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CONSULTATION DRAFT

[Bilingual]

ONTARIO REGULATION

To be made under the

FIXING LONG-TERM CARE ACT, 2021

GENERAL

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PART I INTERPRETATION

DEFINITIONS

Definitions

1. In this Regulation,

“adverse drug reaction” means a harmful and unintended response by a resident to a drug or combination of drugs which occurs at doses normally used or tested for the diagnosis, treatment or prevention of a disease or the modification of an organic function; (“réaction indésirable à un médicament”)

“appropriate placement co-ordinator” means the appropriate placement co-ordinator as defined in subsection 51 (2) of the Act; (“coordonnateur des placements compétent”)

“business day” means a day that is not a holiday; (“jour ouvrable”)

“cannabis” has the same meaning as in subsection 2 (1) of the *Cannabis Act* (Canada); (“cannabis”)

“casual absence” means an absence of a resident from a long-term care home for a period not exceeding 48 hours for a purpose other than receiving medical or psychiatric care or undergoing medical or psychiatric assessment; (“absence occasionnelle”)

“class A beds” means beds that, on the day before this definition comes into force, were class A beds as defined in subsection 187 (18) of the *Long-Term Care Homes Act, 2007*; (“lits de catégorie A”)

“continuum of care applicant”, in relation to a continuum of care long-term care home, means a person who resides in a project set out opposite the long-term care home in Column 2 of the Continuum of Care Table and has resided there as of a date earlier than July 1, 1994; (“auteur d’une demande de continuum de soins”)

“continuum of care long-term care home” means a long-term care home set out in Column 1 of the Continuum of Care Table; (“foyer de soins de longue durée offrant un continuum de soins”)

“Continuum of Care Table” means the table available from the Ministry that is titled “Continuum of Care Table” and that is dated March 2010; (“tableau de continuum de soins”)

“controlled substance” means a controlled substance within the meaning of the *Controlled Drugs and Substances Act* (Canada); (“substance désignée”)

“development agreement” means an agreement to develop, redevelop or retrofit a long-term care home or beds in a long-term care home;

“food service worker” means a member of staff in a long-term care home who is routinely involved in the storage, preparation, cooking, delivery or serving of food, the cleaning of kitchen equipment and utensils or the maintaining of the kitchen and serveries in a clean and sanitary condition, but does not include a nutrition manager for the home; (“préposé au service d’alimentation”)

“holiday” means,

- (a) Saturday,
- (b) Sunday,
- (c) New Year’s Day,
- (d) Family Day,
- (e) Good Friday,
- (f) Victoria Day,
- (g) Canada Day,
- (h) the first Monday in August,
- (i) Labour Day,
- (j) Thanksgiving Day,
- (k) Christmas Day,
- (l) Boxing Day,
- (m) if New Year’s Day or Canada Day falls on a Saturday or Sunday, the following Monday,
- (n) if Christmas Day falls on a Saturday or Sunday, the following Monday and Tuesday,
- (o) if Christmas Day falls on a Friday, the following Monday, and

- (p) any special holiday proclaimed by the Governor General or the Lieutenant Governor; (“jour férié”)

“interim bed” means a bed in a long-term care home under the interim bed short-stay program; (“lit provisoire”)

“licensed bed capacity” means the total licensed or approved beds in the home, excluding,

- (a) beds that are not available for occupancy under a written permission of the Director under subsection 107 (3) of the Act, and
- (b) beds that are the subject of a temporary emergency licence under clause 115 (1) (b) of the Act; (“capacité en lits autorisés”)

“long-stay program” means a program which is not a short-stay program; (“programme de séjour de longue durée”)

“long-stay resident” means a resident who has been admitted to a long-stay program; (“résident en séjour de longue durée”)

“medical absence” means an absence of a resident from a long-term care home for the purpose of receiving medical care other than psychiatric care or for the purpose of undergoing medical assessment other than psychiatric assessment; (“absence médicale”)

“medical cannabis” means cannabis that is produced or obtained for medical purposes in accordance with Part 14 of the *Cannabis Regulations* (Canada) or in accordance with a court order; (“cannabis thérapeutique”)

“medication incident” means a preventable event associated with the prescribing, ordering, dispensing, storing, labelling, administering or distributing of a drug, or the transcribing of a prescription, and includes,

- (a) an act of omission or commission, whether or not it results in harm, injury or death to a resident, or
- (b) a near miss event where an incident does not reach a resident but had it done so, harm, injury or death could have resulted; (“incident lié à un médicament”)

“pharmacist” means a member of the Ontario College of Pharmacists who holds a certificate of registration as a pharmacist; (“pharmacien”)

“pharmacy service provider” means the pharmacy service provider referred to in section 128; (“fournisseur de services pharmaceutiques”)

“prescribed”, when used with reference to a drug, means that a prescriber has directed the dispensing of the drug to the resident; (“prescrit”)

“prescriber” means a person who is authorized under a health profession Act as defined in the *Regulated Health Professions Act, 1991* to prescribe a drug within the meaning of that Act; (“prescripteur”)

“prescription” means a direction from a prescriber directing the dispensing of any drug or drugs for a resident; (“ordonnance”)

“private accommodation”, in relation to a long-term care home, means lodging in a private room in the home, housekeeping services, maintenance and use of the home, dietary services, laundry and linen services, administrative services and nutritional support; (“hébergement individuel”)

“private room” means,

- (a) in the case of a long-term care home to which a design manual was applicable under a development agreement to which the home was subject, a room with one bed that has a private ensuite washroom, other than a room that is designated by a licensee as a standard room, or
- (b) in the case of all other long-term care homes, a room with one bed, other than a room that is designated by a licensee as a standard room; (“chambre individuelle”)

“psychiatric absence” means an absence of a resident from a long-term care home for the purpose of receiving psychiatric care or undergoing psychiatric assessment; (“absence psychiatrique”)

“record” means a record as defined in subsection 150 (9) of the Act; (“dossier”)

“recreational cannabis” means cannabis other than,

- (a) a drug containing cannabis to which the *Cannabis Regulations* (Canada) apply,
- (b) medical cannabis,
- (c) cannabis that is identified in the regulations under the *Drug and Pharmacies Regulation Act* as being a drug for the purposes of that Act,
- (d) cannabis that is a natural health product to which the *Natural Health Products Regulations* (Canada) apply,

- (e) industrial hemp within the meaning of the *Industrial Hemp Regulations* (Canada), and
- (f) a derivative or a product made from a derivative that is exempt from the application of the *Cannabis Act* (Canada) under the *Industrial Hemp Regulations* (Canada); (“cannabis récréatif”)

“registered dietitian” means a member of the College of Dietitians of Ontario who holds a temporary or general certificate of registration under the *Dietetics Act, 1991*; (“diététiste agréé”)

“registered nursing staff” means those members of staff who are,

- (a) registered nurses, or
- (b) registered practical nurses; (“personnel infirmier autorisé”)

“regulated health profession” means a health profession set out in Schedule 1 to the *Regulated Health Professions Act, 1991*; (“profession de la santé réglementée”)

“related temporary long-term care home” means, where all or some of the beds in a long-term care home are to be temporarily or permanently closed, another long-term care home, if any, that is operated by the same licensee and is to provide beds to residents of the original long-term care home on a temporary basis until beds in the re-opened long-term care home or replacement long-term care home are available for those residents; (“foyer de soins de longue durée temporaire lié”)

“re-opened long-term care home” means, where all or some of the beds in a long-term care home are to be temporarily closed, the same long-term care home once those beds are re-opened; (“foyer de soins de longue durée réouvert”)

“replacement long-term care home” means, where all or some of the beds in a long-term care home are to be permanently closed, the new long-term care home, if any, to be operated by the same licensee and to serve as a replacement for the beds being closed in the original long-term care home; (“foyer de soins de longue durée de remplacement”)

“responsive behaviours” means behaviours that often indicate,

- (a) an unmet need in a person, whether cognitive, physical, emotional, social, environmental or other, or
- (b) a response to circumstances within the social or physical environment that may be frustrating, frightening or confusing to a person; (“comportements réactifs”)

“semi-private accommodation”, in relation to a long-term care home, means lodging in a semi-private room in the home, housekeeping services, maintenance and use of the home, dietary services, laundry and linen services, administrative services and nutritional support; (“hébergement à deux lits”)

“semi-private room” means,

- (a) in the case of a long-term care home to which a design manual was applicable under a development agreement to which the home was subject, a room with one bed connected to another room with one bed by an ensuite washroom, other than a room that is designated by a licensee as a standard room, or
- (b) in the case of all other long-term care homes, a room with two beds, other than a room that is designated by a licensee as a standard room; (“chambre à deux lits”)

“short-stay program” means a program in which a person is admitted to a long-term care home for a definite number of days; (“programme de séjour de courte durée”)

“short-stay resident” means a resident who has been admitted to a short-stay program; (“résident en séjour de courte durée”)

“standard room” means,

- (a) in the case of a long-term care home to which a design manual was applicable under a development agreement to which the home was subject, a room with one or two beds that affords privacy to each resident, that has an ensuite washroom, and that is designated by a licensee as a standard room, or
- (b) in the case of all other long-term care homes,
 - (i) a room with three or more beds,
 - (ii) a room with two beds that is occupied by spouses on or after April 1, 2011, so long as the room continues to be occupied by the spouses, or
 - (iii) a room with less than three beds that is designated by a licensee as a standard room; (“chambre standard”)

“topical” means a drug in the form of a liquid, cream, gel, lotion, ointment, spray or powder that is applied to an area of the skin and is intended to affect only the local area to which it is applied; (“médicament topique”)

“vacation absence” means an absence of a resident from a long-term care home for a period exceeding 48 hours for a purpose other than receiving medical or psychiatric care or undergoing medical or psychiatric assessment; (“absence pour vacances”)

“veterans’ priority access bed” means a bed that has been designated as a veterans’ priority access bed under section 57 of the Act. (“lit d’accès prioritaire aux anciens combattants”)

“Abuse” — definition

2. (1) For the purposes of the definition of “abuse” in subsection 2 (1) of the Act,

“emotional abuse” means,

- (a) any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident, or
- (b) any threatening or intimidating gestures, actions, behaviour or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences; (“mauvais traitements d’ordre affectif”)

“financial abuse” means any misappropriation or misuse of a resident’s money or property; (“exploitation financière”)

“physical abuse” means, subject to subsection (2),

- (a) the use of physical force by anyone other than a resident that causes physical injury or pain,
- (b) administering or withholding a drug for an inappropriate purpose, or
- (c) the use of physical force by a resident that causes physical injury to another resident; (“mauvais traitements d’ordre physique”)

“sexual abuse” means,

- (a) subject to subsection (3), any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member, or
- (b) any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member; (“mauvais traitements d’ordre sexuel”)

“verbal abuse” means,

- (a) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident’s sense of well-being, dignity or self-worth, that is made by anyone other than a resident, or
- (b) any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for their safety where the resident making the communication understands and appreciates its consequences. (“mauvais traitements d’ordre verbal”)

(2) For the purposes of clause (a) of the definition of “physical abuse” in subsection (1), physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances.

(3) For the purposes of the definition of “sexual abuse” in subsection (1), sexual abuse does not include,

- (a) touching, behaviour or remarks of a clinical nature that are appropriate to the provision of care or assisting a resident with activities of daily living; or
- (b) consensual touching, behaviour or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident was admitted to the long-term care home or before the licensee or staff member became a licensee or staff member.

“Accommodation” — definition

3. For the purposes of the Act and this Regulation,

“accommodation”, in relation to a long-term care home, means basic accommodation in the home or preferred accommodation in the home; (“hébergement”)

“basic accommodation”, in relation to a long-term care home, means lodging in a standard room in the home, housekeeping services, maintenance and use of the home, dietary services, laundry and linen services, administrative services and nutritional support; (“hébergement avec services de base”)

“preferred accommodation”, in relation to a long-term care home, means private accommodation in the home or semi-private accommodation in the home. (“hébergement avec services privilégiés”)

“Caregiver” — definition

4. For the purposes of the Act and this Regulation, other than section 39 of the Act and section 173 of this Regulation,

“caregiver” means an individual who,

- (a) is a family member or friend of a resident or a person of importance to a resident,
- (b) is at least 16 years of age,
- (c) provides one or more forms of support or assistance to meet the needs of the resident, including providing direct physical support such as activities of daily living or providing social or emotional support, whether on a paid or unpaid basis, and
- (d) is designated in writing by the resident or the resident’s substitute decision-maker with authority to give that designation, if any.

Controlling interest

5. (1) For the purposes of the Act and this Regulation, without limiting the meaning of controlling interest, a person is deemed to have a controlling interest in a licensee if the person, either alone or with one or more associates, directly or indirectly, has the direct or indirect right or ability, beneficially or otherwise, to direct the management and policies of the licensee.

(2) Without restricting the generality of subsection (1), a person is deemed, for the purposes of the Act and this Regulation, to have a controlling interest in a licensee if that person, either alone or with one or more associates, has a controlling interest in a person who has a controlling interest in a licensee, and so on.

(3) For the purposes of this section, one person is deemed to be an associate of another person if,

- (a) one person is a corporation of which the other person is an officer or director;
- (b) one person is a partnership of which the other person is a partner;
- (c) one person is a corporation that is controlled directly or indirectly by the other person;
- (d) both persons are corporations and one person is controlled directly or indirectly by the same individual or corporation that directly or indirectly controls the other person;
- (e) both persons are members of a voting trust where the trust relates to shares or the control of a corporation;

- (f) both persons are part of a group of persons who, at substantially the same time, collectively acquired the direct or indirect right or ability, beneficially or otherwise, to direct the management and policies of a licensee;
- (g) both persons are parties to an agreement or arrangement to coordinate the exercise of their interests in the licensee;
- (h) one person is the parent, sibling, child or spouse of the other person or is another relative who has the same home as the other person; or
- (i) both persons are associates within the meaning of clauses (a) to (h) of the same person.

“Drug” — definition

6. For the purposes of the Act and this Regulation,

“drug” means a substance or a preparation containing a substance referred to in clauses (a) through (d) of the definition of “drug” in subsection 1 (1) of the *Drug and Pharmacies Regulation Act*, including a substance that would be excluded from that definition by virtue of clauses (f) to (i) of that definition, but does not include a substance referred to in clause (e) of that definition.

“Neglect” — definition

7. For the purposes of the Act and this Regulation,

“neglect” means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

“Regular nursing staff” — definition

8. For the purposes of subsection 11 (3) of the Act and this Regulation,

“regular nursing staff” means a member of the registered nursing staff who works in a long-term care home at fixed or prearranged intervals.

“Veteran” — definition

9. For the purposes of section 57 of the Act and this Regulation,

“veteran” means a veteran as defined in subsection 2 (1) of the *War Veterans Allowance Act* (Canada).

Reference to Notice of Assessment, etc.

10. Where a resident has provided written authorization for their income information for the most recent taxation year to be electronically obtained from the Canada Revenue Agency, any

reference in this Regulation to information in a Notice of Assessment or proof of income statement (option “C” print) in a provision is deemed to include a reference to the same information that is electronically obtained from the Canada Revenue Agency.

POLICIES AND RECORDS

Policies, etc., to be followed, and records

11. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,

- (a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and
- (b) is complied with.

(2) Where the Act or this Regulation requires the licensee to keep a record, the licensee shall ensure that the record is kept in a readable and useable format that allows a complete copy of the record to be readily produced.

PART II RESIDENTS: RIGHTS, CARE AND SERVICES

SAFE AND SECURE HOME

Doors in a home

12. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - i. kept closed and locked,
 - ii. equipped with a door access control system that is kept on at all times, and
 - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
 - A. is connected to the resident-staff communication and response system, or

- B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
- 2. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.
- 3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.
- 4. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
- 5. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans.

(2) The licensee shall ensure that there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents.

Elevators

13. Every licensee of a long-term care home shall ensure that any elevators in the home are equipped to restrict resident access to areas that are not to be accessed by residents.

Floor space

14. Every licensee of a long-term care home shall ensure that each floor of the home on which residents reside has adequate space for,

- (a) completion of documentation by staff; and
- (b) secure storage of resident records.

Furnishings

15. (1) Every licensee of a long-term care home shall ensure that the home has sufficient indoor and outdoor furnishings, including tables, sofas, chairs and lamps, to meet the needs of residents.

(2) The licensee shall ensure that,

- (a) resident beds have a firm, comfortable mattress that is at least 10.16 centimetres thick unless contraindicated as set out in the resident's plan of care;
- (b) resident beds are capable of being elevated at the head and have a headboard and a footboard;
- (c) roll-away beds, day beds, double deck beds, or cots are not used as sleeping accommodation for a resident, except in an emergency;
- (d) a bedside table is provided for every resident;
- (e) a comfortable easy chair is provided for every resident in the resident's bedroom, or that a resident who wishes to provide their own comfortable easy chair is accommodated in doing so; and
- (f) a clothes closet is provided for every resident in the resident's bedroom.

Privacy curtains

16. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy.

Shower grab bars

17. Every licensee of a long-term care home shall ensure that every resident shower has at least two easily accessible grab bars, with at least one grab bar being located on the same wall as the faucet and at least one grab bar being located on an adjacent wall.

Bed rails

18. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

- (a) the resident is assessed and the resident's bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;
- (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and
- (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability.

(2) Subsection (1) applies in addition to any requirements that apply where bed rails are used as a physical device to restrain under section 35 of the Act or as a PASD under section 36 of the Act.

Windows

19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

Communication and response system

20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

- (a) can be easily seen, accessed and used by residents, staff and visitors at all times;
- (b) is on at all times;
- (c) allows calls to be cancelled only at the point of activation;
- (d) is available at each bed, toilet, bath and shower location used by residents;
- (e) is available in every area accessible by residents;
- (f) clearly indicates when activated where the signal is coming from; and
- (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff.

Lighting

21. Every licensee of a long-term care home shall ensure that the lighting is maintained in accordance with the following requirements:

1. In a home to which a design manual, other than a manual from earlier than 2009, was applicable under a development agreement to which the home was subject,
 - i. all corridors and enclosed stairways shall have continuous consistent lighting throughout with minimum levels of 322.92 lux, and
 - ii. all other areas of the home, including resident bedrooms and vestibules, washrooms and tub and shower rooms, shall have lighting with minimum levels of 322.92 lux.
2. In all other homes,
 - i. all corridors shall have continuous consistent lighting throughout with minimum levels of 215.28 lux,

- ii. all stairways shall have continuous consistent lighting throughout with minimum levels of 322.92 lux,
- iii. the bed of each resident, when at the reading position, shall have lighting with minimum levels of 376.73 lux,
- iv. each drug cabinet shall have lighting with minimum levels of 1,076.39 lux, and
- v. all other areas of the home shall have lighting with minimum levels of 215.28 lux.

Generators

22. (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that the home is served by a generator that is available at all times and that has the capacity to maintain, in the event of a power outage,

- (a) the heating system;
- (b) emergency lighting in hallways, corridors, stairways and exits; and
- (c) essential services, including dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks, the resident-staff communication and response system, elevators and life support, safety and emergency equipment.

(2) The licensee of a home is not required to comply with subsection (1) until December 31, 2024 if there are beds in the home, other than class A beds or beds under a temporary emergency licence, that are not subject to a design manual applicable under a development agreement to which the home was subject.

(3) The licensee of a home to which subsection (2) applies shall ensure that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c).

Cooling requirements

23. (1) Every licensee of a long-term care home shall ensure that a written heat related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices.

(2) The heat related illness prevention and management plan must, at a minimum,

- (a) identify specific risk factors that may lead to heat related illness and require staff to regularly monitor whether residents are exposed to such risk factors and take appropriate actions in response;
- (b) identify symptoms of heat related illness and require staff to regularly monitor whether residents exhibit those symptoms and take appropriate actions in response;
- (c) identify specific interventions and strategies that staff are to implement to prevent or mitigate the identified risk factors that may lead to heat related illness and to prevent or mitigate the identified symptoms of such an illness in residents;
- (d) include the use of appropriate cooling systems, equipment and other resources, as necessary, to protect residents from heat related illness; and
- (e) include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate.

(3) The heat related illness prevention and management plan for the home shall be evaluated and updated, at a minimum, annually in accordance with evidence-based practices.

(4) The heat related illness prevention and management plan for the home shall be implemented by the licensee every year during the period from May 15 to September 15 and it shall also be implemented,

- (a) any day on which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day; and
- (b) anytime the temperature in an area in the home measured by the licensee in accordance with subsections 24 (2) and (3) reaches 26 degrees Celsius or above, for the remainder of the day and the following day.

(5) The licensee shall ensure that, if central air conditioning is not available in the home, the home has at least one separate designated cooling area for every 40 residents.

(6) The licensee shall ensure that every designated cooling area in the home is served by air conditioning which is operated, as necessary, to maintain the temperature in the designated cooling area at a comfortable level for residents during the period and at the times described in subsection (4).

(7) In this section,

“air conditioning” includes any mechanical cooling system that is capable of maintaining the temperature at a comfortable level for residents during periods of hot weather.

Air temperature

24. (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

(2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

(3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

(4) The licensee shall keep a record of the measurements documented under subsections (2) and (3) for at least one year.

Plumbing

25. Every licensee of a long-term care home shall ensure that all plumbing fixtures in the home with hose attachments are equipped with a back flow device.

Compliance with manufacturers’ instructions

26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers’ instructions.

CARE PLANS AND PLANS OF CARE

24-hour admission care plan

27. (1) Every licensee of a long-term care home shall ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident’s admission to the home.

(2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:

1. Any risks the resident may pose to themselves, including any risk of falling, and interventions to mitigate those risks.
2. Any risks the resident may pose to others, including any potential behavioural triggers, and safety measures to mitigate those risks.
3. The type and level of assistance required relating to activities of daily living.
4. Customary routines and comfort requirements.
5. Drugs and treatments required.
6. Known health conditions, including allergies and other conditions of which the licensee should be aware upon admission, including interventions.
7. Skin condition, including interventions.
8. Diet orders, including food texture, fluid consistencies and food restrictions.

(3) The licensee shall ensure that the care plan sets out,

- (a) the planned care for the resident; and
- (b) clear directions to staff and others who provide direct care to the resident.

(4) The licensee shall ensure that the care set out in the care plan is based on an assessment of the resident and the needs and preferences of that resident and on the assessment, reassessments and information provided by the placement co-ordinator under section 51 of the Act.

(5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate to the extent possible in the development and implementation of the resident's care plan, and in reviews and revisions of the care plan.

(6) The licensee shall ensure that the care set out in the care plan is provided to the resident as specified in the plan.

(7) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's care plan and have convenient and immediate access to it.

(8) The licensee shall ensure that the provision and outcomes of the care set out in the care plan are documented.

(9) The licensee shall ensure that the resident is reassessed and the care plan is reviewed and revised when,

- (a) the resident's care needs change;
- (b) the care set out in the plan is no longer necessary; or
- (c) the care set out in the plan has not been effective.

(10) When the care plan is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the care plan.

(11) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an explanation of the care plan.

(12) Subsection (11) does not require the disclosure of information if access to a record of the information could be refused under the *Personal Health Information Protection Act, 2004*.

(13) Nothing in this section limits a right of access to a care plan under the *Personal Health Information Protection Act, 2004*.

(14) The following provisions of the Act and this Regulation apply to a care plan under this section as if the care plan were a plan of care under section 6 of the Act:

1. Paragraph 19 of subsection 3 (1) of the Act.
2. Subsection 34 (4) of the Act.
3. Subsections 35 (1) and (2) of the Act.
4. Subsections 36 (3) and (4) of the Act.
5. Section 32 of this Regulation.
6. Subsection 38 (2) of this Regulation.
7. Clause 56 (2) (b) of this Regulation.
8. Clause 126 (a) of this Regulation.

(15) This section ceases to apply with respect to a resident when a plan of care is developed for the resident under section 6 of the Act.

(16) A licensee is exempt from this section with respect to a resident,

- (a) who is being relocated to another long-term care home operated by the same licensee and section 240 of this Regulation applies; or
- (b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee.

Initial plan of care

28. (1) Every licensee of a long-term care home shall ensure that,

- (a) the assessments necessary to develop an initial plan of care under subsection 6 (6) of the Act are completed within 14 days of the resident's admission; and
- (b) the initial plan of care is developed within 21 days of the admission.

(2) A licensee is exempt from subsection 6 (6) of the Act and this section with respect to a resident,

- (a) who is being relocated to another long-term care home operated by the same licensee and section 240 of this Regulation applies; or
- (b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee.

(3) A licensee is exempt from section 6 of the Act and from this section with respect to a resident who is admitted to the short-stay respite care program.

(4) For greater clarity, an initial plan of care is a "plan of care" for the purposes of the Act and this Regulation.

Plan of care

29. (1) Every licensee of a long-term care home shall ensure that the requirements of this section are met with respect to every plan of care.

(2) A plan of care,

- (a) must identify the resident and include the resident's demographic information; and
- (b) must identify all the persons who participated in the development of the plan of care, and the dates on which they participated.

(3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to heat related illness, including protective measures required to prevent or mitigate heat related illness.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutritional care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.

- 19. Safety risks.
- 20. Nausea and vomiting.
- 21. Sleep patterns and preferences.
- 22. Cultural, spiritual and religious preferences and age-related needs and preferences.
- 23. Potential for discharge.

(4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

- (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and
- (b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3).

(5) A licensee is exempt from this section with respect to a resident who is admitted to the short-stay respite care program.

Care conference

30. (1) Every licensee of a long-term care home shall ensure that,

- (a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and their substitute decision-maker, if any;
- (b) the resident, the resident's substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and
- (c) a record is kept of the date, the participants and the results of the conferences.

(2) A licensee is exempt from the requirement under clause (1) (a) to hold a care conference within six weeks of admission with respect to a resident,

- (a) who is being relocated to another long-term care home operated by the same licensee and section 240 of this Regulation applies; or
- (b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee.

(3) A licensee is exempt from this section with respect to a resident who is admitted to the short-stay respite care program.

Plan of care, transitional

31. Where, immediately before the coming into force of this section, a plan of care under section 6 of the *Long-Term Care Homes Act, 2007* is in place for a resident, the plan of care is continued as a plan of care under section 6 of the *Fixing Long-Term Care Act, 2021* and, for the purposes of determining when the plan of care must be reviewed and revised, it is deemed to have been developed or revised under section 6 of the *Fixing Long-Term Care Act, 2021* on the same day it was developed or revised under section 6 of the *Long-Term Care Homes Act, 2007*.

Changes in plan of care, consent

32. Every licensee of a long-term care home shall ensure that when a resident is reassessed and the resident's plan of care is reviewed and revised under subsection 6 (10) of the Act, any consent or directive with respect to "treatment" as defined in the *Health Care Consent Act, 1996*, including a consent or directive with respect to a "course of treatment" or a "plan of treatment" under that Act, that is relevant, including a regulated document under paragraph 2 of subsection 267 (1) of this Regulation, is reviewed and, if required, revised.

TARGETS AND PERIODIC INCREASES

Applicable calculation period

33. (1) This section sets the applicable calculation periods for the targets and periodic increases set out in sections 8 and 9 of the Act.

(2) For the purposes of paragraphs 2 and 3 of subsection 8 (4) of the Act and subsection 9 (3) of the Act, the applicable calculation period is the period beginning on April 1 in one year and ending on March 31 in the following year.

(3) The applicable calculation period for the purposes of paragraph 1 of subsection 8 (4) of the Act and subsection 9 (4) of the Act is the period beginning on January 1, 2022 and ending on March 31, 2022.

GENERAL REQUIREMENTS FOR PROGRAMS

General requirements

34. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

(2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

(3) The licensee is not required to comply with the requirements under this section respecting palliative care and the palliative care philosophy required under section 12 of the Act until six months after the coming into force of this section.

NURSING AND PERSONAL SUPPORT SERVICES

Nursing and personal support services

35. (1) This section and sections 36 to 52 apply to,

- (a) the organized program of nursing services required under clause 11 (1) (a) of the Act; and
- (b) the organized program of personal support services required under clause 11 (1) (b) of the Act.

(2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b).

(3) The staffing plan must,

- (a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;
- (b) set out the organization and scheduling of staff shifts;

- (c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;
- (d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 11 (3) of the Act, cannot come to work; and
- (e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

(4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Personal care

36. Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis.

Bathing

37. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

(2) For the purposes of this section, "bathing" includes tub baths, showers, and full body sponge baths.

Oral care

38. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,

- (a) mouth care in the morning and evening, including the cleaning of dentures;
- (b) physical assistance or cuing to help a resident who cannot, for any reason, brush their own teeth; and
- (c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required.

(2) The licensee shall ensure that each resident receives assistance, if required, to insert dentures prior to meals and at any other time as requested by the resident or required by the resident's plan of care.

Foot care and nail care

39. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives preventive and basic foot care services, including the cutting of toenails, to ensure comfort and prevent infection.

(2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails.

Transferring and positioning techniques

40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

Personal items and personal aids

41. (1) Every licensee of a long-term care home shall ensure that each resident of the home has their personal items, including personal aids such as dentures, glasses and hearing aids,

- (a) labelled within 48 hours of admission and of acquiring, in the case of new items; and
- (b) cleaned as required.

(2) The licensee shall ensure that each resident receives assistance, if required, to use personal aids.

Notification re personal belongings, etc.

42. Every licensee of a long-term care home shall ensure that a resident or the resident's substitute decision-maker is notified when,

- (a) the resident's personal aids or equipment are not in good working order or require repair; or
- (b) the resident requires new personal belongings.

Mobility devices

43. Every licensee of a long-term care home shall ensure that mobility devices, including wheelchairs, walkers and canes, are available at all times to residents who require them on a short-term basis.

Dress

44. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with the resident's preferences, in their own clean clothing and in appropriate clean footwear.

Bedtime and rest routines

45. Every licensee of a long-term care home shall ensure that each resident of the home has the resident's desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

End-of-life care

46. Every licensee of a long-term care home shall ensure that every resident receives end-of-life care when required in a manner that meets their needs.

Communication methods

47. Every licensee of a long-term care home shall ensure that strategies are developed and implemented to meet the needs of residents with compromised communication and verbalization skills, of residents with cognitive impairment and of residents who cannot communicate in the language or languages used in the home.

Availability of supplies

48. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents.

24-hour nursing care — exceptions

49. (1) The following are the exceptions to the requirement that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, as required under subsection 11 (3) of the Act:

1. For homes with a licensed bed capacity of 64 beds or fewer,
 - i. a registered nurse who works at the home pursuant to a contract or agreement between the nurse and the licensee and who is a member of the regular nursing staff may be used,
 - ii. in the case of an emergency where the back-up plan referred to in clause 35 (3) (d) of this Regulation fails to ensure that the requirement under subsection 11 (3) of the Act is met,
 - A. a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, or
 - B. a registered practical nurse who is a member of the regular nursing staff may be used if the Director of Nursing and Personal Care or a

registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone.

2. For homes with a licensed bed capacity of more than 64 beds and fewer than 129 beds,
 - i. in the case of a planned or extended leave of absence of an employee of the licensee who is a registered nurse and a member of the regular nursing staff, a registered nurse who works at the home pursuant to a contract or agreement with the licensee and who is a member of the regular nursing staff may be used,
 - ii. in the case of an emergency where the back-up plan referred to in clause 35 (3) (d) of this Regulation fails to ensure that the requirement under subsection 11 (3) of the Act is met, a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if,
 - A. the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, and
 - B. a registered practical nurse who is both an employee of the licensee and a member of the regular nursing staff is on duty and present in the home.
3. For all homes, in the case of a pandemic that prevents a registered nurse from getting to the home, and where the back-up plan referred to in clause 35 (3) (d) of this Regulation fails to ensure that the requirement under subsection 11 (3) of the Act is met,
 - i. a registered nurse who works at the home pursuant to a contract or agreement with the licensee or who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used,
 - ii. a registered practical nurse who is an employee of the licensee or who works at the home pursuant to a contract or agreement with the licensee or who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if the Director of Nursing and Personal Care or a registered nurse is available for consultation, or

- iii. a member of a regulated health profession who is a staff member of the home and who has a set of skills that, in the reasonable opinion of the licensee, would allow them to provide care to a resident, may be used if the Director of Nursing and Personal Care or a registered nurse is available for consultation.

(2) In this section,

“emergency” means an unforeseen situation of a serious nature that prevents a registered nurse from getting to the long-term care home.

Exemption, small homes at hospitals

50. The licensee of a long-term care home is exempt from subsections 11 (3) and (4) of the Act with respect to the home, as long as the following conditions apply:

1. The home has a licensed bed capacity of 39 beds or fewer.
2. The home adjoins a hospital under the *Public Hospitals Act*.
3. A registered nurse is on duty and present anywhere on the site, including the hospital.

Certification of nurses

51. Every licensee of a long-term care home shall ensure that every member of the staff who performs duties in the capacity of registered nurse, registered practical nurse or registered nurse in the extended class has the appropriate current certificate of registration with the College of Nurses of Ontario.

Qualifications of personal support workers

52. (1) Every licensee of a long-term care home shall ensure that every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title,

- (a) has successfully completed a personal support worker program that meets the requirements in subsection (2); and
- (b) has provided the licensee with proof of graduation issued by the education provider.

(2) The personal support worker program,

- (a) must meet,
 - (i) the Personal Support Worker Program Standard dated July 2014 and originally published by the Ministry of Training, Colleges and Universities, or

- (ii) the Personal Support Worker Training Standard dated October 2014 and originally published by the Ministry of Training, Colleges and Universities; and
 - (b) must be a minimum of 600 hours in duration, counting both class time and practical experience time.
- (3) Despite subsection (1), a licensee may hire as a personal support worker or to provide personal support services,
- (a) a registered nurse or registered practical nurse,
 - (i) who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker, and
 - (ii) who has the appropriate current certificate of registration with the College of Nurses of Ontario;
 - (b) a person who was working or employed at a long-term care home as a personal support worker at any time in the 12-month period preceding July 1, 2011, if,
 - (i) the person was working as a personal support worker on a full-time basis for at least three years during the five years immediately before being hired, or
 - (ii) the person was working as a personal support worker on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being hired;
 - (c) a person who is enrolled in an educational program for registered nurses or registered practical nurses and who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker;
 - (d) a person who is enrolled in a program described in subsection (2) and who is completing the practical experience requirements of the program, but such a person must work under the supervision of a member of the registered nursing staff and an instructor from the program;
 - (e) a person,
 - (i) who has a diploma or certificate granted in another jurisdiction resulting from a program that was a minimum of 600 hours in duration, counting both class time and practical experience time,

- (ii) who has a set of skills that, in the reasonable opinion of the licensee, is equivalent to those that the licensee would expect of a person who has completed a program referred to in clause (2) (a), and
 - (iii) who has provided the licensee with proof of graduation issued by the education provider;
- (f) a person who is enrolled in a program that is a minimum of 600 hours in duration, counting both class time and practical experience time, and meets,
- (i) the vocational standards established by the Ministry of Colleges and Universities,
 - (ii) the standards established by the National Association of Career Colleges, or
 - (iii) the standards established by the Ontario Community Support Association,

but such a person must work under the supervision of a member of the registered nursing staff and an instructor from the program; or

- (g) a person who, by July 1, 2018, has successfully completed a personal support worker program that meets the requirements set out in clause (f), other than the requirement to work under supervision, and has provided the licensee with proof of graduation issued by the education provider.

(4) The licensee shall cease to employ as a personal support worker, or as someone who provides personal support services, regardless of title,

- (a) a person who was required to be enrolled in a program described in clause (3) (c) or (d) if the person ceases to be enrolled in the program or fails to successfully complete the program within five years of being hired;
- (b) a person who was required to be enrolled in a program described in clause (3) (f) if the person ceases to be enrolled in the program or fails to successfully complete the program by July 1, 2018; and
- (c) a person who was required to be enrolled in a program described in clause (3) (c), (d) or (f) if the person fails to provide the licensee with proof of graduation from the program within 90 days of the graduation.

REQUIRED PROGRAMS

Required programs

53. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
 4. A pain management program to identify pain in residents and manage pain.
- (2) Each program must, in addition to meeting the requirements set out in section 34,
- (a) provide for screening protocols; and
 - (b) provide for assessment and reassessment instruments.

Falls prevention and management

54. (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.

(2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

(3) Every licensee of a long-term care home shall ensure that the equipment, supplies, devices and assistive aids referred to in subsection (1) are readily available at the home.

Skin and wound care

55. (1) The skin and wound care program must, at a minimum, provide for the following:

1. The provision of routine skin care to maintain skin integrity and prevent wounds.
2. Strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents.

3. Strategies to transfer and position residents to reduce and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids.
 4. Treatments and interventions, including physiotherapy and nutritional care.
- (2) Every licensee of a long-term care home shall ensure that,
- (a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
 - (i) within 24 hours of the resident's admission,
 - (ii) upon any return of the resident from hospital, and
 - (iii) upon any return of the resident from an absence of greater than 24 hours;
 - (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
 - (c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
 - (d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated.

(3) In this section,

“altered skin integrity” means potential or actual disruption of epidermal or dermal tissue.

Continence care and bowel management

56. (1) The continence care and bowel management program must, at a minimum, provide for the following:

1. Treatments and interventions to promote continence.
2. Treatments and interventions to prevent constipation, including nutrition and hydration protocols.
3. Toileting programs, including protocols for bowel management.
4. Strategies to maximize residents’ independence, comfort and dignity, including equipment, supplies, devices and assistive aids.
5. Annual evaluation of residents’ satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated.

(2) Every licensee of a long-term care home shall ensure that,

- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
- (b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;
- (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
- (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
- (e) continence care products are not used as an alternative to providing assistance to a person to toilet;

- (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;
- (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
- (h) residents are provided with a range of continence care products that,
 - (i) are based on their individual assessed needs,
 - (ii) properly fit the residents,
 - (iii) promote resident comfort, ease of use, dignity and good skin integrity,
 - (iv) promote continued independence wherever possible, and
 - (v) are appropriate for the time of day, and for the individual resident's type of incontinence.

Pain management

57. (1) The pain management program must, at a minimum, provide for the following:

1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.
2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.
3. Comfort care measures.
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

(2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

RESPONSIVE BEHAVIOURS

Responsive behaviours

58. (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.
2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.
3. Resident monitoring and internal reporting protocols.
4. Protocols for the referral of residents to specialized resources where required.

(2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,

- (a) integrated into the care that is provided to all residents;
- (b) based on the assessed needs of residents with responsive behaviours; and
- (c) co-ordinated and implemented on an interdisciplinary basis.

(3) The licensee shall ensure that,

- (a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices;
- (b) at least annually, the matters referred to in subsection (1) are evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
- (c) a written record is kept relating to each evaluation under clause (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

(4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

- (a) the behavioural triggers for the resident are identified, where possible;
- (b) strategies are developed and implemented to respond to these behaviours, where possible; and
- (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

ALTERCATIONS AND OTHER INTERACTIONS

Altercations and other interactions between residents

59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

- (a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and
- (b) identifying and implementing interventions.

BEHAVIOURS AND ALTERCATIONS

Behaviours and altercations

60. Every licensee of a long-term care home shall ensure that,

- (a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and
- (b) all direct care staff are advised at the beginning of every shift of each resident whose behaviours, including responsive behaviours, require heightened monitoring because those behaviours pose a potential risk to the resident or others.

PALLIATIVE CARE

Palliative care

61. (1) Every licensee of a long-term care home shall ensure that the resident, the resident's substitute decision-maker, if any, and any other person or persons designated by the resident or their substitute decision-maker, are given an explanation of palliative care options that may be integrated into the care that is arranged, carried out or provided to a resident including, but not limited to, end-of-life care.

(2) Every licensee of a long-term care home shall ensure the assessment that palliative care covered by a resident's plan of care is based on includes a holistic and comprehensive assessment of a resident's needs.

(3) Where required to meet a resident's assessed needs, every licensee shall also ensure that the care and services provided under subsection (2) include, at a minimum,

- (a) quality of life improvements;

- (b) symptom management;
- (c) psychosocial supports; and
- (d) end-of-life care.

(4) For greater certainty, the licensee shall ensure that a resident's consent is received pursuant to section 7 of the Act before taking any of the actions set out in subsections (1), (2) and (3) of this section.

RESTORATIVE CARE

Restorative care

62. Sections 63 to 70 apply to the organized interdisciplinary program with a restorative care philosophy required under subsection 13 (1) of the Act.

Integrating restorative care into programs

63. Every licensee of a long-term care home shall ensure that,

- (a) restorative care approaches are integrated into the care that is provided to all residents; and
- (b) the restorative care approaches are co-ordinated to ensure that each resident is able to maintain or improve their functional and cognitive capacities in all aspects of daily living, to the extent of their abilities.

Transferring and positioning

64. Every licensee of a long-term care home shall ensure that when transferring and positioning residents, staff shall use devices and techniques that maintain or improve, wherever possible, residents' weight bearing capability, endurance and range of motion.

Therapy services

65. Every licensee of a long-term care home shall ensure that therapy services for residents of the home are arranged or provided under section 13 of the Act that include,

- (a) on-site physiotherapy provided to residents on an individualized basis or in a group setting based on residents' assessed care needs; and
- (b) occupational therapy and speech-language therapy.

Space and supplies — therapy services

66. (1) Every licensee of a long-term care home shall ensure that there is safe and appropriate space in the home for the provision of therapy services.

(2) The licensee shall ensure that there is a sufficient supply of therapy equipment available at all times to meet the needs of residents.

Therapy services staff qualifications

67. (1) Subject to subsection (2), every licensee of a long-term care home shall ensure that the therapy services referred to in section 65 and that the licensee arranges or provides under section 13 of the Act are only provided by therapists who have a current certificate of registration with the appropriate college of a regulated health profession.

(2) Therapy services provided by the licensee may be provided by support personnel who are members of the staff of the home who work under the direction of a member of the appropriate regulated health profession and the supervision of the designated lead required under section 70 and who,

- (a) subject to subsection (3), have successfully completed a training program in restorative care, or are enrolled in such a program; or
- (b) have successfully completed a relevant training course provided by the licensee that is designed and supervised by a qualified therapist who is a member of the appropriate college of a regulated health profession.

(3) The licensee shall cease to employ as support personnel a person who was required to be enrolled in a program described in clause (2) (a) if the person ceases to be enrolled in the program or fails to successfully complete the program within three years of being hired.

(4) Therapy services arranged by the licensee may be provided by support personnel of a regulated health professional referred to in subsection (1) working under the direction and supervision of that regulated health professional.

