



**BC Care  
Providers**  
ASSOCIATION

Celebrating 40 Years | 1977 – 2017



# Assisted Living Tenancy Task Force Review

A Report of Findings and Recommendations

July 2017

Chaired by Tom Crump

# **ASSISTED LIVING TENANCY TASK FORCE REVIEW**

**A REPORT OF FINDINGS AND RECOMMENDATIONS  
FOR THE BC CARE PROVIDERS ASSOCIATION BOARD**

**Submitted by the Howegroup:  
Wynona Giannasi & Jennifer Hystad  
July 2017**

## TABLE OF CONTENTS

EXECUTIVE SUMMARY	4
ACKNOWLEDGEMENTS	7
INTRODUCTION	8
Impetus for review	8
Scope	8
About this report	9
BACKGROUND	10
Assisted living	10
Assisted Living Registrar	10
Assisted Living Tenancy	10
Assisted Living Service Agreements	11
Changing landscape of Assisted Living	11
Community Care and Assisted Living Amendment Act (Bill 16)	11
METHODOLOGY	12
FINDINGS	13
I. Notice of Assisted Living Agreement Termination of the Terraces on Seventh	13
II. Bill 16	16
III. Risk of Evictions	24
SUMMARY OF RECOMMENDATIONS	26
Notice of Termination	26
Understanding the changing Assisted Living sector within BC	26
Ensuring sustainability of the Assisted Living sector within BC	27
Funding Assisted Living	27
Assisted Living agreements	28
Eviction due to Non-payment of Fees	28
APPENDICES	29
Appendix A: Assisted Living Tenancy Task Force Terms of Reference	
Appendix B: Terraces on Seventh and Vancouver Coastal Health Communications	
Appendix C: Terraces on Seventh Letter	

## EXECUTIVE SUMMARY

In March 2017 an Assisting Living operator terminated its Assisting Living Agreement with Vancouver Coastal Health. Negative media attention sparked concern within the sector and the question arose as to whether early Agreement terminations and movement toward private pay assisted living would become an emerging trend. Primary factors in play at this time were increasing real estate values as well as the changing landscape due to the impending regulatory changes from the Community Care and Assisted Living Amendment Act (Bill 16). BC Care Providers Association was also concerned about the extent to which evictions due to non-payment impacts providers in the sector. To address these issues, BCCPA formed an Assisted Living Task Force.

The Task Force, chaired by Tom Crump and supported by the Howegroup was comprised of Assisted Living operators with two health authority representatives acting in an advisory capacity. The Task Force was mandated to: (1) review the circumstances that led to Pacific Reach Seniors Housing Management (PRSHM) providing Vancouver Coastal Health with a six-month termination notice and assess whether this was an isolated issue or one that is expected to occur more frequently within the sector; (2) engage the sector to determine the impact of Bill 16 regulatory changes on Assisted Living operators; and, (3) determine the magnitude and implications of client non-payment in the Assisted Living sector. A mixed methods approach of key informant interviews, a sector-wide survey of Assisted Living operators, and a document review was used to support the review.

### *Terraces on Seventh*

The Task Force concludes that the issues surrounding the termination of the Agreement are rooted in increasing housing costs and poor communication. While PRSHM was within their rights to terminate the Agreement, the process by which the termination occurred and the communication to residents and families was lacking. The Task Force also concludes that the language and execution of clauses in the Assisted Living Agreement (the agreement between the operator and the health authority) was lacking. As a result of this event Vancouver Coastal Health has amended its Agreements with its operators to a twelve-month notice of termination with all Assisted Living operators. The Task Force concludes that the Terraces on Seventh was an isolated event and the result of a breakdown in process and communication. The Task Force does foresee an increase in Assisted Living operators exiting from publically funded services in the future unless funding meets both market values (BC Housing) and level of care provision (health authorities).

- 1.1 The Task Force recommends that the Assisted Living Service Agreements between the health authority and operator be amended to include: (a) language stating that a minimum 12-month notice period be required to terminate the Agreement and that the handling of the reduction of suites be discussed and determined collaboratively by the health authority and the provider, and (b) a standardized communication plan and transition plan be in place prior to a notice of termination to clearly state practices/documents to minimize hardship/emotional impact to seniors and families.
- 1.2 The Task Force recommends that the tenancy agreement between operators and clients be amended to include language to clients stating that it is rare, but notice could be provided to vacate the unit, if the health authority and the Assisted Living provider do not maintain their Agreement. It should also be stated that a 12-month notice period would be provided and that the operator and health authority would work together to ensure clients' needs are met.

### *Community Care and Assisted Living Amendment Act (Bill 16)*

The Task Force concludes that there is a lack of understanding in the scope and ramifications of Bill 16 from both operators and health authorities. Operators are concerned about the potential for all services to be required, the lack of definition of terms, changes to staffing composition and increases in operating costs. Operators and health authorities need further clarification on Bill 16, including roles and responsibilities and timelines for implementation. As the regulations are not yet enacted the Task Force recognizes there could be delays with a changing government.

The Task Force concludes that there is currently a low rating from operators with respect to their confidence that health authorities will adequately fund required increases in care services resulting from Bill 16. Conversations with health authorities throughout this review has emphasized the willingness of health authorities to support operators and engage in consultation on how this will happen as they provide care services for seniors (i.e. adjust funding as needed). The Task Force concludes that there is a need for health authorities and operators to work with BC Housing as a key funding partner in this process to ensure providers are adequately compensated for housing costs and that methods for funding are transparent. The Task Force concludes there needs to be a change to Agreement language, between the health authority and the operator and the operator and the client to better protect clients in the event a termination is necessary.

- 2.1 The Task Force recommends BCCPA and the Ministry of Health work together to engage the health authorities and the Assisted Living Registrar around the potential implications of Bill 16 including the implementation of regulations. (Note that the Ministry of Health has started a consultation process already).
- 2.2 The Task Force recommends BCCPA facilitate robust discussions between Assisted Living operators and health authorities around capacity to provide safe, appropriate and accessible options for BC seniors. This includes conducting a formal review to determine operators' intention and capacity to provide publically funded Assisted Living, specifically to clients with greater needs. It is advised that a representative from the Ministry of Health be included in this process.
- 2.3 The Task Force recommends BCCPA, in partnership with the Ministry of Health, bring together Assisted Living stakeholders through a BC Continuing Care Collaborative to ensure access, growth and sustainability of assisted living in BC.
- 2.4 The Task Force recommends BCCPA, along with the Ministry of Health and the health authorities leverage initiatives already underway, and conduct a province-wide review of anticipated supply and demand for Assisted Living (over the next 5-10 years) to align with the seniors care human resource strategy.
- 2.5 The Task Force recommends a review to understand both current and future roles and responsibilities of BC Housing, health authorities and operators to enhance clarity, consistency of services, transparency and accountability.
- 2.6 The Task Force recommends a formal review of the Assisted Living funding approach to allow for consistency within the sector, decreased administrative burden and flexibility to support the continuum of care for seniors.
- 2.7 The Task Force recommends the Ministry of Health to explore the introduction of a care credit model for Assisted Living using best practices from Community Living BC, allowing for clients to direct their own care and select providers of their choice.
- 2.8 The Task Force recommends health authorities and BC Housing, together with BCCPA, along with other related industry associations review Assisted Living Tenancy Agreements (the agreement between the assisted living provider and the client) to develop common elements of the agreements to standardize across operators across the province.

### *Evictions due to non-payment*

The Task Force concludes that the issue of evictions due to non-payment is not broadly impacting the sector. The Task Force also concludes that processes exist to support clients and operators through the Public Guardian and Trustee and the health authorities. Key roles are that of: (a) the health authority in supporting operators when there is a discrepancy in fees collected from clients and (b) the Public Guardian and Trustee enhancing its communication regarding existing processes to support clients, families and operators.

- 3.1 Recognizing a formal process already exists, the Task Force recommends joint communication from the Public Guardian and Trustee and health authorities to detail the processes and supports that exist for clients, families and operators. This includes the provision of an annual reconciliation of Assisted Living fees from health authorities to support operators.

## ACKNOWLEDGEMENTS

The Assisted Living Tenancy Task Force and the Howegroup acknowledge with gratitude the contributions of the Assisted Living Operators who participated in our survey as well as sector associations and health authorities who participated in our interviews. We thank the Ministry of Health and the BC Seniors Living Association for helping us disseminate our online survey.

