

3.0 Proposal – Summary Information

This Proposal is for units in (please check one):

_____ Existing building	_____ Number of units offered
_____ Building to be converted	_____ Estimated date for completion
_____ New building	_____ Estimated date for completion

The standard operating agreement is five years; however, longer terms will be considered for Proposals for renovation of an existing privately owned and operated building. Please specify the minimum duration of the operating agreement [to a maximum of 10 years].

_____ Years

Building location

Surrounding land use:

_____ Primarily residential	1.
_____ Mixed residential/commercial	2.
_____ Primarily commercial/institutional	3.

Public transportation:

_____ Within 300 meters of a bus stop	4.
_____ More than 300 meters to a bus stop. Specify distance: _____ meters	5.
_____ Not available in community	6.
_____ Other community transportation (please describe):	7.

_____ If transportation is provided by the Service Provider, indicate costs:	8.
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Proximity to (estimate distance in kilometers):

Commercial services:

_____ Drug store	9.
_____ Convenience store	10.
_____ Food shopping	11.
_____ Clothes/sundries	12.
_____ Bank	13.

Health services:

_____ Medical clinic or doctors' offices	14.
_____ Dentist	15.
_____ Hospital	16.

Other services:

_____	Seniors recreation/social centre e.g. community centre	17.
_____	Library	18.
_____	Place of worship	19.
_____	Park	20.
_____	Other (please describe): _____	21.

General building description

N.B. If the existing building is different from what is being proposed, please indicate the changes to be made in the Comment sections.

	<u>Comments</u>	
_____	Total number of units in building	22.

Building construction type:

_____	Wood-frame	23.
_____	Non-combustible	24.

Age: _____ **Years**

25.

	<u>Comments</u>	
_____	Number of stories:	26.

	<u>Comments</u>	
_____	Number of elevators:	27.
_____	Specify cab size(s)	28.
_____	Automatic sliding doors	29.
_____	Chairs/benches next to elevator	30.

	<u>Comments</u>	
Greatest distance an apartment is from an elevator.	_____ meters	31.
Greatest distance an apartment is from the exit stairs.	_____ meters	32.
Greatest distance an apartment is from the dining room.	_____ meters	33.
Greatest distance an apartment is from other common areas.	_____ meters	34.

Building accessibility (check or insert data as appropriate):

		<u>Comments</u>	
Main entrance			
_____	Is at grade (no steps or ramps)	_____	35.
_____	Is accessible by ramp	_____	36.
Main door			
_____	Manually open	_____	37.
_____	Automatic door opener	_____	38.
_____	Standard door closer	_____	39.
_____	Low resistance delayed action closer	_____	40.

Building accessibility (check or insert data as appropriate):

		<u>Comments</u>	
Corridor is	_____ Meters wide	_____	41.
Corridor has	_____ Full length handrails	_____	42.

Describe any changes in levels that occur within the building on the first floor of the building, i.e. any steps or ramps.

43.

Life-safety and security systems:

		<u>Comments</u>	
_____	Audible fire alarm system	_____	44.
_____	Visual fire alarm system	_____	45.
_____	Hard-wired smoke detectors in units	_____	46.
_____	Sprinkler system	_____	47.
_____	On-call system. (please describe):	_____	48.

_____	Emergency generator	_____	49.
_____	Emergency lighting	_____	50.
_____	Appropriate exit signage	_____	51.
_____	Posted fire plans	_____	52.

Life-safety and security systems:

	<u>Comments</u>	
_____ Alternate exits	_____	53.
_____ Areas of refuge	_____	54.
_____ Intercom/entry system	_____	55.
_____ Desk at main entrance	_____	56.
_____ Security camera(s)	_____	57.

Kitchen:

	<u>Comments</u>	
_____ Commercial standard full-service	_____	58.
_____ Servery capacity only	_____	59.

Dining room(s) seating capacity:

_____ Indicate how many.	<u>Comments</u>	60.
_____ sq. m.	_____	

Lounge(s) seating capacity:

_____ Indicate how many.	<u>Comments</u>	61.
_____ sq. m.	_____	

Bathing room(s):

	<u>Comments</u>	
_____ Indicate how many.	_____	62.
_____ sq. m.	_____	

Describe bathing equipment type:

_____		63.

Laundry equipment:

	<u>Comments</u>	
Number of washing machines		64.
_____ Units	_____	
Number of dryers		65.
_____ Units	_____	

What laundry facilities are available on-site for the Tenant's personal use? Is there a charge?
Please explain.