Social work and social services work

68. Every licensee of a long-term care home shall ensure that there is a written description of the social work and social services work provided in the home and that the work meets the residents' needs.

Social work and social services work qualifications

69. Every licensee of a long-term care home shall ensure that social workers or social service workers who provide services in the home are registered under the *Social Work and Social Service Work Act, 1998*.

Designated lead

70. (1) Every licensee of a long-term care home shall ensure that the home's restorative care program, including the services of social workers and social service workers, are co-ordinated by a designated lead.

(2) The designated lead,

- (a) must have a current general certificate of registration with a college of a regulated health profession or the Ontario College of Social Workers and Social Service Workers; or
- (b) must have,
 - (i) a post-secondary diploma or degree in recreation and leisure studies, kinesiology, therapeutic recreation or other related field from a community college or university, and
 - (ii) at least one year of experience in a health care setting.

RECREATIONAL AND SOCIAL ACTIVITIES

Recreational and social activities program

71. (1) This section and sections 72 and 73 apply to the organized recreational and social activities program for the home required under subsection 14 (1) of the Act.

(2) Every licensee of a long-term care home shall ensure that the program includes,

- (a) the provision of supplies and appropriate equipment for the program;
- (b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends;
- (c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests;
- (d) opportunities for resident and family input into the development and scheduling of recreation and social activities;
- (e) the provision of information to residents about community activities that may be of interest to them; and
- (f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently.

Designated lead

72. (1) Every licensee of a long-term care home shall ensure that there is a designated lead for the recreational and social activities program.

(2) The designated lead must have,

- (a) a post-secondary diploma or degree in recreation and leisure studies, therapeutic recreation, kinesiology or other related field from a community college or university; and
- (b) at least one year of experience in a health care setting.

(3) Subsection (2) only applies with respect to designated leads designated after the coming into force of this section.

(4) Despite subsection (2), a person who was working or employed as a designated lead in a long-term care home immediately before July 1, 2010 may be designated as the designated lead in a different long-term care home if the person worked or was employed as a designated lead in a long-term care home,

- (a) on a full-time basis for at least three years during the five years immediately before being designated in the different home; or
- (b) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being designated in the different home.

Recreational and social activities qualifications

73. (1) Every licensee of a long-term care home shall ensure that staff members providing recreational and social activities in the home,

- (a) have a post-secondary diploma or degree in recreation and leisure studies, therapeutic recreation, kinesiology or other related field from a community college or university; or
- (b) are enrolled in a community college or university in a diploma or degree program in such a field.

(2) The licensee shall cease to employ as a recreational and social activities staff member a person who was required to be enrolled in a program described in clause (1) (b) if the person ceases to be enrolled in the program or fails to successfully complete the program within three years of being hired.

(3) This section does not apply with respect to,

- (a) a staff member who was providing recreational and social activities in the home immediately before July 1, 2010; or
- (b) a person who was a staff member providing recreational and social activities in a long-term care home immediately before July 1, 2010, and who worked or was employed as a staff member providing recreational and social activities in a long-term care home,
 - (i) on a full-time basis for at least three years during the five years immediately before being employed in a different home, or
 - (ii) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being employed in a different home.

NUTRITIONAL CARE AND HYDRATION PROGRAMS

Nutritional care and hydration programs

74. (1) This section and sections 75 to 84 apply to,

- (a) the organized program of nutritional care and dietary services required under clause 15(1) (a) of the Act; and
- (b) the organized program of hydration required under clause 15 (1) (b) of the Act.

(2) Every licensee of a long-term care home shall ensure that the programs include,

- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;
- (b) the identification of any risks related to nutritional care and dietary services and hydration;
- (c) the implementation of interventions to mitigate and manage those risks;
- (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and
- (e) a weight monitoring system to measure and record with respect to each resident,
 - (i) weight on admission and monthly thereafter, and
 - (ii) body mass index and height upon admission and annually thereafter.

Weight changes

75. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status.

Dietary services

76. Every licensee of a long-term care home shall ensure that the dietary services component of the nutritional care and dietary services program includes,

- (a) menu planning;
- (b) food production;
- (c) dining and snack service; and
- (d) availability of supplies and equipment for food production and dining and snack service.

Menu planning

77. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

- (a) is a minimum of 21 days in duration;
- (b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
- (c) includes a choice of beverages at all meals and snacks;
- (d) includes a primary entrée and side dish at all three meals and dessert at lunch and dinner;
- (e) includes, to meet residents' specific needs or food preferences, a choice of other available entrées and side dishes at all three meals and a choice of other desserts at lunch and dinner;
- (f) includes a choice of snacks in the afternoon and evening; and

- (g) provides for a variety of foods every day, including fresh produce and local foods in season.

(2) The licensee shall ensure that, prior to being in effect, each menu cycle,

- (a) is reviewed by the Residents' Council for the home;
- (b) is evaluated by, at a minimum, the nutrition manager and registered dietitian who are members of the staff of the home; and
- (c) is approved for nutritional adequacy by a registered dietitian who is a member of the staff of the home, and who must take into consideration,
 - (i) subsection (1),
 - (ii) the residents' preferences, and
 - (iii) current Dietary Reference Intakes (DRIs) relevant to the resident population.

(3) The licensee shall ensure that a written record is kept of the evaluation under clause (2) (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented.

(4) The licensee shall ensure that each resident is offered a minimum of,

- (a) three meals daily;
- (b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and
- (c) a snack in the afternoon and evening.

(5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack.

(6) The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle.

(7) The licensee shall ensure that meals are served at times agreed upon by the Residents' Council and the Administrator or the Administrator's designate.

(8) The licensee shall ensure that food and beverages, including water, that are appropriate for the residents' diets are accessible to staff and available to residents on a 24-hour basis.

Food production

78. (1) Every licensee of a long-term care home shall ensure that there is an organized food production system in the home.

(2) The food production system must, at a minimum, provide for,

- (a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;
- (b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;
- (c) standardized recipes and production sheets for all menus;
- (d) preparation of all menu items according to the planned menu;
- (e) menu substitutions that have similar nutritional value;
- (f) communication to residents and staff of any menu substitutions; and
- (g) documentation on the production sheet of any menu substitutions.

(3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

- (a) preserve taste, nutritive value, appearance and food quality; and
- (b) prevent adulteration, contamination and food borne illness.

(4) The licensee shall maintain, and keep for at least one year, a record of,

- (a) purchases relating to the food production system, including food delivery receipts;
- (b) the approved menu cycle; and
- (c) menu substitutions.

(5) If any food or beverages are prepared in the long-term care home for persons who are not residents of the home, the licensee shall maintain, and keep for at least seven years, records that specify for each week,

- (a) the number of meals prepared for persons who are not residents of the home; and

- (b) the revenue and internal recoveries made by the licensee relating to the sale or provision of any food and beverage prepared in the home, including revenue and internal recoveries made from cafeteria sales and catering.
- (6) The licensee shall ensure that the home has,
- (a) sufficient storage capacity to support the home's menu requirements;
 - (b) institutional food service equipment with adequate capacity to prepare, transport and hold perishable hot and cold food at safe temperatures; and
 - (c) institutional food service equipment with adequate capacity to clean and sanitize all dishes, utensils and equipment related to food production and dining and snack service.
- (7) The licensee shall ensure that the home has and that the staff of the home comply with,
- (a) policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service;
 - (b) a cleaning schedule for all the equipment; and
 - (c) a cleaning schedule for the food production, servery and dishwashing areas.

Dining and snack service

79. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at their own pace.

8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat.

(2) The licensee shall ensure that,

- (a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and
- (b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

Registered dietitian

80. (1) Every licensee of a long-term care home shall ensure that there is at least one registered dietitian for the home.

(2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

(3) Where a registered dietitian for the home is also a nutrition manager for the home, any time spent working in the capacity of nutrition manager does not count toward the time requirements under subsection (2).

Nutrition manager

81. (1) Every licensee of a long-term care home shall ensure that there is at least one nutrition manager for the home, one of whom shall lead the nutritional care and dietary services program for the home.

(2) A person hired as a nutrition manager after the coming into force of this section must be an active member of the Canadian Society of Nutrition Management or a registered dietitian.

(3) Despite subsection (2), a person who was working or employed as a nutrition manager in a long-term care home immediately before July 1, 2010 may be hired as the nutrition manager in a different long-term care home if the person worked or was employed as a nutrition manager in a long-term care home,

- (a) on a full-time basis for at least three years during the five years immediately before being hired in the different home; or
- (b) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being hired in the different home.

(4) The licensee shall ensure that a nutrition manager is on site at the home working in the capacity of nutrition manager for the minimum number of hours per week calculated under subsection (5), without including any hours spent fulfilling other responsibilities.

(5) For the purposes of subsection (4), but subject to subsection (6), the minimum number of hours per week shall be calculated as follows:

$$M = A \times 8 \div 25$$

where,

“M” is the minimum number of hours per week, and

“A” is,

- (a) if the occupancy of the home is 97 per cent or more, the licensed bed capacity of the home for the week, or
- (b) if the occupancy of the home is less than 97 per cent, the number of residents residing in the home for the week, including absent residents.

(6) The Director may take into consideration the hours in a week, if any, devoted to producing meals and other food and beverages for non-residents for the sole purpose of determining,

- (a) whether the licensee is in compliance with subsection (4); and
- (b) whether any of the minimum staffing hours under subsection (4) are being devoted to producing meals and other food and beverages for non-residents.

Cooks

82. (1) Every licensee of a long-term care home shall ensure that there is at least one cook who works at least 35 hours per week in that position on site at the home.

(2) The licensee shall ensure that the cook referred to in subsection (1), if hired on or after the day this section comes into force,

- (a) has a chef training or culinary management diploma or certificate,
 - (i) granted by a college established under the *Ontario Colleges of Applied Arts and Technology Act, 2002*, or
 - (ii) granted by a registered private career college, for successfully completing a program approved by the Superintendent of private career colleges under the *Private Career Colleges Act, 2005*;
- (b) has a diploma or certificate granted in another jurisdiction and has a set of skills that, in the reasonable opinion of the licensee, is equivalent to those that the licensee would expect of a person who has a diploma or certificate provided for in clause (a);
- (c) holds a certificate of qualification in the trade of Cook or Institutional Cook that was issued,
 - (i) by the Director of Apprenticeship under the *Apprenticeship and Certification Act, 1998*,
 - (ii) by the Registrar of the College under the *Ontario College of Trades and Apprenticeship Act, 2009*, or
 - (iii) by the Registrar of Skilled Trades Ontario under the *Building Opportunities in the Skilled Trades Act, 2021*; or
- (d) meets the requirement set out in clause 84 (4) (c).

(3) The licensee shall ensure that the cook referred to in subsection (1), if employed at the home before this subsection came into force,

- (a) meets the qualifications required under subsection (2);
- (b) has successfully completed a Food Service Worker program at a college established under the *Ontario Colleges of Applied Arts and Technology Act, 2002* or a Food Service Worker program provided by a registered private career college and approved by the Superintendent of private career colleges under the *Private Career Colleges Act, 2005*; or

- (c) completes a food handler training program as defined in subsection 84 (5) within three months after the coming into force of this subsection unless they meet the requirements under clause (a) or (b) sooner.

(4) Despite subsection (2), a person who was working or employed as a cook in a long-term care home immediately before July 1, 2010 may be hired as the cook in a different long-term care home if the person,

- (a) worked or was employed as a cook in a long-term care home,
 - (i) on a full-time basis for at least three years during the five years immediately before being employed in the different home, or
 - (ii) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being employed in the different home; and
- (b) met the requirements under subsection (3) while at the former home.

Food service workers, minimums

83. (1) Every licensee of a long-term care home shall ensure that there are sufficient food service workers for the home to meet the minimum staffing hours as calculated under subsection (2) for,

- (a) the preparation of resident meals and snacks;
- (b) the distribution and service of resident meals;
- (c) the receiving, storing and managing of the inventory of resident food and food service supplies; and
- (d) the daily cleaning and sanitizing of dishes, utensils and equipment used for resident meal preparation, delivery and service.

(2) For the purposes of subsection (1), but subject to subsection (3), the minimum staffing hours shall be calculated as follows:

$$M = A \times 7 \times 0.45$$

where,

“M” is the minimum number of staffing hours per week, and

“A” is,

- (a) if the occupancy of the home is 97 per cent or more, the licensed bed capacity in the home for the week, or
- (b) if the occupancy of the home is less than 97 per cent, the number of residents residing in the home for the week, including absent residents.

(3) An inspector may take into consideration the hours in a week, if any, devoted to producing meals and other food and beverages for non-residents for the sole purpose of determining,

- (a) whether the licensee is in compliance with subsection (1); and
- (b) whether any of the minimum staffing hours under subsection (1) are being devoted to producing meals and other food and beverages for non-residents.

Food service workers, training and qualifications

84. (1) Every licensee of a long-term care home shall ensure that food service workers other than cooks to whom section 82 applies,

- (a) have successfully completed or are enrolled in a Food Service Worker program at a college established under the *Ontario Colleges of Applied Arts and Technology Act, 2002* or a Food Service Worker program provided by a registered private career college and approved by the Superintendent of private career colleges under the *Private Career Colleges Act, 2005*;
- (b) have successfully completed an apprenticeship program in the trade of Cook, Institutional Cook or Assistant Cook under the *Apprenticeship and Certification Act, 1998*, the *Ontario College of Trades and Apprenticeship Act, 2009*, or the *Building Opportunities in the Skilled Trades Act, 2021*; or
- (c) have entered into a registered training agreement in the trade of Cook, Institutional Cook or Assistant Cook under the *Apprenticeship and Certification Act, 1998*, the *Ontario College of Trades and Apprenticeship Act, 2009* or the *Building Opportunities in the Skilled Trades Act, 2021*.

(2) The licensee shall cease to employ as a food service worker a person who was required to be enrolled in a program described in subsection (1) if,

- (a) in the case of a program referred to in clause (1) (a), the person ceases to be enrolled in the program or fails to successfully complete the program within three years of being hired; or

(b) in the case of a program referred to in clause (1) (c), the registration of the person's training agreement is cancelled, suspended or revoked, or the person fails to receive a statement of successful completion of a program under the *Apprenticeship and Certification Act, 1998*, a certificate of successful completion of a program under the *Ontario College of Trades and Apprenticeship Act, 2009* or a certificate of apprenticeship under the *Building Opportunities in the Skilled Trades Act, 2021*, as the case may be,

- (i) within three years of being hired, in the case of an apprenticeship program in the trade of Assistant Cook, or
- (ii) within five years of being hired, in the case of an apprenticeship program in the trade of Cook or Institutional Cook.

(3) Despite subsection (1), a person who was working or employed as a food service worker in a long-term care home immediately before July 1, 2010 may be hired as a food service worker in a different home if the person,

- (a) worked or was employed as a food service worker in a long-term care home,
 - (i) on a full-time basis for at least three years during the five years immediately before being employed in the different home, or
 - (ii) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being employed in the different home; and
- (b) completed a food handler training program on or before October 1, 2010, unless the person met the requirements under subsection (1) before then.

(4) Subsection (1) does not apply with respect to,

- (a) students hired on a seasonal or part-time basis, who have successfully completed a food handler training program;
- (b) persons who meet the qualifications in subsection 81 (2) or 82 (2) or who are exempt from meeting those qualifications as they meet the requirements under subsection 81 (3) or 82 (4); or
- (c) persons who have a post-secondary diploma in food and nutrition management or a post-secondary degree in food and nutrition.

(5) In this section,

“food handler training program” means the food handler training program offered or approved by the board of health for the public health unit in which the long-term care home is located.

MEDICAL SERVICES

Medical services program

85. Sections 86 to 90 apply to the organized program of medical services for the home required under section 16 of the Act.

Availability of medical services

86. Every licensee of a long-term care home shall ensure that residents have access to medical services in the home 24 hours a day.

Individualized medical directives and orders

87. Every licensee of a long-term care home shall ensure that no medical directive or order is used with respect to a resident unless it is individualized to the resident’s condition and needs.

ATTENDING PHYSICIANS AND RNS (EC)

Attending physician or RN (EC)

88. (1) Every licensee of a long-term care home shall ensure that either a physician or a registered nurse in the extended class,

- (a) conducts a physical examination of each resident upon admission and an annual physical examination annually thereafter, and produces a written report of the findings of the examination;
- (b) attends regularly at the home to provide services, including assessments; and
- (c) participates in the provision of after-hours coverage and on-call coverage.

(2) The resident or the resident’s substitute decision-maker may retain a physician or registered nurse in the extended class to perform the services required under subsection (1).

(3) If the resident or substitute decision-maker does not retain a physician or a registered nurse in the extended class, the licensee shall appoint one for the resident, in consultation with the Medical Director, the resident, and the resident’s substitute decision-maker, if any.

(4) The licensee shall enter into the appropriate written agreement under section 89 or 90 with every physician or registered nurse in the extended class retained or appointed under subsection (2) or (3).

Agreement with attending physician

89. Where a written agreement between a licensee and a physician is required under subsection 88 (4), the agreement must provide for, at a minimum,

- (a) the term of the agreement;
- (b) the responsibilities of the licensee; and
- (c) the responsibilities or duties of the physician, including,
 - (i) accountability to the Medical Director for meeting the home's policies, procedures and protocols for medical services,
 - (ii) provision of medical services, and
 - (iii) provision of after-hours coverage and on-call coverage.

Agreement with registered nurse in extended class

90. Where a written agreement between a licensee and a registered nurse in the extended class is required under subsection 88 (4), the agreement must provide for, at a minimum,

- (a) the term of the agreement;
- (b) the responsibilities of the licensee; and
- (c) the responsibilities or duties of the registered nurse in the extended class, including,
 - (i) accountability to the Medical Director for meeting the home's policies, procedures and protocols for medical services,
 - (ii) provision of services,
 - (iii) informing the licensee of the name of the physician with whom the registered nurse in the extended class has a consultative relationship, and
 - (iv) provision of after-hours coverage and on-call coverage.

RELIGIOUS AND SPIRITUAL PRACTICES

Religious and spiritual practices

91. (1) This section applies to the organized program for the home to give residents reasonable opportunity to practise their religious and spiritual beliefs required under section 18 of the Act.

(2) Every licensee of a long-term care home shall ensure that the program includes arrangements to provide worship services, resources and non-denominational spiritual

counselling on a regular basis for all residents who desire them based on availability within the community.

(3) The licensee shall ensure that,

- (a) mechanisms are in place to support and facilitate residents' participation in the program;
- (b) arrangements are made for one-to-one visitation, according to the resident's wishes, based on availability within the community; and
- (c) arrangements are made to facilitate the participation in the program of residents who have hearing or visual impairments, based on availability within the community.

(4) The licensee shall ensure that there is a designated lead for the program who has sufficient knowledge and experience to co-ordinate religious services and spiritual care in a multi-faith setting.

ACCOMMODATION SERVICES

Accommodation services programs

92. (1) This section and sections 93 to 98 apply to the organized programs required under subsection 19 (1) of the Act.

(2) Where services under any of the programs are provided by a service provider who is not an employee of the licensee, the licensee shall ensure that there is in place a written agreement with the service provider that sets out the service expectations.

(3) The licensee shall ensure that there are written policies and procedures to monitor and supervise persons who provide occasional maintenance or repair services to the home pursuant to the agreement referred to in subsection (2).

(4) The licensee's policies and procedures under subsection (3) may take into account whether the person is subject to the requirements for a police record check and declarations set out in sections 253 and 254.

Housekeeping

93. (1) Every licensee of a long-term care home shall ensure that housekeeping services are provided seven days per week.

(2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

- (a) cleaning of the home, including,

- (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
 - (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;
- (b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
 - (i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
 - (ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
 - (iii) contact surfaces;
- (c) removal and safe disposal of dry and wet garbage; and
- (d) addressing incidents of lingering offensive odours.

(3) The licensee shall ensure that the infection prevention and control lead designated under subsection 102 (5) is involved in selecting the disinfectant referred to in clause (2) (b).

(4) The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home.

Pest control

94. (1) As part of organized programs of housekeeping and maintenance services under clauses 19 (1) (a) and (c) of the Act, every licensee of a long-term care home shall ensure that an organized preventive pest control program using the services of a licensed pest controller is in place at the home, including records indicating the dates of visits and actions taken.

(2) The licensee shall ensure that immediate action is taken to deal with pests.

Laundry service

95. (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

- (a) procedures are developed and implemented to ensure that,

- (i) residents' linens are changed at least once a week and more often as needed,
 - (ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,
 - (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and
 - (iv) there is a process to report and locate residents' lost clothing and personal items;
- (b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;
 - (c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and
 - (d) industrial washers and dryers are used for the washing and drying of all laundry.

(2) Despite clause (1) (d), the licensee may provide residential washers and dryers within the home that are,

- (a) accessible to residents and family members; and
- (b) available to address the laundry needs arising from programs if industrial sanitation is not necessary to meet those needs.

Maintenance services

96. (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

- (a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and
- (b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

(2) The licensee shall ensure that procedures are developed and implemented to ensure that,

- (a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

- (b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;
- (c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;
- (d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;
- (e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;
- (f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;
- (g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;
- (h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;
- (i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;
- (j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and
- (k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water.

(3) The licensee shall ensure that the home's mechanical ventilation systems are functioning at all times except when the home is operating on power from an emergency generator.

Hazardous substances

97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

Designated lead — housekeeping, laundry, maintenance

98. (1) The licensee shall ensure that there is a designated lead for each of the housekeeping, laundry services and maintenance services programs, but the same person may be the designated lead for more than one program.

(2) The designated lead must have,

- (a) a post-secondary degree or diploma;
- (b) knowledge of evidence-based practices and, if there are none, prevailing practices relating to housekeeping, laundry and maintenance, as applicable; and
- (c) a minimum of two years experience in a managerial or supervisory capacity.

(3) Subsection (2) only applies with respect to designated leads designated after the coming into force of this section.

(4) Despite subsection (2), a person who was working or employed as a designated lead in a long-term care home immediately before July 1, 2010 may be designated as the designated lead in a different long-term care home if the person worked or was employed as a designated lead in a long-term care home,

- (a) on a full-time basis for at least three years during the five years immediately before being designated in the different home; or
- (b) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being designated in the different home.

PETS**Pets**

99. Every licensee of a long-term care home shall ensure that there are in place written policies respecting pets in the home.

VOLUNTEERS**Volunteer program**

100. (1) This section and section 101 apply to the organized volunteer program required under subsection 20 (1) of the Act.

(2) Every licensee of a long-term care home shall ensure that a staff member monitors or directs a volunteer whenever it is necessary to ensure the safety of a resident.

Designated lead

101. (1) The licensee shall ensure that there is a designated lead for the volunteer program who is a member of the staff.

(2) The designated lead must have,

- (a) at least one year of experience with seniors in an organized program or one year of experience with persons in a health care setting; and
- (b) experience or knowledge in recruitment, selection, orientation, placement and supervision of volunteers.

INFECTION PREVENTION AND CONTROL PROGRAM**Infection prevention and control program**

102. (1) Every licensee of a long-term care home shall ensure that the infection prevention and control program required under subsection 23 (1) of the Act complies with the requirements of this section.

(2) The licensee shall implement,

- (a) any surveillance protocols issued by the Director for a particular communicable disease; and
- (b) any standard or protocol issued by the Director with respect to infection prevention and control.

(3) The Director shall update the standards and protocols mentioned in subsection (2) regularly to reflect relevant evidence and best practice.

(4) The licensee shall ensure,

- (a) that there is an interdisciplinary team approach in the co-ordination and implementation of the program;
- (b) that an interdisciplinary infection prevention and control team that includes the infection prevention and control lead, the Medical Director, the Director of Nursing and Personal Care and the Administrator co-ordinates and implements the program;
- (c) that the interdisciplinary infection prevention and control team meets at least quarterly and on a more frequent basis during an infectious disease outbreak in the home;
- (d) that the local medical officer of health is invited to the meetings;

- (e) that the program is evaluated and updated at least annually in accordance with the standards and protocols issued by the Director under subsection (2);
- (f) that a written record is kept relating to each evaluation under clause (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented; and
- (g) that the program is implemented in a manner consistent with the precautionary principle as set out in the standards and protocols issued by the Director under subsection (2) and the most current medical evidence.

(5) The licensee shall designate a staff member as the infection prevention and control lead who has education and experience in infection prevention and control practices, including,

- (a) infectious diseases;
- (b) cleaning and disinfection;
- (c) data collection and trend analysis;
- (d) reporting protocols;
- (e) outbreak management;
- (f) asepsis;
- (g) microbiology;
- (h) adult education;
- (i) epidemiology;
- (j) program management; and
- (k) current certification in infection control from the Certification Board of Infection Control and Epidemiology.

(6) A licensee is not required to comply with the qualification requirements for the infection prevention and control lead under clause (5) (k) until three years after this section comes into force.

(7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

1. Working with the interdisciplinary team to implement the infection prevention and control program.
2. Managing and overseeing the infection prevention and control program.
3. Overseeing the delivery of infection prevention and control education to all staff, caregivers, volunteers, visitors and residents.
4. Auditing of infection prevention and control practices in the home.
5. Conducting regular infectious disease surveillance.
6. Convening the Outbreak Management Team at the outset of an outbreak and regularly throughout an outbreak.
7. Convening the interdisciplinary infection prevention and control team referred to in subsection (4) at least quarterly, and at a more frequent interval during an infectious disease outbreak in the home.
8. Reviewing the information gathered pursuant to subsection (9).
9. Reviewing any daily and monthly screening results collected by the licensee to determine whether any action is required.
10. Implementing required improvements to the infection prevention and control program as required by audits under paragraph 4 or by the licensee.
11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care.

(8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead.

(9) The licensee shall ensure that on every shift,

- (a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

- (b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required.

(10) The licensee shall ensure that the information gathered under subsection (9) is analyzed daily to detect the presence of infection and reviewed at least once a month to detect trends, for the purpose of reducing the incidence of infection and outbreaks.

(11) The licensee shall ensure that there are in place,

- (a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the *Health Protection and Promotion Act*, communication plans, and protocols for receiving and responding to health alerts; and
- (b) a written plan for responding to infectious disease outbreaks.

(12) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
2. Residents must be offered immunization against influenza at the appropriate time each year.
3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the website of the Ministry of Health.
4. Staff is screened for tuberculosis and other infectious diseases in accordance with any standard or protocol issued by the Director under subsection (2).
5. There must be a staff immunization program in accordance with any standard or protocol issued by the Director under subsection (2).

(13) A licensee is exempt from paragraph 1 of subsection (12) with respect to a resident,

- (a) who is being relocated to another long-term care home operated by the same licensee and section 240 applies; or
- (b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee.

(14) The licensee shall ensure that any pet living in the home or visiting the home has up-to-date immunizations.

(15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per week.
2. In a home with a licensed bed capacity of more than 69 beds but less than 200 beds, at least 26.25 hours per week.
3. In a home with a licensed bed capacity of 200 beds or more, at least 35 hours per week.

(16) Every licensee of a long-term care home shall consider the complexity and vulnerability of their resident population in the home and shall determine if the infection prevention and control lead is required to work more than the minimum number of hours required by subsection (15) or whether to designate additional infection prevention and control leads as required.

(17) The designation of an additional infection prevention and control lead under subsection (16) does not relieve the licensee with respect to its obligation to ensure the minimum hours worked in subsection (15) by the infection prevention and control lead.

(18) The licensee shall oversee the development and implementation of a quality management program to assess and improve infection prevention and control in the home, as set out in a standard or protocol issued by the Director under subsection (2).

(19) Every licensee of a long-term care home shall ensure that the direct contact information, including a telephone number and email address that are monitored regularly, of all infection prevention and control leads for the home are provided,

- (a) to the local medical officer of health appointed under the *Health Protection and Promotion Act*; and
- (b) where there exists a person or entity that is designated as the relevant IPAC hub for the home under a funding agreement with the Ministry of Health, to that IPAC hub.

PREVENTION OF ABUSE AND NEGLECT

Policy to promote zero tolerance

103. Every licensee of a long-term care home shall ensure that the licensee's written policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents,

- (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
- (b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
- (c) identifies measures and strategies to prevent abuse and neglect;
- (d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and
- (e) identifies the training and retraining requirements for all staff, including,
 - (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
 - (ii) situations that may lead to abuse and neglect and how to avoid such situations.

Notification re incidents

104. (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,

- (a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and
- (b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.

(2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 27 (1) of the Act, immediately upon the completion of the investigation.

(3) Despite subsections (1) and (2), a licensee is not required to, but may, notify a person of anything under this section if the licensee has reasonable grounds to believe that the person is responsible for the alleged, suspected or witnessed incident of abuse or neglect of the resident.

Police notification

105. Every licensee of a long-term care home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence.

Evaluation

106. Every licensee of a long-term care home shall ensure,

- (a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;
- (b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;
- (c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;
- (d) that the changes and improvements under clause (b) are promptly implemented; and
- (e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.

REPORTING AND COMPLAINTS

Complaints procedure: licensee

107. Every licensee of a long-term care home shall ensure that the written procedures required under clause 26 (1) (a) of the Act incorporate the requirements set out in section 108 of this Regulation.

Dealing with complaints

108. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not

limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.
 3. The response provided to a person who made a complaint shall include,
 - i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the *Excellent Care for All Act, 2010*,
 - ii. an explanation of,
 - A. what the licensee has done to resolve the complaint, or
 - B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief, and
 - iii. if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.
- (2) The licensee shall ensure that a documented record is kept in the home that includes,
- (a) the nature of each verbal or written complaint;
 - (b) the date the complaint was received;
 - (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
 - (d) the final resolution, if any;
 - (e) every date on which any response was provided to the complainant and a description of the response; and
 - (f) any response made in turn by the complainant.
- (3) The licensee shall ensure that,

- (a) the documented record is reviewed and analyzed for trends at least quarterly;
- (b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and
- (c) a written record is kept of each review and of the improvements made in response.

(4) Subsections (2) and (3) do not apply with respect to verbal complaints that the licensee is able to resolve within 24 hours of the complaint being received.

(5) Where a licensee is required to immediately forward a complaint under clause 26 (1) (c) of the Act, it shall forward it in a form and manner acceptable to the Director, and,

- (a) during the Ministry's normal business hours, to the Director or the Director's delegate; or
- (b) outside normal business hours, using the Ministry's after hours emergency contact method.

Additional requirements, s. 26 of the Act

109. (1) A complaint that a licensee is required to immediately forward to the Director under clause 26 (1) (c) of the Act is a complaint that alleges harm or risk of harm, including, but not limited to, physical harm, to one or more residents.

(2) For the purposes of subsection 26 (2) of the Act, the licensee shall also ensure that it provides to the Director, in a manner acceptable to the Director, a copy of the part of the documented record the licensee is required to keep under subsection 108 (2) that is related to the complaint.

Transitional, complaints

110. Where a complaint was made before the coming into force of this section, but not finally dealt with, the complaint shall be dealt with as provided for in section 108 to the extent possible.

Complaints — reporting certain matters to Director

111. (1) Every licensee of a long-term care home who receives a written complaint with respect to a matter that the licensee reports or reported to the Director under section 28 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 108 (1).

(2) The licensee shall comply with subsection (1) immediately upon completing the licensee's investigation into the complaint, or at an earlier date if required by the Director.

Licensees who report investigations under s. 27 (2) of Act

112. (1) In making a report to the Director under subsection 27 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
2. A description of the individuals involved in the incident, including,
 - i. names of all residents involved in the incident,
 - ii. names of any staff members or other persons who were present at or discovered the incident, and
 - iii. names of staff members who responded or are responding to the incident.
3. Actions taken in response to the incident, including,
 - i. what care was given or action taken as a result of the incident, and by whom,
 - ii. whether a physician or registered nurse in the extended class was contacted,
 - iii. what other authorities were contacted about the incident, if any,
 - iv. whether a family member, person of importance or a substitute decision-maker of any resident involved in the incident was contacted and the name of such person or persons, and
 - v. the outcome or current status of the individual or individuals who were involved in the incident.
4. Analysis and follow-up action, including,
 - i. the immediate actions that have been taken to prevent recurrence, and
 - ii. the long-term actions planned to correct the situation and prevent recurrence.
5. The name and title of the person making the report to the Director, the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector.

(2) Subject to subsection (3), the licensee shall make the report within 10 days of becoming aware of the alleged, suspected or witnessed incident, or at an earlier date if required by the Director.

(3) If not everything required under subsection (1) can be provided in a report within 10 days, the licensee shall make a preliminary report to the Director within 10 days and provide a final report to the Director within a period of time specified by the Director.

Non-application re certain staff

113. Paragraph 4 of subsection 28 (5) of the Act does not apply to a staff member who,

- (a) falls under clause (b) or (c) of the definition of “staff” in subsection 2 (1) of the Act;
- (b) only provides occasional maintenance or repair services to the home; and
- (c) does not provide direct care to residents.

Transitional, investigation and reports

114. (1) Section 27 of the Act and section 112 of this Regulation apply with respect to incidents that the licensee knew of or that were reported to the licensee after the coming into force of this section, even if the incident occurred before the coming into force, unless the incident was investigated and resolved before the coming into force.

(2) Section 28 of the Act applies only with respect to matters that occurred or may occur after July 1, 2010.

(3) Section 29 of the Act applies with respect to information received by the Director after that section comes into force, even if the information is with regard to a matter that occurred before that section came into force.

(4) Section 30 of the Act applies with respect to retaliation that occurs after the coming into force of that section, even if the retaliation relates to something that was disclosed or given in evidence before the coming into force of that section including anything with respect to which section 26 of the *Long-Term Care Homes Act, 2007* applied.

Reports re critical incidents

115. (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):

1. An emergency within the meaning of section 269, including fire, unplanned evacuation or intake of evacuees.

2. An unexpected or sudden death, including a death resulting from an accident or suicide.
3. A resident who is missing for three hours or more.
4. Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.
5. An outbreak of a disease of public health significance or communicable disease as defined in the *Health Protection and Promotion Act*.
6. Contamination of the drinking water supply.

(2) Where a licensee is required to make a report immediately under subsection (1) and it is after normal business hours, the licensee shall make the report using the Ministry's method for after hours emergency contact.

(3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including,
 - i. a breakdown or failure of the security system,
 - ii. a breakdown of major equipment or a system in the home,
 - iii. a loss of essential services, or
 - iv. flooding.
3. A missing or unaccounted for controlled substance.
4. Subject to subsection (4), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital.

(4) Where an incident occurs that causes an injury to a resident for which the resident is taken to a hospital, but the licensee is unable to determine within one business day whether the injury has resulted in a significant change in the resident's health condition, the licensee shall,

- (a) contact the hospital within three calendar days after the occurrence of the incident to determine whether the injury has resulted in a significant change in the resident's health condition; and
- (b) where the licensee determines that the injury has resulted in a significant change in the resident's health condition or remains unable to determine whether the injury has resulted in a significant change in the resident's health condition, inform the Director of the incident no later than three business days after the occurrence of the incident, and follow with the report required under subsection (5).

(5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

- 1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
- 2. A description of the individuals involved in the incident, including,
 - i. names of any residents involved in the incident,
 - ii. names of any staff members or other persons who were present at or discovered the incident, and
 - iii. names of staff members who responded or are responding to the incident.
- 3. Actions taken in response to the incident, including,
 - i. what care was given or action taken as a result of the incident, and by whom,
 - ii. whether a physician or registered nurse in the extended class was contacted,
 - iii. what other authorities were contacted about the incident, if any,
 - iv. for incidents involving a resident, whether a family member, person of importance or a substitute decision-maker of the resident was contacted and the name of such person or persons, and

- v. the outcome or current status of the individual or individuals who were involved in the incident.
- 4. Analysis and follow-up action, including,
 - i. the immediate actions that have been taken to prevent recurrence, and
 - ii. the long-term actions planned to correct the situation and prevent recurrence.
- 5. The name and title of the person who made the initial report to the Director under subsection (1) or (3), the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector.

(6) The licensee shall ensure that the resident's substitute decision-maker, if any, or any person designated by the substitute decision-maker and any other person designated by the resident are promptly notified of a serious injury or serious illness of the resident, in accordance with any instructions provided by the person or persons who are to be so notified.

(7) Where a matter occurred before the coming into force of this section and the matter was required to be reported to the Director as an occurrence under the *Long-Term Care Homes Act, 2007* but the matter has not yet been reported, the licensee shall report the matter to the Director in accordance with the requirements under the *Fixing Long-Term Care Act, 2021*.

(8) In this section,

“significant change” means a major change in the resident's health condition that,

- (a) will not resolve itself without further intervention,
- (b) impacts on more than one aspect of the resident's health condition, and
- (c) requires an assessment by the interdisciplinary team or a revision to the resident's plan of care.

MISUSE OF FUNDING

Misuse of funding

116. For the purposes of paragraph 5 of subsection 28 (1) and paragraph 6 of subsection 29 (1) of the Act, “misuse” of funding means the use of funding provided by the Ministry, the Agency or a local health integration network,

- (a) for a purpose other than a purpose that was specified as a condition of the funding; or

- (b) in a manner that is not permitted under a restriction that was specified as a condition of the funding.

WHISTLE-BLOWING

Entities, s. 30 of the Act

117. The following are prescribed entities to which clause 30 (1) (c) of the Act applies:

1. Residents' Councils.
2. Family Councils, if any.

MINIMIZING OF RESTRAINING

Policy to minimize restraining of residents, etc.

118. Every licensee of a long-term care home shall ensure that the home's written policy under section 33 of the Act deals with,

- (a) use of physical devices;
- (b) duties and responsibilities of staff, including,
 - (i) who has the authority to apply a physical device to restrain a resident or release a resident from a physical device,
 - (ii) ensuring that all appropriate staff are aware at all times of when a resident is being restrained by use of a physical device;
- (c) restraining under the common law duty pursuant to subsection 39 (1) of the Act when immediate action is necessary to prevent serious bodily harm to the person or others;
- (d) types of physical devices permitted to be used;
- (e) how consent to the use of physical devices as set out in section 35 of the Act and the use of PASDs as set out in section 36 of the Act is to be obtained and documented;
- (f) alternatives to the use of physical devices, including how these alternatives are planned, developed and implemented, using an interdisciplinary approach; and
- (g) how the use of restraining in the home will be evaluated to ensure minimizing of restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation.

Requirements relating to restraining by a physical device

119. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 35 of the Act or pursuant to the common law duty described in section 39 of the Act:

1. Staff apply the physical device in accordance with any manufacturer's instructions.
2. The physical device is well maintained.
3. The physical device is not altered except for routine adjustments in accordance with any manufacturer's instructions.

(2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 35 of the Act:

1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class.
2. That staff apply the physical device in accordance with any instructions specified by the physician or registered nurse in the extended class.
3. That the resident is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose.
4. That the resident is released from the physical device and repositioned at least once every two hours. (This requirement does not apply when bed rails are being used if the resident is able to reposition themselves.)
5. That the resident is released and repositioned any other time when necessary based on the resident's condition or circumstances.
6. That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances.

(3) Where a resident is being restrained by a physical device when immediate action is necessary to prevent serious bodily harm to the resident or to others pursuant to the common law duty described in section 39 of the Act, the licensee shall ensure that,

- (a) the resident is monitored or supervised on an ongoing basis and released from the physical device and repositioned when necessary based on the resident's condition or circumstances;

- (b) the resident's condition is reassessed only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every 15 minutes, and at any other time when reassessment is necessary based on the resident's condition or circumstances; and
- (c) the provisions of section 35 of the Act are complied with before continuing to restrain a resident by a physical device when the immediate action is no longer necessary.

(4) Following the application of a physical device pursuant to the common law duty referred to in section 39 of the Act, the licensee shall explain to the resident, or the resident's substitute decision-maker where the resident is incapable, the reason for the use of the physical device.

(5) Where a resident has been restrained by a physical device under section 35 of the Act, or pursuant to the common law duty referred to in section 39 of the Act, and the resident is released from the physical device or the use of the physical device is being discontinued, the licensee shall ensure that appropriate post-restraining care is provided to ensure the safety and comfort of the resident.

(6) Every licensee shall ensure that no physical device is applied under section 35 of the Act to restrain a resident who is in bed, except,

- (a) to allow for a clinical intervention that requires the resident's body or a part of the resident's body to be stationary; or
- (b) if the physical device is a bed rail used in accordance with section 18.

(7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 35 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

1. The circumstances precipitating the application of the physical device.
2. What alternatives were considered and why those alternatives were inappropriate.
3. The person who made the order, what device was ordered, and any instructions relating to the order.
4. Consent.
5. The person who applied the device and the time of application.
6. All assessment, reassessment and monitoring, including the resident's response.

7. Every release of the device and all repositioning.
8. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care.

(8) Every licensee shall ensure that every use of a physical device to restrain a resident pursuant to the common law duty referred to in section 39 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

1. The circumstances precipitating the application of the physical device.
2. The person who made the order, what device was ordered, and any instructions relating to the order.
3. The person who applied the device and the time of application.
4. All assessment, reassessment and monitoring, including the resident's response.
5. Every release of the device and all repositioning.
6. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care.

Requirements relating to the use of a PASD

120. (1) Every licensee of a long-term care home shall ensure that a PASD used under section 36 of the Act to assist a resident with a routine activity of living is removed as soon as it is no longer required to provide such assistance, unless the resident requests that it be retained.

- (2) Every licensee shall ensure that a PASD used under section 36 of the Act,
 - (a) is well maintained;
 - (b) is applied by staff in accordance with any manufacturer's instructions; and
 - (c) is not altered except for routine adjustments in accordance with any manufacturer's instructions.

Prohibited devices that limit movement

121. For the purposes of section 38 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:

1. Roller bars on wheelchairs and commodes or toilets.

2. Vest or jacket restraints.
3. Any device with locks that can only be released by a separate device, such as a key or magnet.
4. Four point extremity restraints.
5. Any device used to restrain a resident to a commode or toilet.
6. Any device that cannot be immediately released by staff.
7. Sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose.

Evaluation

122. Every licensee of a long-term care home shall ensure,

- (a) that an analysis of the restraining of residents by use of a physical device under section 35 of the Act or pursuant to the common law duty referred to in section 39 of the Act is undertaken on a monthly basis;
- (b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 33 of the Act, and what changes and improvements are required to minimize restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation;
- (c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;
- (d) that the changes or improvements under clause (b) are promptly implemented; and
- (e) that a written record of everything provided for in clauses (a), (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes were implemented is promptly prepared.