We thank the Seniors Advocate for an open discussion on the changing needs of seniors and the representatives from the Assisted Living Project Committee for sharing their experience in the sector.

We thank the residents, staff and leaders of the Terraces on Seventh who willingly participated in our interviews and provided insights to help shape the recommendations in this report.

The Task Force expresses gratitude to the BC Care Providers Association for developing the Task Force and funding this review to support the improvement of seniors care.

The Task Force is expressly grateful to Vancouver Coastal Health and Fraser Health for providing timely and thoughtful advice throughout this review and the crafting of the recommendations.

### Impetus for review

In March 2017 an Assisting Living operator terminated its Assisting Living Agreement (Agreement) with Vancouver Coastal Health. Negative media attention sparked concern within the sector and the question arose as to whether early Agreement terminations and movement toward private pay assisted living would become an emerging trend. Primary factors in play at this time were increasing real estate values as well as the changing landscape due to the impending regulatory changes from the Community Care and Assisted Living Amendment Act (Bill 16). BC Care Providers Association was also concerned about the extent to which evictions due to non-payment impacts providers in the sector. To address these issues, BCCPA formed an Assisted Living Task Force.

The Task Force, chaired by Tom Crump and supported by the Howegroup, was comprised of Assisted Living operators, one of whom is the Chair of BCCPA's Membership Committee and the other the chair of the Quality Assurance Committee, along with two health authority representatives acting in an advisory capacity. BCCPA provided the Task Force with direction as per the Terms of Reference. The Task Force has acted independently from BCCPA and the Board throughout this review.

### Scope

The Task Force was mandated to:

1. Review the circumstances that led to Pacific Reach Seniors Housing Management (PRSHM) providing Vancouver Coastal Health with a six-month termination notice and assess whether this is an isolated incident or the start of an emerging trend in the industry which would lead to a reduction in access to publicly funded Assisted Living.
  - Develop recommendations regarding how seniors can be provided with better protection to reduce the risk they will be required to suddenly vacate their premises due to a contract termination.
  - Develop recommendations regarding how service agreements between a health authority and an Assisted Living provider can be strengthened to meet the needs of both the seniors and operators.
2. Engage the Assisted Living sector to determine the potential impact of Bill 16 regulatory changes on Assisted Living operators.
  - Develop recommendations to ensure seniors have adequate access to publicly funded Assisted Living in their community.

### Impetus for Bill 16

Bill 16 amendments to the Community Care and Assisted Living Act were the result of concerns brought forward by interest groups such as Seniors Advocate, BCSLA and BCCPA. The Act was over 12 years old and Assisted Living residents and their service needs have changed noticeably since the introduction of Assisted Living in BC. Additionally it was felt that seniors were being moved out of Assisted Living (and into residential care) before it was necessary. A wide-ranging industry advisory group has been part of the formulation of Regulations to the Act.

### Intention of Bill 16

A key intention of the amendments in Bill 16 is that the choice of the number of and specific services offered is that of the operator. The intent of the increased service selection in Bill 16 is to allow the operator to match capabilities of the organization with its business plan.

- Develop recommendations aimed at strengthening any proposed regulatory changes included in the Community Care and Assisted Living Amendment Act.
3. Determine the magnitude and implications of client non-payment in the Assisted Living sector.
    - Develop recommendations to provide better protection to seniors who face possible eviction due to financial abuse from their family and/or friends.
    - Develop recommendations to support Assisted Living operators with the collection of client fees to reduce the risk of unnecessary eviction.
    - Determine whether there is a stronger role to play for the Office of the Public Guardian and Trustee as it pertains to the collection of unpaid fees and evictions.

Please refer to the Terms of Reference for the Task Force in Appendix A.

For the purpose of this report Assisted Living refers to registered Assisted Living residences within BC, which currently provide no more than two prescribed services under the Community Care and Assisted Living Act.

### [About this report](#)

This report has been developed for the BCCPA Board to review and present to the BC Ministry of Health. This report provides a summary of the current state of Assisted Living in BC, details the approach undertaken to conduct the review, documents key findings from stakeholder consultation and presents conclusions and recommendations for endorsement by the BCCPA Board. Recommendations have been developed by the Task Force within the scope of the terms of the reference with advisory input from Vancouver Coastal and Fraser Health.

### Assisted living

Assisted Living housing combines apartment-style private unit residences with the provision of hospitality and personal care services. Assisted Living is intended for seniors who are able to direct their own care. As of 2015, there were approximately 7,600 Assisted Living units in BC. Of these, approximately 4,400 were subsidized and 3,200 were private pay<sup>1</sup>. This review only includes registered private Assisted Living. It should be noted that this review only addresses Registered Assisted Living. The other model, termed non-registered private assisted living, is where care service is provided by a third party hired directly by the resident. There are approximately 15,000 private pay assisted living units in BC.

Assisted Living is regulated by the Community Care and Assisted Living Act (CCALA), requiring operators to register their residences. Health authorities administer subsidized Assisted Living services, overseen by the Ministry of Health.

In addition to housing, Assisted Living operators must provide hospitality services (meals, housekeeping and laundry services), social and recreational opportunities, and a 24-hour emergency response system. Operators must also provide one but no more than two of the following ‘prescribed’ services: assistance with daily living activities such as eating, mobility, dressing or personal hygiene; medication management; therapeutic diets; financial management; intensive rehabilitation therapy; and behavioural management. Every Assisted Living operator within the province has chosen to provide the same two ‘prescribed’ services: assistance with daily living and assistance with medications.

The Ministry of Health distinguishes between services provided at the ‘prescribed level’ and the ‘support level’, as a less intensive level. Operators can offer any number of above-listed prescribed services at the ‘support level’.

Registered Assisted Living residences receive partial funding from Independent Living BC. This program provides housing with support services to seniors and people with disabilities intended to provide a ‘middle option’ between home care and residential care. Independent Living BC is a partnership between BC Housing, provincial health authorities, the Canadian Mortgage and Housing Corporation (CMHC) and non-profit and private-market housing providers. Admissions to funded Assisted Living residences are the responsibility of the health authority.

### Assisted Living Registrar

The Office of the Assisted Living Registrar (OALR) was established under the Community Care and Assisted Living Act (CCALA) in 2003 with the mandate ‘to protect the health and safety of assisted living residents’. The OALR falls within the Ministry Health and is funded jointly through the Ministry and through registrations from operators. The OALR registers Assisted Living residences, develops policies and procedures and responds to concerns and complaints regarding the health and safety of residents.

### Assisted Living Tenancy

Assisted Living residents rent the units they live in and therefore are considered tenants of the operators of their residences. The Residential Tenancy Act (RTA) outlines the rights and responsibilities of tenants and landlords, however Assisted Living residents are not covered by the RTA or other comparable

---

<sup>1</sup> Seniors’ Housing in BC, Office of the Seniors Advocate (2015)

legislation. An agreement between Assisted Living providers and their tenants are referred to as Assisted Living Tenancy Agreements. These agreements are unique to each Assisted Living provider.

Important to the focus of this review is the fact that under the RTA, landlords can evict tenants for reasons laid out in the Act (i.e. to take over the suite for personal use, to renovate, etc.). Even if Assisted Living clients were included in the RTA, this would not preclude them from being evicted. Inclusion in the RTA does not provide a guarantee of tenancy.

### Assisted Living Service Agreements

Agreements exist between health authorities and operators to provide a framework for a cooperative working relationship. Agreements help to identify specific responsibilities for the delivery of Assisted Living services, such as client needs, hospitality and care services, staffing, privacy, standards, funding and reporting.

### Changing landscape of Assisted Living

Information from the Seniors Advocate <sup>2</sup> describe the type of seniors living in subsidized registered Assisted Living in BC. At the time of the report in 2012, sixty percent of residents were over the age of 85, almost half had a diagnosis of Alzheimer’s or other dementia and 20% a diagnosis of psychiatric or mood disorder condition. Nearly all (90%) needed minor assistance to complete personal care and 10% moderate to significant assistance with personal care. Sixty-three percent had a combination of complex conditions indicating high or very high need to facility level care. Key to this review, considering the implications of Bill 16, is understanding that the type of seniors living in Assisted Living has changed over time. Anecdotally, both Fraser Health and Vancouver Coastal Health have admitted clients at greater levels of acuity, and in addition, clients have tended to stay longer with higher levels of acuity. Evidence indicates that the Assisted Living sector is caring for more complex seniors than a decade ago.

