ATTACHMENT 2

ANALYSIS OF PROPOSED NATIONAL STANDARD

This document shows how well the Homes expect to meet the 96 requirements in the proposed national mental health standard for long-term care. Overall, the Homes anticipate meeting 81 (84.4%), partially meeting 6 (6.3%), and not meeting 1 standard (1%). Eight (8.3%) requirements do not apply to these Homes as they are for Assisted Living Settings.

Standard Reference	Proposed Wording	Region's Status (Meets, Partially Meets, or Does not Meet)
4 Guiding Principles		
4.1 General Guiding Principles	This is based on general guiding principles which promote and support the mental health and well-being of residents and workers. The Long-Term Care and Assisted Living setting shall support mental health and well-being by fully engaging in a culture of Person-Centred Care, Equity, Diversity and Inclusion, as well as cultural safety and humility. The setting shall ensure the following principles of Person-Centred Care, Equity, Diversity and Inclusion, and cultural safety and humility are embedded into its policies, procedures, and practices.	
4.2 Person-Centred Care		
4.2.1 General	Person-Centred Care delivered by highly engaged employees who feel valued and trusted with their responsibility is foundational to creating environments of care and services where the promotion of mental health and well-being is possible. Refer to CSA Z8004, Long-term care home operations and infection prevention and control and to the Health Organization's 21001 Long-term care services for guidance and requirements for the inclusion of Person-Centred Care in Long-Term Care and Assisted Living settings.	Meets
4.2.2 Person-Centred Care Principles	In addition to the guidance and requirements of these two National s, Long-Term Care and Assisted Living settings shall ensure the respect of the following Person-Centred Care principles to promote and support the mental health and well-being of residents: a) The physical, mental, social, and spiritual needs of the resident are taken into account. b) The lived experience of residents is recognized and valued by the workers in the Long-Term Care and Assisted Living setting.	Meets

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	c) To the fullest extent possible, residents direct their own care. When not possible, workers use knowledge gained about the resident's preferences either directly or through the resident's substitute decision maker. d) Care focuses on residents' strengths, capabilities, preferences, and priorities. e) Individual identity and expression (including gender, sexuality, cultural, and ethnic) are respected (refer to CSA Z8004 Long-term care home operations and infection prevention and control for sexual expression).	
4.3 Equity, Diversity and Inclusion		
4.3.1 General	Principles of Equity, Diversity and Inclusion are foundational in promoting the mental health and well-being of residents and ensuring an inclusive and non-discriminatory environment. Refer to CSA Z8004 , Long-term care home operations and infection prevention and control and to the Health Organization (HSO)'s 21001 Long-term care services for guidance and requirements for the inclusion of Equity, Diversity and Inclusion in Long-Term Care and Assisted Living settings. N/A	
4.3.2 Equity, Diversity and Inclusion Principles	In addition to the guidance and requirements of these two National standards, the Long-Term Care and Assisted Living setting shall respect the following Equity, Diversity and Inclusion principles to further promote the mental health and well-being of the residents: a) The protection, promotion, and adherence to the requirements of human rights including dignity, equity and freedom (see Clause 4.3.3). b) Leadership, workers, and volunteers have an individual and collective responsibility to encourage and demonstrate equitable and inclusive behaviours. c) The workforce composition is as diverse as the communities served. d) Leadership and the workforce understand how the multiple forms of discrimination combine, overlap, or intersect and impact the mental health and well-being of residents, especially in the experience of marginalized individuals or groups.	Meets

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4.3.3 Human Rights	The Long-Term Care and Assisted Living setting shall ensure that the rights of residents are respected; in particular, the right to the highest attainable of mental and physical health (CMHA, 2021). Persons shall not be discriminated against based on the following prohibited grounds: e) Age; f) colour; g) disability (mental health, physical, intellectual, sensory); h) family status; i) gender identity or expression; j) genetic characteristics; k) marital status; l) mental health status; m) national or ethnic origin; n) race; o) religion; p) sex; or q) sexual orientation.	Meets
4.3.4 Discrimination and stigma linked to mental health status		
4.3.4.1 General	Discrimination and stigma related to mental health conditions or mental health needs, including dementia, are common in Long-Term Care and Assisted Living settings, impacting access to quality care for persons living in these settings (Knaak, 2017). Discrimination and stigmatization in Long-Term Care and Assisted Living settings may occur on multiple interrelated levels; intrapersonal (e.g., self-stigma), interpersonal (e.g.,	Meets

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	relationships with others), and structural (e.g., policies, organizational culture, and systems) (Henderson, 2014).	
4.3.4.2 Policies	To ensure equitable services for all residents, Long-Term Care and Assisted Living settings shall develop policies that protect residents from discrimination due to mental health conditions, needs, or any of the prohibited grounds listed in Clause 4.3.3, during the delivery of services and during transitions in care (e.g., admission, transfer, discharge). For example, a person shall not be refused admission based solely on having a diagnosis of a mental health condition. These policies shall be applied according to the person's current presentation, symptoms, and related needs with consideration of their history including past or present diagnoses.	Meets
4.4 Cultural Safety and humility	Cultural safety and humility are critical in promoting the mental health and well-being of residents and are a priority of The Truth and Reconciliation Commission of Canada (2015). Refer to the Health Organization (HSO)'s 21001 Long-term care services for guidance and requirements for the inclusion of cultural safety and humility in Long-Term Care and Assisted Living settings. In addition to the guidance and requirements of the HSO , the Long-Term Care and Assisted Living setting shall ensure the respect of the following cultural safety and humility principles to promote and support the mental health and well-being of residents (FNHA, 2016): a) The recognition of First Nations as self-determining individuals, families and communities. b) The understanding of what mental health and well-being means to First Nations people with recognition of the diversity of these understandings. c) The recognition of the role of history, society and past traumatic experiences and their impacts in shaping mental health, well-being, and healthcare experiences. d) Building trust by communicating respect for individual beliefs, behaviours, and values.	Partially meets

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	e) Humbly acknowledging oneself as a life-long learner when it comes to understanding another person's experience. f) Self-reflection on one's own culture, beliefs, and values.	
5 Organizational commitment to mental health and well-being	Leadership responsible for the Long-Term Care and Assisted Living setting shall establish a high-level commitment to a culture that promotes mental health and well-being for all. The funding body (whether privately or publicly funded at the municipal, regional, or provincial level) of the Long-Term Care and Assisted Living setting shall be responsible to ensure that adequate and sustained resources are available. The setting shall be accountable to ensure available resources are appropriately utilized for the promotion of the mental health and well-being of residents. This shall be accomplished by ensuring the following are integrated into the mission, vision, values, policies, procedures, and practices of the Long-Term Care and Assisted Living setting to reflect a commitment that supports mental health and well-being: a) Leadership shall be proactive regarding the mental health and well-being of residents and the psychological health and safety of workers. b) Workers shall be supported and resources provided to ensure a person-centred and relationship-based culture of caring that supports mental health and well-being of residents. c) Workforce levels and skill mix shall support mental health and well-being of residents. d) Leadership shall identify, prevent, and address abuse and neglect of residents. e) A safety risk assessment shall be conducted to determine if additional measures are required in situations where residents, families, care partners, and workers may be exposed to a safety risk. f) Residents with additional mental health needs shall be supported by ensuring access to appropriate resources.	Meets