DRUGS

Medication management system

123. (1) Every licensee of a long-term care home shall develop an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents.

(2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

(3) The written policies and protocols must be,

- (a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
- (b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director.

Quarterly evaluation

124. (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

(2) Where the pharmacy service provider is a corporation, the licensee shall ensure that a pharmacist from the pharmacy service provider participates in the quarterly evaluation.

(3) The quarterly evaluation of the medication management system must include at least,

- (a) reviewing drug utilization trends and drug utilization patterns in the home, including the use of any drug or combination of drugs, including psychotropic drugs, that could potentially place residents at risk;
- (b) reviewing reports of any medication incidents and adverse drug reactions referred to in subsections 147 (2) and (3) and all instances of the restraining of residents by the administration of a drug when immediate action is necessary to prevent serious bodily harm to a resident or to others pursuant to the common law duty referred to in section 39 of the Act; and
- (c) identifying changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

(4) The licensee shall ensure that the changes identified in the quarterly evaluation are implemented.

(5) The licensee shall ensure that a written record is kept of the results of the quarterly evaluation and of any changes that were implemented.

Annual evaluation

125. (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home, meets annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

(2) Where the pharmacy service provider is a corporation, the licensee shall ensure that a pharmacist from the pharmacy service provider participates in the annual evaluation.

(3) The annual evaluation of the medication management system must,

- (a) include a review of the quarterly evaluations in the previous year as referred to in section 124;
- (b) be undertaken using an assessment instrument designed specifically for this purpose; and
- (c) identify changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

(4) The licensee shall ensure that the changes identified in the annual evaluation are implemented.

(5) The licensee shall ensure that a written record is kept of the results of the annual evaluation and of any changes that were implemented.

Medical directives and orders — drugs

126. Every licensee of a long-term care home shall ensure that,

- (a) all medical directives or orders for the administration of a drug to a resident are reviewed at any time when the resident's condition is assessed or reassessed in developing or revising the resident's plan of care as required under section 6 of the Act; and
- (b) no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs.

Information in every resident home area or unit

127. Every licensee of a long-term care home shall ensure that the following are available in every resident home area or unit in the home:

1. Recent and relevant drug reference materials.

2. The pharmacy service provider's contact information.
3. The contact information for at least one poison control centre or similar body.

PHARMACY SERVICE PROVIDER

Retaining of pharmacy service provider

128. (1) Every licensee of a long-term care home shall retain a pharmacy service provider for the home.

(2) The pharmacy service provider must be the holder of a certificate of accreditation for the operation of a pharmacy under section 139 of the *Drug and Pharmacies Regulation Act*.

(3) There must be a written contract between the licensee and the pharmacy service provider setting out the responsibilities of the pharmacy service provider.

(4) The written contract must provide that the pharmacy service provider shall,

- (a) provide drugs to the home on a 24-hour basis, seven days a week, or arrange for their provision by another holder of a certificate of accreditation for the operation of a pharmacy under section 139 of the *Drug and Pharmacies Regulation Act*; and
- (b) perform all the other responsibilities of the pharmacy service provider under this Regulation.

Responsibilities of pharmacy service provider

129. Every licensee of a long-term care home shall ensure that the pharmacy service provider participates in the following activities:

1. For each resident of the home, the development of medication assessments, medication administration records and records for medication reassessment, and the maintenance of medication profiles.
2. Evaluation of therapeutic outcomes of drugs for residents.
3. Risk management and quality improvement activities, including review of medication incidents, adverse drug reactions and drug utilization.
4. Developing audit protocols for the pharmacy service provider to evaluate the medication management system.
5. Educational support to the staff of the home in relation to drugs.
6. Drug destruction under clause 148 (3) (a) if required by the licensee's policy.

System for notifying pharmacy service provider

130. Every licensee of a long-term care home shall ensure that a system is developed for notifying the pharmacy service provider within 24 hours of the admission, medical absence, psychiatric absence, discharge, and death of a resident.

OBTAINING AND KEEPING DRUGS

Purchasing and handling of drugs

131. (1) Every licensee of a long-term care home shall ensure that no drug is acquired, received or stored by or in the home or kept by a resident under subsection 140 (8) unless the drug,

- (a) has been prescribed for a resident or obtained for the purposes of the emergency drug supply referred to in section 132; and
- (b) has been provided by, or through an arrangement made by, the pharmacy service provider or the Government of Ontario.

(2) Subsection (1) does not apply where exceptional circumstances exist such that a drug prescribed for a resident cannot be provided by, or through an arrangement made by, the pharmacy service provider.

Emergency drug supply

132. Every licensee of a long-term care home who maintains an emergency drug supply for the home shall ensure,

- (a) that only drugs approved for this purpose by the Medical Director in collaboration with the pharmacy service provider, the Director of Nursing and Personal Care and the Administrator are kept;
- (b) that a written policy is in place to address the location of the supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply and tracking and documentation with respect to the drugs maintained in the supply;
- (c) that, at least annually, there is an evaluation done by the persons referred to in clause (a) of the utilization of drugs kept in the emergency drug supply in order to determine the need for the drugs; and
- (d) that any recommended changes resulting from the evaluation are implemented.

Drug supply

133. Every licensee of a long-term care home shall ensure that drugs obtained for use in the home, except drugs obtained for any emergency drug supply, are obtained based on resident usage, and that no more than a three-month supply is kept in the home at any time.

Monitored dosage system

134. (1) Every licensee of a long-term care home shall ensure that a monitored dosage system is used in the home for the administration of drugs.

(2) The monitored dosage system must promote the ease and accuracy of the administration of drugs to residents and support monitoring and drug verification activities.

Packaging of drugs

135. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed.

Changes in directions for administration

136. Every licensee of a long-term care home shall ensure that a policy is developed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director, to govern changes in the administration of a drug due to modifications of directions for use made by a prescriber, including temporary discontinuation.

Sending of drugs with a resident

137. Every licensee of a long-term care home shall ensure that a policy is developed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director, to govern the sending of a drug that has been prescribed for a resident with them when they leave the home on a temporary basis or are discharged.

Safe storage of drugs

138. (1) Every licensee of a long-term care home shall ensure that,

- (a) drugs are stored in an area or a medication cart,
 - (i) that is used exclusively for drugs and drug-related supplies,
 - (ii) that is secure and locked,
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and

- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

(2) Subsection (1) does not apply with respect to drugs that a resident is permitted to keep on their person or in their room in accordance with subsection 140 (8).

Security of drug supply

139. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
 - i. persons who may dispense, prescribe or administer drugs in the home, and
 - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered.

Administration of drugs

140. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident.

(2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.

(3) Subject to subsections (4), (5) and (6), the licensee shall ensure that no person administers a drug to a resident in the home unless that person is a physician, dentist, registered nurse or a registered practical nurse.

(4) A member of the registered nursing staff may permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical, if,

- (a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals;
- (b) the member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and

- (c) the staff member who administers the topical does so under the supervision of the member of the registered nursing staff.

(5) A member of the registered nursing staff may permit a nursing student to administer drugs to residents if,

- (a) the licensee has verified with the university or college that offers the nursing educational program in which the nursing student is enrolled that the nursing student has received education or training about the administration of drugs as part of the program;
- (b) the nursing student has been trained by a member of the registered nursing staff in the written policies and protocols for the medication management system referred to in subsection 123 (2);
- (c) the member of the registered nursing staff who is permitting the administration is satisfied that the nursing student can safely administer drugs; and
- (d) the nursing student who administers the drugs does so under the supervision of the member of the registered nursing staff.

(6) The licensee shall ensure that no resident administers a drug to themselves unless the administration has been approved by the prescriber in consultation with the resident.

(7) Where a resident of the home is permitted to administer a drug to themselves under subsection (6), the licensee shall ensure that there are written policies to ensure that the residents who do so understand,

- (a) the use of the drug;
- (b) the need for the drug;
- (c) the need for monitoring and documentation of the use of the drug; and
- (d) the necessity for safekeeping of the drug by the resident where the resident is permitted to keep the drug on their person or in their room under subsection (8).

(8) The licensee shall ensure that no resident who is permitted to administer a drug to themselves under subsection (6) keeps the drug on their person or in their room except,

- (a) as authorized by a physician, registered nurse in the extended class or other prescriber who attends the resident; and

- (b) in accordance with any conditions that are imposed by the physician, the registered nurse in the extended class or other prescriber.

(9) In this section,

“dentist” means a member of the Royal College of Dental Surgeons of Ontario; (“dentiste”)

“nursing student” means a person,

- (a) who is enrolled in an educational program, the successful completion of which meets the educational requirements for the issuance of a certificate of registration as a registered nurse or registered practical nurse as set out in the regulations made under the *Nursing Act, 1991*, and
- (b) who is working in the long-term care home as part of the clinical placement requirement of the educational program pursuant to an agreement between the licensee and the university or college that offers the educational program. (“étudiante infirmière ou étudiant infirmier”)

Natural health products

141. (1) Every licensee of a long-term care home shall ensure that where a resident wishes to use a drug that is a natural health product and that has not been prescribed, there are written policies and procedures to govern the use, administration and storage of the natural health product.

(2) Nothing in this Regulation prevents a resident from using, in accordance with the licensee’s policies and procedures as required by subsection (1), a natural health product that has not been prescribed.

(3) Sections 123 to 140 and 145 to 149 do not apply with respect to a natural health product that has not been prescribed.

(4) In this section,

“natural health product” means natural health product, as that term is defined from time to time by the *Natural Health Products Regulations* under the *Food and Drugs Act* (Canada), other than a product that is a substance that has been identified in the regulations made under the *Drug and Pharmacies Regulation Act* as being a drug for the purposes of that Act despite clause (f) of the definition of “drug” in subsection 1 (1) of that Act.

Recreational cannabis

142. (1) Every licensee of a long-term care home shall ensure that there are written policies and procedures to govern, with respect to residents, the cultivation, acquisition, consumption, administration, possession, storage and disposal of recreational cannabis in accordance with all

applicable laws, including, without being limited to, the *Cannabis Act* (Canada) and the *Cannabis Regulations* (Canada).

(2) Nothing in this Regulation prevents a resident from cultivating, acquiring, consuming, administering, possessing, storing or disposing of recreational cannabis in accordance with the licensee's policies and procedures as required by subsection (1).

(3) Sections 123 to 141 and 143 to 149 do not apply with respect to recreational cannabis.

Medical cannabis

143. (1) Every licensee of a long-term care home shall ensure that there are written policies and procedures to govern, with respect to residents, the cultivation, acquisition, consumption, administration, possession, storage and disposal of medical cannabis in accordance with all applicable laws, including, without being limited to, the *Cannabis Act* (Canada) and the *Cannabis Regulations* (Canada).

(2) Sections 131, 135, 138, 139, 140 and 148 do not apply with respect to medical cannabis.

Industrial hemp and derivatives

144. Sections 123 to 143 and 145 to 149 do not apply with respect to,

- (a) industrial hemp within the meaning of the *Industrial Hemp Regulations* (Canada); or
- (b) a derivative or a product made from a derivative that is exempt from the application of the *Cannabis Act* (Canada) under the *Industrial Hemp Regulations* (Canada) and that is not a natural health product within the meaning of section 141 of this Regulation.

Drug record (ordering and receiving)

145. Every licensee of a long-term care home shall ensure that a drug record is established, maintained and kept in the home for at least two years, in which is recorded the following information, in respect of every drug that is ordered and received in the home:

1. The date the drug is ordered.
2. The signature of the person placing the order.
3. The name, strength and quantity of the drug.
4. The name of the place from which the drug is ordered.
5. The name of the resident for whom the drug is prescribed, where applicable.
6. The prescription number, where applicable.

7. The date the drug is received in the home.
8. The signature of the person acknowledging receipt of the drug on behalf of the home.
9. Where applicable, the information required under subsection 148 (4).

Residents' drug regimes

146. Every licensee of a long-term care home shall ensure that,

- (a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;
- (b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and
- (c) there is, at least quarterly, a documented reassessment of each resident's drug regime.

Medication incidents and adverse drug reactions

147. (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident and every adverse drug reaction is,

- (a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and
 - (b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider.
- (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,
- (a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed;
 - (b) corrective action is taken as necessary; and
 - (c) a written record is kept of everything required under clauses (a) and (b).
- (3) Every licensee shall ensure that,

- (a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions;
- (b) any changes and improvements identified in the review are implemented; and
- (c) a written record is kept of everything provided for in clauses (a) and (b).

Drug destruction and disposal

148. (1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of,

- (a) all expired drugs;
- (b) all drugs with illegible labels;
- (c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the *Drug and Pharmacies Regulation Act*; and
- (d) a resident's drugs where,
 - (i) the prescriber attending the resident orders that the use of the drug be discontinued,
 - (ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the *Vital Statistics Act* or the resident's attending physician, or
 - (iii) the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 137.

(2) The drug destruction and disposal policy must also provide for the following:

1. That drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.
2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

3. That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
4. That drugs that are to be destroyed are destroyed in accordance with subsection (3).

(3) The drugs must be destroyed by a team acting together and composed of,

- (a) in the case of a controlled substance, subject to any applicable requirements under the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada),
 - (i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
 - (ii) a physician or a pharmacist; and
- (b) in every other case,
 - (i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
 - (ii) one other staff member appointed by the Director of Nursing and Personal Care.

(4) Where a drug that is to be destroyed is a controlled substance, the drug destruction and disposal policy must provide that the team composed of the persons referred to in clause (3) (a) shall document the following in the drug record:

1. The date of removal of the drug from the drug storage area.
2. The name of the resident for whom the drug was prescribed, where applicable.
3. The prescription number of the drug, where applicable.
4. The drug's name, strength and quantity.
5. The reason for destruction.
6. The date when the drug was destroyed.
7. The names of the members of the team who destroyed the drug.
8. The manner of destruction of the drug.

(5) The licensee shall ensure,

- (a) that the drug destruction and disposal system is audited at least annually to verify that the licensee's procedures are being followed and are effective;
- (b) that any changes identified in the audit are implemented; and
- (c) that a written record is kept of everything provided for in clauses (a) and (b).

(6) For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable.

Restraining by administration of drug, etc., under common law duty

149. (1) A registered nurse may order the administration of a drug for the purposes of subsection 39 (3) of the Act.

(2) Every licensee shall ensure that every administration of a drug to restrain a resident when immediate action is necessary to prevent serious bodily harm to the resident or to others pursuant to the common law duty described in section 39 of the Act is documented, and without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

- 1. Circumstances precipitating the administration of the drug.
- 2. Who made the order, what drug was administered, the dosage given, by what means the drug was administered, the time or times when the drug was administered and who administered the drug.
- 3. The resident's response to the drug.
- 4. All assessments, reassessments and monitoring of the resident.
- 5. Discussions with the resident or, where the resident is incapable, the resident's substitute decision-maker, following the administration of the drug to explain the reasons for the use of the drug.

ABSENCES

Absences

150. (1) If the requirements set out in subsection (2) are met, but subject to subsection (3), a licensee of a long-term care home shall ensure that when a long-stay resident of the home returns from a medical absence, psychiatric absence, casual absence, or vacation absence, the resident receives the same class of accommodation, the same room, and the same bed in the room, that the resident had before the absence.

(2) The requirements referred to in subsection (1) are,

- (a) in the case of a medical absence, that the length of the medical absence does not exceed 30 days;
- (b) in the case of a psychiatric absence, that the length of the psychiatric absence does not exceed 60 days;
- (c) in the case of a casual absence during the period between midnight on a Saturday and midnight on the following Saturday, that the total length of the resident's casual absences during the period does not exceed 48 hours;
- (d) in the case of a vacation absence, that the total length of the resident's vacation absences during the calendar year does not exceed 21 days.

(3) A licensee may arrange for the long-stay resident to receive a different bed or room where the resident's needs have changed and as a result a different bed or room is necessary.

(4) If the requirements set out in subsection (5) are met, a licensee of a long-term care home shall ensure that when a short-stay resident of the home returns from a medical absence, psychiatric absence or casual absence, the resident receives the same class of accommodation that the resident had before the absence.

(5) The requirements referred to in subsection (4) are,

- (a) in the case of a medical or psychiatric absence,
 - (i) that the length of the medical or psychiatric absence does not exceed 14 days, and
 - (ii) that the resident returns to the home before the end of the period for which the resident was admitted to the home; and
- (b) in the case of a casual absence of a resident during the period between midnight on a Saturday and midnight on the following Saturday,
 - (i) that the total length of the resident's casual absences during the period does not exceed 48 hours, and
 - (ii) that the resident returns to the home before the end of the period for which the resident was admitted to the home.

(6) A licensee of a long-term care home shall ensure that before a resident of the home leaves for a medical absence or a psychiatric absence,

- (a) except in an emergency, a physician or a registered nurse in the extended class attending the resident authorizes the absence in writing; and
- (b) notice of the resident's medical absence or psychiatric absence is given to the resident's substitute decision-maker, if any, and to such other person as the resident or substitute decision-maker designates,
 - (i) at least 24 hours before the resident leaves the home, or
 - (ii) if circumstances do not permit 24 hours notice, as soon as possible.

(7) A licensee of a long-term care home shall ensure that when a resident of the home leaves for a medical absence or a psychiatric absence, information about the resident's drug regime, known allergies, diagnosis and care requirements is provided to the resident's health care provider during the absence.

Absent residents

151. The requirements under this Regulation respecting the care and treatment of a resident do not apply with respect to a resident who is on a medical absence, a psychiatric absence, a casual absence or a vacation absence.

Recording of absences

152. Every licensee of a long-term care home shall ensure that each medical absence, psychiatric absence, casual absence and vacation absence of a resident of the home is recorded.

Licensee to stay in contact

153. (1) Every licensee of a long-term care home shall maintain contact with a resident who is on a medical absence or psychiatric absence or with the resident's health care provider in order to determine when the resident will be returning to the home.

(2) Every licensee of a long-term care home shall be in contact with a long-stay resident of the home who is on a vacation absence in order to determine when the resident will be returning to the home.

Care during absence

154. Every licensee of a long-term care home shall ensure that before a long-stay resident of the home leaves for a casual absence or a vacation absence and before a short-stay resident of the home leaves for a casual absence,

- (a) a physician or a registered nurse in the extended class attending the resident or a member of the registered nursing staff of the home sets out in writing the care required to be given to the resident during the absence; and
- (b) a member of the licensee's staff communicates to the resident, or the resident's substitute decision-maker,
 - (i) the need to take all reasonable steps to ensure that the care required to be given to the resident is received by the resident during the absence,
 - (ii) that the licensee will not be responsible for the care, safety and well-being of the resident during the absence and that the resident or the resident's substitute decision-maker assumes full responsibility for the care, safety and well-being of the resident during the absence, and
 - (iii) the need to notify the Administrator of the home if the resident is admitted to a hospital during the absence or if the date of the resident's return changes.

Where interim bed resident considered to be long-stay resident

155. For the purposes of the following provisions of this Regulation, a resident in the interim bed short-stay program shall be considered to be a long-stay resident:

- 1. Section 150.
- 2. Subsection 153 (2).
- 3. Section 154.

DISCHARGE

Restriction on discharge

156. No licensee of a long-term care home shall discharge a resident from the long-term care home unless permitted or required to do so by this Regulation.

When licensee may discharge

157. (1) A licensee of a long-term care home may discharge a resident if the licensee is informed by someone permitted to do so under subsection (2) that the resident's requirements for care have changed and that, as a result, the home cannot provide a sufficiently secure environment to ensure the safety of the resident or the safety of persons who come into contact with the resident.

- (2) For the purposes of subsection (1), the licensee shall be informed by,

- (a) in the case of a resident who is at the home, the Director of Nursing and Personal Care, the resident's physician or a registered nurse in the extended class attending the resident, after consultation with the interdisciplinary team providing the resident's care; or
 - (b) in the case of a resident who is absent from the home, the resident's physician or a registered nurse in the extended class attending the resident.
- (3) A licensee of a long-term care home may discharge a resident if,
- (a) the resident decides to leave the home and signs a request to be discharged;
 - (b) the resident leaves the home and informs the Administrator that they will not be returning to the home;
 - (c) the resident is absent from the home for a period exceeding seven days and the resident has not informed the Administrator of their whereabouts, and the Administrator has been unable to locate the resident;
 - (d) in the case of a long-stay resident, the total length of the resident's casual absences during the period between midnight on a Saturday and midnight on the following Saturday exceeds 48 hours and the resident does not have any remaining vacation absence days available in the calendar year; or
 - (e) in the case of a short-stay resident, the total length of the resident's casual absences during the period between midnight on Saturday and midnight on the following Saturday exceeds 48 hours.
- (4) Clause (3) (e) does not apply to a resident in the interim bed short-stay program and the resident shall be considered to be a long-stay resident for the purposes of clause (3) (d).

When licensee shall discharge

158. (1) A licensee of a long-term care home shall discharge a short-stay resident from the home at the end of the period for which the resident was admitted to the home, unless the resident is in the interim bed short-stay program and the placement co-ordinator has authorized, or has advised the licensee that it will be authorizing, an extension of the resident's admission under section 214.

(2) A licensee shall not discharge under subsection (1) a resident who is in the interim bed short-stay program without first confirming with the placement co-ordinator whether the placement co-ordinator intends to authorize an extension.

(3) A licensee shall discharge a short-stay resident if,

- (a) the resident is on a medical absence or a psychiatric absence that exceeds 14 days;
 - (b) the resident is on a vacation absence; or
 - (c) the long-term care home is being closed.
- (4) A licensee shall discharge a long-stay resident if,
- (a) the resident is on a medical absence that exceeds 30 days;
 - (b) the resident is on a psychiatric absence that exceeds 60 days;
 - (c) the total length of the resident's vacation absences during the calendar year exceeds 21 days; or
 - (d) the long-term care home is being closed.
- (5) A licensee shall not discharge a resident under clause (3) (a) or (4) (a) or (b) if,
- (a) the resident is unable to return to the home because of an emergency in the home or an outbreak of disease; or
 - (b) the resident or the resident's substitute decision-maker or other person acting on the resident's behalf has notified the Administrator that the resident intends to return to the home but the resident is unable to do so due to an emergency or natural disaster in the community that prevents the immediate return of the resident.
- (6) A licensee shall not discharge a resident under clause (4) (c) if,
- (a) the resident is unable to return to the home because of an outbreak of disease in the home or an emergency in the home; or
 - (b) the resident or the resident's substitute decision-maker or other person acting on the resident's behalf has notified the Administrator that the resident intends to return to the home but the resident is unable to do so due to an emergency or natural disaster in the community or a short-term illness or injury of the resident that prevents the immediate return of the resident.
- (7) A licensee of a long-term care home shall discharge a resident from a specialized unit if,
- (a) the interdisciplinary reassessment required under section 222 indicates that the resident no longer requires and benefits from the accommodation, care, services, programs and goods provided in the specialized unit; and

- (b) alternative arrangements have been made for the accommodation, care, services, programs and goods required by the resident.

(8) A licensee of a long-term care home shall discharge a resident from a specialized unit if the resident was admitted to the specialized unit pursuant to a stipulation made under subsection 216 (7) and the resident is being transferred to a bed in another area in the home as required by section 224.

(9) A licensee shall discharge a resident when the licensee is aware that the resident has died, and the resident is deemed to have been discharged on the date of death.

(10) Subsection (3) does not apply to a resident in the interim bed short-stay program and the resident shall be considered to be a long-stay resident for the purposes of subsection (4).

Discharge when beds closed

159. (1) A licensee may discharge a resident whose bed is closed if it is not possible to transfer the resident to another bed in the home.

(2) Subsection (1) does not apply if,

- (a) notice was required under section 358 but that section was not complied with;
- (b) the Director agreed, under subsection 358 (7), to a shorter notice period, or to dispensing with notice and, as a result, less than 16 weeks notice was given to the persons described in clause 358 (3) (a); or
- (c) section 359 applied when the resident was transferred to the bed but that section was not complied with.

Discharge during pandemic

160. (1) During a pandemic a licensee of a long-term care home shall discharge a long-stay resident if the resident or the resident's substitute decision-maker provides a written request to be discharged because of the pandemic.

(2) Every licensee of a long-term care home shall ensure that before a long-stay resident leaves the home pursuant to a request under subsection (1),

- (a) a physician or a registered nurse in the extended class attending the resident or a member of the registered nursing staff of the home sets out in writing the care required to be given to the resident once the resident has left the home; and
- (b) a member of the licensee's staff communicates to the resident, or the resident's substitute decision-maker,

- (i) the need to take all reasonable steps to ensure that the care required to be given to the resident is received by the resident after the resident leaves the home,
- (ii) that the licensee will not be responsible for the care, safety and well-being of the resident once the resident is discharged, and the resident or the resident's substitute decision-maker assumes full responsibility for the care, safety and well-being of the resident once the resident is discharged, and
- (iii) that when the resident is ready to return to the home, the resident, the resident's substitute decision-maker or another person acting on behalf of the resident will need to contact the placement co-ordinator to arrange for re-admission.

(3) A resident in the interim bed short-stay program shall be considered to be a long-stay resident for the purposes of this section.

Requirements on licensee before discharging a resident

161. (1) Except in the case of a discharge due to a resident's death, every licensee of a long-term care home shall ensure that, before a resident is discharged, notice of the discharge is given to the resident, the resident's substitute decision-maker, if any, and to any other person either of them may direct,

- (a) as far in advance of the discharge as possible; or
- (b) if circumstances do not permit notice to be given before the discharge, as soon as possible after the discharge.

(2) Before discharging a resident under subsection 157 (1), the licensee shall,

- (a) ensure that alternatives to discharge have been considered and, where appropriate, tried;
- (b) in collaboration with the appropriate placement co-ordinator and other health service organizations, make alternative arrangements for the accommodation, care and secure environment required by the resident;
- (c) ensure the resident and the resident's substitute decision-maker, if any, and any person either of them may direct is kept informed and given an opportunity to participate in the discharge planning and that their wishes are taken into consideration; and
- (d) provide a written notice to the resident, the resident's substitute decision-maker, if any, and any person either of them may direct, setting out a detailed explanation of the

supporting facts, as they relate both to the home and to the resident's condition and requirements for care, that justify the licensee's decision to discharge the resident.

(3) Before discharging a resident from the home under clause 157 (3) (a), (b) or (d) or subsection 160 (1), the licensee shall offer to,

- (a) assist the resident in planning for discharge by identifying alternative accommodation, health service organizations and other resources in the community; and
- (b) contact appropriate health service organizations and other resources in the community or refer the resident to such organizations and resources.

Responsibility of placement co-ordinator

162. The appropriate placement co-ordinator shall, if a resident to whom subsection 157 (1) or clause 158 (7) (a) applies so desires, assist in arranging alternative accommodation, care or services for the resident.

Licensee to assist with alternatives to long-term care home

163. Every licensee of a long-term care home shall offer to contact the appropriate placement co-ordinator for the purpose of providing information about alternatives to living in a long-term care home to a resident whose condition has improved to the extent that the resident no longer requires the care and services provided by the long-term care home, as set out in the resident's plan of care.

Transitional, absences and discharges due to absences

164. (1) Where, during the calendar year that this section comes into force, a resident of a home under the *Long-Term Care Homes Act, 2007* has taken vacation absences or casual absences in accordance with the regulations under that Act before the coming into force of this section, the absences shall be counted as if they had been taken while this Regulation was in force.

(2) Where a long-stay resident was on a psychiatric absence from a home in accordance with the regulations under the *Long-Term Care Homes Act, 2007* immediately before the coming into force of this section,

- (a) the duration of the absence before the coming into force of this section shall be counted for the purposes of the discharge provisions of this Regulation; and
- (b) no bed-holding amount is payable for the days of the absence after the coming into force of this section.

(3) Where a long-stay resident was on a medical absence from a home in accordance with the regulations under the *Long-Term Care Homes Act, 2007* immediately before the coming into force of this section,

- (a) a licensee shall not discharge the resident under clause 158 (4) (a) until the absence exceeds 51 consecutive days; and
- (b) no bed-holding amount is payable for the days of the absence after the coming into force of this section.

(4) Where a short-stay resident was on a medical absence from a home in accordance with the regulations under the *Long-Term Care Homes Act, 2007* immediately before the coming into force of this section, the days of the absence before the coming into force of this section shall be counted for the purposes of the discharge provisions of this Regulation.

PART III QUALITY

Continuous quality improvement initiative

165. This Part applies to the continuous quality improvement initiative for a home required under section 42 of the Act.

Continuous quality improvement committee

166. (1) Every licensee of a long-term care home shall establish a continuous quality improvement committee.

(2) The continuous quality improvement committee shall be composed of at least the following persons:

1. The home's Administrator.
2. The home's Director of Nursing and Personal Care.
3. The home's Medical Director.
4. Every designated lead of the home.
5. The home's registered dietitian.
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.
7. At least one employee of the licensee who is a member of the regular nursing staff of the home.

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.
 9. One member of the home's Residents' Council.
 10. One member of the home's Family Council, if any.
- (3) Every continuous quality improvement committee has the following responsibilities:
1. To monitor and report to the long-term care home licensee on quality issues, residents' quality of life, and the overall quality of care and services provided in the long-term care home, with reference to appropriate data.
 2. To consider, identify and make recommendations to the long-term care home licensee regarding priority areas for quality improvement in the home.
 3. To coordinate and support the implementation of the continuous quality improvement initiative, including but not limited to, preparation of the report on the continuous quality improvement initiative.

(4) The licensee is not required to comply with subsection (1) until six months after the coming into force of this section.

Continuous quality improvement designated lead

167. (1) Every licensee of a long-term care home shall ensure that the home's continuous quality improvement initiative is co-ordinated by a designated lead.

- (2) The licensee shall ensure that the designated lead is a member of the staff.

Continuous quality improvement initiative report

168. (1) Every licensee of a long-term care home shall prepare an annual report on the continuous quality improvement initiative for the home.

- (2) The report required under subsection (1) must contain the following information:

1. The name and position of the designated lead for the continuous quality improvement initiative.
2. A written description of the home's priority areas, objectives, policies, procedures and protocols for the upcoming year.
3. A written description of the process used to identify the home's priority areas for quality improvement for the upcoming year and how the home's priority areas for

quality improvement for the upcoming year are based on the recommendations of the home's continuous quality improvement committee.

4. A written description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement in the upcoming year.
5. A written record of,
 - i. the date the survey required under section 43 of the Act was taken,
 - ii. the results of the survey taken under section 43 of the Act, and
 - iii. how, and the dates when, the results of the survey taken under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.
6. A written record of,
 - i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken in the previous year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
 - ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement in the previous year, the dates the actions were implemented and the outcomes of the actions,
 - iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
 - iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and
 - v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Resident's Council, Family Council, if any, and members of the staff of the home.

Records of improvements

169. Every licensee of a long-term care home shall ensure that the continuous quality improvement initiative required under section 42 of the Act includes a record maintained by the licensee setting out the names of the persons who participated in evaluations of improvements in the report required under section 168 of this Regulation.

PART IV ADMISSION OF RESIDENTS

Definition

170. In this Part,

“partner” means either of two persons who have lived together for at least one year and who have a close personal relationship that is of primary importance in both persons’ lives.

Information to be provided by placement co-ordinator

171. (1) When a person who wishes to seek admission to a long-term care home contacts a placement co-ordinator, the placement co-ordinator shall provide the person with information about alternative services that the person may wish to consider.

(2) The placement co-ordinator shall also provide the person with information about a resident’s responsibility for payment for charges for accommodation and the maximum amounts that may be charged by a licensee for accommodation.

(3) The placement co-ordinator shall advise the person that a resident may apply to the Director for a reduction in the charge for basic accommodation and that a resident who makes such an application is required to provide supporting documentation including,

- (a) the resident’s Notice of Assessment issued under the *Income Tax Act* (Canada) for the resident’s most recent taxation year;
- (b) the resident’s proof of income statement (option “C” print) from the Canada Revenue Agency for the resident’s most recent taxation year; or
- (c) the resident’s written authorization to electronically obtain income information for the resident’s most recent taxation year from the Canada Revenue Agency.

(4) When a person is determined eligible for admission, the placement co-ordinator shall provide the person with information about,

- (a) the length of waiting lists and approximate times to admission for long-term care homes;
- (b) vacancies in long-term care homes; and
- (c) how to obtain information from the Ministry about long-term care homes.

ELIGIBILITY FOR ADMISSION

Criteria for eligibility, long-stay

172. (1) A placement co-ordinator shall determine a person to be eligible for long-term care home admission as a long-stay resident only if,

- (a) the person is at least 18 years old;
- (b) the person is an insured person under the *Health Insurance Act*;
- (c) the person,
 - (i) requires that nursing care be available on site 24 hours a day,
 - (ii) requires, at frequent intervals throughout the day, assistance with activities of daily living, or
 - (iii) requires, at frequent intervals throughout the day, on-site supervision or on-site monitoring to ensure their safety or well-being;
- (d) the publicly-funded community-based services available to the person and the other caregiving, support or companionship arrangements available to the person are not sufficient, in any combination, to meet the person's requirements; and
- (e) the person's care requirements can be met in a long-term care home.

(2) In this section,

“nursing care” means nursing and other personal care given by or under the supervision of a registered nurse or a registered practical nurse.

Same, short-stay admission, respite care and convalescent care programs

173. (1) A placement co-ordinator shall determine a person to be eligible for long-term care home admission as a short-stay resident in the respite care program only if,

- (a) the person,
 - (i) has a caregiver who requires temporary relief from caregiving duties, or
 - (ii) requires temporary care in order to continue to reside in the community and is likely to benefit from a short stay in the home;
- (b) it is anticipated that the person will be returning to their residence within 60 days after admission to the long-term care home; and

(c) the person meets the requirements of clauses 172 (1) (a), (b), (c) and (e).

(2) A placement co-ordinator shall determine a person to be eligible for long-term care home admission as a short-stay resident in the convalescent care program only if,

- (a) the person requires a period of time in which to recover strength, endurance or functioning and is likely to benefit from a short stay in a long-term care home;
- (b) it is anticipated that the person will be returning to their residence within 90 days after admission to the long-term care home; and
- (c) the person meets the requirements of clauses 172 (1) (a), (b), (c) and (e).

Same, spouse or partner

174. (1) Despite clauses 172 (1) (c) and (d), a placement co-ordinator shall determine a person to be eligible for long-term care home admission as a long-stay resident if,

- (a) the person's spouse or partner is,
 - (i) a long-stay resident, or
 - (ii) a person who has been determined by a placement co-ordinator to be eligible for long-term care home admission as a long-stay resident; and
- (b) the person meets the requirements of clauses 172 (1) (a), (b) and (e).

(2) Despite anything else in this Regulation,

- (a) a person described in subsection (1) may only be placed in a category set out in subsection 191 (3) or 192 (3); and
- (b) a placement co-ordinator may not authorize the admission to a long-term care home of a person described in subsection (1) before the admission of their spouse or partner is authorized to that home.

Same, veterans

175. Despite clauses 172 (1) (c) and (d), a placement co-ordinator shall determine a person to be eligible for long-term care home admission as a long-stay resident if the person is a veteran and an insured person under the *Health Insurance Act*.

Same, redevelopment transfers

176. (1) Despite section 172, a placement co-ordinator shall determine a person to be eligible for long-term care home admission as a long-stay resident if the person is,

- (a) a long-stay resident of a long-term care home immediately before the closure of their in the home who is requesting a transfer to a related temporary long-term care home;
- (b) a long-stay resident who is requesting a transfer from a related temporary long-term care home to a replacement long-term care home or to a re-opened long-term care home operated by the same licensee as the related temporary long-term care home; or
- (c) a long-stay resident of a long-term care home immediately before the closure of their bed in the home who is requesting a transfer to a replacement long-term care home.

(2) A placement co-ordinator acting under this section is exempt from complying with subsections 50 (4) and (6) and 51 (12) of the Act.

(3) For the purposes of this section, a resident of the interim bed short-stay program shall be considered to be a long-stay resident.

APPLICATION FOR DETERMINATION OF ELIGIBILITY

Application for determination of eligibility

177. (1) To apply for a determination respecting eligibility for long-term care home admission, a person shall provide to a placement co-ordinator,

- (a) a written request by the person for a determination of their eligibility, in the form provided by the placement co-ordinator;
- (b) satisfactory evidence that the requirements in clauses 172 (1) (a) and (b) are met;
- (c) an up-to-date assessment described in paragraph 1 of subsection 50 (4) of the Act;
- (d) an up-to-date assessment described in paragraph 2 of subsection 50 (4) of the Act, made and signed by an employee or agent of the placement co-ordinator who is also,
 - (i) a registered nurse,
 - (ii) a social worker who is registered under the *Social Work and Social Service Work Act, 1998*,
 - (iii) a member of the College of Physiotherapists of Ontario,
 - (iv) a member of the College of Occupational Therapists of Ontario,
 - (v) a speech-language pathologist who is a member of the College of Audiologists and Speech-Language Pathologists of Ontario, or

(vi) a registered dietitian; and

- (e) any additional information and documentation necessary to establish whether the person meets the applicable eligibility criteria.

(2) The form provided by the placement co-ordinator under clause (1) (a) must be a form provided by the Director.

(3) Where a person who is a resident of a long-term care home seeks to transfer to another long-term care home,

- (a) they shall submit a request for a determination of eligibility for long-term care home admission and provide the material referred to in subsection (1), unless there is an application pending for the authorization of admission of the person to any long-term care home; and
- (b) the licensee of the person's long-term care home shall assist the placement co-ordinator by providing information about the care that is being given to the person and information the licensee has that relates to the assessments mentioned in clauses (1) (c) and (d).

(4) Despite subsections (1) and (3), a person referred to in subsection 176 (1) is not required to provide a request for a determination of eligibility in the form provided by the placement co-ordinator under clause (1) (a) or the material referred to in clauses (1) (b), (c) and (d).

(5) A person who is in a jurisdiction outside of Ontario at the time of submitting their application is exempt from providing the assessments mentioned in clauses (1) (c) and (d) if the applicant submits substantially similar assessments, made by a person whose professional qualifications in that jurisdiction are equivalent to those of a person who could conduct such an assessment in Ontario, and if the placement co-ordinator is satisfied that those assessments are adequate under all the circumstances.

(6) A placement co-ordinator acting under the circumstances set out in subsection (5) may make the eligibility determination under subsection 50 (4) of the Act based on the assessments provided.

(7) The placement co-ordinator shall assist the person in obtaining anything that the person is required to provide to the placement co-ordinator under this section.

APPLICATION FOR AUTHORIZATION OF ADMISSION

Application for authorization of admission

178. (1) To apply for authorization of admission to a long-term care home under section 51 of the Act, an applicant shall provide to the placement co-ordinator,

- (a) a written request by the applicant for authorization of their admission to the home, made in the form provided by the placement co-ordinator;
- (b) such additional information and documentation as is necessary to enable the placement co-ordinator to determine the category in which to place the applicant under sections 187 to 198;
- (c) such additional information and documentation as is relevant in the opinion of the placement co-ordinator for the licensee to determine whether to give or withhold approval of the person's admission; and
- (d) copies of the assessments and reassessments referred to in clause 51 (11) (a) of the Act.

(2) Despite clause (1) (a), a person who is determined eligible for long-term care home admission under subsection 176 (1) is not required to provide a request for authorization of admission in writing.

(3) The placement co-ordinator shall assist the applicant in obtaining anything that the applicant is required to provide to the placement co-ordinator under this section.

APPROVAL BY LICENSEE

Approval by licensee

179. (1) Subject to sections 180 and 181, when an applicant who has been determined by a placement co-ordinator to be eligible for long-term care home admission applies for authorization of their admission to a particular long-term care home, the appropriate placement co-ordinator shall,

- (a) give the licensee of the home, in addition to the material required under subsection 51 (7) of the Act, any other information possessed by the placement co-ordinator that in the placement co-ordinator's opinion is relevant to the licensee's determination of whether to give or withhold approval for the applicant's admission to the home; and
- (b) request the licensee to determine whether to give or withhold approval for the applicant's admission to the home.

(2) The appropriate placement co-ordinator shall ensure that any assessment given to the licensee as part of the material mentioned in clause (1) (a) was made within the previous three

months, and that if within the preceding three months there was a significant change in the applicant's condition or circumstances, the assessment or reassessment that reflects those changes is included in the material.

(3) Subject to subsections (4) and (5), the licensee shall, within five business days after receiving the request mentioned in clause (1) (b), do one of the following:

1. Give the appropriate placement co-ordinator the written notice required under subsection 51 (8) of the Act.
2. If the licensee is withholding approval for the applicant's admission, give the written notice required under subsection 51 (9) of the Act to the persons mentioned in subsection 51 (10) of the Act.

(4) Where, within the five business days referred to in subsection (3), the licensee makes a request in writing to the appropriate placement co-ordinator for additional information that in the placement co-ordinator's opinion is relevant to the licensee's determination of whether to give or withhold approval for the applicant's admission to the home, the placement co-ordinator shall provide the information to the licensee.

(5) The licensee shall give the appropriate notice under paragraph 1 or 2 of subsection (3) within three business days of receiving the additional information provided under subsection (4).

Exceptions

180. Subsections 51 (7), (8) and (14) of the Act and sections 179 and 202 of this Regulation do not apply with respect to an applicant who is eligible for long-term care home admission under subsection 176 (1), and the licensee of a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home is deemed to approve the admission to the home of such an applicant.

Limit on waiting lists

181. (1) A placement co-ordinator shall not provide the information and request referred to in subsection 179 (1) to a licensee if the result would be,

- (a) that there are more than five requests outstanding relating to admission as a long-stay resident; or
- (b) that there are more than five requests outstanding relating to admission as a short-stay resident.

(2) For the purposes of subsection (1), a request is outstanding if approval has been given or the licensee is still considering whether to give approval.

(3) Subsection (1) does not apply with respect to a home that is not yet licensed or approved for the purposes of the Act and a request relating to such a home shall not be counted as a request that is outstanding.

(4) This section does not apply to an applicant who will be placed in category 1 on the waiting list for the long-term care home if the licensee approves their admission to the home.

KEEPING OF WAITING LIST

Keeping of waiting lists

182. (1) Each placement co-ordinator shall keep a waiting list for admission to each of the long-term care homes for which the placement co-ordinator is designated.

(2) In addition to the waiting lists under subsection (1), the placement co-ordinator shall, if applicable, keep a separate waiting list for each unit or area within a home that is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin as referred to in clause 191 (1) (b).

