

MEMO to BCCPA Members

Re: Section 64 of Residential Care Regulations (Food service Schedule)

The following memo to BC Care Providers Association (BCCPA) members attempts to seek clarification with respect to section 64 (1) of the [Residential Care Regulations](#) as outlined below.

Food service schedule (Residential Care Regulations)

64 (1) A licensee, other than a licensee who provides a type of care described as Child and Youth Residential, must ensure that

- (a) a morning meal is available between 7:00 a.m. and 9:00 a.m.,
- (b) a noon meal is available between 11:45 a.m. and 1:00 p.m.,
- (c) an evening meal is served after 5:00 p.m., and
- (d) snacks are provided at times that meet the needs of the persons in care.

Pursuant to the above regulation, the BCCPA sought clarification on whether there was flexibility to provide residents meals outside of these hours. According to Ministry of Health officials within Licensing and Inspection there is some flexibility to provide residents with meals outside of said hours for one or many individual residents as long as it is outlined in their care plan (section 81 of [Residential Care Regulations](#)).

It can also be done for all residents under section 16 of the [Community Care and Assisted Living Act](#) provided the medical health officer and residents are in agreement. If all are exempted then the timing of meals would be either what is determined as most appropriate by residents and/or as the Care Plans of the individual residents indicate.

Issue:

As noted in the July 2014 BCCPA report [Seniors Care for A Change](#) “Regulation 64 (1), Food Service Schedule in the Residential Care Regulations is a concern for many care providers as this regulation is at odds with person-centred care because it prescribes specific meal times. For example, breakfast can only be served between 7am and 9am. This may not be ideal for some residents who are on alternative sleep schedules.”

While technically there is a regulation on this, there is, however, some flexibility for residents to be served meals outside of these hours provided it is outlined in their Care Plan (section 81 of [Residential Care Regulations](#)), which operators are required to develop for a resident if staying at a facility over 30 days. A short term plan is also required if staying less than this (section 80).

[Section 83+ of the regulations also notes nutrition plan requirements for community care facilities that have 25 or more persons in care and those with 24 or less \(see Appendix A\). Please see relevant sections regarding Care Plan and Nutrition Plan in Appendix A below.](#)

Along with individual exemptions for residents, a facility can seek an exemption to provide meals to all of its residents outside the designated hours under section 16 of the [Community Care and Assisted Living Act](#). In particular, under this section a facility can seek an exemption from the medical health officer provided residents are also consulted and in agreement.

Section 16 of the Community Care and Assisted Living Act

16 (1) A medical health officer may grant an exemption from a requirement of this Act or the regulations to a licensee or an applicant for a licence who applies for the exemption, if satisfied that

- (a) there will be no increased risk to the health and safety of persons in care, and
- (b) the exemption meets prescribed requirements.

(2) A medical health officer may attach terms and conditions to the exemption and suspend, cancel or vary an exemption granted under subsection (1) in the same manner as under sections 13 and 14.

Summary

In summary, under the regulations residential care facilities are to provide residents with meal during the established hours but nevertheless there is some flexibility as they can provide a resident(s) these meals outside of the designated hours provided it is outlined in their Care Plan(s). In addition, a facility under section 16 of the [Community Care and Assisted Living Act](#) can seek from a medical health officer a broader exemption to serve all its residents meals outside of these hours provided they are consulted and in agreement.

Further exemptions

As noted below, Section 4 of the [Residential Care Regulations](#) deals specifically with exemptions that can be sought under section 16 of the [Community Care and Assisted Living Act](#).

Exemptions by medical health officer (Residential Care Regulations)

4 (1) A licensee or an applicant for a licence may apply for an exemption under section 16 of the Act by submitting an application to a medical health officer.

(2) A medical health officer may grant an exemption to any section of the Act or this regulation, except the provisions listed in Schedule A.

(3) A medical health officer who rejects a request for an exemption, or who does not grant the requested exemption in full, must provide the applicant with written reasons for the rejection or for not granting part of the exemption.

~~Along with section 4, Schedule A of the Residential Care Regulations outlines areas where exemptions cannot be made to a medical health officer. As outlined below, for the purposes of section 16 of the Act, a medical health officer may grant an exemption from any but the following provisions of the regulation:~~

~~section 1 [definitions];~~

~~section 2 [types of care];~~

~~section 12 [investigation or inspection];~~

~~section 37 [character and skill requirements];~~

~~section 38 [additional criminal record checks];~~

~~section 46 (1) [prohibited service];~~

~~section 52 [harmful actions not permitted];~~

~~section 54 (2) [general health and hygiene];~~

~~section 55 [program of activities];~~

~~section 73 [restrictions on use of restraints];~~

~~section 74 (2) [when restraints may be used];~~

~~section 76 [notification of illness or injury];~~

~~section 77 [reportable incidents];~~

~~section 89 [records of complaints and compliance].~~

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Appendix A: Section 83 of Residential Care Regulations (Nutrition Plan)

~~Short term and long term care plans (as outlined in Residential Care Regulations)~~