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	g) Residents, families, and care partners shall have the opportunity to contribute, be involved in and engaged in decision making, and advocate for change within the Long-Term Care and Assisted Living setting. h) The roles and responsibilities of residents, families, care partners, and workers shall be defined and communicated to promote civility and respect in the Long-Term Care and Assisted Living setting. i) Residents, families, and care partners shall be made aware of activities, resources, or programs supporting mental health and well-being of residents. j) A policy and procedures on the use of least restraint shall be in place. k) An evaluation process shall be in place where residents, families, care partners, and workers can safely provide feedback about how programs and services support the mental health and well-being of residents.	
6 Quality improvement		
6.1 Quality improvement process	The Long-Term Care and Assisted Living setting shall establish and implement a process for continuously monitoring and improving quality of care for mental health and well-being. Within the quality improvement process, leadership shall demonstrate support and commitment to organizational level activities, as well as resident, family, care partner, and worker engagement and participation.	Meets
6.2 Alignment	This quality improvement process shall align with the mission, vision, and values of the Long-Term Care and Assisted Living setting and be integrated into or compatible with governance practices and other systems in the Long-Term Care and Assisted Living setting. The quality improvement process shall also guide local research, program planning, and operational practices.	Meets
6.3 Quality improvement process elements	The quality improvement process shall include the following foundational elements: a) evidence of governing body and leadership commitment and support; b) resident, family, care partner, and worker participation and engagement; and	Partially meets

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	c) procedures for measuring and monitoring quality of care, addressing identified gaps in care, and monitoring the impact of changes to improve quality of care.	
6.4 Applying the quality improvement process		
6.4.1 General	The quality improvement process gathers information on quality of care and uses this information to identify opportunities for improvement. The quality improvement process selects appropriate strategies for change and for evaluating the effects of any changes implemented. The quality improvement process should consider using quality improvement models [e.g., Plan-Do-Study-Act (PDSA), Six Sigma] and change management models. The quality improvement process shall include a commitment to continuous improvement.	Meets
6.4.2 Steps	The key steps in the quality improvement process shall include: a) gathering data to establish an organizational baseline or current state with an emphasis on quality of care for mental health and well-being of residents; b) performing a gap analysis between its current and desired state; c) identifying areas for improvement and strengths within its policies, practices, and programs that have a direct or indirect impact on mental health and well-being; d) setting of priorities, goals, and targets to address identified gaps between current and desired state and areas of poor quality of care. Goals shall be specific, measurable, achievable, relevant, and time-bound (SMART); e) determining change strategies and interventions to achieve priorities, goals, and targets with input from residents, families, care partners, and workers; f) implementing these strategies and interventions; g) evaluating the impact of implemented strategies and interventions using data collection; h) reporting on the outcomes of implemented strategies and interventions using the data collected;	Meets

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	i) obtaining feedback on the outcomes of these strategies and interventions, including from residents, families, care partners, and workers; j) sustaining successful strategies and interventions that improve quality of care; and k) continuously seeking to identify opportunities for improvement using the quality improvement process.	
6.4.3 Quality indicators	The Long-Term Care and Assisted Living setting shall monitor quality of care related to mental health and well-being by selecting relevant quality indicators, when available, or by establishing ways to measure this care by determining: a) what needs to be routinely monitored via quality indicator or other methods for measurement; b) the methods for measuring and analysis; c) how frequently the monitoring shall be performed; d) the targets for quality indicators or other methods for measurement; e) the actions to be taken when quality indicators or other methods for measurement fall short of targets; and f) when and how the results will be reported and disseminated to relevant parties.	Meets
6.4.4 Assessments	The Long-Term Care and Assisted Living setting shall perform regular and planned self-assessments of its policies, practices, and programs to ensure they continue to promote the mental health and well-being of the residents. It shall review the following elements: a) the effectiveness of any implemented change strategies and interventions; b) the results of routine monitoring of quality of care via quality indicators or other methods for measurement;	Partially meets

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	c) reported safety incidents; and d) feedback from residents, families, care partners, and workers.	
7 Workforce		
7.1 General	The knowledge, skills, and abilities of all workers are critical to supporting and maintaining a healthy resident population. This identifies the requirements to support and enable workers to protect and promote the mental health and well-being of residents.	Meets
7.2 Mental health and well-being of workers	The mental health and well-being of the workers impacts the mental health and well-being of residents. Refer to the Health Organization's 21001 Long-term care services for requirements and guidelines to enable a healthy and competent workforce.	Meets
7.3 Workforce practices		
7.3.1 General	The Long-Term Care and Assisted Living setting shall ensure they have optimal ratios, skills, and occupational mix of workers grounded in evidence-based practices and according to residents' mental health and well-being needs. The following requirements are additional to Health Organization's 21001 Long-term care services workforce requirements and guidelines to further promote the mental health and well-being of residents.	Meets
7.3.2 Recruitment	The Long-Term Care and Assisted Living setting shall ensure the recruitment process identifies and allows for the selection of workers who demonstrate emotional intelligence, compassion, and capacity to form relationships with diverse resident populations.	Meets
7.3.3 Continuity of care	The Long-Term Care and Assisted Living setting shall ensure continuity of care to promote understanding of individual residents and relationships between residents and workers by having consistent worker assignments, when possible. It shall also facilitate continuity of care by developing an internal mix of workers to minimize the use of workers from external employment services who may be less familiar with the residents and the setting.	Meets

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7.3.4 Workforce ratios	The Long-Term Care and Assisted Living setting shall have workforce ratios that allow workers the required time for compassionate interactions with residents, especially those who may have varying cognitive capabilities. They shall have plans and mitigation strategies in place for residents whose needs may temporarily surpass usual operational workforce ratios. For example, this may involve implementing a temporary 1:1 worker resident ratio.	Meets
7.3.5 Skills and occupational mix	The Long-Term Care and Assisted Living setting shall have a mix of skills and occupations within its workforce that supports the mental health and well-being of the residents. In the case where these workers are not available within the setting itself, the Long-Term Care and Assisted Living setting shall ensure access to these professionals on a regular basis.	Meets
7.3.6 Models	Long-Term Care and Assisted Living settings should develop models to support dedicated specialized mental health workers and resources (e.g., social workers, behavioural specialists) internal to the setting through funding positions or innovative care models (see Clause 11.1.5 for examples of models of care).	Meets
7.4 Work environment		
7.4.1 Psychological Health and Safety in the Workplace	The Long-Term Care and Assisted Living setting shall develop, implement, and maintain policies, procedures, and practices to promote and support a psychologically healthy and safe work environment, including those addressing violence, harassment, and bullying. Refer to CSA Z1003-13-National of Canada for Psychological Health and Safety in the Workplace for more information.	Meets
7.4.2 Accessible mental health support	The Long-Term Care and Assisted Living setting shall ensure worker access to internal and external mental health supports as well as supporting access to peer support networks, when available.	Meets
7.5 Worker training		
7.5.1 General	The following requirements are additional to HSO's 21001 Long-term care services worker training requirements and guidelines to further promote the mental health and well-being of residents.	