### Community Care and Assisted Living Amendment Act (Bill 16)

Acting on recommendations from the Seniors Advocate and other key stakeholders, the Government of British Columbia introduced legislation in March 2016 that would allow Assisted Living residents to remain in their own home longer. Bill 16 has received its first reading, the Ministry of Health has undertaken a comprehensive engagement of Assisted Living stakeholders and, at the time of this report, regulations have not been released.

Bill 16 proposes to remove the two-service limit, increase regulatory oversight for Assisted Living residences, allow the Assisted Living Registrar to inspect a residence at any time to determine if health and safety of residents are at risk, and improve Assisted Living service options.

---

<sup>2</sup> Seniors’ Housing in BC, Office of the Seniors Advocate (May 2015)

## METHODOLOGY

A mixed methods approach was used to support the review, including interviews with key stakeholders, a province-wide survey of Assisted Living operators, and a document review.

Interviews were conducted by the Task Force Chair and the Howegroup in-person where possible with leaders from the Ministry of Health, health authorities, and operators; Assisted Living clients; the Seniors Advocate; and representatives from the Assisted Living Project Committee (supporting the BC Law Institute review of Assisted Living).

Through support from the Ministry of Health and the BC Seniors Living Association, the online survey was sent to leaders of over 200 Assisted Living operators in BC. The Ministry of Health's recent survey of Assisted Living (April 2017) was reviewed to avoid duplication in questions. This was particularly important as half of the respondents to the Task Force's survey had already completed the Ministry's survey.

Just under one third of Assisted Living operators responded to the survey (N=63). Half of the responding operators represented private companies (52%) and half not-for-profit organizations (48%). Overall, operators report having approximately a 50/50 mix of private versus publically funded Assisted Living units. There was a balanced representation across the province with one third of respondents coming from Vancouver Coastal and Fraser regions; a further third from Vancouver Island, and the remainder from the Interior (19%) and the North (8%). The majority (60%) represent urban centres, 35% represent rural areas and 5% represent remote areas of the province. Nearly two thirds of Assisted Living operators are part of a larger multi-site organization.

In undertaking this review, we reviewed the following foundational and influential documents outlining issues, influences and recommendations in seniors care BC:

- Report on Assisted Living in BC - a report prepared for the BC Law Institute and the Canadian Centre for Elder Law by the members of the Assisted Living Project Committee (2013): Recommendations within this report were developed to improve and reinforce the legislative framework for Assisted Living in BC. The report was issued as the final publication in the Assisted Living project, a joint project of the BC Law Institute and the Canadian Centre for Elder Law.
- Realizing the full potential of the New Community Care and Assisted Living Amendment Act (Bill 16), BC Seniors Living Association (Draft) (2016): A position paper presenting an overview of the proposed changes in Bill 16, suggestions regarding the Ministry's process for sector consultation and a series of recommendations.
- Seniors' Housing in BC, Office of the Seniors Advocate (2015): A report highlighting systemic issues facing seniors in independent living, assisted living and residential care. The report brings forth housing priorities and recommendations to improving housing for BC seniors.
- The Best of Care: Getting it right for seniors in British Columbia (Part 2), BC Ombudsperson (2012): A review of issues facing seniors in home and community care from the perspective of administrative fairness, adequacy of information, program accessibility, standards of care and monitoring and enforcement of standards.
- Seniors Care for a Change, BC Care Providers Association (2014). This report was commissioned by BCCPA to provide the BC Government with specific recommendations to reduce the administrative burden of regulatory and reporting overlap for publicly funded beds/units within the continuing care sector, and to redirect resources to frontline care.

## FINDINGS

Findings are presented in three separate sections along with Task Force conclusions with reference to the mandate set out in the Terms of Reference:

- I. Notice of *Assisted Living Agreement* termination of the Terraces on Seventh
- II. Impact of Bill 16 and its ensuing regulations within the sector
- III. Magnitude of non-payment of Assisted Living fees

### I. Notice of Assisted Living Agreement Termination of the Terraces on Seventh

In 2016 Vancouver Coastal Health introduced a site operational review of all Assisted Living operators. The same review tool was used and results compared to the health authority staffing / funding model. Based on this review, Vancouver Coastal Health directed PRSHM to enhance overnight staffing. The increased cost associated with this staffing enhancement, combined with recent capital and service upgrades was felt to be too great for the Terraces. PRSHM then decided to terminate the *Assisted Living Agreement* with six months' notice to residents. Vancouver Coastal Health requested to jointly develop and communicate a transition plan and to extend the termination plan to a year to ease the transition to clients while Vancouver Coastal Health found new accommodation and supports for clients.

Following this decision, PRSHM and Vancouver Coastal Health worked together to communicate the news to 20 tenants and their families who stood to be impacted by the decision. Tenants and their families received written and verbal communication explaining how they would be relocated. Two resident meetings were held jointly with PRSHM and Vancouver Coastal Health to alleviate resident and family concerns. PRSHM did not issue eviction notices as was reported in the media.

Through negotiations between the two organizations, the remaining subsidized clients (now at 18) will remain at the Terraces on Seventh until the *Assisted Living Agreement* ends in two years' time. Subsidized clients lost through attrition will be replaced with private pay residents. The future of the clients remaining at the end of this existing *Assisted Living Agreement* is unknown and currently under discussion. Vancouver Coastal Health reports they would not have done this differently as this is a process that is used by all sites. As a result of this event Vancouver Coastal Health has amended its Agreements with its operators to a twelve-month notice of termination with all Assisted Living operators.

Members of the Task Force met with residents of the Terraces. One woman in subsidized Assisted Living has lived at the Terraces on Seventh for almost two years. She recalls being given a letter stating PRSHM's decision to terminate the *Assisted Living Agreement* with Vancouver Coastal and attending a residents meeting to provide further details. She reported understanding the letter and feeling stunned and upset. *"I understood when I moved in it would be my own choice to leave here. It never occurred to me that this move was not permanent. If this kind of thing can happen it should be made clear to residents when they move in. I have Parkinson's. This has affected me and set me back about two years."* When asked whether she feels confident in the living arrangement now that PRSHM has decided to fulfill the remainder of the term of the *Assisted Living Agreement*, she stated that she was not looking elsewhere, but she did not appear entirely confident in her living environment.

One man in private pay Assisted Living, who is not personally affected by the situation, recalled being a little surprised by the news. 'It's not nice to see people of limited means worrying'. He emphasized the fact that there were no bad feelings toward the management of the Terraces on Seventh and was pleased how quickly things turned around when the decision was made to see the remainder of the *Assisted Living Agreement* through. *"I am just happy that it all worked out for those who were affected."*

Two additional residents were interviewed in ownership independent living. One sits on the Resident and Family Council and indicates learning about what happened through the media. *“Even though this doesn’t affect me at all, I think we should have learned about this within our [Terraces on Seventh] community.”* Another woman who has lived at the Terraces for 12 years stated quite factually that the decision was that to be made by the owners and that the organization was well within its rights. She felt strongly that the residents were going to be helped by Vancouver Coastal to relocate and that the transition would be made as smoothly as possible. What she did feel was that the ‘tact’ in the communication to those affected by the decision could have been improved. *“It’s a big decision to move from your home to come somewhere like this. I would have liked more transparency and to have heard about the news personally, rather than through rumours.”*

The Seniors’ Advocate was interviewed regarding the systemic influences on the events at the Terraces. She felt the events at the Terraces on Seventh highlighted a very public issue that does occur on individual basis and brought to light the question about tenure options if stratified: a senior in an apartment or at home, receiving home care cannot be ‘evicted’ as a result of increasing care needs. However in retirement living and Assisted Living, both subsidized or private pay, there is a common issue: what are the circumstances under which the operator can say a seniors has to move out? A discussion ensued regarding contracts. In Assisted Living there exists two separate contracts: the rental agreement is with the operator and the client and a separate agreement exists between the health authority and the operator.

Additionally, the Seniors Advocate feels the issue of subsidized units converting to private pay is going to become increasingly substantial with rising real estate values, which are affording seniors the ability to move into Assisted Living while maintaining their savings. Operators may find they can leverage the private pay market which may be able to recover costs associated with capital and service upgrades demanded by the market.

Please refer to Appendix B for a copy of the communication sent to residents and families from Vancouver Coastal Health and PRSHM.

Please refer to Appendix C for a letter from the CEO of PRSHM.

