

authority for this supervision may be found in health acts and regulations, in social assistance legislation, and in statutes specifically governing homes for the aged or nursing homes.

Only Newfoundland, Prince Edward Island and British Columbia directly operate provincial homes for the aged, while Saskatchewan and British Columbia also maintain some nursing homes or infirmary institutions. Seven provinces, however, have a substantial number of municipally operated facilities for sheltered accommodation: Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia. A major portion of the accommodation, however, is provided on a voluntary or proprietary basis.

Provision is made in all provinces for various forms of inspection by health or welfare authorities, whether or not a license is required to operate specified facilities. Mainly this is provincial inspection, except where local authorities have certain responsibilities.

A system of provincial licensing of voluntary and proprietary facilities exists in British Columbia, Alberta, Saskatchewan, Manitoba and New Brunswick, while Nova Scotia licenses private nursing homes and Newfoundland licenses private boarding homes. Licensing is a local responsibility in Ontario with respect to proprietary homes, except for homes which will be licensed by the Provincial Health Department under the Homes for Special Care Act, Ontario, June 1964. This Act is designed to provide residential accommodation for discharged mental hospital patients. Regulations issued under the licensing legislation of each province contain statements on standards of care and accommodation that must be met as a condition of licensing, as well as an outline of licensing procedure. Licences are issued on an annual basis for a small fee and may be cancelled at any time for failure to provide proper care or comply with regulations; operation of a home without a licence is punishable by a fine.

Standards of Accommodation and Care.

The changing emphasis to a protective health environment rather than straight residential care in facilities for the aged has been accompanied by more attention to standards of care. One emerging pattern has been the upgrading of levels of service in facilities approved for participation in the hospital insurance program, as well as in facilities approved as "homes for special care" under the unemployment assistance program. More restorative services are being developed. Another encouraging development has been the formation of associations of nursing home operators in several provinces and a National Association of Nursing Homes which is in process of formation.

Regulations setting out standards of care cover a number of areas and differ substantially in their scope from province to province. Among other things, they may govern personnel, nutrition, medical care, occupational and recreational activities, admission and discharge procedures, records, and returns. In a few areas such as admission and discharge procedures and record keeping, the regulations are fairly specific, and there is some degree of uniformity between provinces. In other areas, however, they are general in their content, as, for example, the requirement that meals of "adequate quantity and quality" be served to residents of municipal and voluntary homes, or that, where possible, adequate recreational, rehabilitative and hobby-craft facilities be provided.

Standards of accommodation relate, among other things, to the type of building and its location, to the equipment and facilities in the home, and to sanitation and fire protection. In some cases, the regulations are specific in their requirements. They may require, for example, that there be at least a specified area of space per resident in sleeping rooms, that prescribed bathing and toilet facilities be available, or that the temperature of the home