insurance.	___	___
10. Reviewed record keeping for trustees.	___	___
11. Informed about the need to notify staff when operator is away overnight or longer.	___	___
12. Informed about the need to notify funding agency when resident is on 30 days' vacation leave or beyond 30 days in hospital.	___	___
13. Annual renewal of license procedure explained.	___	___

- |     |  |     |     |
|-----|--|-----|-----|
| 14  | Reviewed importance of operators' seminars and meetings with program staff.          | ___ | ___ |
| 15. | Review of membership in operators' provincial association and local contact persons. | ___ | ___ |
| 16. | Explained importance of confidentiality. Oath taken.                                 | ___ | ___ |

The check-off of the orientation items is an accurate reflection of the orientation I received from the Approved Home/Residential Coordinator. I realize I am free to contact the coordinator or other staff of the regional health authority for further clarification at any time. At night and during emergencies and weekends, I am to call \_\_\_\_\_.

I am satisfied with the adequacy of the information I received during my orientation.

\_\_\_\_\_  
Signature of Approved Home Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Approved Home/Residential Coordinator

\_\_\_\_\_  
Date

## Appendix J



### REFERENCE CHECK QUESTIONNAIRE

Name of Reference: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ has applied to become an Approved Home  
(Name of potential operator)

Program Operator. Your name has been given as a reference. Please take a few minutes to answer the following questions and return to the Approved Home/Residential Coordinator.

1. In what capacity have you known the applicant?

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2. For how long? \_\_\_\_\_

3. Please describe the individual based on the following qualities:

Reliability: \_\_\_\_\_

Problem solving skills: \_\_\_\_\_

Ability to work independently \_\_\_\_\_

Ability to work with others \_\_\_\_\_

Ability to follow detailed instructions \_\_\_\_\_

4. Are you aware of any problems that would interfere with this individual operating an approved home? \_\_\_\_\_

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5. Would you feel comfortable/confident in placing one of your family members in this individual's care? \_\_\_\_\_  
\_\_\_\_\_

6. If you were in the health region's position, would you recommend that this individual be given an approved home licence? Please indicate 'yes' or 'no', and explain why or why not.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Appendix K



### MENTAL HEALTH APPROVED HOME PROGRAM RESIDENT'S REVIEW

(To be completed every year. In the case of large regions 25% of the residents shall be reviewed each year)

The purpose of this review is to include the observations and opinions of the approved home residents to the overall evaluation of the Approved Home Program.

Resident's name: \_\_\_\_\_ Date of review: \_\_\_\_\_

Name of the approved home operator: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Case manager \_\_\_\_\_

When conducting this interview, please use the operator's full name when "operator" is indicated.

---

#### INTRODUCTION TO THE RESIDENT

In completing this review, you are helping the Approved Home Program staff and operator ensure that a good quality of life is maintained in the approved home. Your help is appreciated.

#### BASIC ROOM AND BOARD

1. Are you served the same meals as the operator's family? Yes  No
2. Do you eat with the operator/family? Yes  No
3. Are meal times at approximately the same time each day? Yes  No
4. Do you get enough to eat? Yes  No

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 5. Are the meals tasty?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Are some of your favourite foods included? How Often? Which ones?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Is meal time pleasant?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Are bedtime snacks available? What time? _____                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Do you assist in meal preparation/clean/up?                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Do you make coffee/snacks for yourself?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Are you free to bathe/shower?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Do you take a bath only when the operator is home?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Do you use the non-skid bathtub mat and the bathtub railings?                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Does the operator provide soap, toilet paper, Kleenex, shampoo free of charge? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Are your clothes washed, mended or replaced as required?                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Do you or the operator keep your medication in locked storage?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Comments:**

---



---

**FAMILY LIVING**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 16. Are special events recognized such as birthdays, holidays, etc.? How? _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Do you offer to help with chores?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Does the operator ask you to do chores?                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

19. Do you feel free to refuse to do chores? Yes  No
20. Do you feel free to use most rooms of the house? Which ones? Yes  No
- 
21. Are you allowed to watch T.V. with the family? Yes  No
22. Do you feel free to use the telephone? Yes  No
23. Do you answer the telephone to help out? Yes  No
24. Is there a designated smoking area at your  
Approve Home? If so, what are the house rules for safe smoking? Yes  No
- 
25. Are you free to decide when to be in at night and/or be in bed? Yes  No
26. Do you have access to your Approved Home at all times? Yes  No

