

**No.AG-15040/45/2021-SR.C.II (e.o.44483)**  
**Government of India**  
**Ministry of Social Justice and Empowerment**  
**Department of Social Justice and Empowerment**  
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Shastri Bhawan, New Delhi-1  
Dated: 17<sup>th</sup> June, 2022

**Office Memorandum**

**Subject: Minimum standards to be maintained by Senior Citizen Homes-reg.**

With a view to maintaining uniform acceptable standards for establishment and management of Senior Citizen Care Homes and Multi-service Day Care Centres for senior citizens, Government has constituted an Experts Committee consisting of the following :-

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|---|----------|
| 1) Shri Mansoor Dalal, Founder & Chairman Emeritus, Association of Senior Living India (ASLI) | Chairman |
| 2) Shri Mathew Cherian, Former CEO, Helpage India, New Delhi                                  | Member   |
| 3) Shri Saumyajit Roy, CEO, Emoha Eldercare, Gurugram   | Member   |
| 4) Shri Asheesh Gupta, Founder, Samarth Eldercare, Gurugram                                   | Member   |
| 5) Ms. Neha Sinha, CEO and Co-founder Epoch Elder Care, Gurugram                              | Member   |
| 6) Ms. Elina Dasgupta Dutta, Founder Director, Tribeca Care, Kolkata                          | Member   |

2. The Committee has submitted its Report suggesting Mandatory Minimum Standards (MMS) and Preferred Minimum Standards (PMS) for Senior Citizen Homes in the country. The standards proposed by the eminent Experts Committee are enclosed.

3. All the stakeholders in the sector are requested to give their views/ suggestions on the proposed standards addressed to Smt. Tanya Sengupta, Research Officer on Email : [tanya.sengupta73@nic.in](mailto:tanya.sengupta73@nic.in) on or before **30<sup>th</sup> June, 2022**.

  
**(Badri Prasad Meena )**  
**Under Secretary to the Government of India**  
**Tel: 23388541**

To

- 1) Secretaries to State Dept. of Social Welfare/Social Justice & Empowerment.
- 2) Director, NIC to upload in the Website of DoSJE for wide publicity.
- 3) RRTCs.
- 4) NGOs receiving grants under IPSrC.

**QUALITY STANDARDS:**

**MANDATORY MINIMUM SECTION**

## QUALITY STANDARD: GOVERNANCE: MANDATORY MINIMUM

**CODE: 01/GOV/ MAN MIN**

### INTENT

The facility and its governing body complies with financial, legislative, regulatory and contractual responsibilities, and monitors and responds to quality, risk and safety matters associated with providing senior living accommodation and care support.

### Core Requirements: Mandatory Minimum

Total Credit Points: 17

Criteria	Indicators	Accreditation Stage 1 Reliable Evidence for Verification Online Required Documents	Auditor Assessment Online  Met/Not Met	Accreditation Stage 2 Reliable Evidence for Certification  On-site Required Evidence	Auditor Assessment On-site  Met/Not Met
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<p>1G.1. Purpose and Values</p>	<p>1G.1.1 Purpose and Values The purpose and values of the organisation are defined and clearly communicated to all stakeholders.</p>	<p>Philosophy, Mission, Vision and Values statements.</p>			
<p>C. point: 2</p>	<p>1G.1.2 The organisation promotes its purpose and values and has ways of measuring adherence to these through outcome measurement</p>	<p>Communication of the purpose and values through written matter prominently displayed</p>			
<p>1G.2. Fire Compliance C. point: 1</p>	<p>1G.2.1 The facility must ensure that fire and emergency guidelines must follow local bye laws for Fire &amp; Emergency viz. mandatory permissions from Fire Dept and adhere to Government of India Ministry of</p>	<p>Records and plans of compliance.</p>			

	Housing and Urban Affairs mandatory Model Building Bye Laws Chapter 7.				
1G 3. Regulatory Compliance C. point: 4	1G 3. 1  The facility must ensure that all activities undertaken both direct and indirect by the organisation to provide senior living meets state / central legislative or local regulatory requirements, if any, including NBC, and other mandatory applicable Guidelines.	Records and plans of all one time and recurring approvals.			
	1 G 3.2  The facility must ensure that the annual statutory information or approval, as required, is being done.	Copies of annual filing are available.			

	<p>1G.3. 3</p> <p>The facility must ensure:</p> <p>A. License requirements are current.</p> <p>B. Registration or shop act certificate of the institution as required by law is available and valid</p>	<p>A. A copy of the license</p> <p>B. Copy of certificate or business registration.</p>			
<p>IG.4. Health &amp; safety policy</p> <p>C. Points: 4</p>	<p>IG 4.1</p> <p>The organisation implements strategies and systems to ensure the health and safety of all staff, volunteers, residents, care- givers and visitors. An immunisation program is in place consistent with national guidelines.</p>	<p>Infection Control and Outbreak Management Plan</p>			

	<p>IG 4.2</p> <p>The organisation has a policy and/or procedure for the assessment, screening and vaccination of clinical and other staff / volunteers as per the current WHO Immunisation Handbook and relevant jurisdictional requirements</p>	<p>Infection Control and Prevention policy and procedures including:</p> <p>i) Staff immunisation process</p> <p>ii) Register of staff vaccination</p> <p>iii) Register of relevant vaccination, preventable and notifiable diseases</p>			
<p>1G.5.</p> <p>Essential utilities</p> <p>C. point: 1</p>	<p>1G.5.1</p> <p>The facility must ensure it has regular connections for electricity and water</p>	<p>Connection certificates, where applicable, bills etc</p>			
<p>1G.6.</p> <p>Privacy and dignity</p> <p>C. point: 1</p>	<p>1G.6.1</p> <p>The organisation has a clearly defined procedure for handling situations of death</p>	<p>A written policy for information to next of kin and last rites are laid down and endorsed by the local resident manager</p>			