## Conclusions

The Task Force was asked to review the circumstances that led to PRSHM providing Vancouver Coastal Health with a six-month termination and to assess whether this is an isolated incident or the start of an emerging trend in the industry which would lead to a reduction in access to publicly funded Assisted Living.

The Task Force concludes that the specific instance of the Terraces on Seventh was an isolated event and the issues surrounding the termination of the Agreement are rooted in increasing housing costs and poor communication. While PRSHM was within their rights to terminate the Agreement, the process by which the termination occurred and the communication to residents and families was lacking. The Task Force also concludes that the language and execution of clauses in the Assisted Living Agreement (the agreement between the operator and the health authority) was lacking.

Over the course of this review another Assisted Living provider, this time within the Fraser Health region, provided notice to terminate their Agreement. In light of this, and the anticipated changes resulting from increasing real-estate values (in certain areas of the province), shifting demographics of seniors requiring Assisted Living services along the continuum of care, funding not matching inflation (primarily for housing), and the anticipation of additional services resulting from Bill 16, the Task Force expects to see more operators leaving publically funded Assisted Living in the future.

## Recommendations

1.1 The Task Force recommends that the Assisted Living Service Agreements between the health authority and operator be amended to include:

- a. Language stating that:
  - i. A minimum 12-month notice period be required to terminate the Agreement
  - ii. The handling of the reduction of suites be discussed and determined collaboratively by the health authority and the provider
- b. A standardized communication plan and transition plan in place prior to a notice of termination to clearly state practices/documents to ensure hardship and emotional impact to seniors and their families is minimized.

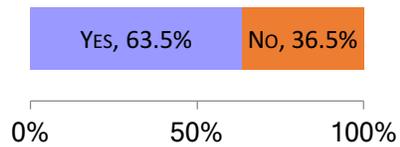
1.2 The Task Force recommends that the tenancy agreement between operators and clients be amended to include language to clients stating that it is rare, but notice could be provided to vacate the unit, if the health authority and the Assisted Living provider do not maintain their Agreement. It should also be stated that a 12-month notice period would be provided and that the operator and health authority would work together to ensure clients' needs are met.

## II. Bill 16

### *Understanding of the scope and ramifications of Bill 16*

Nearly two third of operators state they are confident with their understanding of the scope and ramifications of Bill 16, meaning that one third are not confident (figure 1).

**Figure 1. Confidence in the understanding of the scope and ramifications of Bill 16**



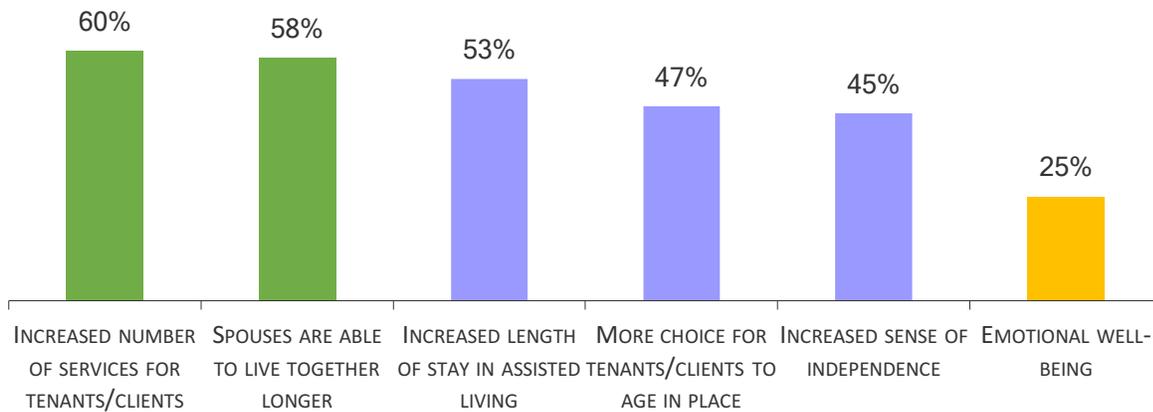
### *Benefits of Bill 16: to tenants/clients*

When asked about the greatest benefits of Bill 16 to tenants and clients (Figure 2), the top two considerations were the:

1. Increased number of services available for tenants and clients to support their well-being
2. Fact that spouses are able to live together longer

Not far behind was the increased length of stay in Assisted Living, more choice for tenants/clients to age in place and an increased sense of independence.

**Figure 2. Greatest benefits to tenants/clients from Bill 16**



### *Benefits of Bill 16: to operators*

Survey respondents reported the greatest benefits of Bill 16 to operators are increased length of stay and the ability to offer more care. The benefits associated with increased length of stay include increased revenue opportunity, longer term planning (both for care and operations), and a less turnover. Benefits of providing more care included increased flexibility of services, ability to provide a wider range of services thereby allowing clients to age in place in Assisted Living.

*We will have the ability to provide more help which will maintain residents' independence longer, keeping them out of residential care or from living at risk of abuse outside of a community.*

*We will be able to provide more care and clients won't have to move to residential care. Moving when a resident is frail is not good for their health.*  
– Assisted Living Operators

#### *Challenges of Bill 16: to tenants/clients*

Survey respondents felt the greatest challenges presented by Bill 16 to tenants/clients include the mix of well-seniors with those requiring more care, staffing levels and no specific consideration of dementia care/mental health in the Bill. With respect to client mix, respondents were concerned about Assisted Living 'looking like' extended care, integration of a range of high/low client needs and the emotional impact on relatively independent clients living around clients with high needs. Concerns around staffing include the need for 24/7 professional staff and having the correct staffing composition. A few survey respondents also indicated Bill 16 may present challenges with respect to buildings and equipment not meeting more complex care needs.

*It may feel more like an extended care facility than Assisted Living.*

*<It will be challenging to staff because> ... there won't be not enough care aides available.*

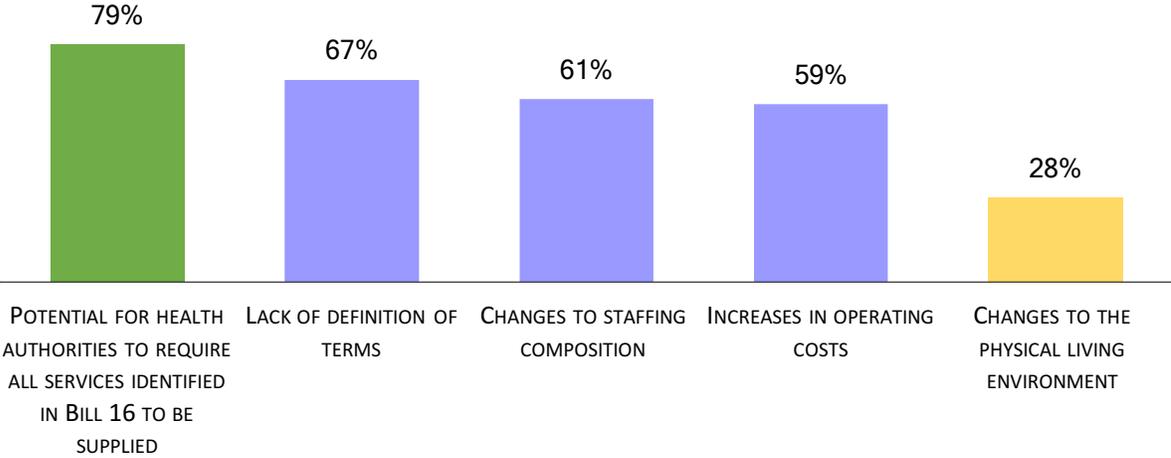
*Dementia care is not addressed by Bill 16.*  
– Assisted Living Operators

#### *Challenges of Bill 16: to operators*

When asked about the most significant challenges of Bill 16 from the perspective of operators, the greatest challenge is the potential for health authorities to require all services identified in Bill 16 to be provided (figure 3). The lack of definition of terms (i.e. 'in the opinion of' the Registrar), changes to staffing composition (i.e. increased LPN/RN and 24-hour coverage) and increases in operating costs were also top concerns. Of least importance was the potential for changes to the physical living environment (i.e. changes to infrastructure, safety gates, cameras, etc.).

*Being mandated to increase service would be prohibitive as a private, non-funded provider for low-income seniors, we could not absorb the cost of extra staffing or equipment.*  
– Assisted Living Operators

**Figure 3. Significant challenges to operators from Bill 16**



*Impact of Bill 16 on the supply and demand of Assisted Living*

As a result of the provision of increased services within Bill 16, among other factors, including aging demographics and increasing real estate values resulting in seniors having more equity to invest in care services (in certain areas of the province), the majority of operators are anticipating an increase in the demand for Assisted Living (figure 4). This anticipation is also shared among health authority leaders and other key stakeholders within the sector.