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7.5.2 Content of the training program	The Long-Term Care and Assisted Living setting shall ensure the content of the training program promotes the mental health and well-being of residents. Workers shall be trained, according to their expected level of interaction and occupational function on the following topics, including, but not limited to: a) Person-Centred Care, which shall include: i. developing an understanding of the caregiver-resident relationship as crucial to the resident's well-being and promoting partnership in care; ii. recognizing signs and symptoms that may be related to a mental health condition and identifying when to implement appropriate interventions; iii. recognizing changes in mental health or behaviour of residents that may escalate towards a critical incident, possible preventative strategies and if necessary, intervention techniques to mitigate the risk of harm; and iv. possible causes of negative or harmful interactions, such as physical, social, environmental, or situational factors. b) Equity, Diversity and Inclusion, including mental health related bias and stigmatization and how to respond appropriately when witnessing such biases and stigmatizations; c) cultural safety, and humility, including knowledge to recognize and navigate trauma or other factors in an individual's past that may affect their response to care (i.e., trauma-sensitive care); d) respectful workplace practices, such as civility and respect; e) effective communication skills; f) conflict resolution; g) de-escalation skills; h) non-pharmacological interventions for mood, personality, or behaviour changes in dementia;	Meets

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	i) appropriate use of restraints (i.e., applying the least restraint policy), including anti-psychotic medications; and j) suicide risk assessment and intervention.	
8 Design of the Long-Term Care and Assisted Living setting		
8.1 General	The physical environment of the Long-Term Care and Assisted Living setting is a determining factor for the mental health and well-being of residents. The CSA Z8004 , Long-term care home operations and infection prevention and control, provides guidance on safe operating practices, design, and infection prevention and control in LTC homes. Much of the guidance on the design of the physical environment of LTC homes presented in the CSA Z8004 also promotes the mental health and well-being of the residents of Long-Term Care and Assisted Living settings alike. The following requirements are additional to CSA Z8004 , to further optimize mental health and well-being of the residents in these settings.	
8.2 Building design elements		
8.2.1 General	The Long-Term Care and Assisted Living setting shall ensure its building design elements, such as basic design attributes, ambiance, and environmental attributes promote the mental health and well-being of residents (Wrublowsky, 2018). Residents, families, care partners, and workers shall be consulted, when possible, in the planning and design process for planned renovations of existing buildings and for new builds, to ensure the building design elements accommodates the needs of the residents, addressing the physical, environmental, and social aspects of their quality of life.	Meets
8.2.2 Basic design attributes		
8.2.2.1 General	The design and wayfinding elements in CSA Z8004 , Long-term care home operations and infection prevention and control shall be incorporated into planned and renovated facilities, as applicable. The following design attributes are additional to the CSA Z8004 , to further optimize mental health and well-being of the residents in these settings.	Meets
8.2.2.2 Spatial layout	The Long-Term Care and Assisted Living setting shall favour open concepts when renovating or designing new builds. Connecting spaces such as hallways should be designed or adapted, where they already exist, to encourage more homelike settings.	N/A

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8.2.2.3 Neighbourhood	Neighbourhood sizes have an important impact on the mental health and well-being of residents. Smaller unit size promotes social engagement, a more homelike environment, and better quality of life. The LTC setting shall strive to create units or spaces for small groups of resident cohorts that support their social and emotional compatibilities.	Meets
8.2.2.4 Kitchens		
8.2.2.4.1 General	The Long-Term Care and Assisted Living setting should make kitchens available and accessible that may promote therapeutic benefits for the residents (Wrublowsky, 2018). Their function and equipment may vary according to the type of setting and level of independence of the residents (as assessed by the Long-Term Care and Assisted Living settings). The kitchen environment shall incorporate safety measures and technologies that may be utilized as needed according to the capabilities of the residents, families, and care partners to ensure their safety.	Meets
8.2.2.4.2 Therapeutic kitchens in LTC settings	Cooking can stimulate a familiar sensorial response through colour, aroma, and touch, which may promote a calming environment, improve appetite, and enhance the residents' dining experience. In Long-Term Care settings, a kitchen should be made available for families, care partners, and visitors who wish to occasionally cook for or with the resident, with supervision if required. This type of kitchen may also serve as a type of recreational activity space, that allows for socializing in a familiar place.	Meets
8.2.2.4.3 Kitchens in Assisted Living settings	In Assisted Living settings, for residents who are more independent and able, a kitchen should be equipped to allow these residents to perform familiar household tasks, such as baking, setting the table, and washing dishes. The benefits of access to kitchens, in addition of those presented in Clause 8.2.2.4.2, include the reinforcement of previous roles, the encouragement of feelings of pride and accomplishment by supporting choice and meaning in the resident's day to day activities.	Not applicable to the Region's Homes
8.2.2.5 Resident's room		
8.2.2.5.1 Privacy	Long-Term Care and Assisted Living designs shall incorporate strategies that promote privacy for residents, provide autonomy over personal space and belongings, and limit	Meets