<p>1G.7. Protection against abuse C. point: 4</p>	<p>1G.7.1 A. The facility must ensure that there is a policy for protection of residents against all forms of abuse (physical, financial, material, psychological and sexual) and a whistle-blower policy is in place.</p> <p>1G.7.2 B. The facility must ensure that there is a charter of the rights of residents in language(s) understood by residents which is shared with residents</p> <p>1G.7.3 C. The facility must ensure that there is an appointed committee, with at least one external member, to address any issues of abuse</p>	<p>A. The relevant policy is available at the facility</p> <p>B. The charter of the rights of residents is available, displayed prominently at the facility in the language(s) understood by residents</p> <p>C. The abuse redressal committee policy has contact numbers, email ids for complaints to be registered by the residents and the same is displayed and provided to the residents and their family</p>			
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	<p>IG7.4  D. The facility must ensure that all staff and workers (whether permanent or on contract) are police-verified</p>	<p>D. Record of police verification of all staff and workers is available at the facility</p>			
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## QUALITY STANDARD:MANAGEMENT AND PERSONNEL: MANDATORY MINIMUM

**CODE: 01/MGMT/ MAN MIN**

### INTENT

Focus on the Senior Community Management at the local level. The legal entity responsible for the senior living accommodation and care supports is managed by a suitably qualified and/or experienced persons with clearly defined responsibilities, authority and accountability. Human resource (HR) management focuses on recruitment, retention, orientation and continued education/mandatory in-service, on the job management and training/ direction of the people who work in the organisation, both paid and voluntary

### Core Requirements: Mandatory Minimum

Total Credit Points: 34

<b>Criteria</b>	<b>Indicators</b>	<b>Accreditation Stage 1</b>  <b>Reliable Evidence for Verification</b>  <b>Online Required Documents</b>	<b>Auditor Assessment Online</b>  <b>Met/Not Met</b>	<b>Accreditation Stage 2</b>  <b>Reliable Evidence for Certification</b>  <b>On-site Required Evidence</b>	<b>Auditor Assessment On-site</b>  <b>Met/Not Met</b>
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<p>IM.1. Fire Drill C. point: 2</p>	<p>IM.1.1 The facility must ensure that the fire safety system and emergency response is in place</p>	<p>A. A register of regular fire and emergency response testing (fire drill) is maintained B. Fire Evacuation Maps showing access to and from/within buildings are displayed in prominent locations.</p>			
<p>IM.2. Fire protection and emergency evacuation C. point: 5</p>	<p>IM.2.1 The facility must ensure: A. Emergency evacuation plan for the facility is in place. B. All the staff are familiar with the evacuation process C. Residents are familiarized with evacuation process on admission and periodically D. At least one emergency light is operational in case of power breakdown E. A designated person is available at all times to assist any resident who is not physically fit to evacuate independently</p>	<p>A. Emergency exit and evacuation plan prominently displayed in the local language. B. Record and register staff training and drill for evacuation. C. Record and register of residents and staff fire drill. D. Appointment of a fire warden with his name and phone number prominently displayed. E. Emergency lights on all critical locations</p>			

<p>1M.3.</p> <p>Fire safety system and emergency response</p> <p>C. points: 2</p>	<p>1M.3.1</p> <p>The facility must ensure that there is clear specification of the fire safety and emergency response (equipment, locations and service) system.</p>	<p>A. Fire Safety and Emergency Management policy and procedure</p> <p>B. Fire Safety Certificate from local firefighting office or the local council / Municipal Corporation or approving authority</p>			
<p>1M.4.</p> <p>Competence of the manager</p> <p>C. Points: 1</p>	<p>1M.4.1</p> <p>The facility must ensure that the designated manager is of good character, physically and mentally fit, and is literate and educated to deal with the residents. A minimum 10th pass education is desirable</p>	<p>Qualification and experience certificates</p>			
<p>1M.5.</p> <p>Human Resource (Workforce)</p> <p>C. point: 3</p>	<p>1M.5.1</p> <p>Recruitment</p> <p>The facility must ensure that there are effective processes for:</p> <p>A. Staff and management recruitment</p> <p>IM5.2</p> <p>B. Screening: Prior to recruitment and as a condition of ongoing employment, staff meet the requirements of police verification and reference checks for working with vulnerable</p>	<p>A) Human Resource Management policies and procedures including recruitment, job orientation and retention of employees</p> <p>B) Staff and volunteer screening and background checks and associated records</p> <p>C) Referee, qualification and regulatory screening checks (e.g. police crime / law violation / arrests, working with vulnerable Adults / Elders) certificates and/or report</p>			

	persons.				
1M.6. Address C. point: 1	1M.6.1 The facility must ensure that the name of the home with complete address is displayed			Visual proof at site and / or video recording of the evidence.	
1M.7. Premises C. point: 2	1M.7.1 The facility must ensure that the nature of the facility is mentioned	The nature of facility should be clearly stated along with name Displayed stating clearly: a) Owner name and address b) Whether free or paid by user c) Govt aided or unaided		Visual proof at site and / or video recording of the evidence.	
	1M.7.2 The facility must ensure that a separate office room and separate reception/visitors area are provided for privacy and meet and greet.	The rooms or space is available		Visual proof at site and / or video recording of the evidence.	

<p>1M.8. Record Keeping C. Point: 9</p>	<p>1M.8.1 The facility must ensure that all critical records are maintained systematically</p>	<p>There are verifiable records of the following:</p> <ol style="list-style-type: none"> <li>1. Policies &amp; procedures</li> <li>2. Staff and staff roster with responsibility including both regular and temporary staff</li> <li>3. Medical events for residents, including register for elder falls and accidents in the facility</li> <li>4. Financial transactions with residents</li> <li>5. Death</li> <li>6. Food menu</li> <li>7. Sourcing of food items (milk, grains etc) for residents</li> <li>8. Visitors entry</li> <li>9. Feedback and complaints</li> </ol>			
<p>1M.9. Staffing C. point: 9</p>	<p>1M.9.1 The facility must ensure:</p> <p>A. Has a designated manager/in-charge available during normal working hours who supervises the following activities supported by staff:</p> <ol style="list-style-type: none"> <li>1) Communicate effectively with the residents</li> <li>2) Maintain procedures and policies applicable to the facility</li> </ol>	<p>A. An SOP for each of the listed activities is in place and available</p>			