**Figure 4. Increased demand for Assisted Living anticipated**



When asked about Assisted Living operators’ future intent to provide subsidized Assisted Living as regulations from Bill 16 come into effect, 40% reported intending to maintain their current level of operations, 31% said it would depend on expectations and discussions with the health authority, 18% said they would likely expand, and 8% said they would move away from publically funded Assisted Living (figure 5).

**Figure 5. Intentions for future provision of Assisted Living**



*Impact of real estate equity valued on demand for Assisted Living*

Nearly two thirds of operators feel that the increasing real estate equity values will place a higher demand on assisted living (figure 6). Of those replying yes, the majority were from Vancouver Island, followed by metro-Vancouver and the greater Vancouver area. As one respondent pointed out, *“this is a complex question but generally if people are financially secure - through whatever means - they are able to access private care services”*.

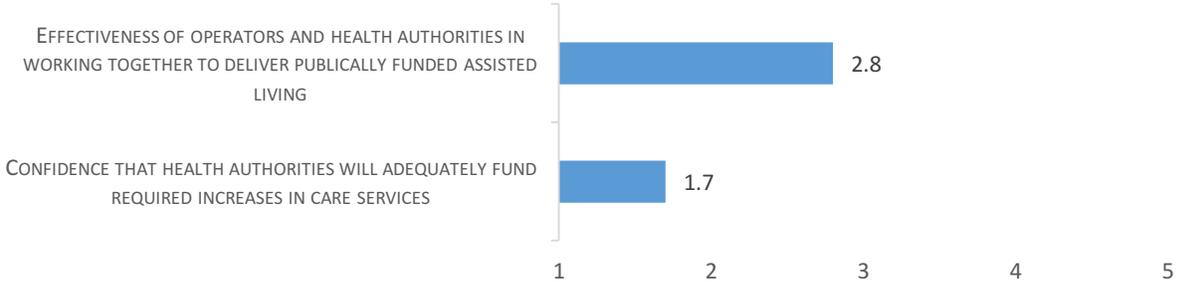
**Figure 6. Increased demand anticipated for assisted living due to real estate equity in specific regions of the province.**



*Health authorities and operators working together to implement Bill 16*

Assisted Living operators provide an average rating (scale of 1 to 5) of how well health authorities and Assisted Living operators are working together to deliver publically funded Assisted Living. Operators report fairly low confidence that health authorities will adequately fund increases in care services due to Bill 16 (figure 7).

**Figure 7. Effectiveness and confidence in operators and health authorities collaborating to support publically funded Assisted Living**



When asked what operators and health authorities could do to improve the way in which publically funded Assisted Living is provided operators overwhelmingly reported better communication and collaboration between operators and health authorities. Specifically, respondents would like health authorities to discuss (and listen) to the challenges facing operators, increase respect for one another’s position, share best practices and increase sharing of client information. Additionally, respondents indicated adequate funding and staffing levels were essential to improving Assisted Living in BC.

*Better communication between operators and the health authorities so that all are working in the best interest of a client/resident. Until we have seamless services we are never going to get to an improved service for any clients.*

*Sites need to be respected in their choice when not to house / move in or move out without [health authority] pressure and funding increases and professional resources need to be available not just LPN. Registrar should be very clear that sites make the decision on who they house and what services they choose to provide within [health authority].*

*Share best practices. Have more personal access available instead of always being referred to a book.*

*Increase funding, resources, education, staffing of case managers, mental health resources, social workers, equipment, pharmacists, dietitians.*  
– Assisted Living Operators

As with any legislative change, there is no funding allocated for the changes associated with Bill 16. Interviews with health authorities revealed far reaching differences in how Bill 16 may be implemented across the province. One health authority has conducted an in-depth review and consultation process and another is in the process of conducting a review, expecting it may take 18-24 months to complete. Timelines for implementing regulations as set out in Bill 16 range from immediately to upwards of two years. One health authority intends to use business processes to determine services provided by operators where others intend to be more consultative and collaborative in nature. Regardless of the individual health authority ‘style’ they all acknowledge a change in funding will be necessary. A change in government may also impact the implementation of the Act and Regulations.

*Bill 16 will help us have the right conversations and work collaboratively.*  
– Health Authority Director

#### *Residential tenancy*

Currently, Assisted Living tenants/clients are not covered in the Residential Tenancy Act. Over half of operators do not support the inclusion of tenants/clients in the Act (figure 8). Reasons include Assisted Living services and care are not included in RTA, the RTA does not consider deteriorating mental and physical conditions of residents and the need in Assisted Living to move clients when their condition changes.

*We deal with situations that do not fall in the scope of expertise of the Tenancy bureaucracy. We are dealing with seniors whose need can change quickly and must be addressed on a different timeline than that of the Tenancy Act.*  
– Assisted Living Operator

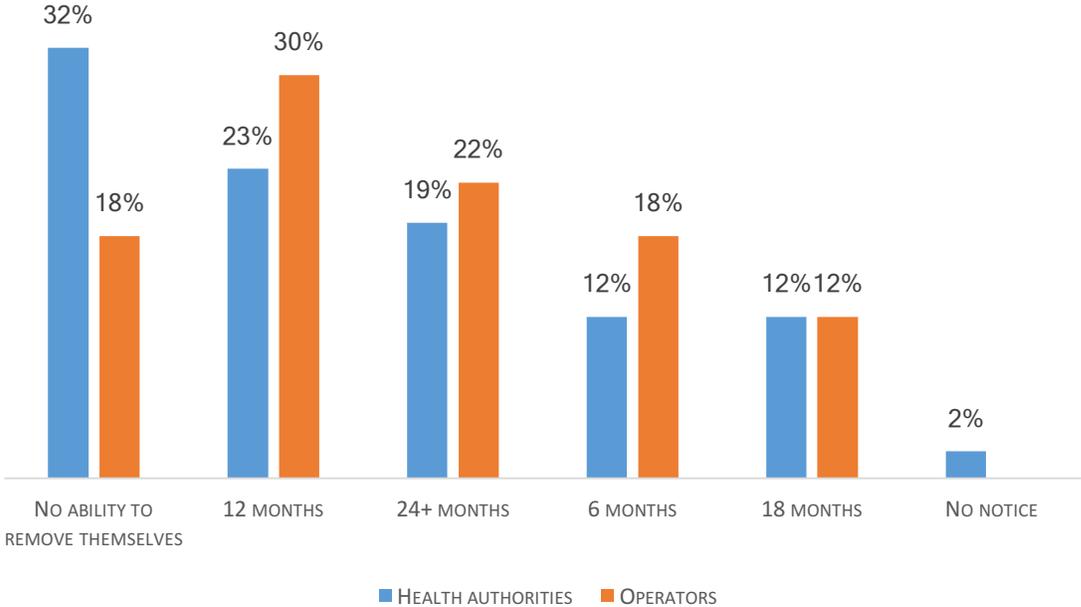
**Figure 8. Agreement with inclusion of Assisted Living tenants/clients in the Residential Tenancy Act**



#### *Fair minimum notice for Agreement termination*

When asked what the fair minimum notice should be for health authorities or operators to remove themselves from an Assisted Living Agreement (safety violations notwithstanding), survey respondents preferred no termination by the health authority, yet felt that 12 months’ notice was adequate for operators (figure 9).

**Figure 9. Minimum notice from health authorities and operators to terminate agreements (safety violations notwithstanding)**



**Future of Assisted Living**

Based on the population demographics (both in terms of numbers, and expectations) it is anticipated that residential and community care will continue to grow. The Seniors Advocate feels that there is a significant opportunity in the next 15-20 years as boomers will be more inclined to pay for services. The Seniors Advocate has confidence in the private market, but recognizes a role for the government to provide Assisted Living for those who cannot afford private pay and in rural markets where numbers do not support private pay. *“Assisted living serves a niche in seniors care. We don’t want Assisted Living morphing into care facilities.”*

## Conclusions

The Task Force was asked to consult with Assisted Living providers in BC to understand concerns regarding Bill 16 regulatory changes and to determine whether: pending Bill 16 regulatory changes will negatively impact the sustainability of operators' ability to provide Assisted Living services; providers are more or less likely to continue their Assisted Living operations after the Bill 16 regulations come into effect; and the introduction of Bill 16 will impact independent living operations.