_____		66.
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Other amenity space(s):

		<u>Comments</u>	
_____	TV room	_____	67.
_____	Library	_____	68.
_____	Hobby (arts and crafts) room	_____	69.
_____	Equipped exercise room	_____	70.
_____	Workshop	_____	71.
_____	Scooter storage	_____	72.
_____	Scooter charging	_____	73.
_____	Other (please describe):	_____	74.

Description of the apartments**Number of units by type:**

			<u>Comments</u>	
_____	Bed sitting units	sq. m.	_____	75.
_____	Studio units	sq. m.	_____	76.
_____	One-bedroom units	sq. m.	_____	77.
_____	Two-bedroom units	sq. m.	_____	78.
_____	Total Units		_____	79.

Unit accessibility:

		<u>Comments</u>	
_____	Suite entry door	_____	
_____	mm wide	_____	80.
_____	lever passage set	_____	81.
_____	low resistance delayed action door closer	_____	82.
_____		_____	
_____	Bathroom	_____	
_____	door _____ mm wide	_____	83.
_____	lever passage set	_____	84.
_____	size _____ sq. m.	_____	85.
_____	sink taps lever	_____	86.
_____	roll-in shower	_____	87.
_____	step-in shower	_____	88.
_____	hand-held shower head	_____	89.

Unit accessibility:

		<u>Comments</u>	
_____	side-entry bath	_____	90.
_____	standard bath	_____	91.
_____	bath / shower taps lever	_____	92.
Grab bars			
_____	bath / shower	_____	93.
_____	next to toilet	_____	94.
Bath / Shower bottom surface			
_____	slip resistance	_____	95.
Height of toilet			
_____	m	_____	96.
Kitchen			
_____	tap levers	_____	97.

Please describe unit floor surface coverings:

98.

Unit appliances:

		<u>Comments</u>	
_____	Refrigerator	_____ bar size	99.
_____		_____ full size	100.
_____	Stove/oven	_____	101.
_____	Stove over-ride switch	_____	102.
_____	Range top	_____	103.
_____	Microwave	_____	104.
_____	Dishwasher	_____	105.
_____	Washer/dryer	_____	106.

Other:

	<u>Comments</u>	
_____ Wired for telephone	_____	107.
_____ Wired for cable	_____	108.
_____ Wired for satellite	_____	109.
_____ Air conditioning	_____	110.
_____ Temperature control	_____	111.
_____ Enterphone system	_____	112.
_____ Ensuite storage	_____	113.
_____ sq. m.	_____	

Description of outdoor amenity spaces

	<u>Comments</u>	
_____ Fenced lawn or courtyard	_____	114.
_____ Benches	_____	115.
_____ Lawn furniture	_____	116.
_____ Garden plots for Tenants	_____	117.
_____ Rooftop garden	_____	118.
_____ Other (please describe)	_____	119.

Description of support services

Briefly describe Tenants whom the Service Provider anticipates will be living in the *Independent Living BC* units and the type of hospitality services they will require.

_____	120.

N.B. If the hospitality services that the Service Provider is delivering at present are different from what the Service Provider is proposing to deliver, please explain in the Comment sections below.

Basic meal package includes (check as appropriate):

	<u>Comments</u>	
	(Describe how meals are served.)	
_____ Breakfast	_____	121.

_____	_____	_____
_____	Lunch	_____
_____	Dinner	_____

122.

123.

Food services (check as appropriate):

	<u>Comments</u>	
_____ Scheduled seating (indicate time periods for breakfast, lunch and dinner)	_____	124.
_____ Open seating (indicate time periods for breakfast, lunch and dinner)	_____	125.
_____ Menu, typically with	_____	126.
_____ Main entrée choices	_____	
_____ Ability to meet special dietary needs e.g. for diabetics	_____	127.
_____ Prepared on-site	_____	128.
_____ Prepared off-site; reheated on-site	_____	129.
_____ Daily snacks/baking provided	_____	130.
_____ Capacity for Tenant's guests and family dining	_____	131.
_____ Opportunity for Tenant input to menu (Please describe.)	_____	132.

How are meals provided to Tenants who are ill? Please explain.

133.

Explain how the Service Provider ensures the nutritional requirements of the Tenants are met.

