NURSING HOMES ACT

NURSING HOMES OPERATION REGULATION

Alberta Regulation 258/1985

With amendments up to and including Alberta Regulation 7/2017

Office Consolidation

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ALBERTA REGULATION 258/85
Nursing Homes Act
NURSING HOMES OPERATION REGULATION

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Definitions
1 In this Regulation,
(a) “Act” means the Nursing Homes Act;
(b) “administrator” means the person appointed by an operator as the chief executive officer for his nursing home, and who is assigned the duty and responsibility for
the administration of the day to day operation and management of the affairs of the nursing home;

(c) “assessment committee” means the assessment committee established under section 6;

(d) “certified graduate nurse” means a certified graduate nurse as defined in the Nursing Profession Act;

(e) “charge nurse” means the member of nursing services or personal services staff who is in charge of the provision of nursing and personal services to residents during a shift;

(f) “day shift” means the work period in a resident day designated by an operator for his nursing home as the day shift;

(g) “director of nursing” means the person who is responsible for the provision of nursing services and personal services to residents in the nursing home;

(h) “drug” means a drug as defined in the Pharmaceutical Association Act;

(i) “General Regulation” means the Nursing Homes General Regulation under the Act;

(j) “legal representative” includes a guardian or trustee of a dependent adult under the Dependent Adults Act and a person who holds a power of attorney granted by a resident;

(k) “medicine” means a medicine as defined in the Pharmaceutical Association Act;

(l) “nurse” means a registered nurse, a certified graduate nurse, or a registered psychiatric nurse;

(m) “nursing home staff” means the persons referred to in section 12(1);

(n) “nursing and personal services” means necessary nursing services referred to in section 2(c) of the General Regulation and personal services referred to in section 2(d) of the General Regulation;

(o) “nursing and personal services staff” means persons employed in a nursing home to provide nursing and personal services, including

(i) a nurse,
(ii) a registered member under the Nursing Assistants Regulation (Alta. Reg. 306/86), and

(iii) any other person who is assigned duties and responsibilities as a nursing attendant and whose training qualifies him to provide any part of nursing and personal services;

(p) “power of attorney” means a written power of attorney granted by a resident empowering and authorizing the person named in the power of attorney to do all acts and things in the name of and on behalf of the resident, and for the resident’s benefit and account in relation to the resident’s property at the nursing home and his nursing home care, including the power to

(i) receive property belonging to the resident and to give a receipt for it in the resident’s name,

(ii) dispose of property of the resident for the resident’s account, and

(iii) instruct the operator in respect of matters in connection with the resident’s nursing home care in the nursing home, until the power of attorney is revoked by the resident;

(q) “private room” means a room in a nursing home with not more than 1 bed;

(r) “property record” means the record, referred to in section 8(4);

(s) “rated capacity” means the bed capacity and types of accommodation for a nursing home prescribed by the Minister and set out in Schedule A of a contract;

(t) “registered dietitian” means a registered dietitian as defined in the Registered Dietitians Association Act;

(u) “registered nurse” means a registered nurse as defined in the Nursing Profession Act;

(u.1) “registered psychiatric nurse” means a registered psychiatric nurse under the Psychiatric Nurses Regulation (Alta. Reg. 509/87);

(v) “resident day” means a period of stay of a resident in a nursing home between midnight one day and midnight of the next day following, except that
(i) the period of stay on the day of admission is a resident day but the period of stay on the day of separation is not a resident day, and

(ii) where admission and discharge occur on the same day, the period of stay is 1 resident day;

(w) “resident record” means the record referred to in section 11;

(x) “semi-private room” means a room in a nursing home with 2 beds;

(y) “standard ward” means a room in a nursing home with more than 2 beds.