**Comments:**

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**EMERGENCY PLANNING**

27. Do you know the fire escape plan? Show me your escape route  
(optional). Yes  No   
What does this plan mean? \_\_\_\_\_
28. Do you know where the fire escape route and plan are posted? Yes  No
29. Have you taken part in a fire drill this year? Yes  No   
When: \_\_\_\_\_ What did all of you do?  
\_\_\_\_\_
30. Do you know where to gather or meet if there is a fire? Yes  No

31. Does the operator leave a telephone number where you can call if you have a problem and no one is home to help? Yes  No
32. Are you ever been left alone? If yes, how often? \_\_\_\_\_ Yes  No   
How long? \_\_\_\_\_
33. If the operator is away overnight or longer, is there always someone staying in the home to help? If so, who is this usually? Yes  No   
\_\_\_\_\_
34. Do you know where the emergency telephone numbers are listed? Show me (optional) \_\_\_\_\_ Yes  No
35. Do you know how to use the telephone to call these emergency numbers? Yes  No
36. Do you know what you would need to say when calling? Yes  No
37. Show me identification that has your name( ), address ( ), operator's name ( ) and telephone number ( )? (check within brackets if shown) Yes  No
38. Do you know where the First Aid kit is kept? Where? Show me (optional) \_\_\_\_\_ Yes  No
39. Is there someone you could call for assistance if the operator is sick or hurt? Who is this person? Yes  No   
\_\_\_\_\_

### **FINANCES**

40. Do you receive your comforts allowance monthly? How much? Yes  No   
\_\_\_\_\_
41. Does the operator keep records of your allowances? Yes  No
42. Does she/he go over the allowances with you and get you to initial entries for money given to you or spent for you? Yes  No
43. Does anyone in the home ever ask you for money? Yes  No

**COMMUNITY INVOLVEMENT**

43. Do you go on community outings with the operator/family? When? Yes  No

\_\_\_\_\_

44. Does the operator encourage you to be involved in other social activities and use community resources? Yes  No

45. Do you talk to the operator about your social activities? Yes  No

**Comments:**

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

**PERSONAL RELATIONSHIP**

46. Do you talk to the operator about your day-to-day experiences? Yes  No

47. Does your operator make time to talk to you alone? Yes  No   
When? \_\_\_\_\_

48. Do you feel the operator cares about you? Yes  No

49. Do you feel at home with the operator/family? If yes, are there changes you would like? Yes  No   
\_\_\_\_\_

If no, what would you suggest? \_\_\_\_\_

50. Are there any of these matters you would like me to discuss with the operator? Yes  No   
\_\_\_\_\_

**MEDICAL**

51. Does your operator accompany you to medical appointments, e.g. dentist, doctor, eye specialist, psychiatrist? Yes  No

52. Do you go to medical/mental health appointments on your own? Yes  No

- 53. Do you make your own medical/mental health appointments? Yes  No
- 54. Does your operator make medical/mental health appointments on your behalf? Yes  No
- 55. Do you or the operator keep your medication in locked storage? Yes  No
- 56. Does your operator supervise your medication? Yes  No

**TRANSPORTATION**

- 57. Do you use public transportation? Yes  No
- If not, what are the barriers to using public transportation?

Comments:

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**GENERAL HEALTH**

- 58. Compared to others your age, how would you describe your health?
- Poor 1 2 3 4 5 6 7 8 9 10 Excellent**

- 59. Do you smoke or chew tobacco products? Yes  No
- 60. If yes, would you like to work on quitting? Yes  No
- 61. What supports would you need to work on a program to quit using tobacco?  
(e.g. Tobacco Cessation

Program, Nicotine Replacement Therapy)? \_\_\_\_\_

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62. Have you had any problems with mobility or balance? Yes  No

**Comments:**

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63. Do you exercise? Yes  No

64. How much do you exercise each day?  
 None  Less than 30 minutes per day  More than 30

65. Are you on a special diet?  
(e.g. diabetic, low salt, cholesterol, heart health, allergy, gluten-free) Yes  No

66. If you are on a special diet, do you always follow your diet? Yes  No   
If not, what do you need to be able to follow your diet?