~~Short term care plan on admission~~

~~80~~ (1) ~~On admitting a person in care to a community care facility, a licensee must ensure that a short term care plan is developed that will guide caregivers in protecting and promoting the health and safety of the person in care.~~

~~(2) Anything that must be recorded in a care plan under this regulation must be recorded in the short term care plan until a care plan is developed.~~

~~Care plan needed if more than 30 day stay~~

~~81~~ (1) ~~If a person in care is admitted to the community care facility for a period of more than 30 days, a licensee must ensure that a care plan for the person in care is made in accordance with this section within 30 days of admission.~~

~~(2) A care plan must be developed, to the extent reasonably practical,~~

~~(a) with the participation of~~

~~(i) the person in care, or~~

~~(ii) if the person in care is not capable of participating, the person in care's parent or representative, and~~

~~(b) in a manner that takes into account the unique abilities, physical, social and emotional needs, and cultural and spiritual preferences of the person in care.~~

~~(3) A care plan must include all of the following:~~

~~(a) a plan to address~~

~~(i) medication, including self administered medication if approved under section 70 (4) [administration of medication],~~

~~(ii) behavioural intervention, if applicable, and~~

~~(iii) if there is agreement to the use of restraints under section 74 (1) (b) [when restraints may be used], the type or nature of restraint and the frequency of reassessment;~~

- ~~(b) an oral health care plan;~~
- ~~(c) a nutrition plan that

 - ~~(i) assesses a person in care's nutrition status, and~~
 - ~~(ii) specifies the nutrition to be provided to the person in care, including the requirements of any therapeutic diets;~~~~
- ~~(d) a recreation and leisure plan;~~
- ~~(e) in the case of a person in care who receives a type of care described as Long Term Care or who may be prone to falling, a fall prevention plan, which must address

 - ~~(i) an assessment of the nature of the risk of falling presented by the person in care,~~
 - ~~(ii) a plan for preventing the person in care from falling, and~~
 - ~~(iii) a plan for following up on any falls suffered by a person in care;~~~~
- ~~(f) if a person in care has been determined to be at risk of leaving a community care facility without notification of an employee, a plan

 - ~~(i) to prevent the person in care from leaving, and~~
 - ~~(ii) if the person in care leaves without notification, to locate the person in care;~~~~
- ~~(g) if a person in care is a child or youth, any special instruction given in writing by a parent of the child or youth to the licensee;~~
- ~~(h) if a person in care is released on leave under the **Mental Health Act** or is admitted to the community care facility under an enactment or court order, any condition or requirement under the **Mental Health Act**, the enactment or the order associated with the admission of the person in care to the community care facility.~~

~~(4) A licensee must ensure that~~

- ~~(a) the implementation of each care plan is monitored on a regular basis to ensure proper implementation;~~
- ~~(b) each care plan is reviewed and, if necessary, modified~~

~~(i) if there is a substantial change in the circumstances of the person in care, or~~

~~(ii) if there is no substantial change in the circumstances of the person in care, at least once each year~~

~~to ensure it continues to meet the needs and preferences, and is compatible with the abilities, of the person in care who is the subject of the care plan, and~~

~~(c) to the extent reasonably practical, persons in care participate in the review and modification of their own care plans.~~

~~Implementation of care plans~~

~~82 A licensee must ensure that the care and supervision of a person in care is consistent with the terms and conditions of the person in care's care plan.~~

Nutrition plan

83 (1) A licensee of a community care facility with 24 or fewer persons in care must

(a) develop a nutrition plan for each person in care, and

(b) if a nutrition plan is developed without the assistance of a dietitian, ensure that reasonable steps are taken to assess the specific nutritional needs of the person in care who is the subject of the nutrition plan, including considering whether the person in care is at risk of being inadequately nourished because of

(i) a physical or mental condition,

(ii) a history of issues that affect eating by the person in care,
or

(iii) any other relevant factor.

(2) A licensee of a community care facility with more than 24 persons in care must develop, with the assistance of a dietitian, a nutrition plan for each person in care.

(3) A licensee must review the nutrition plan of a person in care as follows:

- (a) in the case of a nutrition plan developed under subsection (1), on a regular basis,
 - (b) in the case of a nutrition plan developed under subsection (2), with a dietitian on a regular basis, and
 - (c) in any case, with a dietitian if requested or required by
 - (i) a health care provider who provides care to the person in care,
 - (ii) a medical health officer, or
 - (iii) a funding program.
- (4)** Subject to subsection (5), a licensee, other than a licensee who provides a type of care described as Hospice, must
- (a) ensure that each person in care is weighed at least once each month,
 - (b) immediately seek the advice of a health care provider if the person in care has experienced, unintentionally, a significant change in weight, and
 - (c) record the weight in the nutrition plan of the person in care.
- (5)** If a person in care refuses or is unable to be weighed, the licensee must
- (a) record in the nutrition plan of the person in care the reason why the person in care was not weighed, and
 - (b) if it appears to the licensee that the person in care may have experienced a significant change in weight, immediately seek the advice of a health care provider.