Benefits

2(1) In this section,

(a) “approved program benefit” means the amount prescribed by the Minister as the amount payable to an operator in respect of each resident in his nursing home for care provided to him under an approved program, payable on the basis prescribed by the Minister for the approved program;

(b) “basic benefit” means the amount prescribed by the Minister as the amount payable to an operator of a nursing home in respect of eligible residents in his nursing home for basic care and payable on the basis prescribed by the Minister;

(c) “category 1 nursing home capital supplement” means a daily amount determined by the Minister, not to exceed $10, that is paid on the basis prescribed by the Minister in respect of each approved bed to the operator of a voluntary nursing home having a rated capacity of 51 beds or more that was constructed and brought into operation during the period of July 1, 1977 to August 5, 1980;

(d) “category 2 nursing home capital supplement” means a daily amount determined by the Minister, not to exceed $27, that is paid on the basis prescribed by the Minister in respect of each approved bed to the operator of a voluntary nursing home having a rated capacity of 51 beds or more that was first brought into operation during 1983;

(e) repealed AR 79/89 s2;
(f) “voluntary nursing home” means a nursing home owned or operated by a society.

(2) The Minister shall pay to an operator

(a) the applicable amount of basic benefit, and

(b) the amounts of the following that are applicable:
   (i) approved program benefit,
   (ii) category 1 nursing home capital supplement, and
   (iii) category 2 nursing home capital supplement.

(2.1) If

(a) a bed has been designated for use by a resident, and

(b) the resident has not commenced to use the bed or has not indicated that he does not intend to use the bed,

the Minister may pay to the operator in respect of that period of non-use, for up to a maximum of 5 days, an amount equivalent to the applicable basic benefit, commencing with the date the bed was so designated.

(3) The Minister may deduct from the aggregate amount of a payment under subsection (2) or (2.1) any amount due from the operator to the Minister or the Government under the Act or the regulations.

(4) Payment of a supplement referred to in subsection (1)(c) and (d) shall cease when the operator to whom the supplement is payable has, in the Minister’s opinion, received sufficient money by way of the supplement to retire in full long-term debt in respect of which the supplement is payable.

Accommodation charge

3(1) An operator may charge a resident an accommodation charge and the accommodation charge shall not exceed the following:

(a) for each resident day of accommodation in a standard ward, $48.15;

(b) for each resident day of accommodation in a semi-private room, $50.80;
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(c) for each resident day of accommodation in a private room, $58.70.

(1.1) The amounts set out in subsection (1) shall be increased

(a) on July 1 of each of 2014, 2015 and 2016 by the greater of 3% and the percentage increase in the Alberta Consumer Price Index, as published by Statistics Canada, for the 12-month period ending on February 28 of that same year, rounded to the nearest $0.05, and

(b) on July 1 of 2017 and each subsequent year after by the percentage increase in the Alberta Consumer Price Index, as published by Statistics Canada, for the 12-month period ending on February 28 of that same year, rounded to the nearest $0.05.

(2) Repealed AR 533/87 s2.

(3) Notwithstanding subsection (1), if a physician orders that it is medically necessary for a resident to have accommodation in a private room, the operator shall not charge the resident more than the amount set out in subsection (1)(a) as his accommodation charge.

(4) An operator shall not charge a resident the accommodation charge set out in subsection (1)(c) for a private room unless the resident has requested a private room and, if the resident is occupying a private room but has not requested a private room, the operator may charge not more than the amount set out in subsection (1)(b) for the private room.

(5) The amounts prescribed under subsection (1) are the maximum amounts that an operator may charge an eligible resident as his accommodation charge for the applicable types of accommodation, including a time when the resident is on a leave of absence referred to in section 22(1).

(6) Notwithstanding anything in this section, subsections (2) and (4) as they read immediately before February 1, 1988 shall be deemed to continue in force with respect to a person who was a resident of a nursing home immediately before February 1, 1988.