---

67. Do you have any health problems that are untreated? Yes  No   
If yes, what are your untreated health problems? \_\_\_\_\_

---

## Appendix L



### MENTAL HEALTH APPROVED HOMES COMPLAINT INVESTIGATION

DATE COMPLAINT RECEIVED:

DATE COMPLAINT INVESTIGATION COMPLETED:

NAME OF Mental Health Approved Home (MHAH:

COMPLAINANT:

NATURE OF COMPLAINT:

SOURCES OF INFORMATION:

1. Background Information:
2. Interviews:
3. File Review:
4. MHAH Act and Regulations

DISCUSSION:

CONCLUSION:

---

Approved Home/Residential Coordinator Mental Health Approved Homes

## Appendix M



### Reference Letter Template Mental Health Approved Homes

Dear Sir/Madam:

Your name has been given as a reference for an individual seeking to become a Mental Health Approved Home Program Operator. Please take some time to fill out the enclosed reference check.

Mental Health Approved Homes are private dwellings licensed by Saskatchewan Health under *The Mental Health Services Act* to care for up to five persons in a home-like atmosphere.

Approved Home Operators have a very difficult job. In Saskatchewan there are over two hundred homes serving over 800 persons with long-term mental illness such as schizophrenia and severe depression. Operators are expected to provide room and board, personal care and monitor medications and behaviours. Although the health regions' mental health professionals support operators and training is available, much of the operators' work is carried out independently while caring for the residents.

Thank you very much in advance for your help. If you require further information before filling out the reference check, please call your local Approved Home/Residential Coordinator, named below.

---

Approved Home/Residential Coordinator

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Health Region

Enclosure  
2015

**Appendix N**



**TRUSTEE'S ACCOUNTING REPORT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Date	Income	Amount	Signature (client)
	Balance forward		
	OAS/GIS		
	SAP		
	Pension		
	SIP		

**TOTAL:** \_\_\_\_\_

**EXPENSES**

Date	Details	Amount	Balance	Signature
	Level of Care			

**TRUSTEE SIGNATURE:** \_\_\_\_\_ **BALANCE FORWARD:** \_\_\_\_\_

**Appendix O**



**Renewal of License Application  
Approved Mental Health Home – Year \_\_\_\_\_**

**SECTION A: GENERAL**

Name of Applicant (Operator): \_\_\_\_\_ RHA: \_\_\_\_\_

Address of Home/Applicant: \_\_\_\_\_ Ph. # of Home: \_\_\_\_\_

Ph # of Applicant: \_\_\_\_\_

Number of residents authorized (see license) to live in the home; Number of residents living in the home: \_\_\_\_\_

Number of others living in the home: \_\_\_\_\_

1. Does this continue to be your principal residence? Y\_\_ N\_\_
2. Do you have an Automatic Fire Sprinkler System installed in your home? Y\_\_ N\_\_
3. Please provide the following information requested in the chart below:

Name of non-resident adults (18+) living in the home:	Satisfactory Criminal Record Checks Submitted to Coordinator?		Have they been charged or convicted of a criminal offence since submitting their criminal record check?	
	Yes	No	Yes	No


4. Please list the training that you have taken over the last 12 months: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Are you employed outside of the personal care? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION B: RESIDENT INFORMATION**

Resident Information

Residents' Name(s)	Age	Payer	Trustee	Care Level	Date of Placement	Date of Departure	MH Staff	Programs Attended	Reasons for Leaving

--	--	--	--	--	--	--	--	--	--

Age summary

0 - 20      21 - 30      31 - 40      41 - 50      51 - 60      61 - 70      71+

CODES

Payor:

- SAP Saskatchewan Assistance Plan
- SAID Saskatchewan Assured Income for Disability
- OAS Old Age Supplement
- GIS Guaranteed Income Supplement
- I/B INAC/Band
- S Self
- PT Public Trustee

**SECTION C: PHYSICAL STANDARDS** -Do a physical inspection of Home (fire extinguisher – date, yearly, first aid kit as required):

		YES	NO
1.	Exterior appearance and yard meets neighbourhood standard		
2.	Interior décor and furnishings in suitable condition		
3.	General housekeeping satisfactory		
4.	Toilet and bathing facilities adequate and safe ( <i>good repair, no mould</i> )		
5.	Recreation and lounge space adequate		
6.	Residents' rooms		
	• Attractive furnishings and décor		
	• Bed and bedding in good condition		
	• Closet and drawer space suitable		
	• Towels and toiletries ( <i>shampoo, shaving supplies, etc.</i> ) provided		
	• Clothes clean and orderly		
	• Efforts to individualize room		
	• Privacy respected		
7.	Is smoking allowed and properly controlled?		
8.	Temperature and ventilation within comfort range		

9. Adequate individual storage		
10. House free of offensive odours		

**IF NO, PLEASE EXPLAIN:**

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**SECTION D: SOCIAL INTERACTIONS**