134.

Housekeeping services

Please indicate which of the following tasks will be included in the regular basic housekeeping services within **Tenant's suites** and the frequency of them being performed.

	<u>Comments</u>
_____ Vacuum _____ per _____	_____ 135.
_____ Dust _____ Per _____	_____ 136.
_____ Clean kitchen and bathroom sinks, tubs, showers, and toilets _____ per _____	_____ 137.
_____ Wash all tile floors _____ per _____	_____ 138.
_____ Clean stove, refrigerator, microwave, etc. _____ per _____	_____ 139.
_____ Launder towels and linens _____ per _____	_____ 140.
Other (Please specify.):	_____ 141.

Please indicate which of the following tasks are included with the regular housekeeping services for the **common areas** and the frequency of them being performed.

	<u>Comments</u>
_____ Clean dining room _____ per _____	_____ 142.
_____ Vacuum common hallways _____ per _____	_____ 143.
_____ Vacuum common room _____ per _____	_____ 144.
_____ Clean common bathrooms _____ per _____	_____ 145.
_____ Wash tile flooring _____ per _____	_____ 146.
_____ Clean common care spaces _____ per _____	_____ 147.

_____	Wash exterior windows	_____	148.
_____	_____ per _____	_____	
_____	Clean common area fridges, microwaves, stoves, coffee makers, etc.	_____	149.
_____	_____ per _____	_____	

Monitoring and 24-hour on-call emergency response system comprises: (indicate call system, staff backup and specific location of staff, either on-site or distance off-site) 150.

Description of recreational and social activities

Please check which of the following activities are organized by the Service Provider:

		<u>Comments</u>	
_____	exercise classes	_____	151.
_____	_____ weekly	_____	
_____	_____ monthly	_____	
_____	newsletter	_____	152.
_____	_____ weekly	_____	
_____	_____ monthly	_____	
_____	organized cards, darts, shuffleboard or bingo	_____	153.
_____	_____ weekly	_____	
_____	_____ monthly	_____	
_____	musical entertainment/ dancing	_____	154.
_____	_____ weekly	_____	
_____	_____ daily	_____	
_____	scheduled tea	_____	155.
_____	_____ weekly	_____	
_____	special outings/trips	_____	156.
_____	_____ monthly	_____	
_____	_____ annually	_____	
_____	scheduled transportation to shopping	_____	157.
_____	_____ weekly	_____	
_____	_____ monthly	_____	
_____	_____	_____	

Please check which of the following activities are organized by the Service Provider:

_____ other _____ 158.

How is the provision of these services communicated to Tenants? 159.

What special equipment or resources (if any) is available to facilitate these activities? 160.

Please outline any costs to the Tenant for accessing social and recreational activities. 161.

Please indicate the skill levels of individuals offering these services and any specialized training that they may receive. 162.

Please describe the quality and performance indicators utilized for hospitality services. 163.

Description of personal care services

Will personal care services be provided:

_____ by the Service Provider OR _____ by subcontracted third party
_____ OR _____ VIHA

164.

If the Service Provider currently provides personal care services to the existing Tenants, indicate the approximate average number of hours provided per Tenant:

_____ 10 hours per month

165.

_____ 15 hours per month

166.

_____ 20 hours per month

167.

_____ 30 hours per month

168.

_____ Other (specify): _____

169.

Monitoring and 24-hour on-call emergency response system comprises: (indicate call system, staff backup and specific location of staff, either on-site or distance off-site)

170.

Please describe the Service Provider's philosophy of care.

171.

Briefly describe the type of Tenants who the Service Provider anticipates will be occupying the units and the kind of care that they will require.

172.

Indicate the education and training of staff persons providing the personal care services.

173.

Indicate the ongoing training and education plan that would be undertaken to ensure that all staff remain current in developments related to the provision of care for Tenants.

174.

Indicate the length of time each staff person providing personal care services has worked for the Service Provider.

175.

Briefly describe the personal care services that staff can provide to Tenants. Are these personal care services combined with hospitality services in multi-task roles?

176.

Outline how the Tenants will be involved in decisions that affect them.

177.

Outline the role of family, friends and other caregivers in the provision of care.

178.

Indicate the Service Provider's policies for development, implementation, and monitoring of Managed Risk Agreements.

179.

Please describe the quality and performance indicators utilized for personal care services.

180.