(3) Each placement co-ordinator shall also keep the waiting lists described in subsections (1) and (2) with respect to a long-term care home that is not yet licensed or approved, but that is, within 16 weeks of the creation of the list, expected to be licensed or approved and to be a long-term care home for which the placement co-ordinator is designated.

(4) The appropriate placement co-ordinator shall place on the relevant waiting list, rank for admission, and remove from the list, in accordance with sections 183 to 200, any person described in section 183, other than a person who is to be placed on the waiting list for interim beds under section 210 or on the waiting list for a specialized unit under section 219.

(5) Despite subsection (4), sections 183 and 186 to 200 do not apply to the appropriate placement co-ordinator in respect of placing persons on a waiting list for admission to a reunification priority access bed and ranking persons for admission to that bed, which shall be done in accordance with sections 227 and 228.

(6) Despite subsection (4), sections 183 and 186 to 200 do not apply to the appropriate placement co-ordinator in respect of placing persons on a waiting list for admission to a high acuity priority access bed and ranking persons for admission to that bed, which shall be done in accordance with sections 230 and 231.

(7) Despite subsection (4), sections 186 to 200 do not apply to the appropriate placement co-ordinator in respect of placing persons on a waiting list for admission to a direct access bed and ranking persons for admission to that bed, which shall be done in accordance with sections 236 and 237.

Requirements to be placed on waiting list

183. (1) The appropriate placement co-ordinator shall place a person on a waiting list only if,

- (a) the person is determined by a placement co-ordinator to be eligible for long-term care home admission;
- (b) the person applies in accordance with this Regulation for authorization of their admission to the home;
- (c) the licensee of the home approves the person's admission to the home; and
- (d) subject to subsection (4), placing the person on the waiting list will not result in the total number of long-stay program waiting lists on which the person is placed exceeding five and the total number of short-stay program waiting lists on which the person is placed exceeding five.

(2) Clause (1) (d) does not apply to a person who will be placed in category 1 on the waiting list for admission to a long-stay program.

(3) For the purposes of clause (1) (d), where a person will be placed in category 3A or 3B on the waiting list for a unit or area of a home that is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin under section 191, or for a specialized unit in the home under section 219, and will also be placed on the waiting list for the home other than in the unit or area or specialized unit, all of the waiting lists will be counted as one list.

(4) A waiting list referred to in subsection 182 (3) shall not be counted in the total number of waiting lists for the purposes of clause (1) (d) until the home is licensed or approved.

Removal from waiting list, long-stay

184. (1) The appropriate placement co-ordinator shall remove an applicant from every waiting list the placement co-ordinator keeps for admission to a long-term care home as a long-stay resident, and make a record of the removal, if any placement co-ordinator offers to authorize the applicant's admission to a long-term care home as a long-stay resident, and the applicant,

- (a) refuses to consent to admission;
- (b) refuses to enter into the agreement provided for in clause 203 (1) (f); or
- (c) fails to move into the home on or before the fifth day following the day on which they are informed of the availability of accommodation.

(2) Subsection (1) does not apply,

(a) if the applicant occupies a bed in,

(i) a hospital under the *Public Hospitals Act* or a private hospital licensed under the *Private Hospitals Act*, or

(ii) a facility that is a psychiatric facility within the meaning of the *Mental Health Act* and that is required to provide in-patient services in accordance with that Act;

(b) if the applicant declines to enter a specialized unit pursuant to a stipulation made under subsection 216 (7);

(c) if the reason the applicant acts in the manner described in clause (1) (a), (b) or (c) is that the applicant has a health condition, short-term illness or injury which,

(i) prevents the applicant from moving into the home at that time, or

(ii) would make moving into the home at that time detrimental to the applicant's health; or

(d) if the reason the applicant acts in the manner described in clause (1) (a), (b) or (c) is that there is an emergency in the home or an outbreak of disease which prevents the applicant from moving into the home at that time.

(3) If an applicant who is a long-stay resident of another long-term care home is removed from a waiting list under subsection (1), and subsequently wishes to seek admission to a long-term care home, the applicant must make a new application for a determination of eligibility for long-term care home admission as a long-stay resident.

(4) An applicant who is removed from a waiting list under subsection (1), other than an applicant referred to in subsection (3), and who subsequently wishes to seek admission to a long-term care home, must make a new application for a determination of eligibility for long-term care home admission as a long-stay resident, but any such application shall not be made earlier than 12 weeks or more after the day the applicant was removed from the waiting list, unless there has been a deterioration in the applicant's condition or circumstances.

Removal from waiting list, short-stay

185. (1) The appropriate placement co-ordinator may remove an applicant from the waiting list for a long-term care home to which the applicant is awaiting admission as a short-stay resident if the appropriate placement co-ordinator offers to authorize the applicant's admission to the home and the applicant,

- (a) refuses to consent to admission; or
- (b) fails to move into the home on the day agreed to by the applicant.

(2) An applicant who is removed from the waiting list for a long-term care home under subsection (1) and who subsequently wishes to seek admission to a long-term care home must make a new application for a determination of eligibility for long-term care home admission as a short-stay resident.

PLACEMENT INTO CATEGORIES ON WAITING LIST

Application — short-stay

186. An applicant for authorization of admission to a long-term care home as a short-stay resident in the respite care or convalescent care program shall be placed in the short-stay category on the waiting list for the long-term care home if the applicant meets the requirements in subsection 183 (1).

Application — long-stay

187. Sections 188 to 198 apply only to applicants who meet the requirements of section 183 and who apply for authorization of admission to a long-term care home as a long-stay resident.

Crisis category

188. (1) An applicant shall be placed in category 1 on the waiting list for a long-term care home if the applicant requires immediate admission as a result of a crisis arising from the applicant's condition or circumstances.

(2) An applicant shall be placed in category 1 on the waiting list for a long-term care home if,

- (a) the applicant occupies a bed in,
 - (i) a hospital under the *Public Hospitals Act* or a private hospital licensed under the *Private Hospitals Act*, or
 - (ii) a facility that is a psychiatric facility within the meaning of the *Mental Health Act* and that is required to provide in-patient services in accordance with that Act; and
- (b) there will be no bed for the applicant in the hospital or facility within 12 weeks as a result of,
 - (i) a permanent closure of all or some of the beds in the hospital or facility, or

- (ii) a temporary closure of all or some of the beds in the hospital or facility due to an emergency or redevelopment.

(3) An applicant shall be placed in category 1 on the waiting list for a long-term care home if,

- (a) the applicant is a long-stay resident of another long-term care home; and
- (b) there will be no bed for the applicant in the home within 12 weeks as a result of a permanent or temporary closure of all or some of the beds in the home.

(4) An applicant shall be placed in category 1 on the waiting list for a long-term care home if the applicant,

- (a) occupies a bed in a hospital under the *Public Hospitals Act*, requires an alternate level of care and requires an immediate admission to a long-term care home;
- (b) the hospital is experiencing severe capacity pressures; and
- (c) the Agency has, taking into account consultation with the affected hospital and the appropriate placement co-ordinator, verified these pressures to the appropriate placement co-ordinator in writing and set out the time period for which the verification applies.

Spouse/partner reunification

189. An applicant shall be placed in category 2 on the waiting list for a long-term care home if,

- (a) the applicant does not meet the requirements for placement in category 1;
- (b) the applicant's spouse or partner is a long-stay resident of the long-term care home; and
- (c) the applicant meets the eligibility criteria set out in subsection 172 (1).

Former specialized unit and high acuity priority access bed residents

190. (1) An applicant shall be placed in category 2.1 on the waiting list for a long-term care home if the applicant does not meet the requirements for placement in category 1 or 2 and,

- (a) is a resident in a specialized unit other than a resident who was admitted to the unit pursuant to a stipulation under subsection 216 (7);
- (b) was a resident in a specialized unit and,

- (i) was transferred from the specialized unit to a bed in another area of the home pursuant to subsection 223 (1), and
 - (ii) applied for admission before being transferred or within six weeks after being transferred;
- (c) is a resident occupying a high acuity priority access bed in a long-term care home who is applying for admission to a regular long-stay bed in another home; or
- (d) was a resident in a high acuity priority access bed and,
 - (i) was transferred from the high acuity priority access bed to another bed in the home pursuant to subsection 232 (2), and
 - (ii) applied for admission before being transferred or within six weeks after being transferred.

(2) For greater certainty, this section does not apply where clause 195 (1) (e) applies.

Religious, ethnic or linguistic origin

191. (1) An applicant shall be placed in category 3A or 3B on the waiting list for a long-term care home or for a unit or area within a home if,

- (a) the applicant does not meet the requirements for placement in category 1, 2 or 2.1;
- (b) the home or a unit or area within the home is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin; and
- (c) the applicant or the applicant's spouse or partner is of the religion, ethnic origin or linguistic origin primarily served by the home or a unit or area within the home and the applicant is seeking to be admitted to that unit or area.

(2) An applicant described in subsection (1) shall be placed in category 3A if,

- (a) the applicant is not a resident of a long-term care home, and requires or is receiving high service levels under the *Home Care and Community Services Act, 1994*;
- (b) the applicant occupies a bed in a hospital under the *Public Hospitals Act* and requires an alternate level of care;
- (c) the applicant is a long-stay resident of a long-term care home who is seeking to transfer to the home as their first choice of home; or

- (d) the applicant is a short-stay resident of a long-term care home in the interim bed short-stay program and is seeking to transfer to the home as a long-stay resident.

(3) An applicant described in subsection (1) who does not meet the criteria to be placed in category 3A shall be placed in category 3B.

Others

192. (1) An applicant shall be placed in category 4A or 4B on the waiting list for a long-term care home if the applicant does not meet the requirements for placement in category 1, 2, 2.1, 3A or 3B.

(2) An applicant described in subsection (1) shall be placed in category 4A if,

- (a) the applicant is not a resident of a long-term care home, and requires or is receiving high service levels under the *Home Care and Community Services Act, 1994*;
- (b) the applicant occupies a bed in a hospital under the *Public Hospitals Act* and requires an alternate level of care;
- (c) the applicant is a long-stay resident of a long-term care home who is seeking to transfer to the home as their first choice of home; or
- (d) the applicant is a short-stay resident of a long-term care home in the interim bed short-stay program and is seeking to transfer to the home as a long-stay resident.

(3) An applicant described in subsection (1) who does not meet the criteria to be placed in category 4A shall be placed in category 4B.

Veteran category

193. Despite sections 188 to 192, an applicant shall be placed in the veteran category on the waiting list for a long-term care home if,

- (a) the home contains veterans' priority access beds, and the applicant is a veteran who has applied for authorization of their admission to a veterans' priority access bed; or
- (b) the home is or will be a related temporary long-term care home, re-opened long-term care home or a replacement long-term care home that contains veterans' priority access beds and the applicant,
 - (i) is a long-stay resident occupying a veterans' priority access bed in a long-term care home and has applied for authorization of their admission to a veterans' priority access bed, and

- (ii) otherwise meets the applicable requirements of section 196, 197 or 198, as the case may be, with respect to the veterans' priority access bed.

Exchange category

194. (1) Despite sections 188 to 192, an applicant shall be placed in the exchange category on the waiting list for a long-term care home if,

- (a) the applicant,
 - (i) occupies a bed in a hospital under the *Public Hospitals Act* or a private hospital licensed under the *Private Hospitals Act*,
 - (ii) occupies a bed in a facility that is a psychiatric facility within the meaning of the *Mental Health Act* and that is required to provide in-patient services in accordance with that Act,
 - (iii) occupies a bed in a supported group living residence, an intensive support residence or a supported independent living residence under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*,
 - (iv) resides in a supportive housing program that is funded by the Ministry of Health or the Agency to provide personal support services and homemaking services to persons who require that such services be available on site 24 hours a day, or
 - (v) is a long-stay resident of another long-term care home;
- (b) the applicant is the subject of an agreement between the long-term care home to which the applicant seeks admission, at least one hospital, facility, group home or program mentioned in subclauses (a) (i) to (iv) and possibly one or more other hospitals, facilities, group homes, programs or long-term care homes, to exchange identified residents or patients, in order to meet the specialized requirements of any of the exchanged residents or patients; and
- (c) the result of the exchange will be that the applicant will become a resident of the long-term care home to which the applicant seeks admission and a resident of the long-term care home will be discharged.

(2) Despite sections 188 to 192, if a placement co-ordinator becomes aware of the opportunity to exchange a resident of one long-term care home who seeks admission to a second long-term care home and a resident of the second long-term care home who seeks admission to the first, each resident shall be placed in the exchange category of the appropriate waiting list.

Re-admission category

195. (1) Despite sections 188 to 192, an applicant shall be placed in the re-admission category on the waiting list for a long-term care home if,

- (a) they formerly occupied a bed in the long-term care home as a long-stay resident, but no longer do so because they were absent on a medical or psychiatric absence for a longer time than permitted under section 150 and were discharged by the licensee;
- (b) they formerly occupied a bed in the long-term care home as a long-stay resident, but no longer do so because of an emergency in the long-term care home and they were discharged by the licensee;
- (c) they are a resident of a specialized unit who is applying for admission to the long-term care home where they were a resident immediately prior to their admission to the specialized unit;
- (d) they were discharged from a specialized unit or a high acuity priority access bed because they were absent on a medical or psychiatric absence for a longer time than permitted under section 150, and are applying for admission to the long-term care home where they were a resident immediately prior to their admission to the specialized unit or high acuity priority access bed; or
- (e) they were discharged from a specialized unit or a high acuity priority access bed in a long-term care home and transferred to a bed in another area of the home, and they,
 - (i) are applying for admission to the long-term care home where they were a resident immediately prior to their admission to the specialized unit or high acuity priority access bed, and
 - (ii) applied for the admission referred to in subclause (i) before being transferred, or within six weeks after being transferred.

(2) An applicant to whom clause (1) (a) or (b) applies shall only be placed in the re-admission category on the waiting list for the home from which they were most recently discharged.

Related temporary long-term care home category

196. Despite sections 188 to 192 and section 194 but subject to section 193, an applicant shall be placed in the related temporary long-term care home category on the waiting list for a long-term care home if,

- (a) the long-term care home is or will be a related temporary long-term care home; and

- (b) the applicant is a long-stay resident of the original long-term care home or was a long-stay resident of the original long-term care home immediately before the closure of their bed in the home.

Re-opened long-term care home category

197. Despite sections 188 to 192 and section 194 but subject to section 193, an applicant shall be placed in the re-opened long-term care home category on the waiting list for a long-term care home if,

- (a) the long-term care home is or will be a re-opened long-term care home; and
- (b) the applicant,
 - (i) is a long-stay resident of the original long-term care home,
 - (ii) was a long-stay resident of the original long-term care home immediately before the temporary closure of their bed in the home, or
 - (iii) is a long-stay resident of the related temporary long-term care home.

Replacement long-term care home category

198. Despite sections 188 to 192 and section 194 but subject to section 193, an applicant shall be placed in the replacement long-term care home category on the waiting list for a long-term care home if,

- (a) the long-term care home is or will be a replacement long-term care home; and
- (b) the applicant,
 - (i) is a long-stay resident of the original long-term care home,
 - (ii) was a long-stay resident of the original long-term care home immediately before the permanent closure of their bed in the home, or
 - (iii) is a long-stay resident of the related temporary long-term care home.

RANKING OF CATEGORIES

Ranking of categories

199. For each class of beds set out in a column of the Table to this section, the categories on the waiting list shall be ranked in the order set out in the rows below that class of beds, such that a category mentioned in a higher row ranks ahead of a category mentioned in a lower row.

TABLE
RANKING OF WAITING LIST CATEGORIES (LONG-STAY)

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Class of Beds	Beds in a related temporary long-term care home, other than veterans' priority access beds	Beds in a re-opened long-term care home, other than veterans' priority access beds	Beds in a replacement long-term care home, other than veterans' priority access beds	Veterans' priority access beds in a long-term care home, other than a related temporary, re-opened or replacement long-term care home	Veterans' priority access beds in a related temporary, re-opened or replacement long-term care home	All other long-stay beds in a long-term care home
Waiting List Categories	Related temporary	Re-opened	Replacement	Veteran	Veteran under clause 193 (b)	Exchange
	Exchange	Exchange	Exchange	Exchange	Veteran under clause 193 (a)	Re-admission
	Re-admission	Re-admission	Re-admission	Re-admission	Exchange	1
	1	1	1	1	Re-admission	2
	2	2	2	2	1	2.1
	2.1	2.1	2.1	2.1	2	3A
	3A	3A	3A	3A	2.1	3B
	3B	3B	3B	3B	3A	4A
	4A	4A	4A	4A	3B	4B
	4B	4B	4B	4B	4A	
					4B	

RANKING WITHIN CATEGORIES

Ranking within categories

200. (1) Within a waiting list category set out in Column 1 of the Table to this section, applicants shall be ranked for admission in accordance with the rules set out opposite the category in Columns 2 and 3 of the Table to this section.

(2) If, within six weeks after making their first application for authorization of admission to one or more long-term care homes as a long-stay resident, an applicant makes one or more additional applications for authorization of their admission to one or more long-term care homes as a long-stay resident, the additional applications made within the six-week period shall, for the purpose of the Table to this section, be deemed to have been made at the time that the first application was made.

(3) If an applicant who was determined by a placement co-ordinator to be ineligible for long-term care home admission as a long-stay resident is determined to be eligible for admission as a long-stay resident as a result of an application to the Appeal Board under subsection 50 (9) of the Act or an appeal to the Divisional Court under subsection 60 (1) of the Act, and if the applicant then makes an application for authorization of their admission to one or more long-term care homes as a long-stay resident,

- (a) that application for authorization shall, for the purposes of the Table to this section, be deemed to have been made at the time that the placement co-ordinator determined that the applicant was ineligible for admission; and

- (b) all additional applications for authorization of admission to one or more long-term care homes as a long-stay resident made by the applicant within six weeks after making the first application shall, for the purpose of the Table, be deemed to have been made at the time that the first application is deemed under clause (a) to have been made.

TABLE
RULES FOR RANKING WITHIN CATEGORIES

Item	Column 1 Category	Column 2 Rules	Column 3 Additional Rules
1.	Related temporary, re-opened and replacement long-term care home	Applicants shall be ranked according to the date of their admission to the original long-term care home. Applicants who were not residents of the original long-term care home and who are seeking admission to a re-opened home or replacement home from a related temporary home shall be ranked according to the date of their admission to the related temporary home.	If there are two or more applicants who are ranked in the same position, as between themselves they shall be ranked based on the earliest date on which they were determined eligible for admission to the original home or the related temporary home.
2.	Veteran	Related temporary, re-opened or replacement homes (a) Veterans applying for veterans' priority access beds in a related temporary, re-opened or replacement long-term care home shall be ranked according to the date of their admission to a veterans' priority access bed in the original long-term care home or the related temporary home.	If there are two or more veterans who are ranked in the same position, as between themselves they shall be ranked based on the earliest date on which they were determined eligible for admission to the original home or the related temporary home.
		Crisis (b) Veterans who are not mentioned in rule (a) of this category who require immediate admission as a result of a crisis arising from their condition or circumstances shall rank ahead of all other veterans.	If there is more than one veteran in this situation at the same time, these veterans shall, among themselves, be ranked according to the urgency of their need for admission.
		Continuum of Care (c) Veterans who are not mentioned in rules (a) and (b) of this category but are continuum of care applicants on the waiting list for the continuum of care long-term care home shall rank ahead of all other veterans who are not mentioned in rules (a) and (b).	If there is more than one veteran in this situation at the same time, these veterans shall, among themselves, be ranked according to the time at which they applied for authorization of their admission to the long-term care home.
		Other veterans (d) As among themselves, veterans who are not mentioned in rules (a), (b) and (c) of this category shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.	If there are two or more veterans who are ranked in the same position, as between themselves, they shall be ranked based on the date on which they were determined eligible for admission.
3.	Exchange (but only applicants in the exchange category by virtue of subsection 194 (2))	Spousal/Partner Reunification (a) Applicants who are seeking admission to the long-term care home in which their spouse or partner is a long-stay resident and who meet the eligibility criteria set out in subsection 172 (1) shall rank ahead of all other applicants in the exchange category by virtue of subsection 194 (2).	If there is more than one applicant in this situation at the same time, these applicants shall, among themselves, be ranked according to the date on which their spouses or partners were admitted to the long-term care home.
		Religion, Ethnic or Linguistic Origin	If there is more than one applicant in this situation at the same time, these applicants shall, among themselves, be ranked

		(b) Applicants who are not mentioned in rule (a) of this category but who are of the religion, ethnic origin or linguistic origin primarily served by the long-term care home or a unit or area within the home shall rank ahead of all other applicants.	according to the time at which they applied for authorization of their admission to the long-term care home or unit or area within the home.
		Other exchange in this category (c) As among themselves, applicants in the exchange category under subsection 194 (2) who are not mentioned in rules (a) and (b) of this category shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.	
4.	Re-admission	Applicants shall be ranked according to the date of their original admission to the home.	If there are two or more applicants who are ranked in the same position, as between themselves, they shall be ranked based on the date on which they were determined eligible for admission.
5.	1 (Crisis)	Applicants shall be ranked according to the urgency of their need for admission.	
6.	2 (Spousal/Partner Reunification)	Applicants shall be ranked according to the date on which their spouses or partners were admitted to the long-term care home.	
7.	2.1 Former specialized unit residents or former high acuity priority access bed residents	Applicants shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.	If there are two or more applicants who are ranked in the same position, as between themselves, they shall be ranked based on the date on which they were determined eligible for admission.
8.	3A, 3B (Religion, Ethnic or Linguistic Origin) 4A, 4B (Others) Exchange category by virtue of subsection 194 (1)	Continuum of Care (a) Applicants who are continuum of care applicants on the waiting list for the continuum of care long-term care home shall rank ahead of all other applicants in the same category.	If there is more than one applicant in this situation at the same time, these applicants shall, among themselves, be ranked according to the time at which they applied for authorization of their admission to the long-term care home.
		Applicants who are not continuum of care (b) As among themselves, applicants in the same category who are not continuum of care applicants shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.	If there are two or more applicants who are ranked in the same position, as between themselves, they shall be ranked based on the date on which they were determined eligible for admission.
9.	Short-stay in the respite care and convalescent care programs	Applicants shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.	If there are two or more applicants who are ranked in the same position, as between themselves, they shall be ranked based on the date on which they were determined eligible for admission.

CHANGE OF CATEGORY

Change of category

201. (1) If a placement co-ordinator knows of a change in the condition or circumstances of an applicant who is on a waiting list kept by the placement co-ordinator or knows of a change in a long-term care home for which the applicant is on the waiting list, and if the applicant should be placed in a different category on the waiting list under sections 187 to 198 as a result of the change in their condition or circumstances or as a result of the change in the home, the placement co-ordinator shall place the applicant in the different category.

(2) If the placement co-ordinator becomes aware that an applicant on the waiting list should be placed in the exchange category referred to in subsection 194 (2), the placement co-ordinator shall place the applicant in the exchange category.

AUTHORIZATION OF ADMISSION

Withdrawal of approval by licensee

202. (1) Subject to section 180, this section applies where a licensee of a long-term care home has approved an applicant's admission to the home under section 179 and the applicant's admission has not yet been authorized by the placement co-ordinator.

(2) If information provided to the licensee by the placement co-ordinator indicates that there has been a change in the applicant's condition and, as a result, a ground for withholding approval mentioned in subsection 51 (7) of the Act exists, the licensee may withdraw the approval of the applicant's admission to the long-term care home in accordance with paragraphs 1 and 3 of subsection 51 (14) of the Act.

(3) Where the placement co-ordinator gives the licensee a copy of a reassessment in accordance with subsection 51 (14) of the Act, the placement co-ordinator shall request the licensee to determine whether to withdraw the approval for the admission in accordance with that subsection.

(4) Subject to subsections (5) and (6), the licensee shall, within one business day of receiving the request from the placement co-ordinator under subsection (3), review the material in accordance with subsection 51 (14) of the Act and do one of the following:

1. If the licensee decides not to withdraw the approval for the applicant's admission, give the appropriate placement co-ordinator the written notice required under paragraph 2 of subsection 51 (14) of the Act.
2. If the licensee decides to withdraw the approval for the applicant's admission, give the written notice referred to in paragraph 3 of subsection 51 (14) of the Act in accordance with the applicable requirements under that paragraph.

(5) Where, within one business day of receiving the request from the placement co-ordinator under subsection (3), the licensee makes a request in writing to the appropriate placement co-ordinator for additional information that in the placement co-ordinator's opinion is relevant to the determination of whether to withdraw approval for the applicant's admission to the home, the placement co-ordinator shall provide the information to the licensee.

(6) The licensee shall give the appropriate notice under paragraph 1 or 2 of subsection (4) within one business day of receiving the additional information requested under subsection (5).

Authorization of admission

203. (1) The appropriate placement co-ordinator shall authorize the admission of an applicant to the long-term care home only if,

- (a) the applicant has applied for authorization of admission to the home's long-stay program or short-stay program, as the case may be, and the requirements set out in subsection 51 (11) of the Act are met;
- (b) the licensee of the home has not withdrawn the approval of the applicant's admission under section 202;
- (c) the home has available the class of accommodation for which the applicant is recorded to be waiting;
- (d) there is no one on the waiting list for the home who is recorded to be waiting for the class of accommodation that is available, who ranks ahead of the applicant, and whose admission may be authorized under this section;
- (e) within 24 hours of being informed by the placement co-ordinator of the availability of accommodation in the home, the applicant consents to being admitted to the home; and
- (f) in the case of an applicant who is applying for authorization of their admission to the home as a long-stay resident or an interim bed short-stay resident, the applicant agrees with the licensee of the home that,
 - (i) the applicant will move into the home before noon of the fifth day following the day on which they are informed of the availability of accommodation in the home, unless the applicant and the licensee agree to the applicant moving in at a later time on the fifth day,
 - (ii) the applicant will pay the accommodation charge that is required under subsections 94 (1) and (3) of the Act, for each of the five days provided for in subclause (i), whether or not the applicant moves into the home, and
 - (iii) if the applicant moves into the home on the day the applicant is informed of the availability of accommodation, the applicant will pay the accommodation charge that is required under subsections 94 (1) and (3) of the Act for that day.

(2) For the purposes of clauses (1) (c) and (d), the following are the classes of accommodation for which an applicant may be recorded to be waiting:

1. Accommodation for a woman in a respite care or convalescent care program.

2. Accommodation for a man in a respite care or convalescent care program.
3. Basic accommodation for a woman in a long-stay program.
4. Basic accommodation for a man in a long-stay program.
5. Semi-private accommodation for a woman in a long-stay program.
6. Semi-private accommodation for a man in a long-stay program.
7. Private accommodation for a woman in a long-stay program.
8. Private accommodation for a man in a long-stay program.
9. Basic accommodation for a woman in the interim bed short-stay program.
10. Basic accommodation for a man in the interim bed short-stay program.
11. Semi-private accommodation for a woman in the interim bed short-stay program.
12. Semi-private accommodation for a man in the interim bed short-stay program.
13. Private accommodation for a woman in the interim bed short-stay program.
14. Private accommodation for a man in the interim bed short-stay program.
15. Private accommodation for a woman in a high acuity priority access bed.
16. Private accommodation for a man in a high acuity priority access bed.
17. Basic accommodation for a woman in a direct access bed.
18. Basic accommodation for a man in a direct access bed.
19. Semi-private accommodation for a woman in a direct access bed.
20. Semi-private accommodation for a man in a direct access bed.
21. Private accommodation for a woman in a direct access bed.
22. Private accommodation for a man in a direct access bed.

(3) A placement co-ordinator who authorizes an applicant's admission to a long-term care home as a long-stay resident or an interim bed short-stay resident shall cancel the authorization if the applicant does not move into the home before noon of the fifth day following the day on which the applicant is informed of the availability of accommodation in the home or a later time on the fifth day as agreed to by the applicant and the licensee.

(4) A placement co-ordinator who authorizes an applicant's admission to a long-term care home as a short-stay resident in the respite care or convalescent care program may cancel the authorization if the applicant does not move into the home on the day agreed to by the applicant.

(5) A placement co-ordinator is exempt from clauses 51 (11) (a) to (c) of the Act with respect to the authorization of an applicant's admission if the applicant is a person mentioned in subsection 176 (1) of this Regulation.

Duty to inform placement co-ordinator of vacancies

204. Every licensee of a long-term care home shall, within 24 hours after a bed in the home is no longer occupied, inform the appropriate placement co-ordinator of the following:

1. That the bed is no longer occupied.
2. The class of accommodation of the bed.
3. Whether the bed is a class A bed.
4. Whether the bed is subject to a design manual applicable under a development agreement to which the home was subject.
5. The date on which the bed will be available for occupation.

Reserving ahead — short-stay respite care

205. The appropriate placement co-ordinator may authorize the admission of an applicant to a long-term care home as a short-stay resident in the respite care program to be effective at a future time no more than one year from the date of the authorization.

Length of short-stay, respite care and convalescent care

206. (1) When a placement co-ordinator authorizes the admission of an applicant to a long-term care home as a short-stay resident in the respite care or convalescent care program, the placement co-ordinator shall indicate the length of the stay being authorized and the first day and last day of the stay.

(2) No placement co-ordinator shall authorize the admission of an applicant to a long-term care home as a short-stay resident in the respite care program for a stay exceeding 60 continuous days.

(3) No placement co-ordinator shall authorize the admission of an applicant to a long-term care home as a short-stay resident in the convalescent care program for a stay exceeding 90 continuous days.

(4) No placement co-ordinator shall authorize the admission of an applicant to a long-term care home as a short-stay resident in the respite care program for a stay which, when added to the applicant's other stays during the calendar year in the respite care program of a long-term care home, exceeds 90 days.

(5) No placement co-ordinator shall authorize the admission of an applicant to a long-term care home as a short-stay resident in the convalescent care program for a stay which, when added to the applicant's other stays during the calendar year in the convalescent care program of a long-term care home, exceeds 90 days.

INTERIM BED SHORT-STAY PROGRAM

Keeping of waiting list, interim beds

207. The appropriate placement co-ordinator for a long-term care home that has interim beds shall keep a waiting list for admission to the interim beds that is in addition to and separate from any waiting list that is required to be kept under section 182.

Approval by licensee, interim beds

208. The following modifications to section 179 apply with respect to an applicant for an interim bed:

1. The licensee's notice under subsection 179 (3) approving or withholding approval of the applicant's admission must be given within three business days of receiving the request under subsection 179 (1), not five business days.
2. Any request by the licensee under subsection 179 (4) for additional information shall be made within the three business days referred to in paragraph 1 and the licensee's notice referred to in subsection 179 (5) shall be given within one business day of receiving the additional information provided.

Limit on waiting lists, interim beds

209. For the purposes of section 181, a request relating to admission to the interim bed short-stay program shall be treated as a request for admission as a short-stay resident.

Requirements to be placed on waiting list, interim beds

210. (1) The appropriate placement co-ordinator shall place a person on the waiting list for admission to interim beds in a long-term care home if,

- (a) the person occupies a bed in a hospital under the *Public Hospitals Act* and requires an alternate level of care;

- (b) a physician has determined that the person does not require the acute care services provided by the hospital;
- (c) the person is determined by a placement co-ordinator to be eligible for long-term care home admission as a long-stay resident under section 172;
- (d) the person is on at least one waiting list for admission to a bed in a long-stay program of a long-term care home;
- (e) placing the person on the waiting list will not result in the total number of short-stay waiting lists on which the person is placed exceeding five;
- (f) the person applies in accordance with this Regulation for authorization of their admission to an interim bed in the home; and
- (g) the licensee of the home approves the person's admission to an interim bed in the home.

(2) Section 183 does not apply to placement on a waiting list for interim beds.

Ranking on waiting list, interim beds

211. (1) Sections 186 to 199 and subsection 200 (1) do not apply with respect to an application for admission to a long-term care home as a resident in the interim bed short-stay program.

(2) Applicants on a waiting list for interim beds for a long-term care home shall be ranked for admission according to the time at which they applied for authorization of their admission to an interim bed in that home.

(3) Subsections 200 (2) and (3) apply with the following modifications to the ranking of applicants on a waiting list for interim beds for a long-term care home:

- 1. References to a "long-stay resident" shall be read as references to a short-stay interim bed resident.
- 2. References to "the Table to this section" or "the Table" shall be read as references to subsection 211 (2).

Removal from waiting list, interim beds

212. Section 184 rather than section 185 applies to the waiting list for interim beds.

Authorization of admission, interim beds

213. (1) The appropriate placement co-ordinator shall authorize the admission of an applicant to the interim bed short-stay program only if,

- (a) the applicant's admission may be authorized under section 203;
- (b) the applicant applied for authorization of their admission to an interim bed in the home; and
- (c) the applicant meets the requirements for placement on a waiting list for interim beds as set out in section 210.

(2) If the class of accommodation available in the interim bed short-stay program is one of the classes referred to in paragraph 11, 12, 13 or 14 of subsection 203 (2) and there is no applicant recorded to be waiting for that class of accommodation, the licensee shall make the accommodation available as basic accommodation.

Length of interim bed stay and other rules

214. The following rules apply when a placement co-ordinator authorizes the admission of an applicant to a long-term care home as a resident of an interim bed:

1. The placement co-ordinator shall indicate the length of the stay being authorized and the first day and last day of the stay.
2. The placement co-ordinator shall not authorize the admission for a period exceeding 120 consecutive days for the first period.
3. After the initial admission, and whether or not the applicant has made a formal application for an extension, the placement co-ordinator may authorize the extension of the applicant's admission for up to 60 consecutive days at a time, if the applicant,
 - i. remains on at least one waiting list for admission to a bed in a long-stay program of a long-term care home, and
 - ii. has not yet received an offer to authorize their admission as a long-stay resident of a long-term care home under section 203.
4. If the placement co-ordinator is authorizing an extension of the admission, the extension shall only be authorized within seven days before the last day of the stay.

Removal from long-stay waiting list of interim bed resident

215. Subsections 184 (1), (2) and (3) apply where a placement co-ordinator offers to authorize the admission of a resident of an interim bed to a long-term care home as a long-stay resident and the resident refuses to consent to the admission, refuses to enter into the agreement

provided for in clause 203 (1) (f), or fails to move into the home on or before the fifth day following the day on which they are informed of the availability of accommodation.

SPECIALIZED UNITS

Designation of specialized units

216. (1) This section applies to the designation of specialized units for the purposes of subsection 46 (3) of the Act.

(2) The Director may designate a specified number of long-stay program beds as a specialized unit in a long-term care home, subject to any terms and conditions the Director may specify,

- (a) upon the recommendation of the Agency; or
- (b) upon the Director's own initiative, after having considered the input of the Agency and the licensee of the home.

(3) In making a recommendation or providing input to the Director, the Agency shall provide the Director with whatever information the Director stipulates with respect to the types of accommodation, care, services, programs and goods to be provided by the specialized unit.

(4) The Director shall only designate a specialized unit in a home if,

- (a) the licensee has agreed to the proposed designation; and
- (b) the Director is satisfied with the licensee's current compliance with requirements under the Act and with the licensee's history of compliance as referred to in paragraph 3 of subsection 348 (1).

(5) The Director shall advise a placement co-ordinator in writing when a specialized unit is designated within a long-term care home for which the placement co-ordinator is the appropriate placement co-ordinator.

(6) The Director may amend the terms and conditions of a designation at any time.

(7) In making or amending a designation, the Director may, after considering and having regard for the health and well-being of both the residents in the specialized unit and other persons who might be admitted as residents in the specialized unit, stipulate that persons who are on the waiting list for the home under section 182 may be admitted to the specialized unit when there is no one on the waiting list for the specialized unit under section 218.

(8) The Director shall advise a placement co-ordinator in writing when making or withdrawing a stipulation pursuant to subsection (7) with respect to a long-term care home for which the placement co-ordinator is the appropriate placement co-ordinator.

Agreement with Agency

217. (1) The operation by a licensee of a specialized unit shall be subject to the terms and conditions in an agreement between the licensee and the Agency.

(2) The agreement between the licensee and the Agency shall also contain the terms and conditions, if any, specified by the Director under subsection 216 (2) or (6).

Keeping of waiting list, specialized unit

218. The appropriate placement co-ordinator for a long-term care home shall keep a separate waiting list for admission to every specialized unit designated within the home in accordance with this Regulation that is in addition to and separate from any waiting list that is required to be kept under section 182.

Requirements to be placed on waiting list, specialized unit

219. (1) The appropriate placement co-ordinator shall place a person on the waiting list for admission to a specialized unit within a long-term care home under section 218 if,

- (a) the person is determined by the placement co-ordinator to be eligible for long-term care home admission as a long-stay resident under section 172;
- (b) the person applies in accordance with this Regulation for authorization of their admission to the specialized unit;
- (c) the placement co-ordinator is satisfied, based on the assessments and information provided, that the person requires and is likely to benefit from the type of accommodation, care, services, programs and goods that are provided in the specialized unit;
- (d) the licensee of the long-term care home approves the person's admission to the specialized unit; and
- (e) placing the person on the waiting list for the specialized unit will not result in the total number of long-stay program waiting lists on which the person is placed exceeding five, unless the person requires an immediate admission as a result of a crisis arising from their condition or circumstances.

(2) For the purposes of clause (1) (e), where a person will be placed on the waiting list for a specialized unit in a long-term care home and will also be placed in category 3A or 3B on the waiting list for a unit or area of the home that is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin under section 191 or will also

be placed on the waiting list for the home other than in the unit or area or specialized unit, all of the waiting lists will be counted as one list.

Waiting list categories and ranking

220. (1) Sections 186 to 193, 195 to 199 and subsection 200 (1) do not apply to an applicant seeking admission to a specialized unit within a long-term care home.

(2) An applicant shall be placed in the exchange category on the waiting list for a specialized unit in a long-term care home if either of the following circumstances exist:

1. The applicant meets the requirements set out in clauses 194 (1) (a) and (b), and the result of the exchange will be that the applicant will become a resident of the specialized unit in the long-term care home to which the applicant seeks admission and a resident of the specialized unit in the home will be discharged.
2. A placement co-ordinator becomes aware of the opportunity to exchange a resident of one specialized unit of a long-term care home who seeks admission to a second long-term care home and a resident of the second specialized unit in a long-term care home who seeks admission to the first. In this circumstance, each resident shall be placed in the exchange category of the appropriate waiting list.

(3) A person who was discharged from a specialized unit because they were absent on a medical or psychiatric absence for a longer time than permitted under section 150, and is applying for admission to the specialized unit, shall be placed in the re-admission category on the waiting list for the specialized unit.

(4) Applicants on a waiting list for a specialized unit in a long-term care home shall be ranked for admission in the following order of priority:

1. The highest priority shall be given to an applicant who is in the exchange category on the waiting list for the specialized unit. As among themselves, these applicants shall be ranked according to the following order of priority:
 - i. The highest priority shall be given to an applicant who was discharged from a specialized unit because they were absent on a medical or psychiatric absence for a longer time than permitted under section 150, and is applying for admission to the specialized unit. As among themselves, these applicants shall be ranked according to the date of their original admission to the specialized unit.
 - ii. The next highest priority shall be given to an applicant who requires immediate admission as a result of a crisis arising from their condition or circumstances. As among themselves, these applicants shall be ranked according to the urgency of their need for admission.

- iii. All other applicants shall be ranked on the waiting list according to the time at which they applied for authorization of their admission to the specialized unit.
- 2. The next highest priority shall be given to an applicant who is in the re-admission category on the waiting list for the specialized unit. As among themselves, these applicants shall be ranked according to the date of their original admission to the specialized unit.
- 3. The next highest priority shall be given to an applicant who requires immediate admission as a result of a crisis arising from their condition or circumstances. As among themselves, these applicants shall be ranked according to the urgency of their need for admission.
- 4. All other applicants shall be ranked on the waiting list according to the time at which they applied for authorization of their admission to the specialized unit.

Authorization of admission, specialized unit

221. (1) The appropriate placement co-ordinator shall authorize the admission of an applicant to the specialized unit only if,

- (a) the applicant's admission may be authorized under section 203; and
 - (b) the applicant meets the requirements for placement on a waiting list for the specialized unit set out in section 219.
- (2) Clause (1) (b) does not apply,
- (a) when there is no applicant on the waiting list for the specialized unit; and
 - (b) the Director has made a stipulation under subsection 216 (7) with respect to the specialized unit.

Reassessment

222. (1) The licensee shall ensure that every resident of a specialized unit undergoes an interdisciplinary reassessment every three months, or sooner if there is a change in the resident's condition or circumstances, to determine whether the resident continues to require and is benefiting from the accommodation, care, services, programs and goods provided in the specialized unit.

(2) Subsection (1) does not apply with respect to a resident who is admitted pursuant to a stipulation made under subsection 216 (7).

Transfer, specialized units

223. (1) The licensee of a long-term care home may transfer a resident who is being discharged from a specialized unit under subsection 158 (7) to another area in the home.

(2) The licensee shall notify the placement co-ordinator of every transfer under subsection (1) within 24 hours.

(3) The licensee shall keep a separate transfer list in accordance with section 239 in respect of the accommodation in the specialized unit, and section 239 applies with necessary modifications to transfers of residents within the specialized unit.

(4) A resident who is transferred under subsection (1) is deemed to have been discharged from the specialized unit and admitted to the home.

(5) The licensee may transfer residents out of a specialized unit and into another area of the home despite the rules concerning transfer lists in section 239, subject to the first priority being given to residents described in clause 239 (1) (f) and despite subsection 239 (7).

Transfer from specialized unit — resident admitted pursuant to a stipulation

224. (1) The licensee of a long-term care home shall transfer a resident who was admitted to the specialized unit pursuant to a stipulation made under subsection 216 (7) to a bed in another area of the home in the class of accommodation chosen by the resident as soon as such a bed becomes available.

(2) Subsection (1) applies despite the rules concerning transfer lists in section 239, subject to first priority being given to residents described in clause 239 (1) (f) and despite subsection 239 (7).

(3) A resident who is transferred under subsection (1) is deemed to have been admitted to the home.

(4) The licensee shall notify the placement co-ordinator of every transfer under subsection (1) within 24 hours.

(5) Subsection 223 (3) applies to residents admitted to the specialized unit pursuant to the stipulation under subsection 216 (7).

Revocation of designation of specialized unit

225. (1) The Director may revoke the designation of a specialized unit in a long-term care home, or the designation of some of the beds in a specialized unit, in accordance with any terms and conditions the Director may specify,

(a) upon the recommendation of the Agency; or

(b) upon the Director's own initiative.