<p>3) Administer and execute occupational ADLs (cleaning, dusting, cooking, gardening and yard work)</p> <p>4) Support self-care ADLs (grooming, bathing, dressing, oral-care and eating) with gender considerations</p> <p>5) Provide first-aid and basic health-related assistance</p>				
<p>IM.9.2 Has policy for recognizing performance of staff and managing consequences.</p>	<p>A performance criteria and assessment report is available and communicated to staff</p>			
<p>IM. 9.3 Clearly communicates roles and responsibility to the staff</p>	<p>A chart or table of responsibilities is made and displayed in the facility office</p>			
<p>IM. 9.4 Facility manager/in-charge is conversant with age-related issues, and physically capable of dealing with the residents</p>	<p>Gives a declaration,</p>			

	1M. 9.5  The facility must ensure that there is a clear accountability among staff for controlling access at all times	Record of access control			
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## QUALITY STANDARD: DESIGN AND CONSTRUCTION: MANDATORY MINIMUM

**CODE: 01/INFRA/ MAN MIN**

### INTENT

The design and construction meets relevant building standards and safety codes for the built form and materials used, with specific and special needs of the Senior resident. The design reflects universal principles for accessible design and safety features.

### Core Requirements: Mandatory Minimum

Total Credit Points: 15

Criteria	Indicators	Accreditation Stage 1 Reliable Evidence for Verification  Online Required Documents	Auditor Assessment Online  Met/Not Met	Accreditation Stage 2 Reliable Evidence for Certification  On-site Required Evidence	Auditor Assessment On-site  Met/Not Met
11.1. Access, Corridors and stairs  C. point: 1	11.1.1 The facility must ensure that there are handrails along the walls on either side of the corridor and stairs at suitable heights above the floor	Presence of handrail alongside steps, at minimum of 900mm and maximum of 1000m from floor height		Visual proof at site and / or video recording of the evidence.	

	level				
II.2. Bathrooms C. point: 1	II.2.1 The facility must ensure separate common facilities for men and women. Facilities which have couples staying do not need this criterion.	There are separate common facilities for men and women and the Number of toilets available is in tandem with local building bye laws.		Visual proof at site and / or video recording of the evidence.	
II.3. Fall and Accident Prevention C. point: 1	II.3.1 The facility must ensure that there are grab rails or handrails provided wherever there is a level difference.			Visual proof at site and / or video recording of the evidence..	

<p>II.4. Fire protection and emergency evacuation C. Points: 7</p>	<p>II.4.1  The facility must consider the following key aspects which needs special mention:  A. All electrical circuits needs to have MCB &amp; ELCB provided for  B. Electrical cables should not be laid in ducts along with telephone wires, water mains lines, gas pipes, intercom, audio visual lines.  C. Adequate lighting in the common areas including corridors, lobby and lifts to be supplied with power backup facility  D. Clear marking should be done for Fire Exits and Refuge areas  E. Emergency lights shall be provided in the staircase and corridor  F. Facility should have fire-fighting equipment kept in adequate quantities and well maintained</p>			<p>Visual proof at site and / or video recording of the evidence.</p>	
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	through regular maintenance  G. Storage of flammable fuels, such as diesel oil, gasoline, motor oils, etc. must not be allowed anywhere within the premises.				
II.5.  Hygiene and infection control  C. point: 1	II.5.1  The facility must ensure that there is a separate area available for drying clothes			Visual proof at site and / or video recording of the evidence.	
II.6.  All Habitable areas  C. point: 1	II.6.1  The facility should ensure that lighting and ventilation of <u>all habitable areas</u> are adequate for elderly	All areas have the desired lumens and lux levels for adequate lighting without any dark corners			
II. 7 C. Point: 3	II.7.1  The facility must ensure that adequate and comfortable sleeping materials are provided	Clean and adequate Mattress, pillow and cover/blanket are provided to the residents.			
	II.7.2  The facility must ensure that there is enough storage space for personal belongings	Sufficient storage space like a small wardrobe / locker with lockable facility are provided		Visual proof at site and / or video recording of the evidence.	

	<p>11.7.3 The facility must ensure that there is gender separation of sleeping facilities (except for couples /family staying together in facilities such designated)</p>	<p>Separate rooms and space is available except for couples /family staying together  Record of room allocation.</p>			
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## QUALITY STANDARD: FACILITIES MANAGEMENT: MANDATORY MINIMUM

**CODE: 01/FACM/ MAN MIN**

### INTENT

The environment is well maintained and is free of hazards and clutter. All plants, machinery and equipment of all disciplines, be it housekeeping, kitchen, health care, hydro, electricity, solar, etc is subject to a preventative and reactive annual / monthly maintenance system which is monitored.

### Core Requirements: Mandatory Minimum

Total Credit Points: 18

Criteria	Indicators	Accreditation Stage 1	Auditor Assessment	Accreditation Stage 2	Auditor Assessment On-site
		Reliable Evidence for Verification	Online	Reliable Evidence for Certification	Met/Not Met
		Online Required Documents	Met/Not Met	On-site Required Evidence	Met/Not Met
1F.1. Common Basic Services for all residents	1F.1.1 Toilet Maintenance	The facility must ensure:  A. Toilets are clean and functional 24 hours  B. A written time schedule			

C. point: 2		for cleaning is available and followed			
<p>1F.2.</p> <p>Food and Water. (this standard should be applicable to facilities where residents are required/ dependent to take food compulsorily from the facility)</p> <p>C. point: 2</p>	<p>1F.2.1</p> <p>The facility must ensure that it has policy and process for:</p> <p>A. Weekly menu that meets minimum daily calorie and nutrient requirement of an average senior citizen of that age and gender</p> <p>B. Ensures safe drinking water for all residents</p>	<p>A. Week-wise menu is displayed for three meals a day</p> <p>B. There is a provision for safe drinking water available to the residents at all times.</p>			