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	intrusion by other residents, so that residents have a sense of ownership and security in their rooms when they choose to spend time there.	
8.2.2.5.2 Single-occupancy rooms with private bathrooms	Single-occupancy rooms with private bathrooms are especially important for residents' privacy, which may help support their mental health and well-being. The Long-Term Care and Assisted Living setting shall plan for these rooms in new constructions, additions, and renovations. Prioritization shall be given, when feasible, to eliminating rooms with more than two residents (e.g., quad rooms).	Meets
8.2.2.5.3 Double-occupancy rooms	Double-occupancy rooms may be appropriate for residents wishing to live with another resident of their choice (e.g., spouse, sibling, long-time friend). The Long-Term Care and Assisted Living setting shall assess the suitability of this option, both from an infection prevention and control standpoint, as well as according to the level of care required by the residents. The Long-Term Care and Assisted Living setting shall plan for these rooms in new constructions, additions, and renovations.	Meets
8.2.2.5.4 Temperature and lighting	Each room shall, when feasible, be equipped with individual control of temperature and lighting. The Long-Term Care and Assisted Living setting shall plan for these controls in new constructions, additions, and renovations.	Meets
8.2.2.5.5 Family areas	For younger residents parenting minor children, the Long-Term Care and Assisted Living setting should offer child-friendly areas and lounges and private rooms where families can visit for longer periods including staying overnight.	Does not meet
8.2.2.6 Outdoor green spaces		
8.2.2.6.1 General	The Long-Term Care and Assisted Living setting shall provide year-round access to outdoor green spaces that allow residents to sit and circulate in areas that provide both sunlight and shade. Special consideration shall be placed on the stimulation of the senses, such as sound, smell, visual, and touch. Note: Refer to CSA Z8004 , Long-term care home operations and infection prevention and control for information relating to gardens.	Meets

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8.2.2.6.2 Safety measures	Some of these spaces may need additional safety measures in some settings (e.g., where there may be a risk of problems with wayfinding or residents leaving the area). The outdoor green space shall have safe wheelchair and walker access. Wayfinding elements shall be included.	Meets
8.2.2.6.3 Horticulture	To encourage and facilitate horticulture, raised flower beds and harvesting tables should be made available with accessibility in mind.	Meets
8.2.3 Ambiance		
8.2.3.1 General	The Long-Term Care and Assisted Living setting shall strive to create a homelike ambiance with the use of familiar design elements (e.g., picture frames, plants) in shared spaces and avoid a clinical atmosphere (e.g., with signage associated with clinical settings such as posters for biohazardous waste). Refer to CSA Z8004 , Long-term care home operations and infection prevention and control for information relating to wayfinding, the promotion of calmness using colours, and other strategies to promote the mental health and well-being of residents.	Meets
8.2.3.2 Residents, families, care partners, and workers involvement	The Long-Term Care and Assisted Living setting shall involve residents, families, care partners, and workers in the setting design and decor decisions, as well as to support decorating the resident's space to promote individuality. This may involve the use of recognizable items, personal belongings, and cultural items.	Meets
8.2.3.3 Artwork	Artwork displayed within the Long-Term Care and Assisted Living setting may enhance residents' mental health and well-being. Artwork should be carefully chosen and placed in locations that support a homelike setting. Note: See Robert Wrublowsky's Design guide for long term care homes for descriptions of the types of preferred artwork (e.g., non-abstract, tactile).	Partially meets
8.2.4 Environmental attributes		

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8.2.4.1 Stimulation	Some residents can become more confused, anxious, restless, and less relaxed when overstimulated by light, noise, and activity. The Long-Term Care and Assisted Living setting shall ensure that the background stimuli of the settings are mitigated and reduced as much as possible.	Meets
8.2.4.2 Lighting	The Long-Term Care and Assisted Living setting shall provide residents with illumination which simulates the natural and diurnal variation of light exposure to have a positive effect on mood and sleep. Lighting to promote circadian rhythm shall be of a higher intensity white upon wakening and throughout the day. Three hours prior to bedtime, the lighting should transition to warmer, lower intensity lighting. Additional information on lighting levels to promote mental health and well-being can be found in Annex A.	Meets
8.2.4.3 Noise	The Long-Term Care and Assisted Living setting shall attempt to reduce noise and other environmental stimuli from outside and between rooms through acoustic dampening or eliminating strategies (e.g., silent call bells), as higher noise levels may be a barrier to social interactions or cause distress for some residents.	Partially meets
8.2.4.4 Assistive technologies	The Long-Term Care and Assisted Living setting shall incorporate current and emerging technologies, such as unobtrusive technology that ensures the safety and localization of residents (e.g., coded entries; location bracelets, motion sensors) and technologies that assist with safe exploring for residents and allow monitoring if exploring in unsafe areas (e.g., hook-and-loop fasteners on doors). These technologies shall be used in a way to support a balance between the residents' need for privacy and quality of life with their safety and security, and to promote their mental health and well-being.	Meets
9 Therapeutic recreational program and activities to foster social connectedness, mental health, and well-being		
9.1 Offering a therapeutic recreational program		
9.1.1 General	The Long-Term Care and Assisted Living setting shall take a holistic approach in offering therapeutic recreational programs that embrace and meet the diverse individual and collective needs of all the residents. The implementation of a therapeutic recreational program will enable residents to maintain physical, cognitive, emotional, and social skills to	Meets

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	maximize their mental health, well-being, sense of belonging, and reduce social isolation and loneliness.	
9.1.2 Content of the therapeutic recreational program	Residents shall have access to therapeutic recreation interventions and programming that allow them to enjoy leisure activities, develop new skills, and function independently. There shall be a mix of therapeutic and leisure focused, facilitated and non-facilitated activities options available for residents to choose from. The Long-Term Care and Assisted Living setting shall connect residents with others that share similar interests to engage with them in these activities.	Meets
9.1.3 Development of the therapeutic recreational program	Residents should be assessed by therapeutic recreation professionals or other trained allied health professionals and engaged to determine and co-develop a program based on their needs and wants. The therapeutic recreational interventions and programming should ideally be developed, delivered, and evaluated by trained therapeutic recreation professionals. The therapeutic recreation professional, or other trained allied health professional, along with input from the resident, families, and care partners, should identify conducive strategies for peer support and group participation. Workers and volunteers may lead, support, and deliver leisure activities, where appropriate.	Meets
9.2 Resident involvement in the therapeutic recreational program	The Long-Term Care and Assisted Living setting shall establish the therapeutic recreational program according to the diverse needs of the residents. Residents, families, care partners, and workers shall be included in the identification of appropriate activities that promote optimal mental health and well-being of residents. The interests, strengths, abilities, preferences, and needs of the residents shall be evaluated and activity programming adjusted accordingly.	Meets
9.3 Types of activities offered		
9.3.1 Range of activities	The Long-Term Care and Assisted Living setting shall provide a diverse range of activities to support residents to engage in meaningful interactions. See Annex B for a list of activities that may be offered within a therapeutic recreational program.	Meets