(2) Where the Agency recommends a revocation to the Director, it shall provide the Director with,

- (a) the reason or reasons for recommending the revocation;
- (b) a plan developed by the Agency in consultation with the licensee and the appropriate placement co-ordinator that sets out,
 - (i) the arrangements that will be made for the accommodation, care and services of the residents of the specialized unit, and
 - (ii) anticipated timelines for carrying out the plan; and
- (c) a proposal for what is to occur with respect to the beds that will no longer be designated as part of the specialized unit.

(3) Where the Director revokes a designation on the Director's own initiative, the Agency shall provide the Director with the plan referred to in clause (2) (b).

(4) When the Director revokes a designation, the Director shall,

- (a) inform the licensee, the Agency and the appropriate placement co-ordinator of the revocation; and
- (b) provide the approved plan, with or without amendments made by the Director, to the licensee, the Agency, and the appropriate placement co-ordinator.

(5) The licensee shall comply with the plan as approved by the Director and, upon receiving the approved plan from the Director, shall,

- (a) advise in writing each resident who will be affected by the revocation and the resident's substitute decision-maker, if any, of the revocation; and
- (b) contact those residents and substitute decision-makers to begin the process of making alternate arrangements.

(6) In accordance with the approved plan, the appropriate placement co-ordinator shall,

- (a) inform applicants on the waiting list for admission to the specialized unit that the designation is being revoked;

- (b) cease the authorization of admissions to the specialized unit in accordance with the approved plan; and
- (c) cease keeping a separate waiting list for the specialized unit in the long-term care home.

(7) Where the Director has designated a specialized unit for a specified time, the expiry of the specified time is deemed to be a revocation on the Director's own initiative for the purposes of this section.

REUNIFICATION PRIORITY ACCESS BEDS

Designation of beds

226. (1) The Director may designate a specified number of long-stay program beds in a long-term care home as reunification priority access beds, subject to any terms and conditions as the Director may specify.

(2) A licensee shall comply with the terms and conditions of a designation.

(3) The Director may, at any time, amend the terms and conditions of a designation or revoke the designation.

(4) The Director shall advise the licensee for the long-term care home in which one or more reunification priority access beds are designated and the appropriate placement co-ordinator in writing of,

- (a) the designation and any terms and conditions to which it is subject;
- (b) if the Director amends the terms and conditions, the amended terms and conditions; and
- (c) if the Director revokes the designation, the revocation of the designation.

Waiting lists and ranking, reunification priority access beds

227. (1) The appropriate placement co-ordinator for a long-term care home shall keep a separate waiting list for admission to the reunification priority access beds designated within the home in accordance with this Regulation that is in addition to and separate from any waiting list that is required to be kept under section 182.

(2) The appropriate placement co-ordinator shall place a person on a waiting list for admission to a reunification priority access bed in a long-term care home if,

- (a) the person is determined by the placement co-ordinator to be eligible for long-term care home admission as a long-stay resident under section 172;

- (b) the person applies in accordance with this Regulation for authorization of their admission to a reunification priority access bed in a long-term care home in which the person's spouse or partner is a long-stay resident;
- (c) the licensee of the long-term care home approves the person's admission to the reunification priority access bed; and
- (d) the person meets the requirements for placement in category 1 on the waiting list for a long-term care home under section 188.

(3) The following rules apply to the priority for admission to a reunification priority access bed:

- 1. The highest priority shall be given to applicants on a waiting list for admission to a reunification priority access bed in a long-term care home who continue to meet the requirements under subsection (2) when the vacancy arises. As among themselves, they shall be ranked for admission according to the date on which their spouses or partners were admitted to the long-term care home.
- 2. If there is no person on the waiting list for admission to a reunification priority access bed described in paragraph 1 when the vacancy arises, all other applicants who are on the waiting list for the home that is required to be kept under section 182 shall be ranked for admission to the reunification priority access bed in accordance with the ranking of waiting list categories set out in Column 6 of the Table to section 199 and the rules for ranking within categories set out in section 200.

Admission to reunification priority access beds

228. (1) The appropriate placement co-ordinator shall authorize the admission of an applicant to a reunification priority access bed only if,

- (a) the applicant's admission may be authorized under section 203; and
- (b) the applicant meets the requirements for placement on a waiting list for admission to a reunification priority access bed set out in subsection 227 (2) when the vacancy arises.

(2) Clause (1) (b) does not apply if there is no applicant on the waiting list for admission to a reunification priority access bed who meets the requirements in subsection 227 (2) when the vacancy arises.

(3) A reunification priority access bed that is occupied by a resident who was admitted to the bed from the waiting list that is required to be kept under section 182 ceases to be designated as a reunification priority access bed.

(4) If a reunification priority access bed ceases to be designated under subsection (3), the next long-stay program bed that becomes vacant is deemed to be a reunification priority access bed if, when the vacancy arises,

- (a) all of the designated reunification priority access beds in the long-term care home are occupied;
- (b) there is at least one person on the waiting list that is required to be kept under subsection 227 (2) who has requested the same class of accommodation as the vacant bed; and
- (c) there is no resident described in clause 239 (1) (f) in the home.

(5) Subsection (4) applies despite subsections 223 (1) and (5), subsections 224 (1) and (2), the rules concerning transfer lists in section 239 and subsection 239 (7).

(6) The appropriate placement co-ordinator shall keep the licensee informed as to whether or not there is at least one person on the waiting list that is required to be kept under subsection 227 (2).

(7) A licensee of a long-term care home in which one or more long-stay program beds have been designated as reunification priority access beds shall keep a list of the names of each resident of the home who was admitted to a reunification priority access bed from the waiting list that is required to be kept under subsection 227 (2), the date of admission and the date on which the resident is discharged from the home.

(8) A person who is admitted to a reunification priority access bed from the waiting list that is required to be kept under subsection 227 (2) is deemed to occupy a reunification priority access bed despite a transfer that is described in section 239, until they are discharged from the long-term care home.

HIGH ACUITY PRIORITY ACCESS BEDS

Designation of beds, amendment and revocation

229. (1) The Director may designate a specified number of private accommodation long-stay program beds in a long-term care home as high acuity priority access beds, subject to any terms and conditions as the Director may specify.

- (2) A licensee shall comply with the terms and conditions of a designation.
- (3) The Director may, at any time,
 - (a) amend the terms and conditions of a designation; or

- (b) revoke the designation, subject to any terms or conditions the Director considers appropriate.

(4) The Director shall advise the licensee for the long-term care home in which one or more high acuity priority access beds are designated and the appropriate placement co-ordinator in writing of,

- (a) the designation and any terms and conditions to which it is subject;
- (b) if the Director amends the terms and conditions, the amended terms and conditions; and
- (c) if the Director revokes the designation, the revocation of the designation and any terms and conditions of the revocation.

(5) As soon as possible after being advised of a revocation under clause (4) (c), the licensee shall,

- (a) advise in writing each resident who will be affected and their substitute decision-maker, if any, of the revocation;
- (b) commence arranging for alternate arrangements with the resident and substitute decision-maker, if any; and
- (c) provide the Director with a plan for the accommodation of, and the provision of care and services to, each resident who will be affected who was admitted to the bed from the waiting list kept under section 230.

(6) Immediately after being advised of a revocation under clause (4) (c), the appropriate placement co-ordinator shall,

- (a) inform applicants on the waiting list for admission to the high acuity priority access bed that the designation is being revoked;
- (b) cease the authorization of admissions to the high acuity priority access bed; and
- (c) cease keeping a separate waiting list for the high acuity priority access bed in the long-term care home.

(7) Where the designation of a high acuity priority access bed is revoked and the bed is occupied by a resident who was admitted to the bed from the waiting list kept under section 230,

- (a) the licensee shall discharge the resident from the bed and if the resident requests, transfer the resident to another bed in the home in a class of accommodation chosen by the resident as soon as the bed becomes available;
- (b) the licensee shall continue to provide the resident with the same level of care the resident was being provided with until the resident is transferred to another bed in the home or is discharged from the home; and
- (c) the revocation becomes final once the resident is transferred to another bed in the home or discharged from the home.

(8) A resident who is transferred under clause (7) (a) is deemed to have been discharged from the high acuity priority access bed and admitted to the home.

(9) The licensee may transfer residents under clause (7) (a) despite the rules concerning transfer lists in section 239, subject to the first priority being given to residents described in clause 239 (1) (f) and despite subsection 239 (7).

(10) The licensee shall notify the placement co-ordinator of every transfer under clause (7) (a) within 24 hours.

Waiting lists and ranking high acuity priority access beds

230. (1) Sections 186 to 193, 195 to 199 and subsection 200 (1) do not apply to an applicant seeking admission to a high acuity priority access bed within a long-term care home.

(2) The appropriate placement co-ordinator for a long-term care home shall keep a separate waiting list for admission to the high acuity priority access beds designated within the home in accordance with this Regulation that is in addition to and separate from any waiting list that is required to be kept under section 182.

(3) The appropriate placement co-ordinator shall place a person on a waiting list for admission to a high acuity priority access bed in a long-term care home if,

- (a) the person,
 - (i) is at significant risk of avoidable admission to a hospital under the *Public Hospitals Act* or a private hospital licensed under the *Private Hospitals Act* or to a psychiatric facility within the meaning of the *Mental Health Act* that is required to provide in-patient services in accordance with that Act,
 - (ii) occupies a bed in a hospital under the *Public Hospitals Act* or a private hospital licensed under the *Private Hospitals Act* or a psychiatric facility within the meaning of the *Mental Health Act* that is required to provide in-

patient services in accordance with that Act and requires an alternate level of care, or

- (iii) is a long-stay resident in a long-term care home;
- (b) the person is determined by the placement co-ordinator to be eligible for long-term care home admission as a long-stay resident under section 172;
- (c) subject to subsection (4), the placement co-ordinator is satisfied, based on the assessment and information provided, that the person requires and is likely to benefit from,
 - (i) ongoing nursing and other personal care given by or under the supervision of a registered nurse or registered practical nurse who has relevant expertise, whether as the result of experience or training, or
 - (ii) ongoing technology-based care that requires the support of a member of a college as defined under the *Regulated Health Professions Act, 1991*;
- (d) the person applies, in accordance with this Regulation, for authorization of their admission to a high acuity priority access bed;
- (e) the licensee of the long-term care home approves the person's admission to the high acuity priority access bed; and
- (f) placing the person on the waiting list will not result in the total number of long-stay program waiting lists, of all types, on which the person is placed exceeding five, unless the person meets the requirements for placement in category 1 on the waiting list under section 188.

(4) A person shall not be placed on the waiting list for a high acuity priority access bed if the only reason that the person meets the criteria under clause (3) (c) is that the person demonstrates responsive behaviours.

(5) For the purposes of clause (3) (f), where a person will be placed on the waiting list for a high acuity priority access bed in a long-term care home, and will also be placed on the waiting list for the home other than for a high acuity priority access bed, all of the waiting lists for that home shall be counted as one list.

(6) An applicant shall be placed in the exchange category on the waiting list for a high acuity priority access bed in the home if either of the following circumstances exist:

1. The applicant meets the requirements set out in clauses 194 (1) (a) and (b), and the result of the exchange will be that the applicant will become a resident of a high

acuity priority access bed in the long-term care home to which the applicant seeks admission and a resident in a high acuity priority access bed in the home will be discharged.

2. The placement co-ordinator becomes aware of the opportunity to exchange a resident in one high acuity priority access bed of a long-term care home who seeks admission to a second long-term care home and a resident of the second high acuity priority access bed in a long-term care home who seeks admission to the first. In this circumstance, each resident shall be placed in the exchange category of the appropriate waiting list.

(7) A person who was discharged from a high acuity priority access bed because they were absent on a medical or psychiatric absence for a longer time than permitted under section 150, and is applying for admission to a high acuity priority access bed, shall be placed in the re-admission category on the waiting list for a high acuity priority access bed.

(8) Applicants on a waiting list for a high acuity priority access bed in a long-term care home shall be ranked for admission in the following order of priority:

1. The highest priority shall be given to an applicant who is in the exchange category on the waiting list for the high acuity priority access bed. As among themselves, these applicants shall be ranked according to the following order of priority:
 - i. The highest priority shall be given to an applicant who was discharged from a high acuity priority access bed because they were absent on a medical or psychiatric absence for a longer time than permitted under section 150, and is applying for admission to the high acuity priority access bed. As among themselves, these applicants shall be ranked according to the date of their original admission to the high acuity priority access bed.
 - ii. The next highest priority shall be given to an applicant who meets the requirements for placement in category 1 on the waiting list for a long-term care home under section 188. As among themselves, these applicants shall be ranked according to the urgency of their need for admission.
 - iii. All other applicants shall be ranked on the waiting list according to the time at which they applied for authorization of their admission to the high acuity priority access bed.
2. The next highest priority shall be given to an applicant who is in the re-admission category on the waiting list for the high acuity priority access bed. As among themselves, these applicants shall be ranked according to the date of their original admission to the high acuity priority access bed.

3. The next highest priority shall be given to an applicant who meets the requirements for placement in category 1 on the waiting list for a long-term care home under section 188. As among themselves, these applicants shall be ranked according to the urgency of their need for admission.
4. All other applicants shall be ranked on the waiting list according to the time at which they applied for authorization of their admission to the high acuity priority access bed.

(9) In this section,

“technology-based care” means care requiring any specialized medical device, instrument, apparatus, appliance, software application, implant or other article intended by the manufacturer to be used, alone or in combination, for the prevention, monitoring, treatment or alleviation of complex disease, disability, injury or disorder.

Admission to high acuity priority access beds

231. (1) The appropriate placement co-ordinator shall authorize the admission of an applicant to a high acuity priority access bed only if,

- (a) the applicant’s admission may be authorized under section 203; and
- (b) the applicant meets the requirements for placement on a waiting list for admission to a high acuity priority access bed set out in subsection 230 (3) when the vacancy arises.

(2) Despite clause (1) (b), if there is no applicant on the waiting list for admission to a high acuity priority access bed who meets the requirements in subsection 230 (3) when the vacancy arises, an applicant from the waiting list that is required to be kept under section 182 may be admitted to the bed.

(3) The appropriate placement co-ordinator shall keep the licensee informed as to whether or not there is at least one person on the waiting list that is required to be kept under subsection 230 (2).

Discharge and transfer, high acuity priority access beds

232. (1) A licensee of a long-term care home shall discharge a resident from a high acuity priority access bed if,

- (a) the interdisciplinary reassessment required under section 233 indicates that the resident no longer requires and benefits from the type of care described in clause 230 (3) (c); and
- (b) alternative arrangements have been made for the care required by the resident.

(2) The licensee of a long-term care home may transfer a resident who is being discharged from a high acuity priority access bed under subsection (1) to another bed in the home.

(3) A resident who is transferred under subsection (2) is deemed to have been discharged from the high acuity priority access bed and admitted to the home.

(4) The licensee may transfer residents out of a high acuity priority access bed and into another bed in the home despite the rules concerning transfer lists in section 239, subject to the first priority being given to residents described in clause 239 (1) (f) and despite subsection 239 (7).

(5) The licensee of a long-term care home shall transfer a resident who was admitted to a high acuity priority access bed from the waiting list kept under section 182 to another bed in the home in the class of accommodation chosen by the resident as soon as such a bed becomes available.

(6) Subsection (5) applies despite the rules concerning transfer lists in section 239, subject to first priority being given to residents described in clause 239 (1) (f) and despite subsection 239 (7).

(7) A resident who is transferred under subsection (5) is deemed to have been admitted to the home.

(8) The licensee shall notify the placement co-ordinator of every transfer under this section within 24 hours.

Reassessment

233. (1) The licensee shall ensure that every resident in a high acuity priority access bed undergoes an interdisciplinary reassessment every three months, or sooner if there is a change in the resident's condition or circumstances, to determine whether the resident continues to require and is benefiting from the care provided in the high acuity priority access bed.

(2) Subsection (1) does not apply with respect to a resident who is admitted to a high acuity priority access bed from the waiting list kept under section 182.

Deemed basic accommodation

234. A resident who is admitted to a high acuity priority access bed from the waiting list kept under section 230 is deemed to be in long-stay basic accommodation for the purposes of sections 291 to 310 as long as the resident is occupying the high acuity priority access bed.

DIRECT ACCESS BEDS

Designation of beds, amendment and revocation, direct access beds

235. (1) The Minister may designate a specified number of long-stay program beds in a long-term care home as direct access beds, subject to any terms and conditions as the Minister may specify.

(2) A licensee shall comply with the terms and conditions of a designation.

(3) The Minister may, at any time,

- (a) amend the terms and conditions of a designation; or
- (b) revoke the designation, subject to any terms or conditions the Minister considers appropriate.

(4) The Minister shall advise the licensee for the long-term care home in which one or more direct access beds are designated and the appropriate placement co-ordinator in writing of,

- (a) the designation and any terms and conditions to which it is subject;
- (b) if the Minister amends the terms and conditions, the amended terms and conditions; and
- (c) if the Minister revokes the designation, the revocation of the designation and any terms and conditions of the revocation.

(5) Immediately after being advised of a revocation under clause (4) (c), the appropriate placement co-ordinator shall,

- (a) inform applicants on the waiting list for admission to the direct access bed that the designation is being revoked;
- (b) cease the authorization of admissions to the direct access bed; and
- (c) cease keeping a separate waiting list for the direct access bed in the long-term care home.

(6) Where a revocation is made under clause (4) (c), a resident who is occupying a direct access bed is deemed to have been discharged from the direct access bed and admitted to the long-term care home.

Waiting lists and ranking, direct access beds

236. (1) Sections 186 to 200 do not apply to an applicant seeking admission to a direct access bed within a long-term care home.

(2) The appropriate placement co-ordinator for a long-term care home shall keep a separate waiting list for admission to the direct access beds designated within the home in accordance with this Regulation that is in addition to and separate from any waiting list that is required to be kept under section 182.

(3) The appropriate placement co-ordinator shall place a person on a waiting list for admission to a direct access bed in a long-term care home if,

- (a) the person requires immediate admission to a long-term care home;
- (b) the person is determined by the placement co-ordinator to be eligible for long-term care home admission as a long-stay resident under section 172;
- (c) the person occupies a bed in a hospital under the *Public Hospitals Act* that is specified in a designation made by the Minister under section 235; and
- (d) the person requires an alternate level of care at the hospital specified in the designation for at least 60 days while waiting to be admitted to a long-term care home.

(4) Applicants on a waiting list for a direct access bed in a long-term care home shall be ranked for admission based upon the time at which the hospital in which they occupy a bed determines that they require an alternate level of care leading to discharge to a long-term care home.

(5) The appropriate placement co-ordinator shall,

- (a) inform every applicant for a direct access bed and their substitute decision-maker, if any, that the applicant is only permitted to be on one waiting list for the home with the bed; and
- (b) only place an applicant on the waiting list for a direct access bed in a long-term care home if the applicant or their substitute decision-maker, if any, consents to their being removed from every other waiting list for the home.

(6) Where a designation has been made under section 235, the appropriate placement co-ordinator shall,

- (a) advise persons on the waiting lists for long-term care homes who meet the requirements under subsection (3) or their substitute decision-makers, if any, of the

designation and ask them if they desire to be placed on the waiting list for a direct access bed; and

- (b) place a person mentioned in clause (a) on the waiting list for a direct access bed if the person or their substitute decision-maker, if any, consents to their being placed on the list.

Admission to direct access beds

237. (1) The appropriate placement co-ordinator shall authorize the admission of an applicant to a direct access bed only if,

- (a) the applicant's admission may be authorized under section 203; and
- (b) the applicant meets the requirements for placement on a waiting list for admission to a direct access bed set out in subsection 236 (3) when the vacancy arises.

(2) Despite clause (1) (b), if there is no applicant on the waiting list for admission to a direct access bed when the vacancy arises, an applicant from the waiting list that is required to be kept under section 182 may be admitted to the bed.

(3) The appropriate placement co-ordinator shall keep the licensee informed as to whether or not there is at least one person on the waiting list that is required to be kept under subsection 236 (2).

Transfer, direct access beds

238. (1) The licensee of a long-term care home shall transfer a resident who was admitted to a direct access bed from the waiting list kept under section 182 to another bed in the home in the class of accommodation chosen by the resident as soon as such a bed becomes available.

(2) Subsection (1) applies despite the rules concerning transfer lists in section 239, subject to first priority being given to residents described in clause 239 (1) (f) and despite subsection 239 (7).

(3) A resident who is transferred under subsection (1) is deemed to have been admitted to the home.

(4) The licensee shall notify the placement co-ordinator of every transfer under subsection (1) within 24 hours.

(5) A resident occupying a direct access bed who was not admitted to a direct access bed from the waiting list kept under section 182 and who desires to transfer to another class of accommodation in the long-term care home shall be transferred in accordance with the rules set out in section 239, but is deemed to continue to occupy a direct access bed.

TRANSFER LIST

Transfer list

239. (1) Every licensee of a long-term care home shall keep a transfer list consisting of,

- (a) the names of the residents of the home who are requesting a transfer from preferred accommodation in the home to basic accommodation in the home;
- (b) the names of the residents of the home who are requesting a transfer from private accommodation in the home to semi-private accommodation in the home;
- (c) the names of the residents of the home who are requesting a transfer from basic accommodation in the home to semi-private accommodation in the home;
- (d) the names of the residents of the home who are requesting a transfer from basic accommodation in the home to private accommodation in the home;
- (e) the names of the residents of the home who are requesting a transfer from semi-private accommodation in the home to private accommodation in the home;
- (f) the names of residents of the home who are requesting a transfer from a bed that is closing within 16 weeks to another bed in the home; and
- (g) where the home has a unit or area within the home that is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin, the names of residents,
 - (i) who are requesting a transfer to the unit or area or out of the unit or area and based on the class of accommodation requested, and
 - (ii) who are in the unit or area and are requesting a change in class of accommodation within that unit or area.

(2) The licensee shall place the name of a resident on the transfer list referred to in subsection (1) when the request for a transfer is received.

(3) The licensee shall determine whether or not a resident who occupied a room with their spouse and who continues to occupy a bed in that room wishes to request a transfer to basic accommodation and, where the resident so wishes and makes a request, the licensee shall place the name of the resident on the transfer list.

(4) The licensee shall make the determination under subsection (3) within 30 days after the day the spouse ceases to occupy the room with the resident.

(5) The licensee shall,

- (a) give priority for transfers to residents described in clause (1) (f); and
- (b) among residents described in clause (1) (f), give priority for transfers based on order of time of admission to the home, with those admitted earlier ranking highest.

(6) The licensee shall, on request, notify each resident on the transfer list, the resident's substitute decision-maker or any other person designated by the resident or substitute decision-maker of the resident's position on the transfer list.

(7) In filling vacancies for basic accommodation, the licensee shall alternate on a bed-by-bed basis between,

- (a) residents who are requesting a transfer from preferred accommodation in the home to basic accommodation; and
- (b) admissions authorized by the appropriate placement co-ordinator.

(8) The licensee is not required to alternate under subsection (7),

- (a) if there is no one waiting for basic accommodation under clause (7) (a) or (b) when a vacancy arises; or
- (b) during a period of time for which the Director directs the appropriate placement co-ordinator to cease authorizing admissions to the home under subsection 56 (1) of the Act.

(9) Despite subsection (7), the licensee shall give residents described in clause (1) (f) priority over residents who are requesting a transfer from preferred accommodation in the home to basic accommodation and applicants whose admission is authorized by the appropriate placement co-ordinator.

(10) The licensee shall keep a record setting out the filling of vacancies, including the date on which the vacancy was filled.

SPECIAL CIRCUMSTANCES

Admissions process, special circumstances

240. (1) This section applies when the Director has made a determination that residents of a long-term care home urgently need to be relocated to another home to protect their health or safety.

(2) The Director shall advise the appropriate placement co-ordinator of the determination.

(3) Where a resident of one home is to be relocated to another home operated by the same licensee, the appropriate placement co-ordinator and the licensee are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the relocation and the following modifications are made respecting the application of Part IV of the Act:

1. The resident is deemed to be eligible for admission to the second home.
2. An application for authorization of admission is not required with respect to the resident.
3. The licensee is deemed to have approved the resident's admission under subsection 51 (7) of the Act.
4. Subject to paragraph 5, the resident shall be placed in category 1 of the waiting list referred to in section 188.
5. Residents who are to be relocated to a second home operated under a temporary emergency licence shall be ranked for admission based on urgency of need.
6. The appropriate placement co-ordinator shall authorize the admission only if the resident consents to the admission.

(4) Where a resident of one home is to be relocated to another home operated by a different licensee, the appropriate placement co-ordinator and the licensee are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the relocation and the following modifications are made respecting the application of Part IV of the Act:

1. The resident is deemed to be eligible for admission to the second home.
2. The resident is not required to make the application for authorization of admission in writing, as long as they have provided consent to the disclosure of all information necessary for the appropriate placement co-ordinator to deal with the application.
3. The appropriate placement co-ordinator shall co-ordinate the provision, to the licensee of the home for which authorization of admission is sought, of as much information as is available in the circumstances about the resident's physical and mental health, requirements for medical treatment and health care, functional capacity, requirements for personal care, behaviour and behaviour during the preceding year. This information shall be provided by the licensee of the resident's original home and may be communicated orally.

4. The licensee shall, either orally or in writing, approve or withhold approval of the admission in accordance with subsections 51 (7) to (9) of the Act within 24 hours of receiving the information under paragraph 3.
5. If the licensee withholds approval of the person's admission, the licensee shall provide the appropriate placement co-ordinator with the written notice referred to in subsection 51 (9) of the Act, if requested to do so by the appropriate placement co-ordinator. The notice shall be provided within five business days of the request of the appropriate placement co-ordinator and a copy of the notice shall also be provided to the Director.
6. Subject to paragraph 7, the resident shall be placed in category 1 of the waiting list referred to in section 188.
7. Residents who are to be relocated to a second home operated under a temporary emergency licence shall be ranked for admission based on urgency of need.
8. The appropriate placement co-ordinator shall authorize the admission only if the resident consents to the admission and the licensee approves the admission.

(5) Where a resident who was relocated under this section applies for re-admission to the original home, the appropriate placement co-ordinator and the licensee are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the re-admission and the following modifications are made respecting the application of Part IV of the Act:

1. The resident is deemed to be eligible for admission to the original home.
2. The resident is not required to make the application for authorization of admission in writing.
3. The licensee is deemed to have approved the resident's admission under subsection 51 (7) of the Act.
4. The appropriate placement co-ordinator shall authorize the admission only if the resident consents to the admission.

Special circumstances, convalescent care

241. (1) This section applies in the special circumstance of processing the admission of a person to a long-term care home as a short-stay resident in the convalescent care program, so as to expedite, through prompt admission to that program, the program's purpose of facilitating restoring a person's strength, endurance or functioning so that they can return to their residence.

(2) Where an applicant may be admitted to the convalescent care program, placement co-ordinators and licensees are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect admissions to the convalescent care program in accordance with this section.

(3) The following modifications are made to the application of section 50 of the Act:

1. Before the person submits an application for determination of eligibility for admission, the placement co-ordinator shall provide the person with information about the process for admission to a long-term care home as a short-stay resident in the convalescent care program, including,
 - i. the nature of the referral process for admission under this section,
 - ii. the factors that the placement co-ordinator will take into consideration when referring the applicant to a bed in the convalescent care program, and
 - iii. the fact that the person will only be admitted to a home with their consent, in accordance with clause 51 (11) (d) and section 52 of the Act.
2. If, after receiving the information referred to in paragraph 1, the person proceeds with an application under section 50 of the Act, the application shall include, in addition to anything else required under that section, the person's consent to the disclosure of all the information necessary to deal with the application and the person's admission to a home.

(4) After the person has been determined to be eligible for long-term care home admission, the following modifications are made to the application of section 51 of the Act:

1. The placement co-ordinator shall refer the applicant to one or more homes with a convalescent care program. In determining to which home or homes to refer the applicant, the placement co-ordinator shall take into consideration the following factors:
 - i. The applicant's condition and circumstances.
 - ii. The applicant's preferences, including any preferences relating to the proximity of the home or homes to the applicant's family, home and community and support networks.
2. If a home to which the applicant is being referred is not in the geographic area of the placement co-ordinator making the referral, that placement co-ordinator shall co-ordinate with the appropriate placement co-ordinator for that home.

3. Instead of the applicant applying for authorization of admission, the appropriate placement co-ordinator shall provide the necessary information to the licensee or licensees of the home or homes to which the applicant is being referred.
4. In subsections 51 (7) to (10) and (14) of the Act,
 - i. any reference to a “selected” home shall be read as applying to a home to which the applicant is referred,
 - ii. the licensee’s written notice of withholding of approval or withdrawal of approval required under subsections 51 (9) and (14) of the Act is only required to be given to the appropriate placement co-ordinator, but the appropriate placement co-ordinator shall provide a copy to the applicant upon request.

(5) For the purposes of applying this Regulation under the circumstances where this section applies,

- (a) subsections 179 (3) and (4) of this Regulation shall be read as if they said “three business days” rather than “five business days”;
- (b) subsection 179 (5) of this Regulation shall be read as if it said “one business day” rather than “three business days”;
- (c) clause 183 (1) (b) of this Regulation does not apply;
- (d) Column 2 of Item 9 of the Table to section 200 of this Regulation shall be read as if it referred to the time at which the applicant agreed to proceed with an application under section 50 of the Act;
- (e) paragraph 2 of subsection 202 (4) of this Regulation shall be read as if it said that the licensee shall give the written notice of the withdrawal of approval for the applicant’s admission only to the appropriate placement co-ordinator, but that the appropriate placement co-ordinator shall provide a copy to the applicant upon request;
- (f) clause 203 (1) (a) of this Regulation shall be read as if it only required that the requirements set out in subsection 51 (11) of the Act be complied with.

(6) If a person to whom this section applies does not choose to participate in the process under this section, the placement co-ordinator shall, if the person so desires, provide information about alternative services, make appropriate referrals on behalf of the person and assist in arranging alternative accommodation, care or services for the person as is appropriate in the circumstances.

(7) A person may not apply for admission to a long-term care home as a short-stay resident in the convalescent care program other than through the process under this section.

Special circumstances, pandemic, hospital admissions

242. (1) This section applies in the special circumstance of processing the admission to a long-term care home of a person who occupies a bed in a hospital under the *Public Hospitals Act* during a pandemic, so as to expedite the reduction of severe capacity pressures facing the hospital.

(2) Where a person described in subsection (1) requires admission to a long-term care home, placement co-ordinators and licensees are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the admission and the following modifications are made respecting the application of Part IV of the Act:

1. The placement co-ordinator shall make a determination of eligibility for admission to a long-term care home based on as much information as is available in the circumstances about the person's,
 - i. physical and mental health,
 - ii. requirements for medical treatment and health care,
 - iii. functional capacity,
 - iv. requirements for personal care, and
 - v. behaviour.
2. After the person has been determined to be eligible for long-term care home admission, the placement co-ordinator shall select the home for the person even if the person is already on a waiting list for one or more homes.
3. In selecting a home under paragraph 2, the placement co-ordinator shall take into consideration the following factors:
 - i. The person's condition and circumstances.
 - ii. The person's preferences, including any preferences relating to the proximity of the home or homes to the applicant's family, home and community and support networks.
 - iii. The class of accommodation requested by the person.

4. If the home selected by the placement co-ordinator is not in the geographic area of the placement co-ordinator making the offer, that placement co-ordinator shall co-ordinate with the appropriate placement co-ordinator for that home.
5. If the person has not already made an application for authorization of admission, they are not required to make the application for authorization of admission, so long as they have provided consent to the disclosure of all information necessary for the appropriate placement co-ordinator to deal with the application.
6. The appropriate placement co-ordinator shall co-ordinate the provision, to the licensee of the home for which authorization of admission is sought, of as much information as is available in the circumstances about the matters listed in paragraph 1, and this information may be communicated orally.
7. The licensee shall, either orally or in writing, approve or withhold approval of the admission in accordance with subsections 51 (7) to (9) of the Act, as modified by this section, within five days of receiving the information under paragraph 6, and if the licensee withholds approval of the person's admission, the licensee shall, at the time of withholding, either orally or in writing inform the appropriate placement co-ordinator of the ground or grounds on which the licensee is withholding approval and a brief explanation of why, but is not required to notify the person.
8. Where the person is waiting for admission to a regular long-stay bed, the person shall be placed in category 1 of the waiting list referred to in section 188 in respect of every waiting list on which they are placed, unless the person would otherwise be placed in a higher ranking category.
9. The appropriate placement co-ordinator shall authorize admission to a home only if the information provided to the licensee under paragraph 6 was obtained by the placement co-ordinator within the six months preceding the authorization.
10. The appropriate placement co-ordinator may authorize the person's admission to preferred accommodation in the home even if basic accommodation has been requested, and in such a case, the licensee shall make the accommodation available as basic accommodation.
11. The appropriate placement co-ordinator shall authorize admission only if the person consents to the admission.

Where pandemic pressures resolved

243. (1) This section applies where the Minister has made a determination, and published that determination on a website of the Government of Ontario, that severe capacity pressures experienced by public hospitals under the *Public Hospitals Act* during a pandemic have

improved enough to justify the application of this section, or have improved enough in the area covered by the determination, in which case it applies in that area.

(2) If a resident who was admitted to a long-term care home under section 242 applies or has applied for admission to one or more long-term care homes, placement co-ordinators and licensees are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the admission and the following modifications are made respecting the application of Part IV of the Act:

1. The resident is deemed to be eligible for admission to the home or homes they have selected.
2. The resident is not required to make the application for authorization of admission in writing, as long as they have provided consent to the disclosure of all information necessary for the appropriate placement co-ordinator to deal with the application.
3. The licensee of the resident's home shall assist the placement co-ordinator by providing information about the care that is being given to the resident and information that the licensee has about the resident's,
 - i. physical and mental health,
 - ii. requirements for medical treatment and health care,
 - iii. functional capacity,
 - iv. requirements for personal care, and
 - v. behaviour.
4. The appropriate placement co-ordinator shall co-ordinate the provision, to the licensee of the home for which authorization of admission is sought, of as much information as is available in the circumstances about the matters listed in paragraph 3 and the licensee shall make the decision whether to approve or withhold approval for admission based on this information.
5. For the purposes of ranking the resident within a category under sections 190, 191, 192, 193, 194 and 220, the time for which the resident applied for authorization of admission is deemed to be the date of the resident's admission to the original home, if this date is earlier than the one that would otherwise apply.
6. The appropriate placement co-ordinator shall place the resident in category 1 of the waiting list referred to in section 188 for the resident's first choice of home, unless the resident would otherwise be placed in a higher ranking category.

7. The appropriate placement co-ordinator shall authorize the admission only if the resident consents to the admission.

Pandemic, admissions from community

244. (1) This section applies in the special circumstance of processing the admission to a long-term care home during a pandemic of a person, other than a person described in section 242.

(2) Where a person described in subsection (1) requires admission to a long-term care home, placement co-ordinators and licensees are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the admission and the following modifications are made respecting the application of Part IV of the Act:

1. The placement co-ordinator shall make a determination of eligibility for admission to a long-term care home based on as much information as is available in the circumstances about the person's,
 - i. physical and mental health,
 - ii. requirements for medical treatment and health care,
 - iii. functional capacity,
 - iv. requirements for personal care, and
 - v. behaviour.
2. The appropriate placement co-ordinator shall co-ordinate the provision, to the licensee of the home for which authorization of admission is sought, of as much information as is available in the circumstances about the matters listed in paragraph 1, and this information may be communicated orally.
3. The licensee shall, either orally or in writing, approve or withhold approval of the admission in accordance with subsections 51 (7) to (9) of the Act, as modified by this section, within five days of receiving the information under paragraph 2, and if the licensee withholds approval of the person's admission, the licensee shall, at the time of withholding, either orally or in writing inform the appropriate placement co-ordinator of the ground or grounds on which the licensee is withholding approval and a brief explanation of why, but is not required to notify the person.
4. Subsection 184 (1) does not apply if the reason a person refuses to consent to admission to a home is that there is a pandemic.

5. The appropriate placement co-ordinator shall authorize the admission only if the person consents to the admission.

Re-admission, pandemic discharges

245. (1) Where a person who was discharged under section 160 seeks re-admission to the home from which they were discharged three months or less from the date of discharge, placement co-ordinators and licensees are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the re-admission and the following modifications are made respecting the application of Part IV of the Act:

1. The person is deemed to be eligible for admission to the home.
2. The person is not required to make the application for authorization of admission in writing.
3. The licensee is deemed to have approved the person's admission under subsection 51 (7) of the Act.
4. The person shall be placed in the re-admission category of the waiting list referred to in section 195 or section 220, whichever applies, unless the person would otherwise be placed in a higher ranking category.
5. The appropriate placement co-ordinator shall authorize the admission only if the person consents to the admission.

(2) Where a person who was discharged under section 160 seeks re-admission to the home from which they were discharged after more than three months from the date of discharge, placement co-ordinators and licensees are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the re-admission and the following modifications are made respecting the application of Part IV of the Act:

1. The person is deemed to be eligible for admission to the home.
2. The person is not required to make the application for authorization of admission in writing, as long as they have provided consent to the disclosure of all information necessary for the appropriate placement co-ordinator to deal with the application.
3. The appropriate placement co-ordinator shall co-ordinate the provision, to the licensee of the home for which authorization of admission is sought, of as much information as is available in the circumstances about the person's,
 - i. physical and mental health,
 - ii. requirements for medical treatment and health care,

- iii. functional capacity,
 - iv. requirements for personal care, and
 - v. behaviour.
- 4. The information under paragraph 3 may be communicated orally.
 - 5. The licensee shall, either orally or in writing, approve or withhold approval of the admission in accordance with subsections 51 (7) to (9) of the Act, as modified by this section, within five days of receiving the information under paragraph 3.
 - 6. If the licensee withholds approval of the person's admission, the licensee shall provide the appropriate placement co-ordinator with the written notice referred to in subsection 51 (9) of the Act, if requested to do so by the appropriate placement co-ordinator, within five business days of the request of the appropriate placement co-ordinator, and the placement co-ordinator shall provide a copy of the notice to the person seeking re-admission.
 - 7. The person shall be placed in the re-admission category of the waiting list referred to in section 195 or section 220, whichever applies, unless the person would otherwise be placed in a higher ranking category.
 - 8. The appropriate placement co-ordinator shall authorize the admission only if the person consents to the admission.

TRANSITIONAL, ADMISSIONS

Transitional, admissions

246. (1) This section applies when a person had applied for a determination of eligibility for or authorization of admission to a long-term care home under the *Long-Term Care Homes Act, 2007* before the coming into force of this section and the person has not yet been admitted to the home.

(2) If the appropriate placement co-ordinator offered to authorize the person's admission to a home and the person accepted the offer before the coming into force of this section and moves into the home after the coming into force of this section, then the provisions of the *Long-Term Care Homes Act, 2007* continue to apply to the offer.

(3) If the appropriate placement co-ordinator offered to authorize the person's admission to a home and the person did not accept the offer prior to the coming into force of this section, this Regulation applies to the offer as if the offer had been made under this Regulation.

(4) If, before the coming into force of this section, the appropriate placement co-ordinator did not offer to authorize the person's admission to a home, this Regulation applies to the application, and the placement co-ordinator shall reassess the person's application to ensure that it complies with the provisions of the Act and this Regulation, including ensuring that the person is placed in the appropriate waiting list category.

Transitional, short-stay residents

247. Where, during the calendar year that this section comes into force, a person was admitted to a home under the *Long-Term Care Homes Act, 2007* as a short-stay resident in the respite care or convalescent care program, the total length of stay in either program shall be counted for the purposes of subsections 206 (4) and (5).

Transitional, residents in interim beds

248. (1) A resident who occupied an interim bed under Ontario Regulation 79/10 (General) made under the *Long-Term Care Homes Act, 2007* immediately before the coming into force of this section continues to be a long-stay resident for the purposes of this Regulation for as long as the resident occupies the bed.

(2) If the appropriate placement co-ordinator offered to authorize a person's admission to an interim bed in a home under Ontario Regulation 79/10 (General) made under the *Long-Term Care Homes Act, 2007* and the person accepted the offer before the coming into force of this section and moves into the home after the coming into force of this section, the person is a long-stay resident for the purposes of this Regulation for as long as they occupy the bed.

PART V COUNCILS

Detailed allocation

249. For the purposes of subparagraph 9 iii of subsection 63 (1) and subparagraph 7 iii of subsection 66 (1) of the Act,

“detailed allocation” means the reconciliation report for a calendar year, together with the auditor's report on that reconciliation report, that is submitted to the Minister under clause 289 (1) (a) and to,

- (a) the local health integration network for the geographic region in which the long-term care home is located as is, or was previously, required by regulations made under the *Local Health System Integration Act, 2006*, or
- (b) the Agency, as is required by regulations made under the *Connecting Care Act, 2019*.

PART VI OPERATION OF HOMES

ADMINISTRATOR

Administrator

250. (1) Every licensee of a long-term care home shall ensure that the home's Administrator works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week.
2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week.
3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week.

(2) An Administrator who is attending a meeting or training related to their position as Administrator is considered to be working on site at the home as long as they are available by telephone.

(3) Subject to subsection (4), the licensee shall ensure that everyone hired as an Administrator,

- (a) has a post-secondary degree from a program that is a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that is a minimum of two years in duration;
- (b) has at least three years working experience,
 - (i) in a managerial or supervisory capacity in the health or social services sector, or
 - (ii) in another managerial or supervisory capacity, if they have already successfully completed the course mentioned in clause (d);
- (c) has demonstrated leadership and communications skills; and
- (d) has successfully completed or, subject to subsection (5), is enrolled in, a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time.

(4) A person who was working or employed as an Administrator on July 1, 2010 and has continued to work or be employed in that position may be hired for another position as an Administrator in a different long-term care home if the person,

- (a) worked or was employed as an Administrator in a long-term care home,
 - (i) on a full-time basis for at least three years during the five years immediately before being employed in the different home, or
 - (ii) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being employed in the different home; and
- (b) has successfully completed or, subject to subsection (5), is enrolled in, a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time.