(7) Notwithstanding subsection (1), if a resident is admitted to a nursing home for the purpose of receiving palliative care or sub-acute care the operator shall not charge that resident an accommodation charge.
Application for contract

4(1) An application for a nursing home contract under section 2(2) of the Act shall be accompanied by,

(a) if the application is in respect of an existing nursing home, the following information:

(i) the name and address of the applicant and if the applicant is a corporation or society, the names and addresses of its members, directors and officers and particulars of the shares, if any, held by its members;

(ii) the name of the present operator of the nursing home;

(iii) the name, location and rated capacity of the nursing home;

(iv) if applicable, the proposed method of financing the acquisition by the applicant of the nursing home;

(b) if the application is in respect of a proposed nursing home, the following information:

(i) the name and address of the applicant and if the applicant is a corporation or society, the names and addresses of its members, directors and officers and particulars of the shares, if any, held by its members;

(ii) particulars of the plan for the proposed nursing home;

(iii) particulars of the plan for the operation of the proposed nursing home, including particulars as to management, staffing and operations proposed for the nursing home;

(iv) a description of the method of financing the proposed nursing home.

(2) An application for an amendment to a nursing home contract under section 2(2) of the Act shall be accompanied by the following information:

(a) the name and address of the applicant and if the applicant is a corporation or society, the names and addresses of its members, directors and officers and particulars of the shares, if any, held by its members,

(b) the name, location and rated capacity of the nursing home;
Admission policies

5(1) Subject to

(a) an operator having an available bed, and

(b) the procedure referred to in section 6(3),

an operator shall admit to his nursing home for the provision of nursing home care a person referred to him by the assessment committee for admission to his nursing home as a resident.

(2) For the purposes of subsection (1)(a), a bed shall be deemed to be available

(a) if it is not designated for use by a resident, or

(b) if it is designated for use by a resident and the resident has not commenced to use it within 5 days of being designated for use,

other than a bed designated for a resident who is absent from the nursing home on leave of absence referred to in section 22(1).

(3) No person shall be admitted to a nursing home within the district

(a) until the person has been assessed and approved in accordance with the assessment procedures referred to in section 6(3), and

(b) unless the person has had a complete medical examination within 3 months prior to his application for admission and the results of the medical examination have been made available for review by the assessment committee.

Assessment committee

6(1) A district board shall establish an assessment committee consisting of not fewer than 3 persons at least one of whom shall be a physician.

(2) The function of an assessment committee is to assess the needs of a person for

(a) nursing home care, or
(b) continuation of nursing home care,

in a nursing home.

(3) The district board shall establish procedures to be followed by an assessment committee, which shall include the following:

(a) the procedure to be followed by a person when applying for admission to a nursing home;

(b) the procedure for the review of applications for admission to a nursing home;

(c) the procedure for the review of applications or requests for discharge or transfer of residents from nursing homes;

(d) the procedure for appeal to the district board from any decision or recommendation of the assessment committee.

(4) The district board shall send or cause to be sent a copy of the procedures referred to in subsection (3) to the Minister and the procedures are effective only after the Minister has approved them and notified the district board accordingly.

(5) All applications for admission to a nursing home shall be processed according to the assessment procedures approved by the Minister.

(6) Where an assessment committee does not approve an application for admission to a nursing home the applicant may appeal the assessment to the district board in accordance with the assessment procedures approved by the Minister.

Reassessment of residents

7(1) Where

(a) a resident in a nursing home,

(b) the attending physician of a resident,

(c) the operator of the nursing home,

(d) the district board, or

(e) the Minister,

requests that the need for continuation of nursing home care in a nursing home of a resident be assessed, the assessment committee shall comply with the request and report thereon to the person making the request and the district board.
(2) The assessment committee shall not make any report under subsection (1) without consulting the physician who has regularly attended on the resident, with respect to the resident’s health.

(3) If in the opinion of the assessment committee a resident no longer requires basic care, the assessment committee shall notify the resident, his legal representative, if any, the operator and the district board in writing of its opinion.