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	The Long-Term Care and Assisted Living setting shall include activities that operate at different times of the day to accommodate the schedules and routines of residents to optimize inclusion and participation. Many of these activities may be offered one-on-one, available for individuals to participate in on their own, or in a group setting. The types of activities offered shall reflect the needs and preferences of the resident population.	
9.3.2 Culturally appropriate activities		
9.3.2.1 General	All residents have the right to request and engage in culturally appropriate activities. The therapeutic recreational program shall provide culturally appropriate activities that support and affirm the individual resident's culture. The Long-Term Care and Assisted Living setting shall engage residents, families, care partners, and communities to ensure the therapeutic recreational program represents the diverse culture mix of residents in the setting. As diversity in the resident population changes, programming shall be adapted to these changes.	Meets
9.3.2.2 Addressing the call to action from the Truth and Reconciliation Commission of Canada	The Long-Term Care and Assisted Living setting shall address recommendations from the Truth and Reconciliation Commission of Canada's call to action number 22 "to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients".	Partially meets
9.3.3 Internal and external activities	The therapeutic recreational program shall include activities that operate inside and outside of the Long-Term Care and Assisted Living setting, including opportunities for residents to go outdoors and connect to natural environments. Residents who express interest in visiting external settings and are able to, should be supported and encouraged to do so when appropriate (e.g., shopping, café, theatre,	Meets

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	botanical gardens, nature, library). Residents who wish to volunteer outside the setting, and are able to, should also be supported to do so. Efforts should also be made to engage persons from the community and invite them to the Long-Term Care and Assisted Living setting to provide in-house access to meaningful activities and engagement opportunities for residents (e.g., local choir, magician, community service organizations).	
9.4 Accessible activities		
9.4.1 General	The Long-Term Care and Assisted Living setting shall ensure that all residents have access to and have necessary accommodations to participate in the therapeutic recreational program, according to their abilities. This includes residents in secure units (e.g., memory-care units) as well as residents that are isolated from other residents, whether by choice, by language, by abilities or due to public safety measures (e.g., outbreak protocols, infection prevention and control measures), etc. These residents shall have access to the same level of engagement in activities as other residents, when possible.	Meets
9.4.2 Use of technology	Residents shall be assisted in the use of technology to enable them to participate in the therapeutic recreational program and facilitate human-to-human interaction activities. Residents shall have access to internet connectivity permitting them to stream live content (e.g., videos, movies, social media) and to enable video-conferencing activities. The Long-Term Care and Assisted Living setting shall: a) provide the necessary equipment and infrastructure to participate in the therapeutic recreational program including access to phones and other electronic devices to enable connectivity with family, care partners, and friends; b) ensure residents can easily access the required technologies (e.g., through making high-speed internet connections available);	Meets

Standard Reference	Proposed Wording	Region's Status (Meets, Partially Meets, or Does not Meet)
	c) ensure time and technological support is available to aid workers in the understanding the use of these technologies; and d) ensure workers have the time to help residents in learning and using the technology.	
9.4.3 Adaptability to individual strengths and abilities	The activities selected within the therapeutic recreational program should enhance residents' autonomy and provide positive stimuli, varying levels of difficulty, and meet the resident's individual goal and desired level of interaction. The Long-Term Care and Assisted Living setting shall identify barriers and put mitigation measures and resources in place, when possible, to support inclusion of all residents with diverse physical, emotional, cognitive, mental, and psychosocial abilities in the therapeutic recreational activities. Key barriers to be addressed to enhance inclusion and participation often include: a) pain management; b) sensory impairment (e.g., hearing and vision loss); c) mobility to participate in activities (e.g., morbidly obese, frail residents or residents at risk of falls); d) sleep disturbances, including daytime sleeping, insomnia; e) cognitive and mental health conditions (e.g., dementia, anxiety, depression, apathy, and delirium); and f) social withdrawal, sense of belonging, isolation and loneliness. The Long-Term Care and Assisted Living setting shall support requests from residents when appropriate for assistance with accessing tools or resources needed to initiate self-directed activities (e.g., being handed a writing tool or turning on a radio).	Meets
9.5 Resources evaluation		

Standard Reference	Proposed Wording	Region's Status (Meets, Partially Meets, or Does not Meet)
9.5.1 General	The Long-Term Care and Assisted Living setting shall evaluate annually the human, material, and technological resources needed to implement and maintain the therapeutic recreational program.	Meets
9.5.2 Screening of external facilitators	The Long-Term Care and Assisted Living setting should have policies, procedures, and practices in place to ensure that external persons facilitating group activities (whether occurring inside or outside the setting) are screened for resident safety (e.g., vulnerable person check), and provided with an orientation to the setting, including safety and infection prevention and control protocols, to ensure the safety of the residents during the activity.	Meets
9.6 Implementation and communication	The Long-Term Care and Assisted Living setting shall implement its therapeutic recreational program and communicate its availability to residents, families, care partners, and workers in a format that considers the language spoken, literacy, writing, and oral comprehension of the residents. The Long-Term Care and Assisted Living setting shall enable and support its workers in the delivery of this therapeutic recreational program. For non-facilitated activities, the Long-Term Care and Assisted Living setting shall ensure the required infrastructure (e.g., mobility devices, technology, Wi-Fi) and human resources are easily accessible to the residents during the activity hours.	Meets
9.7 Evaluation	The Long-Term Care and Assisted Living setting shall regularly evaluate the effectiveness of its therapeutic recreational program based on resident, worker, volunteer, family, and care partner feedback, attendance, participation, and assessed improvements in residents' mental health and well-being.	Meets
10 Optimizing mental health and well-being through relationships within Long-Term Care and Assisted Living settings		
10.1 General	The Long-Term Care and Assisted Living setting shall optimize mental health and well-being of residents by building, supporting, strengthening, and maintaining relationships with residents and their families and care partners. The Health Organization (HSO)'s 21001 Long-term care services covers topics relating to building caring relationships with residents and promoting the role and presence of their families and care partners. The	Meets

Standard Reference	Proposed Wording	Region's Status (Meets, Partially Meets, or Does not Meet)
	following requirements are additional to HSO's 21001 Long-term care services , to further optimize mental health and well-being of residents.	
10.2 Optimizing mental health and well-being of residents by building relationships with workers		
10.2.1 Promotion strategies and planning to support the mental health and well-being of residents	The Long-Term Care and Assisted Living setting shall develop strategies and plans with measurable outcomes intended to support the mental health and well-being of residents that include: a) informing residents, families, and care partners of the resident council, associated activities, and initiatives, when in place; Note: this may be known as the tenant council in Assisted Living settings. b) implementing a process where concerns and suggestions identified by the resident council are addressed in a timely manner; and c) providing training for workers to support the development of positive relationships with residents (see Clause 7.5 for Worker training requirements).	Meets
10.2.2 Supporting mental health and well-being of residents through shared knowledge and understanding	The Long-Term Care and Assisted Living setting shall implement practices to gain and share knowledge and understanding of residents as individuals that include: a) gathering information that includes their preferred name, what is meaningful to them, their goals, preferences, interests, strengths, limitations, capabilities, and social connections (recognizing that all of these may change over time); b) honouring preferences and lifelong habits of the residents; c) designing the move-in process to get to know the resident and their family and care partner as quickly, thoroughly, and holistically as possible; d) facilitating a process for care partners to share their knowledge about residents and effective care practices;	Meets