The Task Force concludes that there is a lack of understanding in the scope and ramifications of Bill 16 from both operators and health authorities. Operators are concerned about the potential for all services to be required, the lack of definition of terms, changes to staffing composition and increases in operating costs. Operators and health authorities need further clarification on Bill 16, including roles and responsibilities and timelines for implementation.

The Task Force concludes that there is currently a low rating from operators with respect to their confidence that health authorities will adequately fund required increases in care services resulting from Bill 16. Conversations with health authorities throughout this review has emphasized the willingness of health authorities to support operators and engage in consultation on how this will happen as they provide care services for seniors (i.e. adjust funding as needed).

The Task Force concludes that there is a need for health authorities and operators to work with BC Housing as a key funding partner in this process to ensure providers are adequately compensated for housing costs and that methods for funding are transparent.

The Task Force concludes there needs to be a change to Agreement language, between the health authority and the operator and the operator and the client to better protect clients in the event a termination is necessary.

## Recommendations

### **Understanding the changing Assisted Living sector within BC**

More than one third (36%) of operators state they do not have sufficient confidence in understanding the scope and ramifications of Bill 16. Operators reported the following concerns: the potential for all services to be required, the lack of definition of terms, changes to staffing composition that may be required and increases in operating costs. Operators and health authorities need further clarification on Bill 16, including roles and responsibilities and timelines for implementation.

- 2.1 The Task Force recommends that BCCPA and the Ministry of Health work together to engage the health authorities and the Assisted Living Registrar around the potential implications of Bill 16 including the implementation of regulations. (Note that the Ministry of Health has started a consultation process already).
- 2.2 The Task Force recommends BCCPA facilitate robust discussions between Assisted Living operators and health authorities around capacity to provide safe, appropriate and accessible options for BC seniors. This includes conducting a formal review to determine operators' intention and capacity to provide publically funded Assisted Living, specifically to clients with greater needs. It is advised that a representative from the Ministry of Health be included in this process.

### **Ensuring sustainability of the Assisted Living sector within BC**

Demand to support seniors care needs in their communities is increasing due to the aging demographics, the provision of additional services under Bill 16, and, in certain areas of the province increasing real estate value resulting in seniors having more equity to invest in care services. This may result in a shift within the continuum of care, placing an increasing demand for Assisted Living and other community services which will have an impact on sustainability in the sector and on health human resources.

2.3 The Task Force recommends BCCPA, in partnership with the Ministry of Health, bring together Assisted Living stakeholders through a BC Continuing Care Collaborative to ensure access, growth and sustainability of assisted living in BC.

2.4 The Task Force recommends BCCPA, along with the Ministry of Health and the health authorities leverage initiatives already underway, and conduct a province-wide review of anticipated supply and demand for Assisted Living (over the next 5-10 years) to align with the seniors care human resource strategy.

**Funding Assisted Living**

Currently there exists a tripartite model between BC Housing, health authorities and operators to provide housing and care services. The current model is coming under increased tension as a result of the economic market (including rising real estate values), demographics and client needs (composition/acuity).

2.5 The Task Force recommends a review to understand both current and future roles and responsibilities of BC Housing, health authorities and operators to enhance clarity, consistency of services, transparency and accountability.

Currently there is a lack of a consistent approach to and method of funding in Assisted Living. There are inconsistencies among health authorities, between health authorities and operators and BC Housing and operators.

2.6 The Task Force recommends a formal review of the Assisted Living funding approach to allow for consistency within the sector, decreased administrative burden and flexibility to support the continuum of care for seniors.

2.7 The Task Force recommends the Ministry of Health to explore the introduction of a care credit model<sup>3</sup> for Assisted Living using best practices from Community Living BC, allowing for clients to direct their own care and select providers of their choice.

**Assisted Living agreements**

Assisted Living does not fall under the *Residential Tenancy Act* (RTA) which governs most rentals of living accommodation in BC. This leaves Assisted Living facilities outside the scope of RTA in many areas of uncertainty such as applicable legislative requirements, security deposits, right of entry to provide required services, rent control and control of service charges and notice of termination.

2.8 The Task Force recommends the health authorities and BC Housing, together with BCCPA, along with other related industry associations review Assisted Living Tenancy Agreements (the agreement between the assisted living provider and the client) to develop common elements of the agreements to standardize across operators across the province.

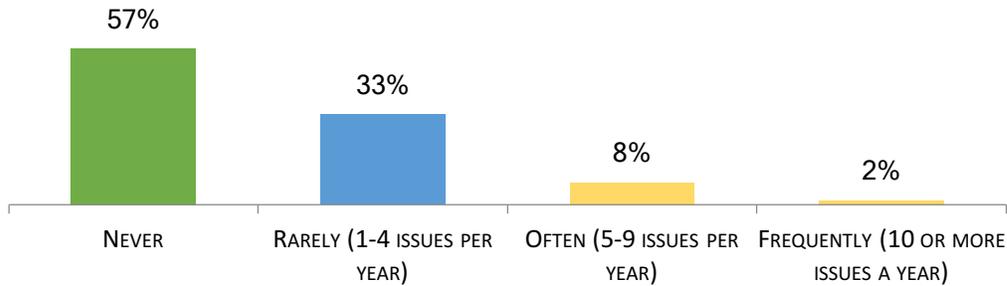
---

<sup>3</sup> Exploring Options for Improving BC’s Continuing Care Sector, Part 1, BCCPA (2016)

### III. Risk of Evictions

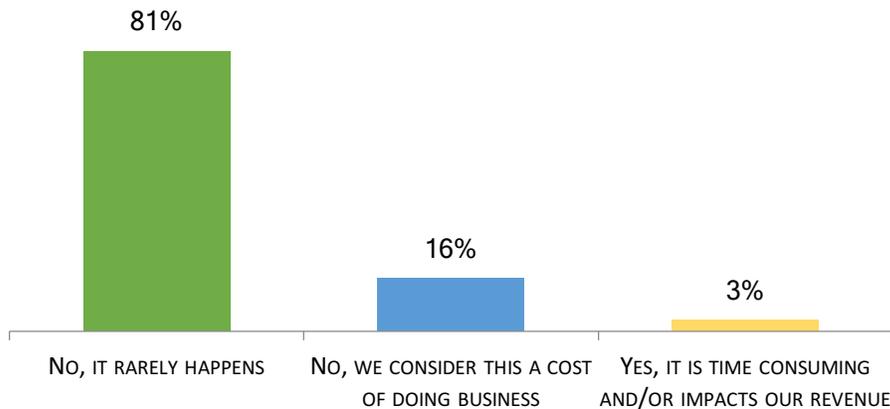
For the vast majority of operators non-payment of Assisted Living fees is not an issue. Less than 10% report frequent issues (figure 10).

**Figure 10. Frequency of issues related to non-payment of Assisted Living fees**



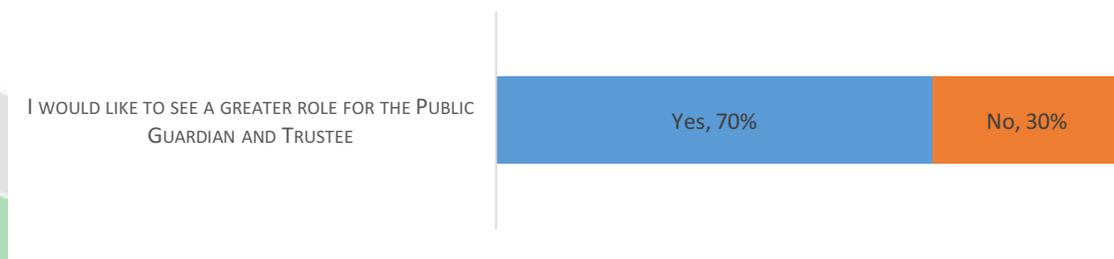
These findings were validated through interviews with operators and health authorities. For the few operators who do report issues, the general consensus is that instances of non-payment is simply the cost of doing business (figure 11).

**Figure 11. Frequency of issues related to non-payment of Assisted Living fees**



The majority of operators feel there is a greater role for the Public Guardian and Trustee in the collection of unpaid fees and evictions however there was not agreement in what capacity (figure 12).

**Figure 12. Support for an increased role of the Public Guardian and Trustee in the collection of unpaid fees and evictions**



Respondents also felt that the need for support may increase as Assisted Living clients have increasing physical and mental health needs.