	YES	NO
1. Residents treated as adults		
2. Operator-to-client interaction respectful		
3. Operator spends some time with each resident ( <i>how</i> )		
4. Residents socialize with operator and family ( <i>how</i> )		
5. Level of care and supervision adequate (24/7) <i>unless approved by the nurse</i>		
6. Special days and events recognized ( <i>when &amp; how</i> )		
7. House rules reasonable (what are they, examples)		

**IF NO, PLEASE EXPLAIN:**

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**SECTION E: SAFETY AND SUPERVISION**

	YES	NO
1. Fire inspection satisfactory – Date: _____ (if due)		
2. Fire Extinguisher Check yearly		

3. Health Inspection satisfactory - Date: _____		
4. Fire Drill practised with residents ( <i>recorded, monthly – date/time of day</i> )		
5. Emergency plans taught to residents ( <i>posted, Drills timed for each resident</i> )		
6. Carbon Monoxide Detectors ( <i>furnace/bedrooms</i> )		
7. Water Testing ( <i>rural water – testing results as per Sask Health</i> )		
8. Resident has key to house (if no, are arrangements made when operator is absent?) (explain)		
9. First Aid kit ( <i>supplied as required; must see it</i> )		
10. Smoke alarm operating and tested regularly ( <i>test them</i> )		
11. Vaccination of pets up-to-date ( <i>see documentation</i> )		
12. Supervision provided when operator absent ( <i>who does relief – CRC?</i> )		
13. Holiday taken – Date: _____		
14. Operator provides receipts to respite operators ( <i>not Mental Health Services</i> )		
15. Relief operator suitable		

**IF NO, PLEASE EXPLAIN:**

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**SECTION F: NUTRITION AND MEDICATION**

	YES	NO
1. Meals eaten in family setting ( <i>together</i> )		
2. Meals served at regular time		
3. Three meals and snacks available		
4. Appetizing and balanced meals served ( <i>Canada's Food Guide</i> )		
5. Supervision of medication		
6. Medication stored in locked space ( <i>see it</i> )		
7. Operator understands importance of good nutrition and medication effectiveness		
8. Annual physical check-up of resident		

9. Medical summary form up-to-date		
------------------------------------	--	--

**IF NO, PLEASE EXPLAIN:**

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**SECTION G: OPERATOR**

		YES	NO
1.	Record keeping appears adequate and up-to-date ( <i>income tax done, signature/GST/totals</i> )		
2.	In good physical health and frame of mind		
3.	Positive attitude and interest in residents		
4.	Demonstrates understanding of approved home operator duties and responsibilities ( <i>supervision, reporting issues</i> )		
5.	Attends training and education seminars as required		
6.	First Aid/CPR certification ( <i>current</i> )		
7.	Wants to continue in Approved Home Program		

**IF NO, PLEASE EXPLAIN:**

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Appendix P



Approved Mental Health Home Medical Summary Form

<b>MEDICAL SUMMARY FORM</b> <i>Please Print</i>			
<b>Name:</b>			
<b>Last:</b>	<b>First:</b>	<b>Middle:</b>	
<b>Marital Status:</b> Sgl/ Mar/ Div/ Sep/ Wid	<b>Date of Birth:</b> <i>mm/dd/yr</i>	<b>Age:</b>	<b>Male/Female</b>
<b>PHN:</b>	<b>Treaty #</b>		
<b><u>Mental Health Approved Home Operator:</u></b> _____ <i>(Home Operator does not have authority to give medical consent)</i>			
<b>Address:</b> _____			
<b>City/Town:</b> _____		<b>Postal Code:</b> _____	
<b>Phone:</b> _____			
<b><u>Community Mental Health Nurse:</u></b> <i>(Please direct all communication to the Community Mental Health Nurse, including Discharge Plan)</i>			
<b>Name:</b> _____		<b>Phone:</b> _____	
<b><u>MEDICAL INFORMATION</u></b>			
<b>Chronic Medical Conditions:</b> _____		<b>Allergies:</b> _____	
<b>Hep C / HIV / Heart Disease / Diabetes / Hypertension / Arthritis</b>			
<b>Physician:</b> _____		<b>Address:</b> _____	
<b>Phone:</b> _____		<b>Date Last Seen:</b> _____	
<b>Psychiatrist:</b> _____		<b>Address:</b> _____	
<b>Phone:</b> _____			
<b>Diagnosis:</b> _____			
<b><u>Medications &amp; Dosage</u></b>			
Medication	Dose	Frequency	

## Appendix Q



### Confidentiality Agreement

As an individual licensed by Saskatchewan Health to operate an Approved Home in accordance with *The Mental Health Services Amendment Act*, I fully understand the importance of keeping information confidential.