(4) On receipt of a report by an assessment committee that a resident is no longer in need of basic care, section 11 of the General Regulation shall apply.

Resident property

8(1) When a resident is admitted to a nursing home, the operator shall prepare an inventory, in duplicate, of the resident’s personal property at the nursing home including any money in the resident’s possession.

(2) Both copies of the inventory prepared under subsection (1) shall be signed by a representative of the operator and by the resident or his legal representative and 1 copy of the inventory shall be retained by the operator as part of the resident record and the other shall be furnished to the resident or his legal representative.

(3) The operator shall establish and maintain a record for each resident showing all transactions or occurrences that take place relating to the resident’s property in respect of which an operator is liable to a resident under subsection (6).

(4) The inventory referred to in subsection (1) and record referred to in subsection (3) constitute the property record for a resident.

(5) The operator shall not withhold, withdraw or otherwise take from a resident any money unless authorized to do so in writing by the resident or his legal representative.

(6) An operator is liable to a resident in respect of his personal property at or coming to the nursing home only if

(a) the property has been deposited with the operator for safe keeping and the operator has issued a receipt to the resident for it,

(b) the property is a pension cheque from the Government of Canada or the Government of Alberta that comes to the nursing home for the resident, until possession of the cheque is taken by the resident or his legal representative,
(c) the property comes into the possession of the operator and he retains possession of it for the resident, or

(d) the operator or an employee of the operator is made aware that property of a resident is in jeopardy of loss or damage and the operator or employee has a reasonable opportunity to safeguard the property.

AR 258/85 s8

9 Repealed AR 75/2012 s2.

Audits

10(1) In this section, “fiscal year” means a period from the 1st day of April to the 31st day of March next following.

(2) An operator shall prepare and submit an annual return for the nursing home each fiscal year in the form prescribed by the Minister.

AR 258/85 s10

Resident records

11(1) Pursuant to section 20 of the Act, an operator shall maintain a record in respect of each resident and his property which shall include the following:

(a) the form accepted by the assessment committee in respect of the admission of the resident and any subsequent reassessment form in respect of the resident;

(b) an admission record to be completed prior to or at the time of admission which shall contain the following:

(i) the resident’s name;

(ii) the resident’s marital status;

(iii) the resident’s date of birth;

(iv) the resident’s sex;

(v) the resident’s religious affiliation if he provides it;

(vi) the resident’s Alberta Health Care Insurance Plan registration number and Social Insurance Number;

(vii) the name and address of the resident’s attending physician and alternate physician;

(viii) the name and address of the resident’s next of kin and legal representative;
(ix) the date of admission of the resident;

(x) information concerning the resident’s source of referral;

(xi) any other information prescribed by the Minister;

(xii) the signature of the operator or the operator’s authorized representative;

(xiii) the signature of the resident or his legal representative;

(c) the form referred to in subsection (2);

(d) the property record for the resident;

(e) the resident’s physician’s notes and orders signed and dated by the physician;

(f) the resident’s dentist’s notes and orders signed and dated by the dentist;

(g) any reports by any other physician or dentist that relates to the resident;

(h) a record of all visits made by a physician to a resident and all telephone calls made to or from a physician regarding a resident;

(i) notes signed and dated by the person making them of
   
   (i) significant observations made by any person providing nursing home care to a resident,
   
   (ii) the condition of a resident noted at least once during each calendar month, including notations of the resident’s mobility and mental and physical ability to cope with activities of daily living,
   
   (iii) any incident of unusual occurrence in respect of a resident,
   
   (iv) changes made to the nursing home’s plan of care for a resident,
   
   (v) drugs and medicine administered to a resident and the name of the person administering them, and
   
   (vi) dressings provided to a resident and the changing of them;
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(j) a record of any leave of absence taken by the resident;

(k) a record of drugs and medicine ordered or prescribed for a resident and of their disposition;

(l) a record in respect of the transfer of the resident from the nursing home to another facility and from any other facility to the nursing home;

(m) a record in respect of the discharge of the resident from the nursing home including information as to the reason for discharge, the circumstances of discharge, the immediate known destination of the resident on discharge, the resident’s condition on discharge and, if the resident is deceased, the cause of death if known.