Standard Reference	Proposed Wording	Region's Status (Meets, Partially Meets, or Does not Meet)
	e) identifying, when possible, family members, care partners, or other individuals that will be involved in their care and their level of involvement. This may also include identifying the worker that will provide care, when possible; f) engaging families and care partners to share their insights based on their lived experiences to garner a deeper understanding of a resident's individual care needs; g) engaging families, care partners, and cultural organizations as appropriate to gain knowledge, promote cultural competency, and deepen the understanding of the residents' culture, language, belief systems, and traditions; and h) ensuring the information collected above is recorded in the resident's care plan and used to support Person-Centred Care planning.	
10.3 Optimizing mental health and well-being of residents by building relationships with families and care partners		
10.3.1 Implementing practices to engage and involve families and care partners	The Long-Term Care and Assisted Living setting shall develop a welcoming environment for families and care partners to actively participate in the promotion of mental health and well-being of residents by implementing the following practices: a) Promoting understanding of the setting by sharing the vision, mission, values, strategy, and Person-Centred Care philosophy of the Long-Term Care and Assisted Living setting with families and care partners. b) Providing orientation to the Long-Term Care and Assisted Living setting prior to move-in or immediately after move-in that includes information about care practices, routines, and relevant policies, who to contact to raise questions, concerns, and suggestions, and how to raise concerns and suggestions. c) For Long-Term Care settings, and as appropriate for Assisted Living settings, inviting families and care partners to participate in regularly scheduled resident and family conferences. d) Engaging families and care partners in social connection time (e.g., family style dining and group activities).	Meets

Standard Reference	Proposed Wording	Region's Status (Meets, Partially Meets, or Does not Meet)
	e) Ensuring families and care partners are supported and informed in times of crisis and emergencies. f) Scheduling regular meetings with families and care partners to receive updates on resident care and medical history from workers and allied health professionals. g) Designating or providing dedicated space for families and care partners to visit or support residents.	
10.3.2 Building relationships between workers, and residents, families, and care partners that promote mental health and well-being of residents	The Long-Term Care and Assisted Living setting shall put the following elements into place to promote and support positive relationships and interactions between workers, residents, families, and care partners: a) Allowing time for workers to develop professional relationships with family members and care partners. b) Communicating and sharing defined roles of workers and the role of families and care partners as partners in Person-Centred Care. c) When applicable, implementing a regular communication process to provide clear and timely information to the care partner(s) designated by the resident about changes in the health, capabilities, and behaviour of the resident and provide access to their care plan. The Long-Term Care and Assisted Living setting shall ensure they have the resident's or substitute decision maker's consent before sharing this information. d) Informing residents, families, and care partners of the family council, associated activities and initiatives, when in place. e) Implementing a process where concerns and suggestions identified by the family council are addressed in a timely manner. f) Providing ongoing education to workers on understanding families and care partners' experiences in care, recognizing emotional responses and reactions such as stress and grief, and interacting with families and care partners effectively and as essential partners in care.	Meets

Standard Reference	Proposed Wording	Region's Status (Meets, Partially Meets, or Does not Meet)
	g) Providing access to education to families and care partners about dementia and mental health, as well as how to support persons living with dementia who are experiencing changes in their mood, personality, or behaviour.	
10.3.3 Resources to support the mental health and well-being of families and care partners	The Long-Term Care and Assisted Living setting shall facilitate support for families and care partners through times of transitions and emotional distress related to the resident. This may include ensuring contact with family and care partners shortly after move-in and encouraging families and care partners to seek available emotional and mental health support if required.	Meets
10.4 Building relationships among residents to support their mental health and well-being	The Long-Term Care and Assisted Living setting shall provide opportunities to promote mutual understanding, increase positive interactions, and develop relationships among residents. Examples of opportunities include: a) social gatherings within the setting; b) group activities (see Clause 9.3); c) meet and greets; d) pairing residents with similar backgrounds and interests; and e) offering education to residents about dementia and mental health, as well as how to support residents experiencing changes in their mood, personality, or behaviour.	Meets
11 Support for residents with mental health conditions		
11.1 Addressing mental health needs		
11.1.1 General	Mental health conditions including dementia, depression, anxiety, and serious mental illness, such as schizophrenia and bipolar disorder, are more common in Long-Term Care and Assisted Living residents than among similarly aged individuals in other community settings (Seitz, 2010 and Bucy, 2022). The transition to Assisted Living or Long-Term Care is also a major life event for many, and relocation to these settings represents a period of	Meets

Standard Reference	Proposed Wording	Region's Status (Meets, Partially Meets, or Does not Meet)
	increased stress and vulnerability to depression, anxiety, or worsening of underlying mental health conditions (Polacsek, 2022). Despite the need, owing to many barriers to mental healthcare in these settings, mental healthcare has historically been inadequate in Long-Term Care and Assisted Living. Amid a growing population of residents with mental health conditions or symptoms in Long-Term Care and Assisted Living, access to high-quality and person-centered mental healthcare must be prioritized. Mental health support in Long-Term Care and Assisted Living settings shall address needs across the continuum of mental health and well-being as applicable to each individual, including the promotion of mental well-being for all. For residents with complex needs, such as those with mental health conditions, mental health support additionally entails accurate recognition and diagnosis, as well as comprehensive treatment.	
11.1.2 Specialized mental health resources	The majority of residents in Long-Term Care, and many in Assisted Living settings, have a mental health condition, including dementia, often in addition to other medical problems (MacCourt, 2011). Approximately 40% of Long-Term Care residents have clinically significant, active mental health needs (Perlman 2019 and Kehyayan, 2021). This creates the need for access to specialized mental health resources. Staffing levels and workforce training and skills in Long-Term Care and Assisted Living settings need to prepare workers to address the care needs of those residents requiring mental health support. Where residents have additional or complex mental health needs, Long-Term Care and Assisted Living settings shall ensure residents have access to specialized mental health resources needed to support their overall well-being and healthcare needs.	~~N/A~~ Meets
11.1.3 Planning	While availability of specialized mental health resources may vary within a geographic area, Long-Term Care and Assisted Living settings shall have a plan in place to access specialized mental health resources when required. The Long-Term Care and Assisted Living setting shall ensure that dedicated mental health workers (such as social workers, mental health clinicians, therapists, or other mental	Meets