(5) The licensee shall cease to employ as an Administrator a person who was required to be enrolled in a program described in clause (3) (d) or (4) (b) if the person ceases to be enrolled in the program or fails to successfully complete the program within the following periods:

1. For a program that includes at least 400 hours of instruction time, the maximum period is five years from the day the person is hired as an Administrator.
2. For a program that includes more than 200 but less than 400 hours of instruction time, the maximum period is three years from the day the person is hired as an Administrator.
3. For a program that includes 200 or less hours of instruction time, the maximum period is two years from the day the person is hired as an Administrator.

DIRECTOR OF NURSING AND PERSONAL CARE

Director of Nursing and Personal Care

251. (1) Every licensee of a long-term care home shall ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 19 beds or fewer, at least four hours per week.
2. In a home with a licensed bed capacity of more than 19 but fewer than 30 beds, at least eight hours per week.

3. In a home with a licensed bed capacity of more than 29 but fewer than 40 beds, at least 16 hours per week.
4. In a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week.
5. In a home with a licensed bed capacity of 65 beds or more, at least 35 hours per week.

(2) For homes with a licensed bed capacity of more than 39 beds, a Director of Nursing and Personal Care who is attending a meeting or training related to their position as a Director of Nursing and Personal Care is considered to be working on site at the home as long as they are available by telephone.

(3) The licensee shall ensure that everyone hired as a Director of Nursing and Personal Care,

- (a) has at least one year of experience working as a registered nurse in the long-term care sector;
- (b) has at least three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting; and
- (c) has demonstrated leadership and communication skills.

(4) Despite subsection (3), a person who was working or employed as a Director of Nursing and Personal Care in a long-term care home immediately before July 1, 2010 may be hired as a Director of Nursing and Personal Care in a different home if the person worked or was employed as a Director of Nursing and Personal Care in a long-term care home,

- (a) on a full-time basis for at least three years during the five years immediately before being employed in the different home; or
- (b) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being employed in the different home.

(5) Subsection 77 (4) of the Act and subsection (1) of this section do not apply during a pandemic.

MEDICAL DIRECTOR

Medical Director

252. (1) Every licensee of a long-term care home shall enter into a written agreement with the Medical Director for the home that provides for at least the following:

1. The term of the agreement.
2. The responsibilities of the licensee.
3. The responsibilities or duties of the Medical Director under clause 78 (3) (b) of the Act, as set out in subsection (4) of this section.
4. That the Medical Director will complete,
 - i. the Ontario Long Term Care Clinicians' Medical Director course within 12 months after the Medical Director first begins to perform their duties and responsibilities or, if the Medical Director was the Medical Director of the home when this section comes into force, within 12 months after this section comes into force, and
 - ii. such other training as is specified in the agreement, within the time period specified in the agreement.
5. The minimum number of hours the Medical Director is required to spend on-site at the home for each month and the specific duties the Medical Director must perform onsite, as required by the licensee.

(2) A licensee is not required to comply with paragraphs 4 and 5 of subsection (1) with respect to a Medical Director who was the Medical Director of the home when this section comes into force until six months after this section comes into force.

(3) The Medical Director of a long-term care home may not be,

- (a) the licensee of the home;
- (b) a person having a controlling interest in the licensee; or
- (c) in the case of a licensee that is a corporation, a member of the board of the corporation.

(4) For the purposes of clause 78 (3) (b) of the Act, the Medical Director has the following responsibilities and duties:

1. Development, implementation, monitoring and evaluation of medical services.
2. Advising on and approving clinical policies and procedures.
3. Communication of expectations to attending physicians and registered nurses in the extended class, including communicating relevant medical policies and procedures.

4. Addressing issues relating to resident care, after-hours coverage and on-call coverage.
5. Attendance and participation in interdisciplinary committees and quality improvement activities.
6. Providing oversight of resident clinical care in the home.

SCREENING MEASURES AND ONGOING DECLARATIONS

Hiring staff, accepting volunteers

253. (1) This section applies where a police record check is required before a licensee hires a staff member or accepts a volunteer as set out in subsection 81 (2) of the Act.

(2) The police record check must be,

- (a) conducted by a police record check provider within the meaning of the *Police Record Checks Reform Act, 2015*; and
- (b) conducted within six months before the staff member is hired or the volunteer is accepted by the licensee.

(3) The police record check must be a vulnerable sector check referred to in paragraph 3 of subsection 8 (1) of the *Police Record Checks Reform Act, 2015*, and be conducted to determine the person's suitability to be a staff member or volunteer in a long-term care home and to protect residents from abuse and neglect.

(4) The licensee shall require that the person provide the licensee, before the person is hired as a staff member or accepted as a volunteer, with a signed declaration disclosing the following:

1. All the following that occurred with respect to the person:
 - i. every charge for an offence prescribed under subsection 256 (1) with which the person has been charged,
 - ii. every order of a judge or justice of the peace made against the person in respect of an offence prescribed under subsection 256 (1), including a peace bond, probation order, prohibition order or warrant to arrest, and
 - iii. every conviction for an offence prescribed under subsection 256 (1) or any other outcome of a charge for such an offence.
2. All the following that occurred with respect to the person:

- i. every commencement of a proceeding that could lead to a finding of guilt of an act of misconduct prescribed under subsection 256 (2), and
- ii. every finding of guilt of an act of misconduct prescribed under subsection 256 (2).

(5) Paragraph 1 of subsection (4) applies with respect to any charge, order or conviction or other outcome that occurred since the date the person's police record check under subsection (2) was conducted.

(6) Subparagraph 2 i of subsection (4) does not apply with respect to a proceeding that ended more than five years before the staff member is hired or the volunteer accepted.

(7) Subparagraph 2 ii of subsection (4) does not apply with respect to,

- (a) a finding of guilt that resulted in a suspension if the suspension ended more than five years before the staff member is hired or the volunteer accepted; or
- (b) a finding of guilt that did not result in a suspension, if the finding of guilt occurred more than five years before the staff member is hired or the volunteer accepted.

Declarations for staff and volunteers

254. (1) The licensee of a long-term care home shall require every person who is a staff member or volunteer at the home to provide the licensee with signed declarations disclosing the following:

1. All the following that occurred with respect to the person:
 - i. every charge for an offence prescribed under subsection 256 (1) with which the person has been charged,
 - ii. every order of a judge or justice of the peace made against the person in respect of an offence prescribed under subsection 256 (1), including a peace bond, probation order, prohibition order or warrant to arrest, and
 - iii. every conviction for an offence prescribed under subsection 256 (1) or any other outcome of a charge for such an offence.
2. All the following that occurred with respect to the person:
 - i. every commencement of a proceeding that could lead to a finding of guilt of an act of misconduct prescribed under subsection 256 (2), and

- ii. every finding of guilt of an act of misconduct prescribed under subsection 256 (2).

(2) Declarations under subsection (1) apply with respect to any charge, order, conviction or other outcome, commencement of a proceeding or finding of guilt that the person became aware of since this section came into force and shall be provided promptly after the person became aware.

(3) The licensee of a long-term care home shall require every person who is a staff member or volunteer at the home on the day this section comes into force to provide the licensee with signed declarations disclosing all the following that occurred with respect to the person:

1. Every commencement of a proceeding that could lead to a finding of guilt of an act of misconduct prescribed under subsection 256 (2).
2. Every finding of guilt of an act of misconduct prescribed under subsection 256 (2).

(4) Paragraph 1 of subsection (3) does not apply with respect to a proceeding that ended more than five years before this section came into force.

(5) Paragraph 2 of subsection (3) does not apply with respect to,

- (a) a finding of guilt that resulted in a suspension if the suspension ended more than five years before this section came into force; or
- (b) a finding of guilt that did not result in a suspension, if the finding of guilt occurred more than five years before this section came into force.

(6) The licensee of a long-term care home shall require the declaration of a staff member or volunteer under subsection (3) to be provided within one month after the staff member first works, or volunteer first volunteers, at the home after this section comes into force.

Exceptions

255. (1) The requirements under subsection 81 (2) of the Act and sections 253 and 254 of this Regulation do not apply if the person who is, or who is being hired to be, a staff member who will perform work at the home,

- (a) falls under clause (b) or (c) of the definition of “staff” in subsection 2 (1) of the Act;
- (b) will only provide occasional maintenance or repair services to the home;
- (c) will not provide direct care to residents; and

- (d) will be monitored and supervised, in accordance with the licensee's policies and procedures referred to in subsection 92 (3), while they provide services to the home.

(2) The requirements under subsection 81 (2) of the Act and sections 253 and 254 of this Regulation do not apply to,

- (a) Medical Directors; and
- (b) physicians or registered nurses in the extended class retained or appointed under subsection 88 (2) or (3).

(3) When a licensee hires a staff member or accepts a volunteer during a pandemic, the following modifications to the requirements of section 81 of the Act and section 253 of this Regulation apply:

1. Subsection 81 (2) of the Act does not apply.
2. Section 253 applies, despite paragraph 1 and subsection 253 (1), with the following modifications:
 - i. subsections 253 (2) and (3) do not apply,
 - ii. if a police record check that complied with subsections 253 (2) and (3) was provided to the licensee, subsection 253 (5) applies,
 - iii. if a police record check that complied with subsections 253 (2) and (3) was not provided to the licensee, subsection 253 (5) does not apply and paragraph 1 of subsection 253 (4) applies with respect to any charge, order or conviction or other outcome, regardless of when they occurred.

(4) If a staff member is hired or a volunteer is accepted during a pandemic and no police record check that complies with subsections 253 (2) and (3) was provided to the licensee, the licensee shall ensure that a such police record check is provided to the licensee within three months after the staff member was hired or the volunteer was accepted.

(5) If a staff member was hired or a volunteer was accepted during a pandemic before this section came into force and no police record check that complied with subsections 215 (2) and (3) of Ontario Regulation 79/10 (General) made under the *Long-Term Care Homes Act, 2007* was provided to the licensee, the licensee shall ensure that a police record check that complies with subsections 253 (2) and (3) of this Regulation is provided to the licensee within three months after this section comes into force.

(6) Subsections (4) and (5) do not apply with respect to a person who is no longer a staff member or volunteer at the time the police record check would have been required under those subsections.

Prescribed offences and misconduct

256. (1) The following offences are prescribed for the purposes of clause 81 (4) (a) of the Act:

1. Any offence under the Act, the *Long-Term Care Homes Act, 2007*, the *Nursing Homes Act*, the *Charitable Institutions Act* or the *Homes for the Aged and Rest Homes Act*.
2. Any offence referenced at section 742.1 of the *Criminal Code* (Canada).
3. Any offence under the *Cannabis Act* (Canada), the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada).
4. Any other provincial or federal offence if the offence involved,
 - i. improper or incompetent treatment or care of a vulnerable person that resulted in harm or a risk of harm of any kind to the vulnerable person, including but not limited to physical, emotional, psychological or financial harm,
 - ii. abuse or neglect of a vulnerable person that resulted in harm or risk of harm of any kind to the vulnerable person, including but not limited to physical, emotional, psychological or financial harm,
 - iii. unlawful conduct that intentionally resulted in harm or a risk of harm of any kind to a vulnerable person, including but not limited to physical, emotional, psychological or financial harm, or
 - iv. misuse or misappropriation of a vulnerable person's money.

(2) The following acts of professional misconduct are prescribed for the purposes of clause 81 (4) (b) of the Act:

1. An act of misconduct as a member of a health profession as defined in the *Regulated Health Professions Act, 1991*.
2. An act of misconduct as a member of a regulated profession as defined in the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006*.

3. An act of misconduct under any other scheme governing a profession, occupation or commercial activity, including a scheme a person is not required to participate in in order to practice or engage in the profession, occupation or activity.

(3) For the purposes of clause 81 (4) (b) of the Act, a person is found guilty of an act of professional misconduct if a finding of professional misconduct is made against the person by a regulatory authority, a professional association or a body that regulates a profession, occupation or activity.

(4) Subsection 81 (4) of the Act does not apply with respect to,

- (a) a conviction for an offence that resulted in a sentence of imprisonment if the sentence was completed more than five years before the staff member first works, or the volunteer first volunteers, at the home or more than five years before the person becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure;
- (b) a conviction for an offence that did not result in a sentence of imprisonment if the conviction occurred more than five years before the staff member first works, or the volunteer first volunteers, at the home or more than five years before the person becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure;
- (c) a finding of guilt for an act of misconduct that resulted in a suspension if the suspension ended more than five years before the staff member first works, or the volunteer first volunteers, at the home or more than five years before the person becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure;
- (d) a finding of guilt for an act of misconduct that did not result in a suspension, if the finding of guilt occurred more than five years before the staff member first works, or the volunteer first volunteers, at the home or more than five years before the person becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(5) In this section,

“professional misconduct” includes incompetence; (“faute professionnelle”)

“vulnerable person” means a vulnerable person as defined in the *Police Record Checks Reform Act, 2015*. (“personne vulnérable”)

Screening measures and declarations for directors and management

257. (1) Every licensee of a long-term care home shall ensure that screening measures are conducted before permitting any person to be a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(2) The screening measures shall include police record checks.

(3) The police record check must be,

- (a) conducted by a police record check provider within the meaning of the *Police Record Checks Reform Act, 2015*; and
- (b) conducted within six months before the person becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(4) The police record check must be a criminal record check referred to in paragraph 1 of subsection 8 (1) of the *Police Record Checks Reform Act, 2015*, and be conducted to determine the person's suitability to be a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(5) Subsections 253 (4) to (7) apply, with necessary modifications, with respect to a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(6) Subsections 254 (1) and (2) apply, with necessary modifications, with respect to a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(7) When a person becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure during a pandemic, the following apply:

1. Subsections (2) to (4) do not apply.
2. If a police record check that complied with subsections (3) and (4) was provided to the licensee, subsection 253 (5), as applicable under subsection (5), applies.
3. If a police record check that complied with subsections (3) and (4) was not provided to the licensee,
 - i. subsection 253 (5), as applicable under subsection (5), does not apply and paragraph 1 of subsection 253 (4), as applicable under subsection (5), applies

with respect to any charge, order or conviction or other outcome, regardless of when they occurred, and

- ii. the licensee shall ensure that a police record check that complies with subsections (3) and (4) is provided to the licensee within three months after the person became a member of the licensee's board of directors, its board of management or committee of management or other governing structure,
- iii. subparagraph ii does not apply with respect to a person who is no longer a member of the licensee's board of directors, its board of management or committee of management or other governing structure at the time the police record check would have been required under subparagraph ii.

(8) The licensee of a long-term care home shall require every person who was a member of the licensee's board of directors, its board of management or committee of management or other governing structure on the day this section came into force to provide the licensee, within one month after this section came into force, with a signed declaration disclosing the following:

1. All the following that occurred with respect to the person:

- i. every charge for an offence prescribed under subsection 256 (1) with which the person has been charged,
- ii. every order of a judge or justice of the peace made against the person in respect of an offence prescribed under subsection 256 (1), including a peace bond, probation order, prohibition order or warrant to arrest, and
- iii. every conviction for an offence prescribed under subsection 256 (1) or any other outcome of a charge for such an offence.

2. All the following that occurred with respect to the person:

- i. every commencement of a proceeding that could lead to a finding of guilt of an act of misconduct prescribed under subsection 256 (2), and
- ii. every finding of guilt of an act of misconduct prescribed under subsection 256 (2).

(9) Subparagraph 2 i of subsection (8) does not apply with respect to a proceeding that ended more than five years before this section came into force.

(10) Subparagraph 2 ii of subsection (8) does not apply with respect to,

- (a) a finding of guilt that resulted in a suspension if the suspension ended more than five years before this section came into force; or
- (b) a finding of guilt that did not result in a suspension, if the finding of guilt occurred more than five years before this section came into force.

(11) The licensee of a long-term care home shall require every person who was a member of the licensee's board of directors, its board of management or committee of management or other governing structure on the day this section came into force to provide the licensee, within six months after this section came into force, with a police record check that complies with subsections (3) and (4).

(12) Subsection (8) does not apply with respect to a person who, one month after this section came into force, is no longer a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(13) Subsection (11) does not apply with respect to a person who, six months after this section came into force, is no longer a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(14) With respect to a person who becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure within six months after this section came into force,

- (a) subsections (2) to (4) and subsection (7) do not apply; and
- (b) subsections (11) and (13) apply, with necessary modifications.

TRAINING AND ORIENTATION

Training and orientation program

258. (1) Every licensee of a long-term care home shall ensure that a training and orientation program for the home is developed and implemented to provide the training and orientation required under sections 82 and 83 of the Act.

(2) The licensee shall ensure that, at least annually, the program is evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

(3) The licensee shall keep a written record relating to each evaluation under subsection (2) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Designated lead

259. The licensee shall ensure that there is a designated lead for the training and orientation program.

Orientation

260. (1) For the purposes of paragraph 11 of subsection 82 (2) of the Act, the following are additional areas in which training shall be provided:

1. The licensee's written procedures for handling complaints and the role of staff in dealing with complaints.
2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.
3. Cleaning and sanitizing of equipment relevant to the staff member's responsibilities.

(2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,

- (a) hand hygiene;
- (b) modes of infection transmission;
- (c) signs and symptoms of infectious diseases;
- (d) respiratory etiquette;
- (e) what to do if experiencing symptoms of infectious disease;
- (f) cleaning and disinfection practices;
- (g) use of personal protective equipment including appropriate donning and doffing; and
- (h) handling and disposing of biological and clinical waste including used personal protective equipment.

(3) Subsection 82 (3) of the Act does not apply during a pandemic, and instead, the training required under section 82 of the Act must be provided,

- (a) within one week of when the person begins performing their responsibilities, with respect to the matters set out in paragraphs 1, 3, 4, 7, 8 and 9 of subsection 82 (2) of the Act; and

- (b) within three months of when the person begins performing their responsibilities, with respect to the remaining matters set out in subsection 82 (2) of the Act.

Retraining

261. (1) The intervals for the purposes of subsection 82 (4) of the Act are annual intervals.

(2) Despite subsection (1), retraining in an area described in paragraph 2 or 10 of subsection 82 (2) of the Act is not required for a person if, since the last training or retraining, there has been no change in the area that is relevant to the person's responsibilities.

(3) For the purposes of subsection 82 (6) of the Act,

- (a) the assessments required by paragraph 1 of that subsection shall be conducted at least annually; and
- (b) the further training needs identified by the assessments shall be addressed in the manner the licensee considers appropriate.

(4) On the day this section comes into force, staff members who have received their training or retraining at the times or intervals set out in the *Long-Term Care Homes Act, 2007* and its regulations are deemed to have received such training or retraining under subsections 82 (2) and (4) of the *Fixing Long-Term Care Act, 2021*.

(5) Any staff members who have been deemed to have received training or retraining under subsection (4) shall be required to receive their next retraining under subsection 82 (4) of the Act at the times or intervals that training would have been required under the *Long-Term Care Homes Act, 2007* and its regulations.

Additional training — direct care staff

262. (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management.
4. Pain management, including pain recognition of specific and non-specific signs of pain.
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.

6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs.

(2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 82 (7) of the Act based on the following:

1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 82 (7) of the Act.
2. If the licensee assesses the individual training needs of a staff member, the staff member is only required to receive training based on their assessed needs.

(3) The licensee shall ensure that the training required under paragraph 2 of subsection 82 (7) of the Act includes training in techniques and approaches related to responsive behaviours.

(4) The licensee shall ensure that the training required under paragraph 4 of subsection 82 (7) of the Act includes training in the application, use and potential dangers of physical devices used to restrain residents and personal assistance services devices.

(5) The licensee shall ensure that the training required under paragraph 5 of subsection 82 (7) of the Act includes training in all the areas required under section 61 of this Regulation.

(6) On the day this section comes into force, direct care staff who have received their training at the times or intervals set out in the *Long-Term Care Homes Act, 2007* and its regulations are deemed to have received training under subsection 82 (7) of the Act.

(7) Any direct care staff who have been deemed to have received training under subsection (6) shall be required to receive their next training under subsection 82 (7) of the Act at the times or intervals that training would have been required under the *Long-Term Care Homes Act, 2007* and its regulations.

Exemptions, training

263. (1) Subject to subsection (2), a licensee of a long-term care home is exempt from the requirements under section 82 of the Act with respect to persons who,

- (a) fall under clause (b) or (c) of the definition of “staff” in subsection 2 (1) of the Act;
- (b) will only provide occasional maintenance or repair services to the home; and
- (c) will not provide direct care to residents.

(2) The licensee shall ensure that the persons described in clauses (1) (a) to (c) are provided with information about the items listed in paragraphs 1, 3, 4, 5, 7, 8 and 9 of subsection 82 (2) of the Act before providing their services.

(3) A licensee is not required to comply with the training requirements under subsection 82 (7) of the Act until six months after this section comes into force with respect to the following persons:

1. Medical Directors.
2. Physicians or registered nurses in the extended class retained or appointed under subsection 88 (2) or (3).

Orientation for volunteers

264. (1) Every licensee of a long-term care home shall ensure that every volunteer receives the orientation provided for in section 83 of the Act.

(2) For the purposes of clause 83 (f) of the Act, the following are the other areas on which information shall be provided:

1. Resident safety, including information on reporting incidents, accidents and missing residents, and information on wheelchair safety.
2. Emergency and evacuation procedures.
3. Infection prevention and control, including what is set out in subsection 260 (2).
4. Escorting residents.
5. Mealtime assistance, if the volunteer is to provide such assistance.
6. Communication techniques to meet the needs of the residents.
7. Techniques and approaches to respond to the needs of residents with responsive behaviours.

INFORMATION

Information for residents, etc.

265. (1) For the purposes of clause 84 (2) (n) of the Act,

“non-arm’s length relationship” means the relationship between two parties engaged in a non-arm’s length transaction within the meaning of subsection 315 (1).

(2) For the purposes of clause 84 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 84 of the Act includes information about the following:

1. The resident's ability under subsection 88 (2) of this Regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 88 (1).
 2. The resident's obligation to pay the basic accommodation charge as described in subsection 94 (3) of the Act.
 3. The obligation of the resident to pay accommodation charges during a medical, psychiatric, vacation or casual absence as set out in section 309 of this Regulation.
 4. The method to apply to the Director for a reduction in the charge for basic accommodation and the supporting documentation that may be required, including,
 - i. the resident's Notice of Assessment issued under the *Income Tax Act* (Canada) for the resident's most recent taxation year,
 - ii. the resident's proof of income statement (option "C" print) from the Canada Revenue Agency for the resident's most recent taxation year, or
 - iii. the resident's written authorization to electronically obtain income information for the resident's most recent taxation year from the Canada Revenue Agency.
 5. A list of the charges that a licensee is prohibited from charging a resident under subsection 94 (1) of the Act.
 6. The list of goods and services permitted under paragraph 3 of subsection 94 (1) of the Act that a resident may purchase from the licensee and the charges for those goods and services.
 7. The resident's ability to have money deposited in a trust account under section 287 of this Regulation.
 8. The Ministry's toll-free telephone number for making complaints about homes and its hours of service.
 9. The current version of the visitor policy made under section 268 of this Regulation.
- (3) A licensee is exempt from subsection 84 (1) of the Act with respect to a resident,

- (a) who is being relocated to another long-term care home operated by the same licensee and section 240 of this Regulation applies; or
- (b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee.

Posting of information

266. (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

1. The fundamental principle set out in section 1 of the Act.
2. The home's licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 104 (3) of the Act.
3. The most recent audited reconciliation report provided for in clause 289 (1) (a) of this Regulation.
4. The Ministry's toll-free telephone number for making complaints about homes and its hours of service.
5. Together with the explanation required under clause 85 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 28 of the Act.
6. Any notice of public consultation that the Director provides to the licensee and identifies to be for posting in the home.
7. The physical address of the long-term care home.
8. The approximate number of licensed beds at the home.
9. Direct contact information, including a telephone number and email address that are monitored regularly for,
 - i. the Administrator, and
 - ii. the Director of Nursing and Personal Care.
10. The current version of the visitor policy made under section 268.

11. Any notice of administrative penalty issued against the licensee under section 158 of the Act.

(2) The licensee shall ensure that the information referred to in clauses 85 (3) (a), (e), (f), (i) (j) and (k) of the Act, as well as the fundamental principle set out in section 1 of the Act and the telephone number referred to in paragraph 4 of subsection (1), is posted in print with a font size of at least 16.

(3) The licensee shall ensure that the information referred to in paragraphs 7, 8 and 9 of subsection (1) are posted on each floor of the home.

(4) The licensee shall ensure that the fundamental principle set out in section 1 of the Act and the Residents' Bill of Rights are posted in both English and French.

(5) Where a home is located in an area that does not have access to a 911 call centre, the licensee shall ensure that the contact information and telephone numbers for local emergency services, including police, fire and ambulance services, are posted in a conspicuous and easily accessible location on each floor of the home.

REGULATED DOCUMENTS

Regulated documents

267. (1) For the purposes of section 86 of the Act, the following are regulated documents:

1. Any agreement between the licensee and a resident or a person authorized to enter into such an agreement on the resident's behalf for any of the charges referred to in subsection 94 (1) of the Act.
2. Any document containing a consent or directive with respect to "treatment" as defined in the *Health Care Consent Act, 1996*, including a document containing a consent or directive with respect to a "course of treatment" or a "plan of treatment" under that Act.

(2) Where a licensee has presented for signature a document to which subsection (1) applies, the licensee shall ensure that every one who signs it is provided with a copy of the signed document.

(3) Subject to subsection (4), an agreement relating to basic accommodation or preferred accommodation must be separate from any other agreement, and only includes provisions relating to the following:

1. The amount of the charge, subject to any reduction in the charge approved by the Director, and the financial obligation of the resident to pay the charge.

2. The licensee's obligation to provide the goods and services included in basic accommodation or preferred accommodation.
3. The licensee's obligation under subsection 310 (1) to give the resident at least 30 days written notice of any increases in accommodation charges.
4. If applicable, any reasonable interest charges for missed, incomplete or late payments. This shall include a statement that if a licensee decides to charge interest for missed, incomplete or late payments, the licensee is prohibited from charging interest to a resident who has applied for a rate reduction under section 304 until the Director has approved the maximum amount that may be charged for accommodation under that section.
5. The licensee's obligation to provide a monthly statement as set out in section 312.

(4) Subsection (3) does not preclude a provision for the termination of the agreement relating to basic accommodation or preferred accommodation.

(5) An agreement under paragraph 3 of subsection 94 (1) of the Act for charges other than for accommodation must include provisions relating to the following, but may contain other provisions:

1. A description of all goods and services to which the agreement applies, including the quantity, if applicable.
2. The licensee's obligation to provide the goods and services.
3. The charge for the goods and services and the financial obligation of the resident to pay for them.
4. That if the goods and services are not provided to the resident, the licensee is prohibited from charging the fee for them.
5. That the resident or the authorized person entering into the agreement on the resident's behalf must be notified in writing of any increase in the charge for the goods and services at least 30 days before the licensee charges the increased amount.
6. The termination of the agreement, including,
 - i. that if the goods and services have not been provided, the resident may terminate the agreement without penalty,
 - ii. that the resident may terminate the agreement at any time without notice to the licensee, and

- iii. that the licensee may terminate the agreement on providing at least 30 days written notice to the resident.

(6) A document containing a consent or directive with respect to “treatment” as defined in the *Health Care Consent Act, 1996*, including a document containing a consent or directive with respect to a “course of treatment” or a “plan of treatment” under that Act,

- (a) must meet the requirements of that Act, including the requirement for informed consent to treatment under that Act;
- (b) must not contain any provisions dealing with any of the charges referred to in subsection 94 (1) of the Act or other financial matters;
- (c) must contain a statement indicating that the consent may be withdrawn or revoked at any time; and
- (d) must set out the text of section 89 of the Act.

VISITOR POLICY

Visitor policy

268. (1) Every licensee of a long-term care home shall establish and implement a written visitor policy which at a minimum,

- (a) includes the process for visitor access during non-outbreak situations and during an outbreak of a communicable disease or an outbreak of a disease of public health significance, an epidemic or a pandemic;
- (b) complies with all applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the *Health Protection and Promotion Act*; and
- (c) ensures that essential visitors continue to have access to the long-term care home during an outbreak of a communicable disease, an outbreak of a disease of public health significance, an epidemic or a pandemic, subject to any applicable laws.

(2) Every licensee of a long-term care home shall maintain visitor logs for a minimum of 30 days which include, at a minimum,

- (a) the name and contact information of the visitor;
- (b) the time and date of the visit;

(c) the purpose of the visit; and

(d) the name of the resident visited.

(3) Every licensee of a long-term care home shall ensure that the current version of the visitor policy is provided to the Residents' Council and Family Council, if any.

(4) In this section,

“essential visitor” means,

(a) a caregiver,

(b) a support worker who visits a home to provide support to the critical operations of the home or to provide essential services to residents,

(c) a person visiting a very ill or palliative resident for compassionate reasons including, but not limited to, hospice services or end-of-life care, or

(d) a government inspector with a statutory right to enter a long-term care home to carry out their duties.

EMERGENCY PLANS

Emergency plans

269. (1) This section applies to the emergency plans required under subsection 90 (1) of the Act.

(2) Every licensee of a long-term care home shall ensure that the emergency plans for the home are recorded in writing.

(3) In developing and updating the plans, the licensee shall,

(a) consult with entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities and resources that will be involved in responding to the emergency, and keep a record of the consultation;

(b) ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community; and

- (c) consult with the Residents' Council and Family Council, if any.
- (4) The licensee shall ensure that the emergency plans provide for the following:
 - 1. Dealing with emergencies, including, without being limited to,
 - i. outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics,
 - ii. fires,
 - iii. community disasters,
 - iv. violent outbursts,
 - v. bomb threats,
 - vi. medical emergencies,
 - vii. chemical spills,
 - viii. situations involving a missing resident,
 - ix. loss of one or more essential services,
 - x. gas leaks,
 - xi. natural disasters and extreme weather events, and
 - xii. boil water advisories.
 - 2. Evacuation plans for the home, including, at a minimum,
 - i. a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency,
 - ii. identification of a safe evacuation location for which the licensee has obtained agreement in advance that residents, staff, students, volunteers and others can be evacuated to,
 - iii. a transportation plan to move residents, staff, students, volunteers and others to the evacuation location, and

- iv. a plan to transport critical medication, supplies and equipment during an evacuation to the evacuation location to ensure resident safety.
 3. Resources, supplies, personal protection equipment and equipment vital for the emergency response being set aside and readily available at the home including, without being limited to, hand hygiene products and cleaning supplies, as well as a process to ensure that the required resources, supplies, personal protection equipment and equipment have not expired.
 4. Identification of entities that may be involved in or that may provide emergency services in the area where the home is located including, without being limited to, the relevant community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities and resources that will be involved in responding to the emergency and the current contact information for each entity.
 5. Identification of the roles and responsibilities of the entities referred to in paragraph 4 and a plan for consulting with such entities on their involvement.
 6. A plan for food and fluid provision in an emergency.
 7. A plan to ensure that in an emergency all residents have timely access to all drugs that have been prescribed for them.
- (5) The licensee shall ensure that the emergency plans address the following components:
1. Plan activation, including identifying who or which entity declares there is an emergency at the home and who or which entity declares that the emergency is over at the home, as agreed upon by the entities the licensee consulted with under clause (3) (a).
 2. Lines of authority.
 3. A communications plan.
 4. Specific staff roles and responsibilities.

(6) The licensee shall ensure that the communications plan referred to in paragraph 3 of subsection (5) includes a process for the licensee to ensure frequent and ongoing communication to residents, substitute decision-makers, if any, staff, volunteers, students, caregivers, the Residents' Council and the Family Council, if any, on the emergency in the home including at the beginning of the emergency, when there is a significant status change throughout the course of the emergency, and when the emergency is over.

(7) Every licensee of a long-term care home shall ensure that copies of the current recorded version of the emergency plans are,

- (a) posted in the home in a conspicuous and easily accessible location; and
- (b) provided upon request in alternative formats.

(8) The licensee shall ensure that the emergency plans for the home are evaluated and updated,

- (a) at least annually, including the updating of all emergency contact information of the entities referred to in paragraph 4 of subsection 269 (4); and
- (b) within 30 days of the emergency being declared over, after each instance that an emergency plan is activated.

(9) In evaluating and updating the plan as required under subsection (8), every licensee shall ensure that the entities involved in the emergency response are provided an opportunity to offer feedback.

(10) The licensee shall,

- (a) on an annual basis test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies, violent outbursts, gas leaks, natural disasters, extreme weather events, boil water advisories and outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics, including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, the relevant community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities and resources that will be involved in responding to the emergency;
- (b) test all other emergency plans at least once every three years, including arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, the relevant community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities and resources that will be involved in responding to the emergency;
- (c) conduct a planned evacuation at least once every three years; and
- (d) keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans.

(11) If there is a conflict or an inconsistency between a provision of the fire code under the *Fire Protection and Prevention Act, 1997* and a provision of an emergency plan, the fire code prevails to the extent of the conflict or inconsistency.

(12) The licensee shall keep current all arrangements with entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, the relevant community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities and resources that will be involved in responding to the emergency.

(13) Every licensee of a long-term care home shall ensure that the emergency plans address recovery from an emergency, including,

- (a) requiring that residents, their substitute decision-makers, if any, staff, volunteers, and students be debriefed after the emergency;
- (b) establishing how to resume normal operations in the home; and
- (c) establishing how to support those in the home who experienced distress during the emergency.

(14) Every licensee of a long-term care home shall ensure that staff, volunteers and students are trained on the emergency plans,

- (a) before they perform their responsibilities; and
- (b) at least annually thereafter.

(15) In this section,

“emergency” means an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that requires immediate action to ensure the safety of persons in the home.

Emergency plans, additional requirements

270 (1) In addition to the requirements in section 269, every licensee of a long-term care home shall ensure that an emergency plan related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics or pandemics also,

- (a) identifies an area of the home to be used for isolating residents as required;
- (b) includes a process to divide both staff and residents into cohorts as required;

- (c) includes staffing contingency plans during an emergency for all programs required under the regulation;
- (d) includes policies to manage staff who may have been exposed to an infectious disease;
- (e) includes a process to manage symptomatic residents and staff; and
- (f) includes a process for an Outbreak Management Team and identifies members of that Team and their roles and responsibilities.

(2) The licensee shall ensure that the local medical officer of health appointed under the *Health Protection and Promotion Act* is invited to participate in developing, updating, testing, evaluating and reviewing any emergency plan related to a matter of public health significance.

(3) The licensee shall ensure that the infection prevention and control lead designated under subsection 102 (5) is involved in developing, updating, evaluating, testing and reviewing the emergency plans related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics.

Attestation

271. (1) Every licensee of a long-term care home shall prepare an attestation as required by section 90 of the Act in a form approved by the Minister which includes,

- (a) the licensee's legal name;
- (b) the name of the home;
- (c) the date of the attestation;
- (d) the full name and title of the person attesting;
- (e) a statement attesting that the requirements in section 90 of the Act and sections 269 and 270 of this Regulation have been complied with;
- (f) a statement attesting that all of the information and answers provided in the attestation are complete, true, and correct; and
- (g) a statement attesting that the licensee understands that any misrepresentation, falsification, or omission of any material facts in the attestation may render the attestation void.

(2) The attestation must be completed by the Administrator of the home.

(3) The licensee shall ensure that the attestation is submitted annually to the Director.

Website

272. (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,

- (a) the physical address of the long-term care home;
- (b) the approximate number of licensed beds at the home;
- (c) direct contact information, including a telephone number and email address that are monitored regularly for,
 - (i) the licensee or a senior officer of the licensee or, in the case of a municipal home or a First Nations home approved under Part IX of the Act, a person who is on the committee of management,
 - (ii) the Administrator,
 - (iii) the Director of Nursing and Personal Care, and
 - (iv) all infection prevention and control leads for the home;
- (d) the Ministry's toll-free telephone number for making complaints about homes;
- (e) the current annual report required under subsection 168 (1);
- (f) the current version of the emergency plans for the home as provided for in section 269; and
- (g) the current version of the visitor policy made under section 268.

(2) A licensee is not required to have a website that is open to the public where the home is in a location in the province that does not have consistent and reliable internet service.

(3) A licensee is not required to comply with subsection (1) until three months after the coming into force of this section.

CMOH and MOH

273. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the *Health Protection and Promotion Act* are followed in the home.

Communications equipment

274. Every licensee of a long-term care home shall ensure that the home has access to reliable communications equipment, including for the purpose of obtaining emergency assistance, at all times, including in the event of a power outage.

RECORDS

Resident records

275. Every licensee of a long-term care home shall ensure that,

- (a) a written record is created and maintained for each resident of the home; and
- (b) the resident's written record is kept up to date at all times.

Records of current residents

276. Every licensee of a long-term care home shall ensure that the records of the residents of the home are kept at the home.

Retention of resident records

277. (1) Every licensee of a long-term care home shall ensure that the record of every former resident of the home is retained by the licensee for at least 10 years after the resident is discharged from the home.

(2) A record kept under subsection (1) must be kept at the home for at least the first year after the resident is discharged from the home.

Records relating to residents, revocation of licence

278. When the Director makes an order revoking a licence under section 159 of the Act, the licensee shall turn over to the Director or a person designated by the Director, on a date specified by the Director, all the records that are in the possession or control of the licensee and that pertain to the residents of the long-term care home, including all records that are required to be retained under section 277.

Staff records

279. (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that a record is kept for each staff member of the home that includes at least the following with respect to the staff member:

1. The staff member's qualifications, previous employment and other relevant experience.
2. Where applicable, a verification of the staff member's current certificate of registration with the College of the regulated health profession of which they are a

member, or verification of the staff member's current registration with the regulatory body governing their profession.

3. Where applicable, the results of the staff member's police record check under subsection 81 (2) of the Act.
4. If subsection 81 (4) of the Act applied with respect to a staff member, a record showing that the staff member has not been convicted of an offence prescribed under subsection 256 (1) of this Regulation or found guilty of an act of professional misconduct prescribed under subsection 256 (2).
5. Where applicable, the staff member's declarations under subsection 253 (4) and section 254.

(2) The licensee is not required to keep the record provided for in subsection (1) with respect to a staff member who falls under clause (b) or (c) of the definition of "staff" in subsection 2 (1) of the Act and,

- (a) will only provide occasional maintenance or repair services to the home; and
- (b) will not provide direct care to residents.

(3) Where the licensee obtains the information set out in paragraphs 3, 4 and 5 of subsection (1) from the staff member, the licensee shall keep a record of that information with respect to the staff member.

(4) The licensee is only required to ensure that the record under subsection (1) includes the matters set out in paragraphs 2, 3, 4 and 5 of that subsection with respect to a staff member who falls under clause (c) of the definition of "staff" in subsection 2 (1) of the Act and,

- (a) who will provide direct care to residents; or
- (b) who does not fall under clauses (2) (a) and (b) of this section.

Volunteer records

280. (1) Every licensee of a long-term care home shall ensure that a record is kept for each volunteer that includes at least the following with respect to the volunteer:

1. Where applicable, the results of the volunteer's police record check under subsection 81 (2) of the Act.
2. If subsection 81 (4) of the Act applied with respect to a volunteer, a record showing that the volunteer has not been convicted of an offence prescribed under subsection

256 (1) or found guilty of an act of professional misconduct prescribed under subsection 256 (2).

3. Where applicable, the volunteer's declarations under subsection 253 (4) and section 254.

(2) Where the licensee obtains the information set out in paragraphs 1, 2 and 3 of subsection (1) from the volunteer, the licensee shall keep a record of that information with respect to the volunteer.

Records for directors, management

281. (1) Every licensee of a long-term care home shall ensure that a record is kept for each member of the licensee's board of directors, its board of management or committee of management or other governing structure that includes at least the following with respect to the member:

1. Where applicable, the results of the member's police record check under subsection 257 (2).
2. If subsection 81 (4) of the Act applied with respect to the member, a record showing that the member has not been convicted of an offence prescribed under subsection 256 (1) or found guilty of an act of professional misconduct prescribed under subsection 256 (2).
3. Where applicable, the member's declarations under subsection 253 (4) and section 254.

(2) Where the licensee obtains the information set out in paragraphs 1, 2 and 3 of subsection (1) from the member, the licensee shall keep a record of that information with respect to the member.

Records, where kept

282. (1) Every licensee of a long-term care home shall ensure that the following records are kept at the home:

1. The records of current staff members.
2. The records of current volunteers.
3. The records of the current members of the licensee's board of directors, its board of management or committee of management or other governing structure.

(2) If a staff member works at more than one long-term care home operated by the licensee, the licensee shall ensure that the record of the staff member is readily available at each home where the staff member works.

(3) If a volunteer volunteers at more than one long-term care home operated by the licensee, the licensee shall ensure that the record of the volunteer is readily available at each home where the volunteer volunteers.

(4) If a member of the licensee's board of directors, its board of management or committee of management or other governing structure has responsibilities that extend to more than one long-term care home operated by the licensee, the licensee shall ensure that the record of the member is readily available at each home to which the member's responsibilities apply.

Retention of records

283. Every licensee of a long-term care home shall retain the records required under section 282 in accordance with the following:

1. If a staff member ceases to work at the home, the record shall be retained for at least seven years after the staff member ceased to work at the home and, for at least the first year, the record shall be retained at the home.
2. If a volunteer ceases to volunteer at the home, the record shall be retained for at least seven years after the volunteer ceased to volunteer at the home and, for at least the first year, the record shall be retained at the home.
3. If a member of the licensee's board of directors, its board of management or committee of management or other governing structure ceases to have responsibilities that extend to the home, the record shall be retained for at least seven years after the member ceased to have responsibilities that extend to the home and, for at least the first year, the record shall be retained at the home.

Transitional, records

284. (1) Subject to subsections (2) and (3), sections 275 to 283 apply, to the extent possible, with respect to records that were required to be kept or retained under the *Long-Term Care Homes Act, 2007*.

(2) Where a portion of a record was not required to be kept at a long-term care home immediately before this section came into force, it is not necessary to keep that portion at the home.

(3) Section 283 does not apply with respect to a person who ceased to be a staff member more than two years before the day this section came into force.

REPORTS

Annual reports

285. (1) Every licensee of a long-term care home shall, in every calendar year, submit a report to the Director on or before a date stipulated by the Director, in a form stipulated by the Director.

(2) The report shall include the following:

1. A confirmation that the information provided by the Director from information the Ministry has on file with respect to the licensee is correct or, if it is not correct, the corrected information.
2. Anything that the licensee was required to have previously notified the Director of under section 111 of the Act, but did not.
3. Anything that the licensee was required to have previously notified the Director or Minister of under subsection 325 (2) of this Regulation, but did not.
4. Any other information stipulated by the Director that the licensee was required to have previously provided to the Director or the Minister under the Act or the regulations, but did not.