<p>1F.3. Hygiene C. point: 3</p>	<p>1F.3.1 The facility has the following provisions:  A.. Hand washing facilities  B. Closed bin for garbage collection  C. Measures for mosquito control</p>	<p>A. Adequate Hand washing facilities are located at appropriate locations  B. Closed garbage bins of adequate size, clearly marked are placed at strategic locations.  C. SOPs are in place for mosquito, pest and vector control.</p>			
<p>1F.4. Kitchen</p>	<p>1F.4.1 The facility must ensure that the kitchen is clean, insect free, and ventilated .</p>	<p>A. Daily procedure for cleaning and washing of kitchen area is implemented  B. Register of cleanliness checks</p>			
<p>C. point: 6</p>	<p>1F.4.2 The facility must ensure that there are adequate crockery, cup, and glasses</p>	<p>A. Residents have access to sufficient numbers of crockery, cup and glasses  B. A register of all crockery, cup and</p>			



		glasses is maintained			
	1F.4.3 The facility must ensure cleanliness of cutlery, crockery & cooking vessels	Cutlery, crockery and cooking utensils are cleaned, washed and dried after every meal		Visual proof at site and / or video recording of the evidence.	
	1F.4.4 Refrigerator	The facility must ensure the availability of a working refrigerator of sufficient size		Visual proof at site and / or video recording of the evidence.	
1F.5. Gen. Premises C. point: 1	1F.5 Maintenance of Structure	The facility must ensure that the structure (building) is maintained in good repair		Visual proof at site and / or video recording of the evidence.	
1F.6. Housekeeping C. point: 1	1F.6 The facility must ensure: staff is assigned (full-time / part-time) to keep the premises clean	Register of Housekeeping duties			
1F.7. Toilet and Bathing facility	1F.7 The facility must ensure: A. Adequate Water is	The Facility Manager confirms and affirms the same.		Visual proof at site and / or video recording of the evidence	

C. point: 2	available in toilets and bathrooms.				
	B. Hot water is provided daily at least at designated times.	Water heater or any heating devices available."			
1F.8. Waste Management C. point: 1	1F.8.1.  Waste Segregation (Medical and bio waste) and Disposal The facility must ensure Dry, wet and hazardous waste are segregated in separate bins and cleaned, disinfected and emptied regularly.	Register of waste disposal is maintained			

# QUALITY STANDARD: RESIDENT CARE AND ALLIED SERVICES: MANDATORY MINIMUM

**CODE: 01/CARE/ MIN**

**INTENT**

The provision of resident care services within the centre is delivered to provide safe and high-quality support centered around the individual person’s needs.

**Core Requirements: Mandatory Minimum**

Total Credit Points: 17

Criteria	Indicators	Accreditation Stage 1 Reliable Evidence for Verification Online Required Documents	Auditor Assessment Online Met/Not Met	Accreditation Stage 2 Reliable Evidence for Certification On-site Required Evidence	Auditor Assessment On-site Met/Not Met
1C.1. Bedridden Elder C. point: 2	1C.1.1 The facility must ensure that necessary aids for bed care are available Trained staff is deputed to look after such residents	Diapers and/or bedpans are provided for elders who are bedridden Record of bedridden patients		Visual proof at site and / or video recording of the evidence.	

	(Even if a facility is not designated to accept bedridden resident, it needs to provide for care of residents who are temporarily bedridden)				
1C.2. Caring and supportive staff C. point: 2	1C.2 The facility must ensure that the staff is trained for empathy and care	A. List of do's and don'ts for the staff is prepared and displayed in the staff area B. Has a policy of regular (at least monthly) briefing on treating senior citizens with care and respect			
1C.3. Health services C. point: 7	1C.3 The facility must ensure: A. Appropriate measures are in place for emergencies B. Medical Records maintained B. Access to mental health support is available	A. General practitioner is available on call in case of emergency B. Has an identified hospital for meeting emergency and other hospital care needs of the residents C. Emergency ambulance is available on call 24X7 D. Maintains record of age,			

		<p>allergies, pre-existing medical conditions, weight, and blood group at time of admission and key health related events of residents thereafter.</p> <p>E. Has a documented protocol for informing the family member in case of health emergencies</p> <p>F. Mental health helpline numbers are displayed</p> <p>G. Identified mental health counsellor is available to residents</p>			
<p>1C.4. Medication Control C. point: 5</p>	<p>1C.4.1 Medicine Storage The facility must ensure:</p> <p>A. a safe, lockable space for storage of medicines in the facility</p> <p>B. Medicines and supplies for emergency first-aid are</p>			<p>Visual proof at site and / or video recording of the evidence.</p>	

easily accessible				
<p>1C.4.2</p> <p>The facility must ensure:</p> <p>A. First-aid kit including thermometer, glucometer, oximeter, dressing materials, betadine solution, cotton gauze with all necessary OTC medicines available</p> <p>B. Staff is aware of the location, contents and purpose of medicines in first-aid kit</p>	<p>A. Training records of staff on first aid</p> <p>B. An information sheet on the box of first aid kit with contents and uses</p>		<p>Visual proof at site and / or video recording of the evidence.</p>	
<p>1C.4.3</p> <p>Administration of Non prescriptive drugs</p>	<p>The facility must ensure:</p> <p>A register of general/OTC medicines to be administered to the residents is maintained with expiry dates of the medicines in stock</p>			

1C.5.  Privacy and dignity  C. point: 1	1C.5  The facility must ensure:  Last rites are performed as per written policy	All records of the deceased and intimation given to the next of kin is maintained.			
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# QUALITY STANDARD: RESIDENT ENGAGEMENT AND EXPERIENCE: MANDATORY MINIMUM

**CODE: 01/SOC/ MAN MIN**

**INTENT**

The resident has an experience consistent with being treated as a valued customer.

The facility is expected to provide residents activities of choice based on their preferences, interests and customary routines.