Standard Reference	Proposed Wording	Region's Status (Meets, Partially Meets, or Does not Meet)
	health workers) are available to support the mental health of the residents on an on-going basis.	
11.1.4 Workforce training	The Long-Term Care and Assisted Living setting shall ensure that all workers involved in care have received the training outlined in Clause 7.5 such that they have basic knowledge and skills in the support of common mental health conditions.	Meets
11.1.5 Models	In the absence of direct consultation support, models of care that leverage available specialized mental health resources and build internal capacity among the Long-Term Care and Assisted Living workers should be explored. Note: Examples of models of care include: a) Behavioural Supports Ontario (BSO) that utilizes a stepped care approach consisting of embedded teams (e.g., registered nurses, registered practical nurses, personal support workers) in the Long-Term Care and Assisted Living setting (https://hnhb.behavioursupportsontario.ca/). b) Mobile teams aligned with a Schedule 1 Hospital supported by a Psychiatrist or Geriatric Psychiatrist providing case conferencing opportunities that support both patient care and worker development. c) Psychogeriatric consultation teams or consultation liaison services that provide both direct and indirect consultations. d) Virtual healthcare delivery such as videoconferencing, e-consult, and other emerging technologies.	Meets
11.1.6 Specialized mental health resources as essential workers	Specialized mental health resources such as mental health workers shall be considered essential workers in the event of situations necessitating visitor restrictions such as infection control restrictions. Access to mental healthcare shall be maintained by continuing to allow mental health workers to enter the Long-Term Care and Assisted Living setting according to the setting's policies.	Meets

Standard Reference	Proposed Wording	Region's Status (Meets, Partially Meets, or Does not Meet)
11.2 Screening and assessments for mental health	The Long-Term Care and Assisted Living setting shall put into place the following: a) Routine screening for common mental health conditions (e.g., anxiety, depression), cognitive impairment, and documented changes in behaviour (e.g., aggression) shall occur on move-in and at regular intervals thereafter. b) Frequency of reassessment determined according to the resident's needs, significant changes (observed or documented), circumstances, and the setting. c) Screening shall use validated instruments appropriate to the individual (e.g., instruments validated for specific age groups or in persons with dementia) and culturally and language appropriate screening tools where available. d) Workers conducting screening shall be trained in the administration and interpretation of the screening tools administered. e) Clear protocols shall be in place for acting on screening results. f) Results of screening shall be incorporated into care plans to address identified needs.	Meets
11.3 Care plans		
11.3.1 General	The Long-Term Care and Assisted Living setting shall develop care plans for each resident that address mental health promotion and treatment of mental health conditions, where necessary. Refer to the Health Organization's 21001 Long-term care services for requirements and guidelines to develop individualized care plans. The following requirements are additional to the Health Organization to further promote the mental health and well-being of residents.	Meets
11.3.2 Care plan development	The Long-Term Care and Assisted Living setting shall include input and preferences from the resident, family, and care partner where possible in the care plan development, upon admission, annually, during a care conference, and if a significant change occurs. The care plan shall promote the principles of Person-Centred Care and be based on the resident's history, diagnoses, needs, preferences, and capabilities.	Meets

Standard Reference	Proposed Wording	Region's Status (Meets, Partially Meets, or Does not Meet)
11.3.3 Care plan content	Care plans shall include: a) goals of care that are specific, measurable, attainable, realistic, and time-bound (SMART); b) strategies for promoting mental health and well-being; c) documentation of signs and symptoms or changes in symptoms for new and existing mental health conditions; d) interventions for identified mental health conditions or symptoms, including non-pharmacological approaches and, where indicated and if appropriate, pharmacological treatment; and e) the process for evaluating the outcome of interventions.	Meets
11.3.4 Treatment approaches		
11.3.4.1 General	Interprofessional interventions in treatment approaches shall be employed. Interventions shall routinely include non-pharmacological approaches, either alone or in combination with pharmacological treatments, when indicated. See Annex C for non-pharmacological treatment options for dementia, delirium, and depression. Physical health problems (e.g., pain, infection) that may contribute to or exacerbate mental health conditions shall be recognized and appropriately addressed. Pharmacological treatment approaches shall be prescribed where indicated (e.g., where symptoms are more severe, persistent, or non-responsive to documented non-pharmacological approaches) and described in the care plan with close monitoring of effectiveness. Treatment approaches shall be guided by the Long-Term Care or Assisted Living setting's policy and procedures on the use of least restrain	Meets
11.3.4.2 Intervention	An assessment of the outcome of interventions shall be documented in the care plan and shall include:	Meets

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outcomes in care plans	a) evaluation of the effect of any newly implemented treatment approaches at regular intervals; b) identification of the individual(s) responsible for assessment and reassessment; c) determination of the frequency of monitoring and follow-up, and d) documentation of the response to interventions. For residents who have been or who are newly prescribed antipsychotic or other hypnotic/sedative medications, there shall be a process for regular review of appropriateness, ongoing need, and for medication discontinuation when deemed no longer necessary. Where antipsychotic or other hypnotic/sedative medication are appropriate and there is ongoing need, the indication for treatment shall be clearly documented in the care plan.	
12 Critical incident management		
12.1 General	Long-Term Care and Assisted Living settings are at heightened risk of critical incidents and crises occurring, which may be particularly distressing to the mental health of residents as well as to their families and care partners. Such events may include natural disasters, public health (e.g., pandemics), or human-caused events (e.g., physical aggression, self-harm) that threaten the health and safety of workers or residents. Refer to CSA Z1600 Emergency and continuity management program for more information and to CSA Z8004 Long-term care home operations and infection prevention and control.	
12.2 Management by the workforce	The Long-Term Care and Assisted Living setting shall ensure that these critical incidents are managed by the workforce working as a team and who are appropriately trained in recognizing and responding to these events. They shall be made aware of emergency resources available both in their setting and through community and health system partners.	Meets
12.3 Support	The Long-Term Care and Assisted Living setting shall be aware of the impact of critical incidents on the mental health and well-being of the residents and workers. Long-Term Care and Assisted Living settings shall have resources made available to support residents, families, and care partners during critical incidents. After a critical	Meets

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	incident, the Long-Term Care and Assisted Living setting should encourage workers, residents, families, and care partners to seek mental health support or other assistance as needed through available resources such as their own healthcare provider, support groups, or employee assistance programs. Workers shall be supported during and after the event with additional resources to assist with the critical incident. A post-critical incident stress debrief shall be made available, if requested by the workers.	
12.4 Processes and protocols	The Long-Term Care and Assisted Living setting shall develop, document, and sustain processes and protocols for critical incident management shall be reviewed regularly, at minimum on an annual basis. These processes and protocols shall include the following strategies for incident preparedness, prevention and mitigation, and response: a) Ensure workers are trained to recognize and respond to critical incidents or crises including recognizing and responding to the adverse effects of critical incidents on the mental health of residents and their families and care partners. b) Perform a risk assessment and management process that includes identifying possible early warning signs of a crisis or critical incident and strategies, plans and procedures that aim to prevent an incident, where possible. c) Establish a response plan describing the actions to be taken during or immediately after an incident to manage its consequences, including: i. responding during a crisis or critical incident, which may include intervention techniques such as: A. appropriate and timely involvement of other healthcare professionals or community partners (e.g., primary care physicians, police, fire, and rescue services); B. appropriate use of mechanical and chemical restraints (e.g., emergency PRN medication); and	Meets