(2) On the admission of a person as a resident of a nursing home, a charge nurse for the nursing home shall cause to be prepared and made available for use by the nursing home staff a form containing

(a) a description of the resident’s condition and a preliminary assessment of the resident’s capabilities and needs, and

(b) a preliminary plan for the participation of members of the nursing home staff for the provision of nursing home care to the resident.

(3) On the discharge of a resident from a nursing home, the operator shall retain the resident’s resident record in a safe place for a period of not less than 5 years.

Nursing home staff

12(1) An operator shall obtain the services of the following persons for each nursing home operated by him:

(a) subject to section 13, an administrator;

(b) subject to section 13, a director of nursing;

(c) nursing and personal services staff in accordance with section 14;

(d) a person whose responsibility includes the planning of menus for and preparation and serving of meals and nourishment to residents in the nursing home;

(e) a person whose responsibility includes the provision of the life enrichment services referred to in section 2(h) of the General Regulation;
(f) subject to section 17, persons whose responsibility includes the provision of in-service education to nursing home staff;

(g) subject to subsection (3), a registered dietitian;

(h) persons whose responsibility includes the provision of care that is part of an approved program;

(i) a medical adviser in accordance with section 18;

(j) a pharmacist in accordance with section 21;

(k) other persons as required for the proper administration, operation, maintenance, cleaning and up-keep of the nursing home in respect of the provision of nursing home care to residents.

(2) All persons referred to in subsection (1) shall be employed by an operator on a full time equivalent basis, except where this Regulation permits their services to be provided or obtained on a call, consulting, part time or other basis.

(3) An operator may obtain the services of a registered dietitian, on a full or part time employment basis or on a consulting basis, in respect of the nutritional care of residents in each nursing home operated by him.

(3.1) An operator may obtain the services of an administrator on a part-time employment basis if the administrator is also employed in respect of 1 or more other nursing homes or health care facilities owned or operated by the operator.

(4) An operator shall prepare written job specifications outlining duties and responsibilities for each category of employee in his nursing home and assign duties to an employee that are consistent with the job specifications for the employee’s position.

Director of nursing

13(1) The person employed as the director of nursing for a nursing home must be a registered nurse or a certified graduate nurse.

(2) The person employed as the director of nursing for a nursing home shall not be assigned any other duties or responsibilities in a nursing home in addition to those of director of nursing except that

(a) a nursing home that has a rated capacity of 60 or fewer beds, may assign to the person employed as the director of
nursing the duties and responsibilities of the administrator for the nursing home, and

(b) the Minister may authorize the operator of a nursing home that has a rated capacity of 60 or fewer beds to assign to the person employed as the director of nursing, duties and responsibilities of nursing services and personal services staff.

AR 258/85 s13;231/89

Nursing services and personal service staff

14(1) An operator shall have at least one nurse on duty at all times in his nursing home, and if at any time none of the nurses on duty are registered nurses or certified graduate nurses, the operator shall ensure that a registered nurse or certified graduate nurse is on call during that time.

(2) In addition to nurses, an operator shall employ other persons as his nursing and personal services staff in a number and having qualifications that enable the operator to provide the minimum level of nursing and personal services referred to in subsection (5) to each resident of his nursing home.

(3) An operator shall designate a person as the charge nurse for his nursing home for each shift.

(4) Subject to this section, an operator shall have at least 2 members of his nursing and personal services staff on duty at all times in his nursing home.

(5) An operator shall cause his nursing and personal services staff to provide an average of at least 1.90 paid hours of combined nursing and personal services per resident per resident day in his nursing home.