**Core Requirements: Mandatory Minimum**

Total Credit Points: 3

Criteria	Indicators	Accreditation Stage 1 Reliable Evidence for Verification  Online Required Documents	Auditor Assessment Online  Met/Not Met	Accreditation Stage 2 Reliable Evidence for Certification  On-site Required Evidence	Auditor Assessment On-site  Met/Not Met
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<p>1S.1. Resident Engagement C. point: 1</p>	<p>1S.1.1 Enabling family and community connect: The facility must ensure that it has a policy to promote interaction with community</p>	<p>Policy and goals prepared</p>			
<p>1S.2. Resident Wellness, recreation &amp; entertainment C. point: 2</p>	<p>1S.2.1 The facility must ensure that that there is: A. regular programme for games, cultural programmes and other initiatives to enhance social cohesion and teamwork among the residents for time to time B. Physical exercise for elderly A. Newspapers /TV / radio available in common area</p>	<p>A. Record of activities B. Bills of previous months entertainment and media facilities.</p>		<p>Visual proof at site and / or video recording of the evidence.</p>	



## QUALITY STANDARD: TECHNOLOGY AND INFORMATION: MANDATORY MINIMUM

**CODE: 01/TECH/ MAN MIN**

### INTENT

The entity includes and embraces the use of technology which enables residents to manage their lives as easily as possible.

Technology is not invasive, and residents are informed about the privacy considerations and data security.

### Core Requirements: Mandatory Minimum

Total Credit Points: 1

Criteria	Indicators	<b>Accreditation Stage 1</b> <b>Reliable Evidence for Verification</b>  <b>Online Required Documents</b>	<b>Auditor Assessment Online</b>  <b>Met/Not Met</b>	<b>Accreditation Stage 2</b> <b>Reliable Evidence for Certification</b>  <b>On-site Required Evidence</b>	<b>Auditor Assessment On-site</b>  <b>Met/Not Met</b>
1T.1.  Security  C. point: 1	1T.1.1  The facility must ensure that common area and entrance is monitored with Camera and			Visual proof at site and / or video recording of the evidence.	

	critical event recording is available for review for at least 365 days				
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# QUALITY STANDARD: HYGIENE, SAFETY, INFECTION, PREVENTION/ PANDEMIC CONTROL (EHS) : MANDATORY MINIMUM

**CODE:01/ EHS/ MIN**

**INTENT**

The entity has an environmental health and safety system that is aligned with applicable government legislation, including work hygiene, maintenance, health and safety policies, procedures and protocols appropriate to the entity’s activities. Hygiene is prioritized to prevent the risk of cross infection and/or pandemic. The Covid-19 pandemic has brought the importance of robust infection control and hygiene management to the front of everyone’s minds. Effective IPC is integral to the control of any Covid-19 or similar outbreak, there are multiple sections covering the management of visitors, social distancing, admissions, PPE, testing, premises, staffing and policy and legislation.

**Core Requirements: Mandatory Minimum**

Total Credit Points: 4

<b>Criteria</b>	<b>Indicators</b>	<p><b>Accreditation Stage 1</b></p> <p><b>Reliable Evidence for Verification</b></p> <p><b>Online Required Documents</b></p>	<p><b>Auditor Assessment Online</b></p> <p><b>Met/Not Met</b></p>	<p><b>Accreditation Stage 2</b></p> <p><b>Reliable Evidence for Certification</b></p> <p><b>On-site</b></p>	<p><b>Auditor Assessment On-site</b></p> <p><b>Met/Not Met</b></p>
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				Required Evidence	
1E.1 Health and Safety C. point: 4	<p>1E.1</p> <p>The facility must ensure:</p> <p>A. Strategies and systems to ensure the health and safety of all staff, volunteers, residents, care- givers and visitors. An immunisation program is in place consistent with national guidelines.</p> <p>B. The organization should ensure that staff has access to mask, gloves and sanitiser in case of need</p> <p>C. The organisation ensures that all staff implement standard and transmission-based precautions including PPE to manage risks of potential cross-infection as per government guidelines</p>	<p>A. A policy and/or procedure for the assessment, screening and vaccination of clinical and other staff / volunteers as per the current WHO Immunisation Handbook and relevant National Guidelines is in place.</p> <p>B. Register of Staff vaccination, preventable and notifiable diseases.</p> <p>C. Register of infection control essentials.</p> <p>D. SOP for operations and handling residents for prevention of cross- infection.</p>			

# **QUALITY STANDARDS**

## **PREFERRED MINIMUM SECTION**

## QUALITY STANDARD: GOVERNANCE: PREFERRED MINIMUM

**CODE: 02/GOV/ PREFERRED MIN**

### INTENT

A defined structure is implemented to meet a governing body's financial, legislative, regulatory and contractual responsibilities, and to monitor and respond to quality, risk and safety matters associated with providing senior living accommodation and care support. This governance is targeted at the HO level

### Core Requirements: Preferred Minimum

**Total Credit Points: 4**

Criteria	Indicators	Accreditation Stage 1	Auditor Assessment Online	Accreditation Stage 2	Auditor Assessment On-site
		Reliable Evidence for Verification	Met/Not Met	Reliable Evidence for Certification	Met/Not Met
		Online Documents Required		On-site Evidence Required	
2G.1. Complaint redressal C. point: 2	2G.1.1 The facility must ensure:  A. A formal procedure for reporting, handling and responding to complaints and feedback related to service and	A. Complaint register at H.O.  B. Communication trail from HO to local facilities of redressal and compliance			



	<p>infrastructure</p> <p>B. Must maintain records of action taken and timelines</p>				
<p>2G.2.</p> <p>Privacy and dignity</p> <p>C. point: 1</p>	<p>2G.2.1</p> <p>ADL by choice</p> <p>Allows residents to exercise independence and choice in ADLs as far as possible.</p> <p>The facility must ensure that there is a policy in place outlining steps to be undertaken and the responsibility matrix is defined on receiving a particular request of ADL from a resident</p>	<p>This policy is available at the local facility level</p>			
<p>2G.3.</p> <p>Record Keeping</p> <p>C. point: 1</p>	<p>2G.3.1</p> <p>The facility must ensure that all financial record and bookkeeping is done as per prevailing laws</p>			<p>Visual proof at site and / or video recording of the evidence.</p>	