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	C. appropriate indications and procedures for transfer for treatment (e.g., to emergency department) and if appropriate, use of relevant mental health act legislation (e.g., certification). ii. evacuation protocols for natural disasters; and iii. infection prevention and control protocols that consider the mental health of residents (refer to CSA Z8004 Long-term care home operations and infection prevention and control). d) Identify residents who require additional mental health support and provide appropriate support. e) Document and report critical incidents and crises as per policy and per jurisdictional requirements, which should include: i. a description of the event with suspected precipitating or causative factors; ii. which worker, resident, family member, or care partner were affected by the incident; iii. what actions were taken; and iv. the outcome of the event and who was informed (e.g., police, physicians, family members, care partners). f) Provide support to affected residents and their families and care partners during and after a crisis. g) Provide a supportive environment for families and care partners to communicate concerns regarding the potential or actual impact of a critical event or crisis on the mental health of a resident. h) Establish a process for communicating timely information regarding a critical incident or crisis event to those impacted.	
13 Long-Term Care and Assisted Living considerations for younger residents		

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13.1 General	Younger residents (defined as 18-64 years) are a minority in Long-Term Care and Assisted Living settings, where the average age is 83 years old (CIHI, 2022). However, younger residents differ from older residents by more than age. Compared to older residents, younger residents are more likely to have developmental or severe physical disability, chronic disease, and mental health conditions, particularly depression (Barber, 2021). Generational differences, earlier life stage, and longer lengths of stay in Long-Term Care and Assisted Living settings coupled with complex health challenges create distinct needs for their mental health and well-being. These age and illness related differences also influence the perspectives, values, and preferences that may impact transitions, programming, activities, and relationships in Long-Term Care and Assisted Living settings. See Annex D for additional context on younger residents and Annex E for additional resources for younger residents	N/A
13.2 Person-Centred Care principles for younger residents	Many of the needs and challenges relevant to mental health and in Long-Term Care and Assisted Living settings are common among all residents. However, owing to the variety of factors described in 13.1 that are more common among younger residents, these settings are experienced differently by younger compared to older residents. The following principles may not be unique to younger residents but are known to be of particular importance for supporting their mental health and well-being while residing in Long-Term Care and Assisted Living settings. While the Long-Term Care and Assisted Living setting shall embrace and enable all Person-Centred Care principles (see Clause 4.2), these additional Person-Centred Care considerations shall inform care to support mental health and well-being of younger residents. The Long-Term Care and Assisted Living setting shall: a) address medical needs arising due to earlier stage of life (e.g., personal hygiene, reproductive health); b) consider unique preferences (e.g., activities, socializing) due to differences in perspectives, priorities, and preferences based on age and abilities;	Meets

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	c) facilitate maximum independence for those with physical disabilities (e.g., accomplishing some tasks alone, emphasizing choice and autonomy); d) promote self-expression and identity (e.g., via choice of grooming and clothing); and e) consider potential losses particular to the younger resident (e.g., over physical abilities at an early life stage, employment, school, and early separation from family and community) and include practices to mitigate the effect of these losses.	
13.3 Transitions	The transition to living in Long-Term Care and Assisted Living requires adaptations for all ages. However, the adjustment process for younger residents may be atypical. Adjustment to the Long-Term Care and Assisted Living setting for younger residents can be complicated by the grieving process over many losses more common in earlier life, as well as challenges unique to earlier life stages, such as parenting minor children, careers cut short, and limited income due to interrupted employment, lack of pension, or retirement savings. The Long-Term Care and Assisted Living setting shall develop a specific transition approach for younger residents taking into consideration the unique psychosocial needs of this population.	Meets
13.4 Rehabilitation program	Younger residents in Long-Term Care and Assisted Living have greater physical care requirements on average compared to older residents. Required equipment (e.g., motorized wheelchairs, splinting devices) and rehabilitation needs may be unfamiliar to workers in these settings. Enhanced rehabilitation programming helps younger residents be as independent as possible in everyday activities and enables participation in school, work, leisure, and meaningful life roles that are essential to their mental health and well-being. The Long-Term Care and Assisted Living setting shall implement a rehabilitation program focused on younger residents with access to rehabilitation professionals who can assess and prescribe equipment (including assistive technology) and therapeutic activities that address mobility needs (including management of spasticity, positioning, sensory	Meets

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	dysfunction, tremors, ataxia, and positioning needs), eating, communication, swallowing, and limitations in performing age-appropriate activities of daily living. This program shall ensure access to occupational therapists, physical therapists, speech therapists, as well as restorative aides, with expertise in the conditions of younger residents to help maximize independence, mobility, and quality of life through rehabilitation.	
13.5 Workforce and care relationships	The Long-Term Care and Assisted Living setting shall ensure: a) workers have knowledge and specific training for the complex care support of younger residents and the unique mental health and well-being issues they face; b) consultations with healthcare providers or specialists with expertise of younger residents with complex conditions are accessible; c) workforce levels and mix are sufficient to take into consideration younger residents whose interests and activities are aligned with the broader community working age population, whose majority of activities may occur evenings, nights, and weekends; d) younger residents are involved in the development, design, and implementation of worker training; and e) training regarding appropriate boundaries in relationships with younger residents is provided.	Meets
13.6 Activities and community participation	Younger residents in Long-Term Care and Assisted Living facilities value connection with the community and with peers that are similar in age and life stage. Age and life stage also influence interests and preferences for recreational activities. The Long-Term Care and Assisted Living setting shall provide younger residents opportunities to continue to participate actively in community life, in their pursuits of work, school, or leisure, if desired, both within the Long-Term Care and Assisted Living setting and in the broader community by:	Meets

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	a) providing access to places that facilitate the instrumental aspects of daily living (e.g., grocery shopping, personal care services, banking) that will enhance autonomy and independence; b) facilitating access to assistive technology and other technology necessary (e.g., high speed Wi-Fi) to facilitate work, school, and leisure activities; c) working with the younger residents to identify their leisure and recreation interests inside and outside the care setting that can be adapted to meet their needs; d) providing access to opportunities that foster social engagement (e.g., accessible restaurants, parks, coffee shops) with those of similar age, ability, or interests; e) support flexible scheduling of activities of daily living and outside activities including those that occur on evenings and weekends; and f) working with community agencies, families, care partners, friends, and municipal governments to arrange accessible transportation.	