(3) The period covered by the first annual report under this section by a licensee who was required to submit annual reports under section 239 of Ontario Regulation 79/10 (General) made under the *Long-Term Care Homes Act, 2007* shall include the period since the end of the year covered by the last annual report under that section and that section applies with respect to that period.

Reports re key personnel

286. Every licensee of a long-term care home shall report to the Director the name and contact information of,

- (a) the Medical Director;
- (b) any registered nurses in the extended class working in the home;
- (c) the Administrator;
- (d) the Director of Nursing and Personal Care;
- (e) the nutrition manager;
- (f) every registered dietitian who is a member of the staff of the home; and

- (g) the designated lead for each of the housekeeping, laundry and maintenance programs.

TRUST ACCOUNTS

Trust accounts

287. (1) Every licensee of a long-term care home shall establish and maintain at least one non-interest bearing trust account at a financial institution in which the licensee shall deposit all money entrusted to the licensee's care on behalf of a resident.

(2) The licensee shall ensure that the balance of the money in the trust account does not exceed the amount for which the account is insured through the Canada Deposit Insurance Corporation or another entity that provides deposit insurance.

(3) The licensee shall keep petty cash trust money in the home, composed of money withdrawn from a trust account, that is sufficient to meet the daily cash needs of the residents who have money deposited in a trust account on their behalf.

(4) No licensee shall,

- (a) hold more than \$5,000 in a trust account for any resident at any time;
- (b) commingle resident funds held in trust with any other funds held by the licensee; or
- (c) charge a resident, or a person acting on behalf of a resident, a transaction fee for withdrawals, deposits, or anything else related to money held in trust.

(5) Every licensee shall establish a written policy and procedures for the management of resident trust accounts and the petty cash trust money, which must include,

- (a) a system to record the written authorizations required under subsection (8); and
- (b) the hours when the resident, or the person acting on behalf of the resident, can make deposits to or withdrawals from the resident's funds in a trust account and make withdrawals from the petty cash trust money.

(6) The licensee shall provide a copy of the written policy and procedures to every resident and person acting on behalf of a resident who asks to have money deposited into a trust account.

(7) The licensee shall,

- (a) provide a resident, or a person acting on behalf of a resident, with a written receipt for all money received by the licensee from the resident, or any other person, for deposit in a trust account on behalf of the resident;

- (b) where the licensee has deposited in a trust account money received from any person on behalf of a resident, make part or all of the money available to the resident or a person acting on behalf of the resident,
 - (i) in accordance with the instructions of the resident or a person acting on behalf of the resident in respect of the property the resident or the person is legally authorized to manage, and
 - (ii) upon the resident, or the person acting on behalf of the resident, signing an acknowledgement that the resident, or the person acting on behalf of the resident, received the funds;
- (c) maintain a separate ledger for each trust account showing all deposits to and withdrawals from the trust account, the name of the resident for whom the deposit or withdrawal is made and the date of each deposit or withdrawal;
- (d) maintain a separate book of account for each resident for whom money is deposited in a trust account;
- (e) on the written demand of a resident, or a person acting on behalf of a resident, make the residents' book of account referred to in clause (d) available for inspection by the resident or the person during any business day;
- (f) provide to the resident, or to a person acting on behalf of a resident, a quarterly itemized written statement respecting the money held by the licensee in trust for the resident, including deposits and withdrawals and the balance of the resident's funds as of the date of the statement; and
- (g) with respect to each resident for whom money is deposited in a trust account, retain for a period of not less than seven years,
 - (i) the books of account, ledgers, deposit books, deposit slips, pass-books, monthly bank statements, cheque books and cancelled cheques applicable to the trust account,
 - (ii) the written instructions and authorizations and acknowledgements of receipt of funds of the resident and the person acting on behalf of the resident, and
 - (iii) the written receipts and statements provided to the resident, or a person acting on behalf of a resident.

(8) A resident, or a person acting on behalf of a resident, who wishes to pay a licensee for charges under section 94 of the Act with money from a trust account shall provide the licensee

with a written authorization that specifies what the charge is for, including a description of the goods or services provided, the frequency and timing of the withdrawal and the amount of the charge.

(9) Where a written authorization has been provided under subsection (8), the licensee is not required to obtain a written acknowledgement of receipt of funds for every authorized withdrawal, but must include these withdrawals in the quarterly itemized statement under clause (7) (f).

(10) The licensee shall have every trust account audited annually,

- (a) by a public accountant licensed under the *Public Accounting Act, 2004*; or
- (b) in the case of a municipal home or a joint home approved under Part IX of the Act, by the municipal auditor who audits the books of account and ledgers of the home.

(11) The licensee shall make the results of the annual audit available to the Director on request.

(12) A licensee, including a municipality, municipalities or a board of management referred to in section 136 of the Act, shall not receive, hold or administer the property of a resident in trust other than as provided for in this section.

(13) In this section,

“financial institution” means,

- (a) a bank listed in Schedule I or II to the *Bank Act* (Canada),
- (b) a trust corporation registered under the *Trust and Loan Companies Act* (Canada), or
- (c) a credit union incorporated under the *Credit Unions and Caisses Populaires Act, 1994*; (“institution financière”)

“person acting on behalf of a resident” means a person legally authorized to manage property for a resident. (“personne agissant pour le compte d’un résident”)

Transitional, trust accounts

288. (1) Clause 287 (7) (g) applies to records that a licensee was retaining under clause 241 (7) (g) of Ontario Regulation 79/10 (General) made under the *Long-Term Care Homes Act, 2007* before the day this section came into force.

(2) The first audit required under subsection 287 (10) for a trust account shall cover the entire period for which an audit had not yet been conducted as required under Ontario

Regulation 79/10 (General) made under the *Long-Term Care Homes Act, 2007* before the day this section came into force.

PART VII FUNDING

RECONCILIATION AND RECOVERY

Reconciliation and recovery

289. (1) Every licensee of a long-term care home shall submit a reconciliation report to the Minister,

- (a) in each calendar year for the previous calendar year; and
- (b) for any other period within a calendar year required by the Minister.

(2) A reconciliation report under subsection (1) shall be submitted in the form and manner, with the content, and by the date specified by the Minister.

(3) Before submitting the reconciliation report required under clause (1) (a), the licensee shall ensure that the report is audited annually by a person licensed under the *Public Accounting Act, 2004* or, in the case of a municipal home or a joint home approved under Part IX of the Act, by the municipal auditor who audits the books of account and ledgers of the home.

(4) The Minister may dispense with the requirement to submit a reconciliation report under clause (1) (a).

(5) If the funding paid to the licensee by the Minister under subsection 93 (1) of the Act in respect of the home exceeds the allowable subsidy for the reconciliation period, the excess funding paid is a debt owing by the licensee to the Crown in right of Ontario and, in addition to any other methods available to recover the debt, the Minister may deduct the excess funding paid from subsequent payments to the licensee or may direct the Agency, if it provides funding to the licensee under the *Connecting Care Act, 2019*, to deduct it from the payments of funding.

(6) If the funding paid to a licensee by the Minister under subsection 93 (1) of the Act in respect of the home is less than the allowable subsidy for the reconciliation period, the Minister shall pay the difference to the licensee or direct the Agency, if it provides funding to the licensee under the *Connecting Care Act, 2019*, to pay it to the licensee.

(7) In this section,

“allowable subsidy” means the allowable subsidy as determined by the Minister in accordance with the reconciliation reports, any agreement between the Ministry and the licensee pertaining to the payment of funds, any conditions attached to the funding and all applicable Ministry policies for the management, payment and use of funds.

NON-ALLOWABLE RESIDENT CHARGES

Non-allowable resident charges

290. The following charges are prohibited for the purposes of paragraph 4 of subsection 94 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
 - i. the Agency under section 21 of the *Connecting Care Act, 2019* including goods and services funded by the Agency under a service accountability agreement, and
 - ii. the Minister under section 93 of the Act.
2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including the Agency, or a municipal government in Ontario.
3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and the Agency.
4. Charges for goods and services provided without the resident's consent.
5. Charges, other than the accommodation charge that every resident is required to pay under subsections 94 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 150 of this Regulation or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home.
6. Charges for accommodation under paragraph 1 or 2 of subsection 94 (1) of the Act for residents in the short-stay convalescent care program.
7. Transaction fees for deposits to and withdrawals from a trust account required by section 287, or for anything else related to a trust account.
8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted.

CHARGES FOR ACCOMMODATION

Determination of payments

291. The maximum amounts that may be charged by a licensee under paragraphs 1 and 2 of subsection 94 (1) of the Act shall be determined in accordance with sections 292 to 305.

Maximum amounts of payments

292. (1) The maximum daily amount that may be charged by a licensee for providing a short-stay resident with accommodation is \$40.24, subject to the annual adjustment described in section 298.

(2) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with basic accommodation for less than a full month is \$62.18, subject to the annual adjustment described in section 298.

(3) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with basic accommodation for a full month shall be determined by multiplying the applicable daily amount, as determined under subsection (2), by 30.4167 and rounding it down to the nearest cent.

(4) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for less than a full month is \$74.96, subject to the annual adjustment described in section 298.

(5) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for a full month shall be determined by multiplying the applicable daily amount, as determined under subsection (4), by 30.4167 and rounding it down to the nearest cent.

(6) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with private accommodation for less than a full month is \$88.82, subject to the annual adjustment described in section 298.

(7) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with private accommodation for a full month shall be determined by multiplying the applicable daily amount, as determined under subsection (6), by 30.4167 and rounding it down to the nearest cent.

Exceptions — maximum amounts of payments

293. (1) Subsections 292 (4) to (7) do not apply in any of the following circumstances:

1. Where a licensee provides a long-stay resident with semi-private accommodation or private accommodation in a bed, other than a class A bed, that is not subject to a design manual applicable under a development agreement to which the home was subject.
2. Where, before July 1, 2012, a long-stay resident occupies a bed in a room for which a licensee provides semi-private accommodation or private accommodation and the resident continues to occupy that bed on or after that date.

3. Where, on or after July 1, 2012, a licensee provides a long-stay resident with semi-private accommodation or private accommodation described in paragraphs 1 or 2 and, on or after that date, the resident occupies a bed in a room for which a licensee provides the resident with semi-private accommodation or private accommodation in any of the following:
 - i. A related temporary long-term care home.
 - ii. A re-opened long-term care home.
 - iii. A replacement long-term care home.
 - iv. A long-term care home under section 240.
4. Where a long-stay resident in a long-term care home was an applicant in the re-admission category on the waiting list for the long-term care home in accordance with section 195 or the specialized unit in accordance with subsection 220 (3) and a licensee provided the resident with semi-private accommodation or private accommodation in any of the circumstances described in paragraphs 1 to 3 immediately before the resident was discharged from the long-term care home or specialized unit, as the case may be.

(2) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for less than a full month in the circumstances described in subsection (1) is \$70.70, subject to the annual adjustment described in section 298.

(3) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (2), by 30.4167 and rounding it down to the nearest cent.

(4) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with private accommodation for less than a full month in the circumstances described in subsection (1) is \$81.35, subject to the annual adjustment described in section 298.

(5) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (4), by 30.4167 and rounding it down to the nearest cent.

(6) A licensee shall not charge a long-stay resident to whom subsection (1) applied more than the amounts set out in this section if the resident is transferred to a semi-private room or private room and the resident did not request the transfer.

(7) A licensee shall not charge a long-stay resident to whom paragraph 3 of subsection (1) applied more than the amounts set out in this section if the room that the resident next occupies is a semi-private room or private room in a home described in that paragraph.

Exceptions — occupancy on or after July 1, 2013 in certain circumstances

294. (1) Subsections 292 (4) to (7) do not apply in any of the following circumstances:

1. Where, on or after July 1, 2013, a long-stay resident occupies a bed in a room for which a licensee provides semi-private accommodation or private accommodation and the following criteria are satisfied:
 - i. The bed is of a type described in paragraph 1 of subsection 293 (1).
 - ii. The resident did not occupy the bed before July 1, 2012.
 - iii. On or after July 1, 2012 but before July 1, 2013, the resident occupied any bed that is not of a type described in paragraph 1 of subsection 293 (1) in a room for which the licensee provided the same type of accommodation.
2. Where a licensee provided a long-stay resident with semi-private accommodation or private accommodation described in paragraph 1 and, on or after July 1, 2013, the resident occupies a bed in a room for which a licensee provides the resident with semi-private accommodation or private accommodation in any of the following:
 - i. A related temporary long-term care home.
 - ii. A re-opened long-term care home.
 - iii. A replacement long-term care home.
 - iv. A long-term care home under section 240.
3. Where a long-stay resident in a long-term care home was an applicant in the re-admission category on the waiting list for the long-term care home in accordance with section 195 or the specialized unit in accordance with subsection 220 (3) and a licensee provided the resident with semi-private accommodation or private accommodation in either of the circumstances described in paragraphs 1 and 2 immediately before the resident was discharged from the long-term care home or specialized unit, as the case may be.

(2) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for less than a full month in the circumstances described in subsection (1) is \$71.75, subject to the annual adjustment described in section 298.

(3) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (2), by 30.4167 and rounding it down to the nearest cent.

(4) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with private accommodation for less than a full month in the circumstances described in subsection (1) is \$83.22, subject to the annual adjustment described in section 298.

(5) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (4), by 30.4167 and rounding it down to the nearest cent.

(6) A licensee shall not charge a long-stay resident to whom subsection (1) applied more than the amounts set out in this section if the resident is transferred to a semi-private room or private room and the resident did not request the transfer.

(7) A licensee shall not charge a long-stay resident to whom paragraph 2 of subsection (1) applied more than the amounts set out in this section if the room that the resident next occupies is a semi-private room or private room in a home described in that paragraph.

Exceptions — occupancy on or after September 1, 2014 in certain circumstances

295. (1) Subsections 292 (4) to (7) do not apply in any of the following circumstances:

1. Where, on or after September 1, 2014, a long-stay resident occupies a bed in a room for which a licensee provides semi-private accommodation or private accommodation and the following criteria are satisfied:
 - i. The bed is of a type described in paragraph 1 of subsection 293 (1).
 - ii. The resident did not occupy the bed before July 1, 2013.
 - iii. On or after July 1, 2013 but before September 1, 2014, the resident occupied any bed that is not of a type described in paragraph 1 of subsection 293 (1) in a room for which the licensee provided the same type of accommodation.
2. Where a licensee provided a long-stay resident with semi-private accommodation or private accommodation described in paragraph 1 and, on or after September 1, 2014, the resident occupies a bed in a room for which a licensee provides the resident with semi-private accommodation or private accommodation in any of the following:
 - i. A related temporary long-term care home.

- ii. A re-opened long-term care home.
 - iii. A replacement long-term care home.
 - iv. A long-term care home under section 240.
3. Where a long-stay resident in a long-term care home was an applicant in the re-admission category on the waiting list for the long-term care home in accordance with section 195 or the specialized unit in accordance with subsection 220 (3) and a licensee provided the resident with semi-private accommodation or private accommodation in either of the circumstances described in paragraphs 1 and 2 immediately before the resident was discharged from the long-term care home or specialized unit, as the case may be.

(2) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for less than a full month in the circumstances described in subsection (1) is \$72.83, subject to the annual adjustment described in section 298.

(3) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (2), by 30.4167 and rounding it down to the nearest cent.

(4) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with private accommodation for less than a full month in the circumstances described in subsection (1) is \$85.08, subject to the annual adjustment described in section 298.

(5) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (4), by 30.4167 and rounding it down to the nearest cent.

(6) A licensee shall not charge a long-stay resident to whom subsection (1) applied more than the amounts set out in this section if the resident is transferred to a semi-private room or private room and the resident did not request the transfer.

(7) A licensee shall not charge a long-stay resident to whom paragraph 2 of subsection (1) applied more than the amounts set out in this section if the room that the resident next occupies is a semi-private room or private room in a home described in that paragraph.

Exceptions — occupancy on or after July 1, 2015 in certain circumstances

296. (1) Subsections 292 (4) to (7) do not apply in any of the following circumstances:

1. Where, on or after July 1, 2015, a long-stay resident occupies a bed in a room for which a licensee provides semi-private accommodation or private accommodation and the following criteria are satisfied:
 - i. The bed is not of a type described in paragraph 1 of subsection 293 (1).
 - ii. The resident did not occupy the bed before September 1, 2014.
 - iii. On or after September 1, 2014 but before July 1, 2015, the resident occupied any bed that is of a type described in paragraph 1 of subsection 293 (1) in a room for which the licensee provided the same type of accommodation.
2. Where a licensee provided a long-stay resident with semi-private accommodation or private accommodation described in paragraph 1 and, on or after July 1, 2015, the resident occupies a bed in a room for which a licensee provides the resident with semi-private accommodation or private accommodation in any of the following:
 - i. A related temporary long-term care home.
 - ii. A re-opened long-term care home.
 - iii. A replacement long-term care home.
 - iv. A long-term care home under section 240.
3. Where a long-stay resident in a long-term care home was an applicant in the re-admission category on the waiting list for the long-term care home in accordance with section 195 or the specialized unit in accordance with subsection 220 (3) and a licensee provided the resident with semi-private accommodation or private accommodation in either of the circumstances described in paragraphs 1 and 2 immediately before the resident was discharged from the long-term care home or specialized unit, as the case may be.

(2) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for less than a full month in the circumstances described in subsection (1) is \$73.89, subject to the annual adjustment described in section 298.

(3) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (2), by 30.4167 and rounding it down to the nearest cent.

(4) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with private accommodation for less than a full month in the circumstances described in subsection (1) is \$86.96, subject to the annual adjustment described in section 298.

(5) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (4), by 30.4167 and rounding it down to the nearest cent.

(6) A licensee shall not charge a long-stay resident to whom subsection (1) applied more than the amounts set out in this section if the resident is transferred to a semi-private room or private room and the resident did not request the transfer.

(7) A licensee shall not charge a long-stay resident to whom paragraph 2 of subsection (1) applied more than the amounts set out in this section if the room that the resident next occupies is a semi-private room or private room in a home described in that paragraph.

Exceptions — pandemic

297. (1) This section applies in respect of residents who were admitted to a long-term care home under section 208.2 of Ontario Regulation 79/10 (General) made under the *Long-Term Care Homes Act, 2007* on or after April 23, 2021 and before this section comes into force.

(2) The licensee of a long-term care home to which a resident described in subsection (1) is admitted shall not charge the resident any amount for accommodation if,

- (a) at the time of admission, the long-term care home was not the resident's first choice of home;
- (b) in the case of a resident who, at the time of admission, was on at least one waiting list for admission to another home, the resident continues to be on a waiting list for admission to another home;
- (c) in the case of a resident who, at the time of admission, was not on any waiting list for admission to a home, the resident was placed on a waiting list within 30 days after admission; and
- (d) the resident has not refused an offer of admission to their first choice of home since being admitted to the long-term care home.

Annual adjustment — Consumer Price Index

298. (1) This section applies to the following provisions:

1. Subsections 292 (1), (2), (4) and (6).

2. Subsections 293 (2) and (4).
3. Subsections 294 (2) and (4).
4. Subsections 295 (2) and (4).
5. Subsections 296 (2) and (4).
6. Paragraphs 1 and 2 of subsection 304 (9).

(2) On July 1 each year, the amounts set out in the provisions referred to in subsection (1) shall be adjusted in accordance with the following rules:

1. Subject to paragraphs 2 and 3, the amounts that applied immediately before the applicable July 1 date shall be adjusted by the percentage change between,
 - i. the Consumer Price Index for the previous calendar year, and
 - ii. the Consumer Price Index for the calendar year immediately preceding the previous calendar year.
2. If the percentage change described in paragraph 1 is greater than 2.5 per cent, the amounts shall instead be adjusted by 2.5 per cent.
3. If the percentage change described in paragraph 1 is negative, the amounts shall instead not be adjusted.
4. After applying the adjustment described in paragraph 1, 2 or 3, the adjusted amounts shall be rounded down to the nearest cent.

(3) The adjustment under subsection (2) that would otherwise take effect on July 1, 2022 shall instead take effect on October 1, 2022, but shall be calculated with reference to the calendar years that would otherwise apply.

(4) For the purposes of subsection (2), the Consumer Price Index for a calendar year is the Consumer Price Index for Canada (All-items) for the calendar year, as reported by Statistics Canada under the authority of the *Statistics Act* (Canada).

(5) The Minister may publish the adjusted amounts on a government website.

Term

299. (1) In section 304,

“term”, subject to subsections (2), (3) and (4), means the period that starts on the latest of,

- (a) the 90th day before the day on which the completed application for reduction is submitted to the Director by the licensee,
- (b) the day that the appropriate placement co-ordinator authorized the resident's admission to the long-term care home, and
- (c) in the case of an application for a renewal of a reduction, the day after the last term ended,

and ends on the earliest of,

- (d) the first June 30 following the day on which the term starts,
- (e) the 90th day immediately preceding the day in which the resident's next completed application for reduction is submitted to the Director by the licensee, and
- (f) the termination date, if any, specified by the Director in processing the application.

(2) The Director may change the start of the term if the Director believes there is sufficient evidence that a delay in submitting a completed application for a reduction was beyond the control of the applicant.

(3) The Director shall not change the start of the term to a time,

- (a) before this section came into force; or
- (b) that is more than one year before the date the completed application was submitted.

(4) A term does not end if the resident transfers to basic accommodation in another long-term care home during the term.

Annual net income

300. (1) In section 304,

“annual net income” means the amount determined by the Director to be the resident's annual net income, and subject to subsections (2) to (5), means the amount indicated on line 23600 of the resident's Notice of Assessment issued under the *Income Tax Act* (Canada) for the resident's most recent taxation year or on of the resident's proof of income statement (option “C” print) from the Canada Revenue Agency for the resident's most recent taxation year minus,

- (a) the taxes payable that were reported on line 43500 of the Notice of Assessment or on line 43500 of the proof of income statement (option “C” print),

- (b) payments made under the *Universal Child Care Benefit Act* (Canada),
- (c) payments from a registered disability savings plan, as defined in subsection 146.4 (1) of the *Income Tax Act* (Canada),
- (d) the death benefit payable under the *Canada Pension Plan* or a provincial pension plan as defined in the *Canada Pension Plan*,
- (e) a lump sum representing income that was used to pay for the consumer contribution for an assistive device under the Assistive Devices Program administered by the Ministry of Health, up to the amount approved under that program,
- (f) a lump sum representing income that was used to pay for the accommodation in a previous term, but that is determined by the Director to not be available to the resident in the current term,
- (g) any amount payable for a period of time when the resident was not receiving a reduction in the amount payable for basic accommodation pursuant to section 304 that the Director has determined is not available to the resident in the current term, in an amount determined by the Director.

(2) Where line 23600 of the Notice of Assessment or line 23600 of the proof of income statement (option “C” print) for the resident’s most recent taxation year does not include income that is required to be accessed from the following sources, the net amount from those sources shall be included in the determination of annual net income:

1. All benefits, entitlements, supplements, settlements, or other financial assistance that the resident may be entitled to, or eligible for, from the Government of Canada, the government of any province or territory in Canada, any municipal government in Canada and any private policy of insurance.
2. All benefits, entitlements, supplements, settlements or other financial assistance that the resident may be entitled to, or eligible for, from any foreign country.
3. Any support payments due and owing to the resident under an agreement or court order for support existing at the time of the application, and that are determined by the Director to be reasonably collectible by the resident.
4. In the case of a resident who is a sponsored immigrant, the financial support from the resident’s sponsor, pursuant to the sponsor’s undertaking to support the resident made under the *Immigration and Refugee Protection Act* (Canada).

(3) Any benefits under the *War Veterans Allowance Act* (Canada) or *Pension Act* (Canada) or under the *Veterans Health Care Regulations* under the *Department of Veterans Affairs Act* (Canada) and any non-taxable benefits under the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* (Canada) shall not be considered in determining annual net income.

(4) Any benefits, entitlements, supplements, settlements or other financial assistance that the resident receives pursuant to an Act of the Parliament of Canada, legislature of a province or territory, or any foreign government, that are directed for a specified purpose and that the Director determines should not be considered in determining annual net income shall not be considered in determining annual net income.

(5) Despite the requirement under section 304 to provide a Notice of Assessment or proof of income statement (option “C” print) for the most recent taxation year, where a resident was admitted to a home within the year before the application was submitted, and the resident has not been issued a Notice of Assessment, the Director may consider other supporting documentation demonstrating the resident’s income to determine the equivalent of the resident’s annual net income.

Private policy of insurance

301. In section 300,

“private policy of insurance” means the following benefits, other than benefits from a government:

1. Income replacement benefits.
2. Death benefits.
3. Survivor benefits.
4. Money received in insurance settlements or awarded by the court, including payments received through structured settlements payable through monthly annuity payments and any benefits payable under the Statutory Accident Benefit Schedule under the *Insurance Act*.
5. Benefits of any nature or kind, including any benefits that provide for partial or full reimbursement of accommodation charges.

Dependant

302. (1) In section 304, subject to subsections (2), (3), (4) and (5),

“dependant” means,

- (a) a spouse who was living with the resident immediately before the resident was admitted to the long-term care home or, if the resident has been continuously in more than one long-term care home or other institution, including a hospital, immediately before the resident was first admitted to the long-term term care home or other institution, or
- (b) a child of the resident who,
 - (i) is under 18 years of age, or
 - (ii) is under 25 years of age and who is in full-time attendance at a recognized secondary or post-secondary educational institution, and is financially dependent on the resident.

(2) A spouse or child who is living in a long-term care home, hospital or any other facility that is government funded is not a dependant.

(3) A spouse who is eligible to receive a pension under Part I of the *Old Age Security Act* (Canada) is not a dependant.

(4) A spouse or child who is a part of a benefit unit, other than the benefit unit of the resident, that is receiving income support under the *Ontario Disability Support Program Act, 1997* or basic financial assistance under the *Ontario Works Act, 1997* is not a dependant.

(5) A spouse or child who is not part of the benefit unit of a resident who is receiving income support under the *Ontario Disability Support Program Act, 1997* or basic financial assistance under the *Ontario Works Act, 1997* is not a dependant.

Dependant annual net income

303. In section 304, a dependant's annual net income shall be determined in the same manner as a resident's annual net income, with necessary modification, except that,

- (a) a dependant who is a child under 18 years of age whose income is less than the basic personal exemption amount under the *Income Tax Act* (Canada) is deemed to have a net annual income of nil; and
- (b) the income of a dependant who is a child under 18 years of age whose income is equal to or greater than the basic personal exemption amount under the *Income Tax Act* (Canada) shall be determined without including the basic personal exemption amount.

Reduction in basic accommodation charge

304. (1) Where a long-stay resident of a long-term care home has accessed all sources of income to maximize their annual net income, the resident may apply to the Director for a

reduced amount payable by the resident for basic accommodation during a term determined in accordance with subsection (7).

(2) An application,

- (a) must be in a form and manner acceptable to the Director;
- (b) must include any supporting documentation required by the Director; and
- (c) must include the Notice of Assessment issued under the *Income Tax Act* (Canada) or the proof of income statement (option “C” print) from the Canada Revenue Agency for the resident’s most recent taxation year, unless,
 - (i) the resident is receiving income support under the *Ontario Disability Support Program Act, 1997*,
 - (ii) the Public Guardian and Trustee is the guardian of property for the resident, or
 - (iii) the resident has provided written authorization to electronically obtain income information for the resident’s most recent taxation year from the Canada Revenue Agency.

(3) Upon the request of a resident, a licensee shall provide assistance in completing the application.

(4) The licensee shall,

- (a) verify that all parts of the application are provided by the resident;
- (b) submit the application in a form and manner acceptable to the Director;
- (c) ensure that the information is recorded correctly;
- (d) retain a copy of the application; and
- (e) notify the resident of the amount payable for basic accommodation as determined by the Director.

(5) The licensee shall not submit an application with information that the licensee knows, ought to know or reasonably suspects to be false or incomplete.

(6) Where a failure by a licensee to comply with subsection (4) or (5) results in the maximum amount determined under subsection (7) to be incorrect, the licensee shall be solely

liable for the difference in amount and shall repay the difference in a manner as determined by the Director.

(7) Despite section 292, where a resident has applied for a reduction under this section, the Director shall determine the maximum monthly amount that may be charged by a licensee for providing a resident with basic accommodation during a term as follows, and the licensee shall not charge the resident more than that amount for the basic accommodation:

1. Divide the resident's annual net income by 12, and subtract an allowance of the amount set out in paragraph 1 of subsection 32 (1) of Ontario Regulation 222/98 (General) made under the *Ontario Disability Support Program Act, 1997*. Subject to paragraphs 2 to 4, the resulting amount is the maximum monthly amount that may be charged.
2. Where the resident requests a reduction to retain income to support one or more dependants, subtract the amount determined under subsection (9), (11) or (12) from the amount determined under paragraph 1.
3. Where the calculations under paragraph 1, or where paragraph 2 applies, under paragraphs 1 and 2, would result in a negative number, the amount is deemed to be nil.
4. Where the calculations under paragraph 1, or where paragraph 2 applies, under paragraphs 1 and 2, would result in a number greater than the maximum monthly amount under subsection 292 (3), the amount is the amount under subsection 292 (3).

(8) Despite section 292 and subsection (7), where the resident is receiving income support under the *Ontario Disability Support Program Act, 1997*, the annual net income divided by 12 as required by paragraph 1 of subsection (7) is deemed to be an amount equal to the total of the amounts set out in paragraphs 1 and 2 of subsection 32 (1) of Ontario Regulation 222/98 (General) made under that Act.

(9) The amount to be subtracted for the purposes of paragraph 2 of subsection (7) shall be determined as follows:

1. For the first dependant to be supported add \$1,462.87, subject to subsection (11), unless the dependant is a child living with a parent or other person with lawful custody.
2. For each dependant to be supported to whom paragraph 1 does not apply, add \$630.72, subject to subsection (11).
3. For each dependant to be supported, subtract the dependant's annual net income divided by 12 from the sum of the amounts determined by paragraphs 1 and 2.

4. Where the calculation under paragraph 3 would result in a negative number, the amount is deemed to be nil.

(10) The amounts set out in paragraphs 1 and 2 of subsection (9) are subject to the annual adjustment described in section 298.

(11) Where a resident received a reduction in the amount payable for basic accommodation under section 253 of Ontario Regulation 79/10 (General) made under the *Long-Term Care Homes Act, 2007*, immediately before the coming into force of this section, and is not eligible to have an amount subtracted under subsection (9), the Director may determine the amount for the purposes of paragraph 2 of subsection (7).

(12) Where a resident received a reduction in the amount payable for basic accommodation to support a spouse or child, immediately before the coming into force of this section, and that reduction was not based on an application under section 253 of Ontario Regulation 79/10 (General) made under the *Long-Term Care Homes Act, 2007*, the Director may determine the amount for the purposes of paragraph 2 of subsection (7).

(13) A resident who has not entered into an agreement mentioned in subsection (14) shall not be charged more than the amount payable for basic accommodation where the resident continues to occupy a bed in a room that was occupied with their spouse, and,

- (a) the spouse no longer occupies the room with the resident;
- (b) the resident has requested a transfer to basic accommodation in the home; and
- (c) the resident has not yet been transferred to basic accommodation in the home in accordance with subsection 239 (7).

(14) A resident shall enter into an agreement with the licensee for preferred accommodation, in accordance with paragraph 2 of subsection 94 (1) of the Act, where the resident wishes to continue to occupy a bed in a room that was occupied with their spouse and that room has ceased to be a standard room, and where the resident does not enter into an agreement, the licensee may transfer the resident to a standard room in accordance with subsection 239 (7), as if the resident had requested a transfer to a basic accommodation at the time the room ceased to be a standard room.

(15) Any amounts determined under this section for periods of less than a month, shall be determined by the Director proportionately.

(16) The Director may retroactively adjust the maximum amount payable that was determined for the same resident in prior terms before determining the maximum monthly amount that the resident may be charged under the current application.

(17) If the Director determines that the resident should have paid a higher maximum amount in prior terms, the resident shall repay the difference to the licensee before obtaining any further reduction under this section.

(18) The Director may deny an application if, in the Director's opinion,

- (a) the resident has not provided sufficient proof of financial need; or
- (b) the resident has provided false information on an application for a reduction.

(19) Where the Director comes to the opinion that a resident has provided false information on an application for reduction after the Director has already determined the maximum amount payable by the resident based on the false information, the Director may,

- (a) retroactively deny the application; or
- (b) retroactively adjust the maximum amount payable that was determined for the resident based on the false information.

(20) Where the Director determines that the resident should have paid a higher maximum amount under subsection (19), the resident shall repay the difference to the licensee before receiving any further reduction under this section.

Restriction, interest charges

305. Where a resident has applied for a reduction under section 304, a licensee of a long-term care home may not charge the resident interest for missed, incomplete or late payments until the Director has made a determination of the maximum amount payable by the resident under that section.

Resident in interim bed

306. A resident in an interim bed is deemed to be a long-stay resident for the purposes of sections 292 to 305.

Payment for first and last day

307. (1) A long-stay resident shall pay the amount charged for accommodation under either paragraph 1 or 2 of subsection 94 (1) of the Act for a full day,

- (a) for the day the placement co-ordinator authorizes the resident's admission to the home; and
- (b) for the day the resident is discharged from the home.

(2) Despite subsection (1), a long-stay resident shall not pay the amount charged for accommodation under either paragraph 1 or 2 of subsection 94 (1) of the Act for a full day for the day the resident is discharged from the home if the resident is admitted to another long-term care home on the same day.

(3) A short-stay resident shall pay the amount charged for accommodation under either paragraph 1 or 2 of subsection 94 (1) of the Act for a full day for the day the placement coordinator authorizes the resident's admission to the home, but shall not pay the amount charged for accommodation under either paragraph 1 or 2 of subsection 94 (1) of the Act for the day the resident is discharged from the home.

Payment for day following discharge

308. If, at the request of a person who has been discharged from a long-term care home as a long-stay resident, at the request of a member of the person's family or at the request of a person notified by the licensee of the discharge, the licensee allows the discharged person, the family member or the notified person to have access, on the day following the day of discharge, to the room in which the discharged person was living before being discharged, the licensee may charge the discharged person the amount that the licensee would have charged the person for accommodation for the day following the day of discharge had the person been a long-stay resident living in the room on that day.

Responsibility for payment during absence

309. During an absence contemplated by section 150, a resident continues to be responsible for the payment of the maximum amounts that may be charged by the licensee to the resident for the same class of accommodation that was provided to the resident immediately before the absence.

Notice of accommodation charge increase

310. (1) Before increasing the amount payable by a resident for accommodation, the licensee of a long-term care home shall give the resident at least 30 days written notice of the licensee's proposal to increase the amount payable and the amount of the proposed increase.

(2) An increase by a licensee of the amount payable by a resident for accommodation is void if the licensee has not given the notice required by this section.

(3) Subsections (1) and (2) do not apply to an increase in the basic accommodation amount payable by a resident who has been charged a reduced amount under section 304 if the increase,

- (a) follows a reapplication by the resident for a reduction; or
- (b) results from the resident's failure to reapply for a reduction at the end of the term for which the original reduction was in effect.

PREFERRED ACCOMMODATION

Preferred accommodation maximum

311. Every licensee of a long-term care home shall ensure that no more than 60 per cent of the licensed bed capacity of the home is designated as preferred accommodation.

STATEMENTS

Statements

312. (1) Every licensee of a long-term care home shall, within 30 days after the end of each month, provide each resident or the resident's attorney under the *Powers of Attorney Act*, or person exercising a continuing power of attorney for property or a guardian of property under Part I of the *Substitute Decisions Act, 1992*, with an itemized statement of the charges made to the resident within the month.

(2) For greater certainty, subsection (1) applies with respect to the month in which a resident is discharged.

ACCOUNTS AND RECORDS

Licensee to retain records

313. For the purposes of section 95 of the Act, every licensee of a long-term care home shall keep, for each long-term care home operated by the licensee,

- (a) complete current books of account relating to the long-term care home that,
 - (i) contain sufficient detail to support the information required in any reconciliation reports requested by the Minister or the Agency,
 - (ii) set out all of the revenue and expenditures of the home,
 - (iii) contain a separate record of money received by the licensee for the home from sources other than under the Act, the *Local Health System Integration Act, 2006* or the *Connecting Care Act, 2019*, and
 - (iv) are audited annually by a person licensed under the *Public Accounting Act, 2004* or, in the case of a municipal home or a joint home approved under Part IX of the Act, by the municipal auditor who audits the books of account and ledgers of the home;
- (b) reconciliation reports as required by,
 - (i) the Minister under section 289, or
 - (ii) the Agency in regulations under the *Connecting Care Act, 2019*;

- (c) any financial report requested by the Director under section 91 of the Act and the records used to produce that report;
- (d) any agreement between the Minister and the licensee for funding provided under section 93 of the Act and any service accountability agreement required by section 22 of the *Connecting Care Act, 2019*, the records and reports required under those agreements and the records used to produce those records and reports;
- (e) any written agreement for charges between the licensee and a resident or a person authorized to enter into an agreement on the resident's behalf;
- (f) all applications that the licensee is required to retain under clause 304 (4) (d);
- (g) records indicating the amounts the licensee has charged residents; and
- (h) records to substantiate that the licensee has provided residents with accommodation, care, services, programs and goods.

Requirements for records

314. (1) For the purposes of section 95 of the Act, every licensee of a long-term care home shall ensure that a record required to be kept under section 313 is retained for a period of at least seven years from the last day of the year in which the record was made, except in the case of an agreement mentioned in clause 313 (d) or (e), which must be kept for a period of at least seven years from the earlier of the date that the agreement ends or it is terminated by either party to the agreement.

(2) Subsection (1) applies, to the extent possible, with respect to records that were required to be retained under section 263 of Ontario Regulation 79/10 (General) made under the *Long-Term Care Homes Act, 2007*.

Non-arm's length transactions

315. (1) For the purposes of section 96 of the Act and this Regulation,

“non-arm's length transaction” means a transaction where a licensee spends money to acquire the supply of direct care services to or direct care goods for a long-term care home that is entered into between a licensee and an associate of the licensee.

(2) Subject to subsection (3), a licensee of a long-term care home shall not enter into a non-arm's length transaction unless,

- (a) the supplier has been selected from an open, fair and transparent competitive procurement process involving at least three unrelated bids and has demonstrated

economy, efficiency and effectiveness for the money spent superior to that of the other bidders; and

- (b) the licensee keeps a record documenting the transaction and the details of the competitive procurement process.

(3) If a licensee is unable to meet the requirement under clause (2) (a), the licensee may enter into the transaction with the prior written approval of the Director.

(4) A licensee shall apply to the Director for the written approval under subsection (3) in the form and manner acceptable to the Director.

(5) A licensee may not exercise an option to extend or renew an agreement for a non-arm's length transaction unless the supplier has demonstrated economy, efficiency and effectiveness for the money.

(6) Every licensee shall submit to the Director by March 31 in every calendar year, or at any other time required by the Director, a report that sets out, for the previous calendar year, or a time stipulated by the Director, every non-arm's length transaction for goods and services provided during that year or time, including a description of the services or goods received and the money spent for the goods and services.

(7) Subsections (5) and (6) apply whether or not the agreement or transaction took place before this section came into force.

(8) This section does not apply to the agreement with the Medical Director required under section 252.

PART VIII LICENSING

Definition

316. In this Part,

“security interest” has the same meaning as in section 110 of the Act.

Premises that do not require licence

317. Subsection 98 (1) of the Act does not apply to,

- (a) a home for special care that is licensed under the *Homes for Special Care Act*;
- (b) a residential premises funded under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*;

- (c) a residential hospice if the nursing care provided at the hospice for its residents is funded, directly or indirectly, by the Government of Ontario or the Government of Canada; or
- (d) a retirement home.

Non-profit and for-profit

318. The following clarifications are made to the meaning of “non-profit” and “for-profit” for the purposes of the Act and this Regulation:

1. A non-profit entity is an entity that meets any of the following criteria:
 - i. being a corporation without share capital,
 - A. to which the *Not-for-Profit Corporations Act, 2010* applies, or
 - B. that is incorporated under a general or special Act of the Parliament of Canada,
 - ii. being a municipality or a board of management for a municipal home,
 - iii. being a council of a band under the *Indian Act* (Canada) or a board of management for a First Nations home, or
 - iv. being a corporation with share capital whose equity shares are owned by an entity or entities described in subparagraph i, ii or iii.
2. A non-profit long-term care home is,
 - i. a long-term care home whose licensee is a non-profit entity, or
 - ii. a municipal home, joint home or First Nations home approved under Part IX of the Act.
3. A for-profit entity is an entity that is not a non-profit entity.
4. A for-profit long-term care home is a long-term care home that is not a non-profit long-term care home.

Limits on eligibility for licence

319. (1) For the purposes of clause 101 (1) (b) of the Act,

“design manual” means the design manual applicable under the development agreement to which the home or beds are subject.

(2) For the purposes of clause 101 (1) (f) of the Act, a prospective licensee that is not a corporation is ineligible to be issued a licence for a long-term care home if,

- (a) the past conduct relating to the operation of a long-term care home or any other matter or business of anyone who has a controlling interest in the prospective licensee does not afford reasonable grounds to believe that the home will be operated in accordance with the law and with honesty and integrity;
- (b) it has not been demonstrated that those with a controlling interest in the prospective licensee, along with the prospective licensee, are competent to operate a long-term care home in a responsible manner in accordance with the Act and the regulations and are in a position to furnish or provide the required services; or
- (c) the past conduct relating to the operation of a long-term care home or any other matter or business of anyone who has a controlling interest in the prospective licensee does not afford reasonable grounds to believe that the home will not be operated in a manner that is prejudicial to the health, safety or welfare of its residents.

Conditions of a licence - development agreements

320. For the purposes of subsection 104 (3) of the Act, a development agreement for the home to which the licence relates is an agreement entered into under this Act.

Non-profit to for-profit circumstances

321. For the purposes of subsection 108 (8) of the Act, a non-profit entity may transfer a licence or beds to a for-profit entity where both of the following conditions are met:

- 1. A debt or the performance of some other obligation of the non-profit entity is secured by a security interest in the licence.
- 2. The non-profit entity is in default of any obligation secured by the security interest and,
 - i. the non-profit entity made reasonable efforts to avoid the default, or
 - ii. the holder of the security interest compels the transfer by exercising the security interest, whether or not the non-profit entity made reasonable efforts to avoid the default.