## QUALITY STANDARD: MANAGEMENT AND PERSONNEL: PREFERRED MINIMUM

**CODE: 02/MGMT/ PEF MIN**

### INTENT

Focus on the Senior Community Management at the local level. The Facility is managed by suitably qualified and/or experienced persons with clearly defined responsibilities, authority and accountability. Human resource (HR) management focuses on recruitment, retention, orientation and continued education/mandatory in-service, on the job management and training/ direction of the people who work in the organisation, both paid and voluntary

### Core Requirements: Preferred Minimum

Total Credit Points: 3

<b>Criteria</b>	<b>Indicators</b>	<b>Accreditation Stage 1</b> <b>Reliable Evidence for Verification</b> <b>Online Required Documents</b>	<b>Auditor Assessment Online</b>  <b>Met/Not Met</b>	<b>Accreditation Stage 2</b> <b>Reliable Evidence for Certification</b>  <b>On-site Required Evidence</b>	<b>Auditor Assessment On-site</b>  <b>Met/Not Met</b>
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<p>2M.1. Human Resource (Workforce) C. Point: 1</p>	<p>2M.1.1 The facility must ensure that a Pre-employment medical examination is conducted</p>	<p>A record of all staff examinations including vaccination maintained and update regularly.</p>			
<p>2M.2. Premises C. Point: 1</p>	<p>2M.2.1 The facility must ensure that the nature of the facility is mentioned.</p>	<p>A frame is prominent. Displayed stating clearly whether it is a paid/Government aided/charity run homes</p>			
<p>2M.3. Transparent documentation and information availability C. Point: 1</p>	<p>2M.3.1 The facility must ensure that there is a policy outlining clear terms and conditions is available, detailing the services provided and the cost to residents and their families, which are documented in an agreement form</p>	<p>Physical copies of one typical agreement / form</p>			

## QUALITY STANDARD: DESIGN AND CONSTRUCTION: PREFERRED MINIMUM

**CODE: 02/INFRA/ PREFERRED MIN**

### INTENT

The design and construction meets relevant building standards and safety codes for the built form and materials used, with specific and special needs of the Senior resident. The design reflects universal principles for accessible design and safety features.

### Core Requirements: Preferred Minimum

Total Credit Points: 18

Criteria	Indicators	Accreditation Stage 1 Reliable Evidence for Verification Online Required Documents	Auditor Assessment Online Met/Not Met	Accreditation Stage 2 Reliable Evidence for Certification On-site Required Evidence	Auditor Assessment On-site Met/Not Met
2I.1. Access, Corridors and stairs	2I.1.1 The facility must ensure that the steps are not introduced into corridors. If change in			Visual proof at site and / or video recording of the evidence.	

C. point: 2	level is unavoidable, then ramp may be provided				
	2I.1.2 The facility must ensure that when there is a difference in the floor level, the steps must be distinguished with contrasting strips on the edges			Visual proof at site and / or video recording of the evidence.	
2I.2. Bathrooms	2I.2.1 The facility must ensure that the bathrooms doors are sliding or outward opening. so bathrooms can be accessed in an emergency when the senior citizen is inside the bathroom			Visual proof at site and / or video recording of the evidence.	
C. point: 3	2I.2.2 The facility must ensure:  A. Bathing facility has provision and space for wheelchair access  B. Toilet has grab bars			Visual proof at site and / or video recording of the evidence.	

2I.3. Building Design C. point: 3	2I.3.1 The facility must ensure that the design and construction meets all relevant legislative and regulatory requirements.	Designs / Plans indicate how the design is compliant with all relevant legislative and regulatory or codes for construction			
	2I.3.2 The facility must ensure the use of easy to grip door knobs and lever type handles of large size			Visual proof at site and / or video recording of the evidence.	
	2I.3.3 The facility must ensure that ergonomic design of furniture specific to the requirements of senior citizens is available	Relevant plans showing turning radius and widths of accessways			

<p>2I.4. Fall and Accident Prevention C. point: 2</p>	<p>2I.4.1 The facility must ensure: A. Grab rails or handrails are provided in bathrooms B. Grab rails or hand rails are provided along corridors</p>	<p>Ramps as specified are in evidence throughout the building for easy wheelchair access.</p>		<p>Visual proof at site and / or video recording of the evidence.</p>	
<p>2I.5. Guidelines C. point: 3</p>	<p>2I.5.1 The facility must ensure that the principles/ guidelines/ norms as prescribed in 'National Building Code' (NBC), 'Model Building Bye Laws' (MBBL) and Guidelines for Barriers are followed. Free Built Environment for persons with Disability and Elderly Persons are incorporated in the built form.</p>			<p>Visual proof at site and / or video recording of the evidence.</p>	
<p>2I.6. Lifts &amp; Ramps</p>	<p>2I.6.1 The facility must ensure that the ramps with right</p>	<p>All ramps should have a minimum width of 1.2 m</p>		<p>Visual proof at site and / or video recording of the evidence.</p>	

C. point: 1	inclination and grade is provided	excluding edge protection. Longitudinal slope of ramp should not exceed 1 in 12			
2I.7. Size of Sleeping / staying area	2I.7.1 The facility must ensure at least 7 sq. m. of space per resident for single-occupancy	Projecting nosing and open stairs are not provided to minimise the risk of stumbling,  Spiral stairs are avoided		Visual proof at site and / or video recording of the evidence.	
C. point: 3	2I.7.2 The facility must ensure at least 5 sq. m. of space per resident for multiple occupancy room			Visual proof at site and / or video recording of the evidence.	
2I.8. Staircase C. point: 1	2I.8.1 The facility must ensure that the staircases are designed and provided as per			Visual proof at site and / or video recording of the evidence.	



	disability standards.				
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## QUALITY STANDARD: FACILITIES MANAGEMENT: PREFERRED MINIMUM

**CODE: 02/FACM/ PREFERRED MIN**

### INTENT

The environment is well maintained and is free of hazards and clutter. All plants, machinery and equipment of all disciplines, be it housekeeping, kitchen, health care, hydro, electricity, solar, etc is subject to a preventative and reactive annual / monthly maintenance system which is monitored.