*More people are moving in with mental health issues which could use support in this area. Clients with dementia cause the most difficulties in regards to finances when there is no family advocate.*

**Conclusions**

The Task Force was asked to determine the magnitude and implications of client non-payment in the Assisted Living sector.

The Task Force concludes that the issue of evictions due to non-payment is not broadly impacting the sector. The Task Force also concludes that processes exist to support clients and operators through the Public Guardian and Trustee and the health authorities. Key roles are that of: (a) the health authority in supporting operators when there is a discrepancy in fees collected from clients and (b) the Public Guardian and Trustee enhancing its communication regarding existing processes to support clients, families and operators.

**Recommendations**

While it appears that eviction due to non-payment of fees is not a significant issue among Assisted Living operators, there is currently a lack of awareness regarding what processes exist to evict clients in the rare instances this is required.

- 3.1 Recognizing a formal process already exists, the Task Force recommends joint communication from the Public Guardian and Trustee and health authorities to detail the processes and supports that exist for clients, families and operators. This includes the provision of an annual reconciliation of Assisted Living fees from health authorities to support operators.

## SUMMARY OF RECOMMENDATIONS

Recommendations have been developed by the Task Force within the scope of the terms of the reference with advisory input from Vancouver Coastal and Fraser Health. The following recommendations are put forward to the BCCPA Board for review and consideration.

### Notice of Termination

Currently there are inconsistencies in the Assisted Living Service Agreements (the agreement between the health authority and the operator) as well as a lack of clear communication processes regarding notice of termination.

- 1.1 The Task Force recommends that the Assisted Living Service Agreements between the health authority and operator be amended to include:
  - a. Language stating that:
    - i. A minimum 12-month notice period be required to terminate the Agreement
    - ii. The handling of the reduction of suites be discussed and determined collaboratively by the health authority and the provider
  - b. A standardized communication plan and transition plan in place prior to Notice of Termination to clearly state practices/documents to ensure hardship and emotional impact to seniors and their families is minimized.
- 1.2 The Task Force recommends that the tenancy agreement between operators and clients be amended to include language to clients stating that it is rare, but notice could be provided to vacate the unit, if the health authority and the Assisted Living provider do not maintain their Agreement. It should also be stated that a 12-month notice period would be provided and that the operator and health authority would work together to ensure clients' needs are met.

A province-wide framework for Home and Community Care has been in existence since 2002. There is a feeling among the sector that Assisted Living should be operating under a parallel policy for changing needs in Assisted Living. There are some parallels to the Managing Changing Needs ('365 clause') subsection of the Residential Care Services chapter of the Home and Community Care Policy Manual. Understanding the disruption to both operators and seniors, the intent of the policy was to make sure operators and the health authorities could manage the changing needs of seniors.

### Understanding the changing Assisted Living sector within BC

More than one third (36%) of operators state they do not have sufficient confidence in understanding the scope and ramifications of Bill 16. Operators reported the following concerns: the potential for all services to be required, the lack of definition of terms, changes to staffing composition that may be required and increases in operating costs. Operators and health authorities need further clarification on Bill 16, including roles and responsibilities and timelines for implementation.

- 2.1 The Task Force recommends that BCCPA and the Ministry of Health work together to engage the health authorities and the Assisted Living Registrar around the potential implications of Bill 16 including the implementation of regulations. (Note that the Ministry of Health has started a consultation process already).

2.2 The Task Force recommends BCCPA facilitate robust discussions between Assisted Living operators and health authorities around capacity to provide safe, appropriate and accessible options for BC seniors. This includes conducting a formal review to determine operators' intention and capacity to provide publically funded Assisted Living, specifically to clients with greater needs. It is advised that a representative from the Ministry of Health be included in this process.

### Ensuring sustainability of the Assisted Living sector within BC

Demand to support seniors care needs in their communities is increasing due to the aging demographics, the provision of additional services under Bill 16, and, in certain areas of the province increasing real estate value resulting in seniors having more equity to invest in care services. This may result in a shift within the continuum of care, placing an increasing demand for Assisted Living and other community services which will have an impact on sustainability in the sector and on health human resources.

2.3 The Task Force recommends BCCPA, in partnership with the Ministry of Health, bring together Assisted Living stakeholders through a BC Continuing Care Collaborative to ensure access, growth and sustainability of assisted living in BC.

2.4 The Task Force recommends BCCPA, along with the Ministry of Health and the health authorities leverage initiatives already underway, and conduct a province-wide review of anticipated supply and demand for Assisted Living (over the next 5-10 years) to align with the seniors care human resource strategy.

### Funding Assisted Living

Currently there exists a tripartite model between BC Housing, health authorities and operators to provide housing and care services. The current model is coming under increased tension as a result of the economic market (including rising real estate values), demographics and client needs (composition/acuity).

2.5 The Task Force recommends a review to understand both current and future roles and responsibilities of BC Housing, health authorities and operators to enhance clarity, consistency of services, transparency and accountability.

Currently there is a lack of a consistent approach to and method of funding in Assisted Living. There are inconsistencies among health authorities, between health authorities and operators, and between BC Housing and operators.

2.6 The Task Force recommends a formal review of the Assisted Living funding approach to allow for consistency within the sector, decreased administrative burden and flexibility to support the continuum of care for seniors.

2.7 The Task Force recommends the Ministry of Health explore the introduction of a care credit model for Assisted Living using best practices from Community Living BC, allowing for clients to direct their own care and select providers of their choice.

### Assisted Living agreements

Assisted Living does not fall under the *Residential Tenancy Act (RTA)* which governs most rentals of living accommodation in BC. This leaves Assisted Living facilities outside the scope of RTA in many areas of uncertainty such as applicable legislative requirements, security deposits, right of entry to provide required services, rent control and control of service charges and notice of termination.

- 2.8 The Task Force recommends the health authorities and BC Housing, together with BCCPA, along with other related industry associations review Assisted Living Tenancy Agreements (the agreement between the assisted living provider and the client) to develop common elements of the agreements to standardize across operators across the province.

### Eviction due to Non-payment of Fees

While it appears that eviction due to non-payment of fees is not a significant issue among Assisted Living operators, there is currently a lack of awareness regarding what processes exist to evict clients in the rare instances this is required.

- 3.1 Recognizing a formal process already exists, the Task Force recommends joint communication from the Public Guardian and Trustee and health authorities to detail the processes and supports that exist for clients, families and operators. This includes the provision of an annual reconciliation of Assisted Living fees from health authorities to support operators.

## Appendix A: Assisted Living Tenancy Task Force Terms of Reference

### COMPOSITION

- The Task Force is comprised of three members including the following:
  - **Tom Crump**, Chair
  - **Ron Pike**, Chair of Membership Committee
  - **Ann Marie Leijen**, Chair of Quality Assurance Committee
- A representative from both the **Vancouver Coastal Health Authority** and the **Fraser Health Authority** to act in an advisory capacity.

### SCOPE OF WORK

#### Terraces on Seventh

- Review the circumstances that led to Retirement Concepts providing Vancouver Coastal Health with a six-month termination.
  - This includes seeking a written and/or verbal submission from both parties.
- Review recommendations and findings in *Law Society - Assisted Living in BC (Final) Report*, and *The Consultation Paper on Assisted Living in BC*.
- Provide recommendations regarding how seniors can be provided with better protection to reduce the risk they will be required to suddenly vacate their premises due to a contract termination.
- Develop recommendations regarding how service agreements between a health authority and an assisted living provider can be strengthened to better balance the needs of both the seniors and operators.
- Assess whether this is an isolated incident or the start of an emerging trend in the industry which would lead to a reduction in access to publicly funded assisted living.

#### Bill 16 – Community and Assisted Living Act Regulatory Changes

- Consult with all assisted living providers in BC to determine:
  - Are there concerns regarding Bill 16 regulatory changes?
  - Will pending Bill 16 regulatory changes negatively impact the sustainability of their ability to provide assisted living services?
  - Are providers more or less likely to continue their assisted living operations after the Bill 16 regulations come into effect?
  - Will the introduction of Bill 16 impact their independent living operations? If so, what is the anticipated impact?
- Develop recommendations to ensure seniors have adequate access to publicly funded assisted living in their community.
- Develop recommendations aimed at strengthening any proposed regulatory changes included in the *Community Care and Assisted Living Amendment Act*.