(6) An operator shall ensure that at least 22% of the total number of paid hours of combined nursing and personal services required to be provided by this Regulation is provided by nurses.

(7) For the purposes of subsections (5) and (6), “paid hours” means time for which the person providing the services is being paid.

AR 258/85 s14,79/89;231/89

Food services

15(1) In respect of meals for residents, an operator shall prepare all meals to meet basic diet requirements in accordance with Canada’s Food Guide as approved by the Canadian Council on Nutrition.
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(2) At least 3 meals per day shall be served to each resident with not more than a 15-hour period between the last substantial meal of a day and breakfast on the following day.

(3) Nourishment in addition to meals shall be made available to residents at all times.

(4) An operator shall prepare a cyclic menu which shall be
   (a) established for meals for each resident day during at least a 3-week period, and
   (b) approved by a registered dietitian.

(5) Menus for meals for each day shall be posted in 1 or more public places in the nursing home before the first meal of a resident day.

(6) Records of menus and changes to menus shall be retained by the operator for at least 3 months after the day of use and shall be available for inspection by the Minister.

(7) A resident shall be provided meals in accordance with special dietary requirements.

(8) Therapeutic diets for a resident shall be ordered in writing by a physician and be recorded in the resident’s resident record.

Life enrichment services

16(1) In this section “life enrichment services” means the life enrichment services referred to in section 2(h) of the General Regulation.

(2) An operator shall establish and maintain on a regular basis organized activities suitable for the requirements of residents as life enrichment services.

(3) As part of life enrichment services,
   (a) an operator of a nursing home shall, in accordance with a resident’s wishes, grant access to a person representing a religion to meet with the resident in the nursing home and to hold a religious service in an appropriate place in the nursing home, and
   (b) where practicable, an operator shall encourage and assist residents to leave his nursing home to visit, shop and attend religious services and community activities.
(4) Notwithstanding section 12(2), an operator shall designate at least 1 member of the nursing home staff to provide life enrichment services to residents of the nursing home in addition to other duties and responsibilities assigned to the member.

AR 258/85 s16

In-service education

17(1) Subject to subsection (2), an operator shall provide to his staff a formal in-service education program that includes but is not limited to instruction in the following:

(a) gerontology;
(b) fire prevention and safety;
(c) disaster preparedness;
(d) prevention and control of infections.

(2) An in-service education program shall be provided by,

(a) in the case of a nursing home with a rated capacity of 100 beds or more, 1 full time equivalent staff time, or

(b) in the case of a nursing home with a rated capacity of less than 100 beds, a full time equivalent staff time that bears the same proportion to 1 as the rated capacity of the nursing home bears to 100.

(3) An operator shall, not later than April 30 of every year, forward to the Minister a report in a form satisfactory to the Minister showing the type and length of courses provided under subsection (1), the number and type of participants in the program and the instructor’s time.

AR 258/85 s17

Medical adviser

18 An operator shall obtain the services of a physician as the medical adviser for the nursing home to consult with the operator and his staff in respect of any aspect the nursing home’s plan for the provision of nursing home care to its residents.

AR 258/85 s18

Medical care

19(1) Each resident must be under the care of a physician at the time of admission to a nursing home and during his stay in the nursing home.
(2) Except in the case of an emergency, no treatment, drug, medicine or therapeutic diet shall be administered to a resident unless ordered or prescribed by a physician.

(3) Any order given by a physician in respect of a resident by telephone shall be taken by the director of nursing or a nurse who shall write, sign and date the order which shall be countersigned and dated by the physician on his next attendance on the resident.

(4) During each 12 month period of stay of a resident in a nursing home, the operator shall arrange for an examination of the resident by a physician, including a review of the physical and mental condition of the resident and the nursing home’s plan of care for the resident.

Drugs and medicine

20(1) Subject to section 19(1), no drug or medicine shall be administered to a resident unless it is prescribed or ordered by a physician.