### Core Requirements: Preferred Minimum

Total Credit Points: 5

Criteria	Indicators	Accreditation Stage 1 Reliable Evidence for Verification  Online Required Documents	Auditor Assessment Online  Met/Not Met	Accreditation Stage 2 Reliable Evidence for Certification  On-site Required Evidence	Auditor On-site Assessment  Met/Not Met
2F.1.  Hygiene  C. point: 1	2F.1.1  The facility must ensure that the disinfectants are used	Record and checklist of disinfectant usage is maintained			

	for a sanitized environment				
2F.2. Maintenance C. point: 3	<p>2F.2.1</p> <p>Maintenance of plant and equipment. The Facility must ensure :</p> <p>A regime of planned, preventative and corrective maintenance, including cleaning and waste removal, is in place and implemented on an ongoing basis to ensure buildings, facilities and surrounding areas remain in good condition.</p>	<p>A. AMC contracts are available</p> <p>B. A regular schedule of maintenance and SOP of the same is maintained and implemented "</p>			
2F.3. Waste Management C. point: 1	<p>2F.3.1</p> <p>Waste converted to compost. The facility must ensure that the dry and wet waste are segregated and</p>			Visual proof at site and / or video recording of the evidence.	

	converted to compost				
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# QUALITY STANDARD: RESIDENT CARE AND ALLIED SERVICES: PREFERRED MINIMUM

**CODE: 02/CARE/ PREFERRED MIN**

**INTENT**

The provision of home care services within the community / Retirement Village is delivered to provide safe and high-quality support centered around the individual person’s needs. A person-centric plan of care is formulated for each resident depending on their physical, mental, psychological and spiritual needs.

**Core Requirements: Preferred Minimum**

Total Credit Points:15

Criteria	Indicators	Accreditation Stage 1 Reliable Evidence for Verification	Auditor Assessment Online	Accreditation Stage 2 Reliable Evidence for Certification	Auditor Assessment On-site
		Online Required Documents	Met/Not Met	On-site Required Evidence	Met/Not Met

<p>2C.1. Bedridden Elder C. point: 3</p>	<p>2C.1.1 Necessary precaution for bedsores is undertaken</p>	<p>The facility must ensure:</p> <p>A. Air mattresses are provided</p> <p>B. Regular turning schedule is implemented for the bedridden elder</p> <p>C. A " manual clock" for turning is maintained</p>		<p>Visual proof at site and / or video recording of the evidence.</p>	
<p>2C.2. Hygiene and infection control C. point: 1</p>	<p>2C.2.1 The facility must ensure that there is one dedicated isolation room for sick residents</p>			<p>Visual proof at site and / or video recording of the evidence.</p>	
<p>2 C.3. Medication Management: C. point: 7</p>	<p>2 C.3.1 Where medication management is required there is demonstrated compliance with professional and regulatory requirements.</p>	<p>The facility must ensure that the medication management policy and procedures include:</p> <p>A. Safe practices for medication administration (handling, administration, documentation) Protocol.</p> <p>B. Keys to Medication room and / or medication cabinets or</p>		<p>Visual proof at site and / or video recording of the evidence.</p>	

		<p>medication cart are in possession of authorized personnel at all times</p> <p>C. Medication room/ cabinet/ cart is locked at all times</p> <p>D. Medication room/ cabinet/ cart is clean and orderly and free of staff personal belongings</p> <p>E. Needles and syringes are disposed of in suitable puncture resistant container and used needles are not broken or recapped by hand</p> <p>F. Open pour bottles of sterile solution (e.g. normal saline, sterile water) are dated, timed and initialled when opened; and discarded at least seventy two (72) hours after opening.</p>			
	<p>2 C.3.2</p> <p>The facility must ensure that accountability for services contracted out to third parties is maintained through service level</p>	<p>Contract for third party services for Medication care is in place</p>			

	agreements and clearly specified quality expectations.				
2 C.4. Medication Control C. point: 4	2 C.4.1 The facility must ensure emergency training for Staff	<p>A. A regular training programme is in place for staff to be trained in emergency medical care (CPR, first responder)</p> <p>B. There is one qualified GDA per 12 hrs shift</p> <p>C. Training record of the training programme is current and updated</p> <p>D. Manager and GDA should be BLS certified</p>			



# QUALITY STANDARD: RESIDENT ENGAGEMENT AND EXPERIENCE: PREFERRED MINIMUM

**CODE: 02/SOC/ PREFERRED MIN**

## INTENT

The resident has an experience consistent with being treated as a valued customer.

The facility is expected to provide residents activities of choice based on their preferences, interests and customary routines.

## Core Requirements: Preferred Minimum

Total Credit Points: 3

Criteria	Indicators	Accreditation Stage 1	Auditor Assessment	Accreditation Stage 2	Auditor Assessment
		Reliable Evidence for Verification	Online	Reliable Evidence for Certification	On-site
		Online Required Documents	Met/Not Met	On-site Required Evidence	Met/Not Met
2S.1. Resident well being and contribution	2S.1.1 The facility must ensure Promotion of resident wellbeing and healthy lifestyles strategies.	A. Activity programs structured with variety to meets the needs of all types of residents		Visual proof at site and / or video recording of the evidence.	

Credit Points: 3		B. Activity Calendar  C. Involvement of volunteers/neighbourhood is encouraged, through regular communication and feedback procedure			
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# QUALITY STANDARD: TECHNOLOGY AND INFORMATION: PREFERRED MINIMUM

**CODE: 02/TECH/ PREFERRED MIN**

**INTENT**

The entity includes and embraces the use of technology which enables residents to manage their lives as easily as possible.

Technology is not invasive, and residents are informed about the privacy considerations and data security.