Increased Risk of Evictions – Non-Payment of Client User Fees

- Determine the magnitude of the issue of client non-payment of fees in assisted living settings.
- Assess what mechanisms/regulations are in place to protect seniors from financial abuse which may result in possible eviction due to non-payment of client fees.
- Develop recommendations to provide better protection to seniors who face possible eviction due to financial abuse from their family and/or friends.
- Develop recommendations to support assisted living operators with the collection of client fees to reduce the risk of unnecessary eviction.
- Determine whether there is a stronger role to play for the Office of the Public Guardian and Trustee as it pertains to the collection of unpaid fees and evictions.

**TIMELINE**

- Provide a set of recommendations to the BCCPA Board of Directors by no later than June 15, 2017.
- The BCCPA will forward the Task Force recommendations to the Ministry of Health by no later than July 2017.

**RESOURCES**

- A maximum of \$25,000 allocated from the *2017/18 Operating Budget* to support the work of the Task Force
- Where feasible, the BCCPA to assist the Task Force with basic secretariat and administrative support.

**OTHER**

- Upon submission of its report and recommendations, the Task Force will advise the Board of Directors if it requires additional time and resources to fulfill its mandate.

## Appendix B: Terraces on Seventh and Vancouver Coastal Health Communications



March 21<sup>st</sup>, 2017

Client name  
Address

Re: Vancouver Coastal Health Subsidized Assisted Living at Terraces 7<sup>th</sup>

Dear Client Name;

We are sorry to inform you that Terraces on 7<sup>th</sup> has given notice to end their Assisted Living contract with Vancouver Coastal Health (VCH) by September 30, 2017. This will mean that VCH will no longer have subsidized Assisted Living at the Terraces on 7<sup>th</sup> as of the above date.

The decision to end the contract was based on a business decision and not in relation to Retirement Concepts recent partnership with Cedar Tree Investment Canada Inc.

VCH and Terraces on 7<sup>th</sup> are committed to supporting you as valued residents/clients through this time of transition. Please be assured your VCH Case Manager will work closely with you to review your options and you will be given priority at one of our other VCH Assisted Living sites if you choose to remain in subsidized Assisted Living.

We recognize change can be difficult, but please know we are committed to making this as smooth a transition for you as possible and ensuring you continue to receive the care services you need throughout the process.

We will share more information as it becomes available. However, in the meantime, please feel free to contact your Case Managers, Debbie Olson at 604-707-3629 or Angela Meadows at 604-267-2638, if you should require any additional information.

Please join us for a special meeting in the Fitness Room on March 23 at 10:30 am.

Sincerely,

Bob Chapman  
Director, Residential Care & Assisted Living  
Vancouver Coastal Health

Sincerely,

Shawn Ouellette  
Director, Operations  
Terraces on 7<sup>th</sup>

*Promoting wellness. Ensuring care. Vancouver Coastal Health Authority*

March 30<sup>th</sup>, 2017

Client name  
Address

Re: Vancouver Coastal Health Subsidized Assisted Living at Terraces 7<sup>th</sup>

Dear Client Name;

After speaking with and hearing from residents, we have worked with Vancouver Coastal Health to find a solution that will allow us to continue providing assisted living care to existing Vancouver Coastal Health subsidized assisted living residents under the existing agreement with Vancouver Coastal Health.

Current subsidized residents of Terraces on 7<sup>th</sup> will remain residing in the Terraces on 7<sup>th</sup> and their tenancy will end based on attrition. Terraces on 7<sup>th</sup> and Vancouver Coastal Health will honor our previous commitment to support moving costs if and when a resident chooses to move.

The current resident fee amount will remain the same and the services and support you receive will continue to be provided.

The physical, social and emotional well-being of our residents is our number one priority and we regret any undue stress that this unfortunate situation has caused residents and their families.

Please join us for a special joint Terraces on 7<sup>th</sup> and Vancouver Coastal Health resident town hall scheduled on Wednesday, April 5<sup>th</sup> at 2:30 pm in the fitness room to answer any further questions.

Sincerely,



Bob Chapman  
Director, Residential Care & Assisted Living  
Vancouver Coastal Health

Sincerely,



Shawn Ouellette  
Director, Operations  
Terraces on 7<sup>th</sup>

Key Messaging / FAQs - Residents

VCH AL Subsidized Contract Ending

General Statements

- As previously announced Retirement Concepts has entered into a partnership agreement with Cedar Tree Investment Canada Inc.
- The partnership will strengthen and enhance our ability to provide innovative programs to seniors.
- Terraces on 7<sup>th</sup> is not part of our partnership with Cedar Tree Investment Canada Inc. and will remain an independent community.
- Retirement Concepts will continue to manage the day-to-day operations of all of our seniors' communities including Terraces on 7<sup>th</sup>.
- Terraces on 7<sup>th</sup> exercised its right to end our agreement for subsidized assisted living suites with Vancouver Coastal Health on March 1<sup>st</sup>, 2017.
- Terraces on 7<sup>th</sup> and Vancouver Coastal Health will work closely to ensure subsidized assisted living residents are transitioned to another Vancouver Coastal health contracted provider.
- We recognize change can be difficult, but please know we are committed to making this as smooth a transition for you as possible and ensuring you continue to receive the care services you need.

FAQs

- 1. Why did you terminate the Vancouver Coastal Health contract?**  
Terraces on 7<sup>th</sup> has made a business decision to exercise our right as outlined in our Vancouver Coastal Health Contract to end our agreement.
- 2. When does the contract end?**  
The contract ends September 30<sup>th</sup>. We are currently in discussions to potentially extend the contract end date.
- 3. Can I stay here?**  
You can remain living at Terraces on 7<sup>th</sup> in your current suite if you are willing to pay the private rates.

**4. How much is the private rate?**

We have calculated the total cost of your suite and assisted living services with our current private pay pricing and we can discuss this with you one on one if you would like to remain living at Terraces on 7<sup>th</sup>.

**5. Where do I go if I can't stay here?**

Vancouver Coastal Health will assist you in transitioning to another subsidized provider.

**6. What's going to happen to my suite?**

All subsidized suites will be added to our private pay inventory.

**7. Do you have a private pay waitlist?**

We do have a private pay waitlist. If you chose to remain living at Terraces on 7<sup>th</sup> as a private pay resident, you will have priority over the external waitlist.

**8. Is there a waitlist with Vancouver Coastal Health?**

Vancouver Coastal Health manages a waitlist that is separate from Terraces on 7<sup>th</sup> private pay waitlist. You will also receive priority on Vancouver Coastal Health's waitlist.

**9. Who is going to pay for my move?**

Vancouver Coastal Health and Terraces on 7<sup>th</sup> have jointly agreed to cover the cost of your move.

**10. Do I still have to give you 30 day notice?**

You are not required to give Terraces on 7<sup>th</sup> 30 day notice if you are moving to another Vancouver Coastal Health subsidized provider. If you choose to move to a private provider that is not Terraces on 7<sup>th</sup>, you are required to give Terraces on 7<sup>th</sup> 30 day notice.

**11. What happens to my damage deposit?**

Your damage deposit will be fully refunded.

**12. When will I know when I have to move?**

Vancouver Coastal Health Case Managers will be meeting with you to review your options and current care needs. Vancouver Coastal Health will work with each resident to create a plan and individual timelines for moving.

**PR SENIORS HOUSING MANAGEMENT LIMITED PARTNERSHIP**

1160- 1090 West Georgia Street, Vancouver, BC, V6E 3V7

Thank you for the opportunity to respond to the Task Force with regards to the situation at Terraces on Seventh.

First of all we want to state we did not evict any of the funded residents living with us, nor is Terraces on Seventh part of the Retirement Concepts portfolio - it is an independent board. All decisions for Terraces on Seventh are made by Pacific Reach Seniors Housing Management (PRSHM) and the owners of Terraces on Seventh. We exercised our legal right to terminate the contract with Vancouver Coastal Health (VCH). We were in the process of a confidential discussion of a transition and communication plan to ensure a smooth transition plan of the clients. The plan was yet to be determined in full.

We value our relationship with VCH, as well as our other Health Authorities and work hard to maintain them.

The decision to terminate a long standing contract was not an easy one, and came after a review of several contributing factors, as discussed:

- Contract requirements for increases in staffing
- Changes to lease agreements
- Hospitality service provision
- Increase level of care services delivered at the community.

We appreciate the opportunity to respond in writing and hope our contributions can add value to the Task Force Mandate.



Azim Jamal

PR SENIORS HOUSING MANAGEMENT LIMITED PARTNERSHIP