(2) An operator shall request that a physician who prescribes a drug or medication for a resident limit the prescription to a specific number of days or dosage schedule where appropriate.

(3) An operator shall maintain in each nursing home operated by him a reasonable quantity of drugs and medicine of the kind specified by the Minister under section 2(f) of the General Regulation.

(4) If a drug or medicine ordered or prescribed for a resident is of the kind specified by the Minister under section 2(f) of the General Regulation, the drug or medicine shall be made available for the resident by the operator at no cost to the resident.

Pharmaceutical services

21(1) In this section “pharmacist” means a person registered as a member of the Alberta Pharmaceutical Association.

(2) An operator shall make arrangements with a pharmacist for each nursing home operated by him to

(a) provide emergency pharmacy services,

(b) supply, check and replenish drugs and medicine of the kind referred to in section 2(f) of the General Regulation, and to replace any that become outdated or should otherwise be replaced, and
(c) provide pharmacy consulting services to staff in the nursing home.

(3) A prescription or order for a drug or medicine for a resident shall be submitted by a nursing home’s staff member to the pharmacist unless the drug or medicine is of the kind directed by the Minister under section 2(f) of the General Regulation and is available in the nursing home.

AR 258/85 s21

Leave of absence

22(1) Each resident is entitled to

(a) unlimited social leaves of absence as requested by the resident, and

(b) in addition to the leaves of absence authorized under clause (a), one or more leaves of absence totalling not more than 50 days per fiscal year while the resident is an in-patient in a hospital, other than an auxiliary hospital.

(2) For the purposes of computing leaves of absence under this section,

(a) a resident is on a leave of absence when the resident is absent from the nursing home overnight, and

(b) the day on which the leave of absence commences shall be counted but the day on which the leave of absence ends shall not be counted.

(c) repealed AR 200/91 s2.

(3) Repealed AR 200/91 s2.

(4) An operator shall not assign a resident who is on leave of absence referred to in subsection (1) to another bed or room within the nursing home without the resident’s written consent.

(5) Benefits shall continue to be paid to an operator in respect of a resident who is on a leave of absence referred to in subsection (1).

(6) On admission of a resident to a nursing home, the operator shall determine the number of days remaining in the resident’s leave entitlement under subsection (1)(b) for the fiscal year.

AR 258/85 s22;385/85;79/89;62/90;200/91
Standards
23 Standards in respect of the operation of a nursing home and the provision of nursing home care to residents include the following:

(a) all fixed equipment and movable electrical equipment in a nursing home shall be approved as required by the Electrical Protection Act and the regulations under that Act;

(b) an operator shall

(i) prepare and comply with a preventative maintenance policy approved by the Minister in respect of the maintenance of the building and equipment used for a nursing home,

(ii) maintain his nursing home in a hygienic and safe condition,

(iii) develop and maintain a program of health examinations for his nursing home staff based on the minimum deemed necessary by his medical adviser for the protection of both his staff and residents,

(iv) prepare and comply with policies and procedures for the operation of his nursing home and the provision of a service in basic care and care under an approved program,

(v) maintain a committee consisting of members representing each profession or group of persons who provide services to his nursing home in respect of nursing home care, for the purpose of reviewing and recommending improvements to his nursing home’s plan for the provision of nursing home care to residents, and

(vi) prepare and comply with a program to monitor and evaluate the provision of each service that is part of basic care on at least an annual basis.

AR 258/85 s23

Expiry
23.1 For the purpose of ensuring that this Regulation is reviewed for ongoing relevancy and necessity, with the option that it may be repassed in its present or an amended form following a review, this Regulation expires on April 30, 2022.

AR 165/2008 s3;193/2012;164/2015;7/2017
**Coming into force**

24 This Regulation comes into force on the date on which the *Nursing Homes Act* (1985 cN-14.1) comes into force.

AR 258/85 s24