**Core Requirements: Preferred Minimum**

Total Credit Points: 2

<b>Criteria</b>	<b>Indicators</b>	<b>Accreditation Stage 1 Reliable Evidence for Verification  Online Required Documents</b>	<b>Auditor Assessment Online  Met/Not Met</b>	<b>Accreditation Stage 2 Reliable Evidence for Certification  On-site Required Evidence</b>	<b>Auditor Assessment On-site  Met/Not Met</b>

<p>2T.1.</p> <p>Emergency C. point: 1</p>	<p>2T.1.1</p> <p>The facility must ensure that Special buzzers are at hand for bedridden and immovable residents so that they can call for help</p>	<p>Picture of buzzer facility</p>		<p>Visual proof at site and / or video recording of the evidence.</p>	
<p>2T.2.</p> <p>Internet Access C. point: 1</p>	<p>2T.2.1</p> <p>Wi-Fi or hard-line router</p>	<p>The facility must ensure that internet connectivity is available at a designated spot for staff and residents</p>			

# QUALITY STANDARD: HYGIENE, SAFETY, INFECTION, PREVENTION/ PANDEMIC CONTROL (EHS) : PREFERRED MINIMUM

**CODE: 02/EHS/ PREFERRED MIN**

## INTENT

The entity has an environmental health and safety system that is aligned with applicable government legislation, including work hygiene, maintenance, health and safety policies, procedures and protocols appropriate to the entity’s activities. Hygiene is prioritized to prevent the risk of cross infection and/or pandemic. The Covid-19 pandemic has brought the importance of robust infection control and hygiene management to the front of everyone’s minds. Effective IPC is integral to the control of any Covid-19 or similar outbreak, there are multiple sections covering the management of visitors, social distancing, admissions, PPE, testing, premises, staffing and policy and legislation.

## Core Requirements: Preferred Minimum

Total Credit Points: 4

Criteria	Indicators	<p>Accreditation Stage 1</p> <p>Reliable Evidence for Verification</p> <p>Online Required Documents</p>	<p>Auditor Assessment Online</p> <p>Met/Not Met</p>	<p>Accreditation Stage 2</p> <p>Reliable Evidence for Certification</p> <p>On-site Required Evidence</p>	<p>Auditor Assessment On-site</p> <p>Met/Not Met</p>
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<p>2E.1. Health and Safety C. point: 4</p>	<p>2E.1.1 The facility must ensure: A. Personal protective equipment (PPE): Staff assess infection risk and use appropriate PPE when indicated. B. The organisation ensures that all staff implement standard and transmission-based precautions including PPE to manage risks of potential cross-infection.</p>	<p>Infection Control and Prevention policy and procedures include: A. Location of PPE B. Appropriate procedures for putting on and removing PPE C. Staff training records pertaining to PPE D. Staff PPE compliance audit template including relevant audit tools, promotional materials, competencies achieved and assessment of staff knowledge of PPE; and results</p>		<p>Visual proof at site and / or video recording of the evidence.</p>	
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## RECOMMENDATIONS FOR IMPLEMENTATION OF STANDARDS

Ensuring that standards are implemented effectively and work for both the residents and providers, is as important as the definition of standards themselves. The recommendations of the EEC regarding standards should, therefore, be read in conjunction with the implementation mechanism.

### **The implementation mechanism should recognize certain facts and realities**

- There is significant diversity in old age facilities with respect to purpose, breadth of services, target users, ownership.  
*(Therefore, minimum standards should define a common set which applies to ALL facilities which are positioned to exclusively house seniors. Additional features/standards may be created and applicable for specialized facilities such as those which house bed-ridden elderly, or those suffering from dementia or those with need for monitored medication etc.)*
- There is a short supply of capacity vis-à-vis need, especially for the poorer segments. These have been developed over years in the absence of defined standards.  
*(Therefore, focus should be to help and incentivise such facilities upgrade to desirable minimum standards rather than take this capacity out)*
- The minimum standards should be consistent with the expected cost of the base level facilities to users, since these standards will be applicable to ALL facilities

**Following guiding principles for implementation are aimed to address these**

1. Publish two tiers of standards
  - a. Essential Minimum Standards (EMIN), which should be met by ALL facilities old or new, irrespective of type, price, target users
  - b. Preferred Minimum Standards (PMIN), which should be met by NEW greenfield facilities
2. Public/Government support should:
  - a. Depend on meeting standards and be enhanced for qualifying facilities meeting Preferred Minimum Standards
  - b. Initiate schemes for facilities to upgrade from EMIN to PMIN
  - c. Be limited only to facilities meeting PMIN after adequate capacity of that quality has been created
3. Shelters for destitute, which are resource constrained, should be provided a relaxation period to improve facilities and upgrade their service quality to recommended minimum standards with necessary help from the government
4. All senior living facilities and senior living developments must register themselves with the concerned state/central authorities and comply with the recommended minimum elder care standards. All facilities should self-declare their compliance with the standards annually, to renew their license to operate. (The filing should be kept simple such as Income tax filing). This will ensure that transparency is maintained in the way these facilities operate and offer information to the general public to lead to better choice of care for residents. The mandatory registration of senior living facilities can be linked to the government and private aid for better compliance.



5. Compliance with the proposed minimum standards be inspected through random verification (the percentage of facilities to be inspected may be determined based on capacity and this can be increased as verification capacity gets enhanced over time).
6. An independent accreditor such as an industry body like ASLI, be given the responsibility of verification. ASLI or an recognised, competent and acknowledged accreditation agency of this field and industry, along with ASLI, may also be permitted to undertake voluntary accreditation process facilities adhering to higher standards. This accreditation will offer an aspirational benchmarking system with higher rating indicating better elder care quality in the facility.
7. A training and certification programme in management of senior living facilities should be concurrently launched with the involvement of industry players and independent accreditation agencies to ensure capacity building and improving care quality in all the senior living facilities over a short period of time.
8. Support should be provided to a selected set of old age homes across the country, to hand-hold them to meet minimum standards and these be made into model old age homes. The establishment of model old age homes will enable experiential learning opportunities for owners, manager and staff, provide free access to processes and documentation and implement field tested best practices.