I further understand that I am prohibited from sharing any information about past, current or future clients in my home. I understand that I am permitted to share information only in the following circumstances:

1. As required by law.
2. If the client provides informed consent, ideally in writing.
3. If I believe that the client is a danger to himself/herself or others.
4. If it is provided on a "need to know" basis to members of the individual's treatment team.

I further understand that any individual to whom I delegate any home responsibilities is bound by the same restrictions and requirements. In addition, I am responsible for the conduct of anyone I delegate to.

Finally, I understand that failure to comply with the above stated requirements may result in disciplinary action, up to and including loss of license.

By signing below, I am indicating that I have read and understood the above, and that I agree to abide by the conditions therein.

---

Name (print)

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Signature

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Date

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Witness

## Appendix R



### MENTAL HEALTH APPROVED HOMES OPERATOR SERVICE AGREEMENT

The following is a summary of the care requirements taken from the Daily Living Support Assessment that has been completed with \_\_\_\_\_

(Name of resident)

This information is intended to help you better understand your resident and to provide information about his/her care requirements. By signing the document you are agreeing to perform the following tasks

Name of Approved Home Operator \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Placement \_\_\_\_\_ Level of Care \_\_\_\_\_

#### Personal Data on Client

Name of Client \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Hospital Services Number \_\_\_\_\_

Other Coverage \_\_\_\_\_

Education \_\_\_\_\_

Next of Kin (Relationship) \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

**Financial Data**

Source of Income \_\_\_\_\_

Name of Trustee \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Financial Worker \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Case Manager \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Approved Home/ Residential Coordinator \_\_\_\_\_

Name of Psychiatrist \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Optometrist \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Pharmacy \_\_\_\_\_ Telephone \_\_\_\_\_

**Medical/Psychiatric Diagnosis**

Medical/Psychiatric Problems or Disabilities \_\_\_\_\_

Allergies \_\_\_\_\_

Hearing \_\_\_\_\_

Vision \_\_\_\_\_

Medications at the time of placement (name of drug, dosage and times given)

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Known side-effect(s) \_\_\_\_\_

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**Care Requirements for Approved Home Resident**

A. Dependence Level

1. Personal Care Skills

Bathing \_\_\_\_\_

Dressing \_\_\_\_\_

Eating \_\_\_\_\_

Nicotine Habits \_\_\_\_\_

Alcohol/Drug Use \_\_\_\_\_

Grooming/Hygiene \_\_\_\_\_

Bladder and Bowel Control \_\_\_\_\_

2. Mobility \_\_\_\_\_

3. Communication

Expressive \_\_\_\_\_

Receptive \_\_\_\_\_

B. Behavioural Level

Responsible Behaviour \_\_\_\_\_

Orientation \_\_\_\_\_

Aggression \_\_\_\_\_

Destruction \_\_\_\_\_

Activity Level \_\_\_\_\_

Unusual/Repetitive Habits \_\_\_\_\_

Disruptive Behaviour \_\_\_\_\_

Sexual Behaviour \_\_\_\_\_

Social Awareness \_\_\_\_\_

C. Health Level

Maintenance \_\_\_\_\_

Mental Health \_\_\_\_\_

Medications \_\_\_\_\_

Diets \_\_\_\_\_

Activities \_\_\_\_\_

\_\_\_\_\_

D. Disruptive Behaviour by Others \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Independent Living Skills:

Housekeeping \_\_\_\_\_

Travelling \_\_\_\_\_

Telephone \_\_\_\_\_

Financial Management \_\_\_\_\_

Please provide any additional comments below:

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

\_\_\_\_\_  
Signature of Approved Home Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Case Manager/  
Approved Home/Residential Coordinator

\_\_\_\_\_  
Date

## Appendix S



### Approved Home Program License Cancellation Form

Pursuant to *The Mental Health Services Act* and Regulations, the home described below is **no longer** licensed as an approved home.

Name \_\_\_\_\_

Address \_\_\_\_\_

Health Region \_\_\_\_\_

Recommended by (name of Approved Home/Residential Coordinator) \_\_\_\_\_

Approved by (name of Regional Director of Mental Health) \_\_\_\_\_

Cancellation Date \_\_\_\_\_

Status of Client(s): moved out/residing with operator

Distribution:

Regional Director of Mental Health and Addictions  
Approved Home Operator