Limits on share transfers: non-profit subsidiaries

322. (1) It is a condition of a licence held by a non-profit entity that is a share capital corporation described in subparagraph 1 iv of section 318 that the corporation shall not,

- (a) allow the transfer of equity shares issued by the corporation from a shareholder that is a non-profit entity to a for-profit entity; or
- (b) issue equity shares to a for-profit entity.

(2) Subsection (1) does not prevent a transfer of equity shares where the following conditions are met:

- 1. A debt or the performance of some other obligation of the shareholder is secured by a security interest in the equity shares.
- 2. The shareholder is in default of any obligation secured by the security interest and,
 - i. the shareholder made reasonable efforts to avoid the default, or
 - ii. the holder of the security interest compels the transfer by exercising the security interest, whether or not the shareholder made reasonable efforts to avoid the default.

Person with security interest operating home through management contract

323. A long-term care home may not be managed under a contract provided for in subsection 110 (1) of the Act without the approval of the Director under section 113 of the Act.

Approval of gaining controlling interest

324. The approval that is required under subsection 112 (1) of the Act when a person gains a controlling interest in a licensee must be obtained before the controlling interest is gained.

Requirements for management contracts

325. (1) A contract described in subsection 113 (1) of the Act respecting the management of a long-term care home (a “management contract”) is required to,

- (a) provide that the management of the home managed under the contract cannot be subcontracted or assigned;
- (b) provide that any change in who has a controlling interest in the manager under the contract is deemed to be a material amendment to the contract that requires the Director’s approval under subsection 113 (6) of the Act;
- (c) make adequate provision for the transition of the management of the home from the manager to the licensee or another manager upon the termination or expiry of the contract or the withdrawal or expiry of the Director’s approval;
- (d) require the manager to operate the home in accordance with the requirements under the Act;

- (e) require the manager to keep the licensee adequately informed about the operation of the home, including promptly giving the licensee any document served on or notice given to the licensee by being delivered to the home;
- (f) acknowledge that funding under the Act will be paid to the licensee, not to the manager directly; and
- (g) acknowledge that the Director's approval of the contract can be withdrawn under subsection 113 (5) of the Act at any time without liability.

(2) Where a management contract exists with respect to a long-term care home, it is a condition of the licence that the licensee notify the Director in writing, no later than 15 days after the occurrence of the event, of the following events:

- 1. An amendment to the contract.
- 2. The termination or expiry of the contract, or any other event that results in the manager ceasing to manage the home.

(3) For greater clarity, if the approval of the Director is required under subsection 113 (6) of the Act for the amendment of a management contract,

- (a) paragraph 1 of subsection 113 (4) of the Act applies with respect to approving the amendment; and
- (b) paragraph 2 of subsection 113 (4) of the Act does not apply unless the amendment is a deemed amendment under clause (1) (b).

Temporary licences and temporary emergency licences — exemptions

326. (1) For the purposes of sections 114 and 115 of the Act, the following provisions of the Act do not apply with respect to a temporary licence or a temporary emergency licence:

- 1. Clause 116 (2) (b).
- 2. Subsection 116 (3).
- 3. Subsection 116 (4).

(2) Despite paragraph 1 of subsection (1), a temporary licence may not be amended so that its total term is for more than five years, and a temporary emergency licence may not be amended so that its total term is for more than one year.

(3) The Director may stipulate, as a condition under subsection 104 (2) of the Act, one or more other provisions of the Act or the regulations that do not apply with respect to a temporary licence or temporary emergency licence, but only if the Director is satisfied,

- (a) that it would be unreasonable, under the circumstances, not to make such a stipulation; and
- (b) that it is preferable, in the interests of the residents, that the licence be issued subject to such a stipulation than that it not be issued at all.

(4) A stipulation under subsection (3) may provide for one or more alternative conditions that the licensee is to comply with instead of the provision or provisions of the Act or the regulations set out in the stipulation.

(5) A stipulation under subsection (3) may provide that the provision or provisions of the Act or the regulations set out in the stipulation do not apply with respect to the licence,

- (a) for a time set out in the stipulation; or
- (b) for the full term of the licence.

Amendments with consent

327. A licence may be amended under subsection 116 (1) of the Act only if the Director approves the amendment.

Licence with beds of different terms

328. The following rules apply in respect of a licence for a long-term care home in which there are beds that are subject to different terms under the licence:

1. The licence expires when the term of the last bed under the licence expires.
2. Where the Director exercises their power under clause 107 (3) (a) of the Act to amend the licence to reduce the number of beds allowed under the licence by the number of unoccupied and unavailable beds, the Director may apply the reduction to either the beds that are actually unoccupied and unavailable, or to the beds that are subject to the shortest terms.
3. The provisions in section 116 of the Act referring to the extension of the term of a licence apply to the extension of the term of any bed under the licence.

PART IX MUNICIPAL HOMES AND FIRST NATIONS HOMES

PART IX HOMES

Definition

329. In this Part,

“Part IX home” means a municipal home, joint home or First Nations home approved under Part IX of the Act.

Application of Act to Part IX homes

330. The following clarifications are made respecting the application of the Act to Part IX of the Act:

1. Sections 100 and 101 of the Act do not apply to subsection 103 (1) of the Act as it applies to Part IX homes.
2. Sections 100 and 101 of the Act apply where, under paragraph 2 of subsection 113 (4) of the Act, a municipality or board of management contracts someone else to manage a Part IX home.
3. Section 100 of the Act does not apply to Part IX homes by virtue of paragraph 2 of subsection 116 (4) of the Act.
4. A temporary emergency licence under section 115 of the Act may be issued to a municipality or a board of management, and such a licence may be revoked under section 159 of the Act.
5. If a temporary licence or temporary emergency licence is issued under clause 114 (1) (a) or 115 (1) (a) of the Act and the licence is issued to,
 - i. a municipality, sections 135 to 137 of the Act apply with respect to the home operated under the licence,
 - ii. a board of management under section 128 of the Act, sections 136 and 137 of the Act apply with respect to the home operated under the licence, or
 - iii. a board of management under section 132 of the Act, section 136 of the Act applies with respect to the home operated under the licence.
6. Where a temporary licence or temporary emergency licence is issued to a municipality or a board of management, Part VIII of the Act applies with respect to the licence, subject to the following:

- i. the municipality or board of management is exempt from subsections 111 (1) and (2) of the Act,
- ii. the municipality or board of management is exempt from subsection 111 (3) of the Act subject to the condition that it must notify the Minister in writing of anything that it would otherwise be required to notify the Director of under that subsection,
- iii. the municipality or board of management is exempt from section 112 of the Act.

Composition of committees of management

331. (1) A committee of management appointed under section 135 of the Act shall,

- (a) in the case of a municipal home, be composed of not fewer than three members; and
- (b) in the case of a joint home, be composed of not fewer than two members of the council of each of the municipalities maintaining and operating the joint home.

(2) A committee of management that existed under section 132 of the *Long-Term Care Homes Act, 2007* continues as a committee of management under section 135 of the *Fixing Long-Term Care Act, 2021*.

Application of Part VIII of Regulation

332. The following modifications to Part VIII of this Regulation are made with respect to Part IX homes:

- 1. In subsection 325 (2) and section 327, “licence” shall be read as “approval” and “Director” shall be read as “Minister”.

TERRITORIAL DISTRICT HOMES

Application and interpretation

333. (1) Sections 334 to 346 apply with respect to homes under section 128 of the Act.

(2) In sections 334 to 346,

“board” means a board of management described in Schedules 1 to 6 to this Regulation;
 (“conseil”)

“supporting municipality” has the same meaning as in subsection 131 (5) of the Act.
 (“municipalité participante”)

Objects

334. The objects of a board are to operate and maintain one or more municipal homes.

Established as corporation

335. (1) Every board is a corporation.

(2) Subsection 91 (1) of the *Not-for-Profit Corporations Act, 2010* applies with respect to a board.

Rights, powers, etc.

336. (1) Every board has the capacity, rights, powers and privileges of a natural person for carrying out its objects, except as limited by subsection (2).

(2) The powers of a board under subsection (1) are subject to the same restrictions that would apply by virtue of subsection 17 (1) of the *Municipal Act, 2001* if the board were a municipality.

(3) For greater clarity, a board may make those investments that a municipality is permitted to make under section 418 of the *Municipal Act, 2001*.

Requirements for members

337. (1) An individual is qualified to be a member of a board if the individual,

- (a) is at least 18 years of age;
- (b) is a resident of the district for which the board is the board of management; and
- (c) is not employed by the board of management or any of the supporting municipalities.

(2) An individual ceases to be a member if the individual,

- (a) is convicted of an indictable offence;
- (b) becomes incapacitated;
- (c) is absent from three consecutive board meetings unless the absence is authorized by a resolution of the board; or
- (d) ceases to be qualified under subsection (1).

Membership — general

338. (1) For the purpose of determining the membership of a board, the districts for which the boards have been established are divided into the areas set out in the Schedules of this Regulation.

(2) For each board described in the heading of a Schedule, the number of members, the areas in a district that they represent and the manner of their appointment shall be that set out in the Schedule.

(3) A member shall be appointed for a term not exceeding four years.

(4) A member may be reappointed.

Quorum

339. A majority of members constitutes a quorum for a board.

Chair

340. (1) Each board shall, at its first meeting in each year, appoint one of its members as chair.

(2) A member's term as chair ends at the first meeting of the board in the next year.

(3) The chair may be reappointed.

(4) No member shall serve as chair for more than four consecutive terms.

(5) Despite subsection (2), the chair ceases to be chair if they cease to be a member.

(6) If the office of chair becomes vacant, the board shall appoint another member as chair.

Notice

341. (1) The board shall promptly give written notice to the Director and to the Administrator of each municipal home for which the board is responsible,

(a) of any change in the membership of the board; and

(b) of any change in who the chair is.

(2) If a change in the membership of the board results in the seat of a member appointed by a municipality or municipalities being vacant, the board shall also promptly give written notice to the municipality or municipalities.

Operating costs

342. (1) For the purposes of clause 129 (3) (b) of the Act, the prescribed percentage is 25 per cent.

(2) For the purposes of subsection 129 (4) of the Act, an operating line of credit with a financial institution is prescribed as an additional means by which a board of management may borrow.

(3) For the purposes of clauses 129 (5) (b) and (6) (b) of the Act, the prescribed percentage is 50 per cent, but only if every supporting municipality of the board has passed a resolution supporting the board's ability to borrow up to that percentage.

Capital costs

343. For the purposes of subsection 130 (3) of the Act, a board may borrow such sums as the board considers necessary to meet the capital costs it estimates under subsection 130 (1) of the Act in either of the following circumstances:

1. Every supporting municipality of the board has passed a resolution that,
 - i. supports such borrowing by the board, and
 - ii. acknowledges that any repayments on the borrowed sums that the board is required to make that are not covered by the available current revenues of the board are subject to apportionment to supporting municipalities under subsection 129 (1) of the Act.
2. The board is refinancing existing debt.

Apportionments by boards of management

344. (1) Amounts that supporting municipalities are required to pay to a board under sections 129 and 130 of the Act shall be apportioned, correct to three decimal places, among the supporting municipalities in the proportion of the amount of the total weighted assessment of each municipality to the total weighted assessment of all the supporting municipalities.

(2) The amounts that supporting municipalities are required to pay to a board under section 129 or 130 of the Act are due at the times established by the board.

(3) If a supporting municipality or municipalities have not made a payment within the time period established under subsection (2) and the board is required to borrow under subsection 129 (4) or 130 (3) of the Act as a result, the board may apportion the borrowing costs reasonably attributable to the late or missed payment among those supporting municipalities.

(4) A board that borrows under subsection 129 (4) or 130 (3) of the Act may apportion the cost of any repayment of the borrowed sums that the board is required to make and that is not covered by the available current revenue of the board as an apportionment under subsection 129 (1) of the Act.

(5) In this section,

“equivalent assessment” means the amount determined by dividing the compensation a municipality is entitled to be paid by the Minister of Finance for a hydro-electric generating station located in the municipality in respect to revenues foregone as a result of the enactment of paragraph 28 of subsection 3 (1) of the *Assessment Act* by the tax rate for the industrial property class for the year prior to the previous year; (“évaluation équivalente”)

“weighted assessment” means,

- (a) with respect to a property that is in a subclass to which section 313 of the *Municipal Act, 2001* applies, the taxable assessment or exempt assessment subject to a payment in lieu for the property, according to the annual return for the year prior to the previous year provided to the Minister under section 294 of the *Municipal Act, 2001*, reduced by the percentage reduction that applies to the tax rate for properties of that subclass and multiplied by the tax ratio of the property class that the property is in established under section 308 of the *Municipal Act, 2001* for that year, and
- (b) with respect to any other property, the taxable assessment or exempt assessment subject to a payment in lieu, according to the annual return for the year prior to the previous year provided to the Minister under section 294 of the *Municipal Act, 2001* or equivalent assessment for a property, multiplied by the tax ratio of the property class that the property is in established under section 308 of the *Municipal Act, 2001* for that year. (“évaluation pondérée”)

Division of territorial districts

345. (1) For the purposes of Part IX of the Act, the Territorial District of Nipissing is divided into two parts as follows:

- 1. Nipissing East composed of that part of the Territorial District of Nipissing lying east of the easterly boundary of the geographic Townships of Commanda, Blyth, Notman, Hammel, Gooderham, Flett, Hartle and Eldridge, or its projection.
- 2. Nipissing West composed of that part of the Territorial District of Nipissing lying west of the line described in paragraph 1.

(2) For the purposes of Part IX of the Act, the Territorial District of Parry Sound is divided into two parts as follows:

- 1. Parry Sound West composed of that part of the Territorial District of Parry Sound lying within the boundaries of the geographic Townships of Blair, Brown, Burpee, Burton, Carling, Christie, Conger, Cowper, Ferguson, Ferrie, Foley, Harrison, Hagerman, Henvey, Humphrey, McDougall, McKellar, McKenzie, McMurrich, Monteith, Mowatt, Shawanaga and Wallbridge.

2. Parry Sound East composed of that part of the Territorial District of Parry Sound other than Parry Sound West.

(3) For the purposes of Part IX of the Act, the Territorial District of Algoma is divided into two parts as follows:

1. Algoma comprising all of the Territorial District of Algoma, except for the territory described in paragraph 2.
2. Sault Ste. Marie comprising the parts of the Territorial District of Algoma within the boundaries of the City of Sault Ste. Marie and the territory without municipal organization that is within the planning area for the Sault Ste. Marie North Planning Board.

Transitional, boards of management

346. (1) A board of management that existed under the *Long-Term Care Homes Act, 2007* and that is described in the heading to a Schedule to this Regulation continues as a board of management under section 128 of the *Fixing Long-Term Care Act, 2021*.

(2) A member of a board of management to which subsection (1) applies continues in office until their term would have otherwise ended.

(3) The chair of a board of management to which subsection (1) applies continues in office until the first meeting of the board in the year following the year this section comes into force.

PART X COMPLIANCE AND ENFORCEMENT

Where notice may be given of inspection

347. For the purposes of clause 147 (b) of the Act, notice may be given of the following inspections:

1. Inspections of beds in an existing long-term care home that are not yet covered by the home's licence or approval.
2. Inspections to ensure compliance with a closure plan under section 362.
3. Inspections that are initiated solely because the licensee has requested an inspection.

Factors to be taken into account

348. (1) For the purposes of sections 154 to 157 of the Act, in determining what actions to take or orders to make where there has been a finding of non-compliance with a requirement under the Act, an inspector or Director shall take all of the following factors into account, and shall take only those factors into account:

1. The severity of the non-compliance and, in cases where there has been harm or the risk of harm to one or more residents arising from the non-compliance, the severity of the harm or risk of harm.
2. The scope of the non-compliance and, in cases where there has been harm or risk of harm arising from the non-compliance, the scope of the harm or risk of harm.
3. The licensee's history of compliance, in any home, with requirements under the Act and with requirements under the *Long-Term Care Homes Act, 2007* and the regulations under that Act and any service agreement required by that Act.

(2) In determining whether to make an order under section 159 of the Act, the Director may take into account,

- (a) the factors referred to in subsection (1), where applicable; and
- (b) any other factors the Director considers relevant.

(3) In this section,

“scope” means pervasiveness throughout the home.

Re-inspection fees

349. Where an inspector conducts an inspection to determine compliance with an order made under section 155 of the Act,

- (a) the fee for the first inspection is nil; and
- (b) the fee for each subsequent inspection to determine compliance with that order or with a subsequent order under that section is \$500.

Administrative monetary penalties

350. (1) This section applies where there has been a failure by a licensee to comply with a requirement under the Act, resulting in the issuance of a notice of administrative penalty under section 158 of the Act by the Director or an inspector.

(2) The Table to this section sets out,

- (a) in Column 1, the sections of the Act and this Regulation that are requirements for which a notice of administrative penalty may be issued; and
- (b) in Column 3, the amount of the administrative penalty, unless otherwise specified in the Act or this Regulation.

(3) The Director may issue a notice of administrative penalty for a licensee's failure to comply with a requirement listed in Column 1 of the Table where,

- (a) the Director issues an order under section 155 of the Act as a result of the licensee's failure to comply; or
- (b) an inspector,
 - (i) issues a written notification to the licensee and refers the matter to the Director in accordance with paragraph 4 of subsection 154 (1) of the Act, and
 - (ii) makes an order under section 155 of the Act as a result of the licensee's failure to comply.

(4) Where the Director issues a notice of administrative penalty under subsection (3) for a licensee's first failure to comply with a requirement listed in Column 1 of the Table, the amount of the administrative penalty is the amount set out for that item in Column 3 of the Table.

(5) Where the Director issues a notice of administrative penalty under subsection (3) for a licensee's second or subsequent failure to comply with the same requirement set out in Column 1 of the Table, the amount of the administrative penalty is,

- (a) for the second failure, twice the amount set out for that item in Column 3 of the Table;
- (b) for the third failure, three times the amount set out for that item in Column 3 of the Table;
- (c) for the fourth failure, four times the amount set out for that item in Column 3 of the Table; and
- (d) for each subsequent failure, five times the amount set out for that item in Column 3 of the Table.

(6) An inspector or the Director must issue a notice of administrative penalty where,

- (a) a licensee's failure to comply with a requirement listed in Column 1 of the Table results in an order being made under section 155 of the Act; and
- (b) at any time during the three years immediately before the date the order in clause (a) was made, the licensee failed to comply with the same requirement which also resulted in an order being made under section 155 of the Act.

(7) For the purposes of clause (6) (b), a licensee will be deemed to have incurred a failure to comply with a requirement of the Act where the following apply:

1. An order was made under section 153 or section 154 of the *Long-Term Care Homes Act, 2007*.
2. The same requirement that the licensee failed to comply with under the *Long-Term Care Homes Act, 2007* continues to be a requirement under the Act.
3. The order referred to in paragraph 1 was made no more than three years prior to the date of the order referred to in clause (6) (a).

(8) Where a notice of administrative penalty is issued pursuant to subsection (6), the administrative penalty for the licensee's second failure to comply listed in Column 1 of the Table is the amount set out for that item in Column 3 of the Table, and if a subsequent failure occurs, the administrative penalty is,

- (a) for the third failure, twice the amount set out for that item in Column 3 of the Table;
- (b) for the fourth failure, three times the amount set out for that item in Column 3 of the Table;
- (c) for the fifth failure, four times the amount set out for that item in Column 3 of the Table; and
- (d) for each subsequent failure, five times the amount set out for that item in Column 3 of the Table.

TABLE

Item	Column 1 Requirement under the Act	Column 2 Description of failure to comply	Column 3 Amount of administrative penalty, in dollars
1.	Act, s. 3 (1)	Residents' Bill of Rights	5,500
2.	Act, s. 11 (1)	Nursing and personal support services	5,500
3.	Act, s. 11 (3)	24-hour nursing care	5,500
4.	Act, s. 15	Dietary services and hydration	5,500
5.	Act, s. 23	Infection prevention and control program	5,500
6.	Act, s. 24	Duty to protect	5,500
7.	Act, s. 25	Policy to promote zero tolerance	5,500
8.	Act, s. 27	Licensee must investigate, respond and act	5,500
9.	Act, s. 28	Reporting certain matters to Director	5,500
10.	Act, s. 33	Policy to minimize restraining of residents, etc.	5,500
11.	Act, s. 34 (1)	Protection from certain restraining	5,500
12.	Act, s. 35	Restraining by physical devices	5,500
13.	Act, s. 76	Administrator	11,000
14.	Act, s. 77	Director of Nursing and Personal Care	11,000
15.	Act, s. 78	Medical Director	11,000
16.	This Regulation, s. 12	Doors in a home	5,500
17.	This Regulation, s. 18	Bed rails	5,500

18.	This Regulation, s. 19	Windows	5,500
19.	This Regulation, s. 35 (2)	Nursing and personal support services	5,500
20.	This Regulation, s. 35 (3)	Nursing and personal support services, staffing plan	5,500
21.	This Regulation, s. 53	Required programs	5,500
22.	This Regulation, s. 54	Falls prevention and management	5,500
23.	This Regulation, s. 55	Skin and wound care	5,500
24.	This Regulation, s. 56	Continence care and bowel management	5,500
25.	This Regulation, s. 57	Pain management	5,500
26.	This Regulation, s. 58	Responsive behaviours	5,500
27.	This Regulation, s. 74	Nutritional care and hydration programs	5,500
28.	This Regulation, s. 75	Weight changes	5,500
29.	This Regulation, s. 80	Registered dietitian	5,500
30.	This Regulation, s. 81	Nutrition manager	5,500
31.	This Regulation, s. 97	Hazardous substances	5,500
32.	This Regulation, s. 102	Infection prevention and control program	5,500
33.	This Regulation, s. 105	Police notification	5,500
34.	This Regulation, s. 115	Reports re critical incidents	5,500
35.	This Regulation, s. 119	Requirements relating to restraining by a physical device	5,500
36.	This Regulation, s. 121	Prohibited devices that limit movement	5,500
37.	This Regulation, s.138 (1)	Safe storage of drugs	5,500
38.	This Regulation, s.140	Administration of drugs	5,500
39.	This Regulation, s.147	Medication incidents and adverse drug reactions	5,500
40.	This Regulation, s. 250 (1)	Administrator	11,000
41.	This Regulation, s. 250 (3)	Administrator, qualifications	11,000
42.	This Regulation, s. 250 (4)	Administrator, qualifications exception	11,000
43.	This Regulation, s. 250 (5)	Administrator, program enrolment	11,000
44.	This Regulation, s. 251 (1)	Director of Nursing and Personal Care	11,000
45.	This Regulation, s. 251 (3)	Director of Nursing and Personal Care, qualifications	11,000
46.	This Regulation, s. 251 (4)	Director of Nursing and Personal Care, qualifications exception	11,000
47.	This Regulation, s. 269	Emergency plans	5,500
48.	Any requirement under the Act not otherwise provided for in this Table.	Failure to comply with any other requirement under the Act	1,100

Reasonable compensation

351. (1) For the purposes of paragraph 6 of subsection 159 (10) of the Act, the reasonable compensation that may be provided to a licensee for the use of the licensee’s property where the Director has made an interim management order under subsection 159 (5) of the Act is to be determined by employing the formula:

$$\text{Comp} = A \times B$$

where,

“Comp” is the amount of compensation,

“A” is the prescribed rate of interest multiplied by the long-term care home’s most recent current value assessment under the *Assessment Act*, both as of the date of the interim management order, divided by the number of days in the year,

“B” is the number of days between the date of the order and the day that revocation of the licence becomes effective and all of the residents of the home are relocated.

(2) In this section,

“number of days in the year” means 365, or, if the interim management order is made in a leap year, 366; (“nombre de jours de l’année”)

“prescribed rate of interest” means the higher of,

- (a) the prescribed rate of interest as calculated under paragraph 4.1 of subsection 503 (2) of Regulation 183 of the Revised Regulations of Ontario, 1990 (General) made under the *Corporations Tax Act*, and
- (b) one per cent. (“taux d’intérêt prescrit”)

Protection of privacy in reports

352. (1) This section applies with respect to,

- (a) the requirement to post an inspection report under clause 85 (3) (l) of the Act;
- (b) the requirement to post an order under clause 85 (3) (m) of the Act;
- (c) the obligation to give an inspection report to the Residents’ Council or, where applicable, the Family Council under section 152 of the Act;
- (d) the requirement to publish an inspection report under clause 180 (b) of the Act; and
- (e) the requirement to publish an order under clause 180 (c) of the Act.

(2) Where an inspection report mentioned in clause (1) (a), (c) or (d) contains personal information or personal health information, only the following shall be posted, given or published, as the case may be:

1. Where there is a finding of non-compliance, a version of the report that has been edited by an inspector so as to provide only the finding and a summary of the evidence supporting the finding.
2. Where there is no finding of non-compliance, a version of the report that has been edited by an inspector so as to provide only a summary of the report.

(3) Where an order mentioned in clause (1) (b) or (e) contains personal information or personal health information, only a version of the order that has been edited by an inspector to provide a summary of the content of the order shall be posted or published, as the case may be.

(4) In this section,

“personal health information” means personal health information within the meaning of the *Personal Health Information Protection Act, 2004*; (“renseignements personnels sur la santé”)

“personal information” means personal information within the meaning of the *Freedom of Information and Protection of Privacy Act*. (“renseignements personnels”)

Transitional, compliance and enforcement

353. (1) Except as otherwise provided in this section and despite anything else in the Act, Part X of the Act and this Part apply with respect to a failure to comply with a requirement under the *Long-Term Care Homes Act, 2007* before the coming into force of this section.

(2) For greater certainty, an order may be made under section 155 of the Act with respect to a failure to comply with a requirement under the *Long-Term Care Homes Act, 2007* before the coming into force of this section.

(3) Despite subsection (1), the Director may not make an order under section 156 of the Act with respect to a failure to comply with a requirement under the *Long-Term Care Homes Act, 2007* before the coming into force of this section, if an order had already been made under section 155 of the *Long-Term Care Homes Act, 2007* in respect of the same failure to comply.

(4) Despite anything else in the Act, where a licence has been deemed to be replaced under section 199 of the Act, the Director may make an order under section 159 of the Act with respect to the licence,

- (a) for any reason provided for in section 159 with respect to matters that occurred before the coming into force of this section, including, for greater certainty, a failure to comply with a requirement under the *Long-Term Care Homes Act, 2007*; and
- (b) for any reason for which the licensee’s licence or approval, as the case may be, could have been revoked under the *Long-Term Care Homes Act, 2007*.

(5) Where, immediately before the day this section came into force, there was a direction in effect under subsection 50 (1) of the *Long-Term Care Homes Act, 2007* for the placement co-ordinator to cease authorizing admissions to a home, the placement co-coordinator is required to continue to comply with the direction and the direction continues to be in effect until it is complied with or is no longer necessary as determined by the Director.

(6) Where, immediately before the day this section came into force, the Director had control of and was operating and managing a municipal home or joint home under section 136 or 137 of the *Long-Term Care Homes Act, 2007*, the Director shall cease occupying that home no later than one year from the date of occupation.

(7) When deciding whether to take control of a municipal home or joint home under section 140 or 141 of the Act, the Director may consider the licensee's failure to comply with requirements in the *Long-Term Care Homes Act, 2007*, the regulations under that Act and a service agreement required under that Act that arose before this section came into force.

(8) On the day this section comes into force, a long-term care home that has been inspected at least once in the 2022 calendar year under the *Long-Term Care Homes Act, 2007* is deemed to have met the inspection requirement under section 146 of the *Fixing Long-Term Care Act, 2021* in respect of the 2022 calendar year.

PART XI

ADMINISTRATION, MISCELLANEOUS

SERVICE AND NOTICE

Service and notice

354. (1) Where, under the Act or this Regulation, any document is to be served by the Minister, the Director, an inspector or other employee of the Ministry, it is sufficiently served if it is,

- (a) served personally;
- (b) sent by registered mail addressed to the person who is to be served, at the last address for the person appearing on the records of the Ministry;
- (c) sent by email to the last email address for the person appearing on the records of the Ministry; or
- (d) sent by commercial courier to the person who is to be served, at the last address for the person appearing on the records of the Ministry.

(2) Where, under the Act or this Regulation, a notice or a copy of a report, a decision or anything similar is to be given by the Minister, the Director, an inspector or other employee of the Ministry, or by a person acting under section 140 of the Act, it may be served as provided for in subsection (1).

(3) For the purposes of clause (1) (a), a document may be served personally in accordance with the following:

- 1. Where service is on an individual, by delivering a copy of the document personally to the individual.
- 2. Where service is on a sole proprietorship, by delivering a copy of the document personally to the sole proprietor or to a person apparently authorized to accept the delivery in an office of the sole proprietor.

3. Where service is on a partnership, by delivering a copy of the document personally to a partner or to a person apparently authorized to accept the delivery in an office of the partnership.
4. Where service is on a corporation other than a municipality, board of management, local health integration network or the Agency, by delivering a copy of the document personally to an officer of the corporation or to a person apparently authorized to accept the delivery in an office of the corporation.
5. Where service is on a municipality, by delivering a copy of the document personally to the mayor, warden, reeve or other chief officer of the municipality, to the clerk of the municipality or to a person apparently authorized to accept the delivery in the head office of the municipality.
6. Where service is on a board of management, by delivering a copy of the document personally to the chair of the board.
7. Where service is on a local health integration network, by delivering a copy of the document personally to the chief executive officer of the local health integration network, to an officer of the local health integration network, or to a person apparently authorized to accept the delivery in the head office of the local health integration network.
8. Where service is on the Agency, by delivering a copy of the document personally to the chief executive officer of the Agency, to an officer of the Agency, or to a person apparently authorized to accept the delivery in the head office of the Agency.

(4) A person effecting personal service under subsection (3) need not provide the original document or have it in their possession.

(5) In addition to the other methods of service provided for in this section, service under sections 107, 155, 156, 157, 159 and subsection 169 (6) of the Act or delivery of a copy of a report or notice under section 140 or 141 of the Act may be effected by delivering a copy of the order, notice or report personally to the Administrator or to a person apparently in charge of the long-term care home that is the subject of the order, decision, report or notice.

(6) Where, under the Act or this Regulation, any document is to be served on the Director, it is sufficiently served if it is,

- (a) served personally on the Director who is to be served;
- (b) sent by registered mail to the address of the Director who is to be served;

(c) sent by email to the email address provided by the office of the Director who is to be served; or

(d) served by any other method authorized by the Director.

(7) Where, under the Act or this Regulation, a notice or a copy of a report or anything similar is to be given to the Director, it shall be served as provided for in subsection (6).

(8) Where, under the Act or this Regulation, anything is to be served on or notice is to be provided to the Minister, it is sufficiently served or provided if it is served on the Director as provided for in subsection (6).

(9) For the purposes of clause (6) (a), a document may be served personally by delivering a copy to the Director or to a person apparently authorized to accept the delivery in the Director's office.

(10) Despite subsection (6), a request for review under subsection 169 (2) of the Act shall be served in the manner provided for in the order that is to be reviewed.

(11) If service is made by registered mail, the service is deemed to be made on the fifth day after the day of mailing.

(12) If service is made by email, the service is deemed to be made on the following day, if the document was served after 4 p.m.

(13) If service is made by commercial courier, the service is deemed to be made on the second business day after the commercial courier received the document.

NOTICE OF INDIRECT COLLECTION

Notice of indirect collection

355. Where the Director provides the licensee of a home with a notice of indirect collection containing the information described in subsection 39 (2) of the *Freedom of Information and Protection of Privacy Act*, the licensee shall post the notice in a conspicuous place in the home where it is likely to come to the attention of the staff.

DISCLOSURE OF PERSONAL INFORMATION

Disclosure related to other Acts

356. Where the Minister or Director is of the opinion that it is advisable to do so, the Minister or Director shall disclose personal information about an individual,

(a) to a College within the meaning of the *Regulated Health Professions Act, 1991* for the purpose of the administration or enforcement of the *Drug and Pharmacies Regulation*

Act, the Regulated Health Professions Act, 1991 or an Act named in Schedule 1 to that Act; and

- (b) to the Ontario College of Social Workers and Social Service Workers for the purpose of the administration or enforcement of the *Social Work and Social Service Work Act, 1998*.

CONSTRUCTION, RENOVATION, ETC., OF HOMES

Construction, renovation, etc., of homes

357. (1) A licensee of a long-term care home shall not commence operation of the home under a new licence or approval until the Director has approved the home and its equipment.

(2) A licensee shall not allow alterations, additions, renovations, maintenance or repairs to be made to the home or its equipment that do not maintain or improve upon the functional aspects of the home or equipment.

(3) A licensee may not commence any of the following work without first receiving the approval of the Director:

1. Alterations, additions or renovations to the home.
2. Other work on the home or work on its equipment, if doing the work may significantly disturb or significantly inconvenience residents.

(4) A licensee who is applying for the Director's approval under subsection (3) shall provide the Director with,

- (a) plans or specifications relating to the work to be done; and
- (b) a work plan describing how the work will be carried out, including how residents will be affected and what steps will be taken to address any adverse effects on residents.

(5) A licensee who has received the Director's approval under subsection (3) shall ensure that the work is carried out in accordance with the plan or specifications and work plan provided under subsection (4).

(6) The Director may make it a condition of an approval under subsection (3) that the licensee obtain the Director's further approval before beginning to use any addition to the home or any part of the home on which work was done.

CLOSURE OF BEDS

Closure of beds

358. (1) A licensee of a long-term care home shall give notice when one or more beds in the home are to be closed,

- (a) with the written permission of the Director under subsection 107 (3) of the Act for the beds not to be available for occupancy;
- (b) because the beds are being transferred to another location under section 108 of the Act; or
- (c) because the term of the licence for those beds is due to expire.

(2) Notice is not required under this section with respect to,

- (a) beds that need to be closed suddenly because of an event that could not have reasonably been predicted by the licensee;
- (b) beds under a temporary licence under clause 114 (1) (b) of the Act with a term of 16 weeks or less;
- (c) beds under a temporary emergency licence under clause 115 (1) (b) of the Act; or
- (d) beds that are being closed because the home is being closed.

(3) A notice under this section must be given to,

- (a) the resident occupying the bed, their substitute decision-maker, if any, and any other person either of them may direct;
- (b) the appropriate placement co-ordinator; and
- (c) the Director.

(4) Subject to subsection (5), a notice under this section given to a person referred to in clause (3) (a) must state,

- (a) that the licensee intends to close the bed; and
- (b) that the resident may be subject to discharge if they are still occupying the bed at the time it closes.

(5) The notice shall not contain the information provided for in clause (4) (b) if, because of when the notice is given, the resident cannot be discharged under section 159.

(6) A notice under this section must be given at least 16 weeks before the bed is to be closed.

(7) The Director may agree to a shorter notice period than the one required under subsection (6), or to dispensing with notice.

Transfer, closed beds

359. (1) This section applies with respect to a transfer to a bed that is to be closed in a long-term care home,

(a) if notice was required under section 358 and given or dispensed with; or

(b) if clause 358 (2) (b) or (c) applies.

(2) Before a resident is transferred into the bed, the licensee shall give notice to the resident, and to their substitute decision-maker, if any, and any other person either of them may direct.

(3) A notice under subsection (2) must state,

(a) that the licensee intends to close the bed; and

(b) that the resident may be subject to discharge if they are still occupying the bed at the time it closes.

(4) The resident may refuse to be transferred into the bed.

CLOSURE OF HOMES

Closure of a home, notice to Director

360. (1) A licensee of a long-term care home shall not close the home without giving notice as provided for in this section.

(2) This section does not apply,

(a) if the licence is revoked; or

(b) if the licence is a temporary emergency licence under clause 115 (1) (a) of the Act.

(3) A licensee who intends to close a home shall give the Director written notice of the intended closure.

- (4) The notice must,
- (a) set out the date of the intended closure; and
 - (b) be given to the Director at least,
 - (i) five years before the date of the intended closure,
 - (ii) in the case of a temporary licence under clause 114 (1) (a) of the Act, three years before the intended closure date, or
 - (iii) in the case of a closure of a home upon the expiry of the licence for the home, before the date provided for in the policy made under subsection 106 (1) of the Act.
- (5) The licensee may withdraw the notice with the written consent of the Director.
- (6) The licensee may change the closure date with the written consent of the Director.
- (7) The licence or approval for the home is deemed to be surrendered on the closure date.
- (8) A notice under section 308 of Ontario Regulation 79/10 (General) made under the *Long-Term Care Homes Act, 2007* that was given before this section came into force is deemed to be notice under this section.

Closure of home, notice to residents and applicants

361. (1) The licensee of a home that is to be closed shall give notice of the closure to every resident of the home, to their substitute decision-maker, if any, and to any other person either of them may direct.

- (2) This section does not apply,
- (a) if the licence is revoked; or
 - (b) if the licence is a temporary emergency licence under clause 115 (1) (a) of the Act.

(3) A notice under subsection (1) must be given at least 16 weeks before the home is to be closed, except in the case of a temporary licence under clause 114 (1) (a) of the Act with a term of less than 16 weeks, in which case the notice must be given within the time provided for in the temporary licence.

Closure plans and closure agreements

362. (1) This section applies when a home is closed, except,

- (a) when a licence is revoked under section 159 of the Act; and
- (b) in the case of a temporary emergency licence under clause 115 (1) (a) of the Act.

(2) The licensee shall, in consultation with the Director, the appropriate placement co-ordinator and the Agency, develop a closure plan for the home that the Director determines is sufficient to adequately provide for,

- (a) the relocation of the residents;
- (b) the closure of the home; and
- (c) the satisfaction of the requirements the licensee is required to meet with regard to the home.

(3) The closure plan must be given to the Director,

- (a) at least 14 months before the closure date; or
- (b) in the case of a temporary licence under clause 114 (1) (a) of the Act that is revoked under paragraph 1 of subsection 114 (2) of the Act, on or before the date set out in the revocation order.

(4) The licensee shall comply with the closure plan.

(5) The licensee shall enter into a closure agreement with the Director providing for requirements the licensee must meet at or around the time the home closes and after.

(6) The licensee shall enter into the closure agreement,

- (a) at least six months before the closure date; or
- (b) in the case of a temporary licence under clause 114 (1) (a) of the Act that is revoked under paragraph 1 of subsection 114 (2) of the Act, on or before the date set out in the revocation order.

Shorter notice periods and deadlines

363. (1) Where, under section 360, 361 or 362, a licensee is required to give notice by a certain date, or submit a closure plan or enter into a closure agreement by a certain date, the Director may agree to a shorter notice period or to a plan being submitted or an agreement entered into by a later date.

(2) Without limiting the generality of subsection (1), a temporary licence under clause 114 (1) (a) of the Act may provide for a shorter notice period or to a plan being submitted or an agreement entered into by a later date.

Closure of home under temporary emergency licence

364. (1) This section applies to a licensee of a home with a temporary emergency licence under clause 115 (1) (a) of the Act.

(2) The licensee shall not close the home except as provided for in the licence or as agreed to by the Director.

(3) Subsection (2) does not apply if the licence is revoked.

(4) The licensee shall co-operate with the Director, the appropriate placement co-ordinator and the Agency with respect to closing the home and relocating its residents.

Special rules re Part IX homes

365. The following additional rules apply respecting the closing of homes established under Part IX of the Act:

1. A southern municipality shall not close a home that it is required to maintain under section 122 of the Act.
2. The notice of closure under section 360 for a home maintained under section 128 of the Act shall include certified copies of by-laws agreeing to the closure passed by a majority of municipalities in the territorial district.

Extension until all residents relocated

366. (1) If a long-term care home is being closed but not all residents have been relocated by the closure date, the Director may extend the term of any licence for the home, subject to such conditions as the Director may stipulate, until all residents have been relocated.

(2) Part VIII of the Act does not apply with respect to an extension under subsection (1).

FEES

Fees

367. (1) Fees are payable to the Director for each of the following:

1. The transfer of a licence or beds under a licence under section 108 of the Act.
2. The approval of the gaining of a controlling interest in a licensee under section 112 of the Act.

3. The approval of a management contract under section 113 of the Act, including the approval of a material amendment to a management contract under subsection 113 (6) of the Act.
4. The amendment of a licence under section 116 of the Act.

(2) The fee under this section is payable at the time application is made to the Director for the transfer, approval or amendment.

(3) The fee is not refundable if the Director's approval is not given.

(4) Subject to subsections (5) to (7), the total fee shall be determined by adding each of the following amounts payable:

1. An amount of \$750 for processing the application.
2. An amount of \$750 for making a determination or decision if required under section 99 of the Act.
3. An amount of \$750 for taking anything into account under clause 100 (1) (a) of the Act if the transfer, approval or amendment is subject to any restriction under section 100 of the Act.
4. An amount of \$750 for taking anything into account under clause 100 (1) (b) of the Act if the transfer, approval or amendment is subject to any restriction under section 100 of the Act.
5. An amount of \$1,500 if the transfer, approval or amendment is subject to section 101 of the Act.
6. An amount of \$1,800 for each public meeting that is required if public consultation is required under clause 109 (1) (c) or (d) of the Act.
7. An amount of \$75 per licence for each licence to be issued, reissued or amended.
8. An amount of \$3,000 for each pre-sale inspection that the Ministry conducts at the applicant's request.
9. An amount of \$750 for reviewing a management contract if the application is for the approval of the management contract.
10. An amount of \$750 for reviewing an amendment of a licence if the application is for the amendment of a licence.

(5) The Director may reduce a fee if an amount was included in the fee for something that was not done.

(6) The fee for the amendment of a licence shall be reduced by 50 per cent if the only change is a change in the name of the licensee or the long-term care home.

(7) The Director may reduce a fee if, because of the following circumstances listed below, the fee would otherwise be excessive in relation to what is required to process the application or applications:

1. Amounts were included in the fee under paragraph 3 of subsection (4) more than once in respect of the application of clause 100 (1) (a) of the Act to the same person under one application or under two or more applications made at or around the same time.
2. Amounts were included in the fee under paragraph 4 of subsection (4) more than once in respect of the application of clause 100 (1) (b) of the Act to the same person under one application or under two or more applications made at or around the same time.
3. An amount was included in the fee under paragraph 3 or 4 of subsection (4) in respect of the application of clause 100 (1) (a) or (b) of the Act and the application of the clause was, as a result of the particular circumstances involved, very simple.
4. Amounts were included in the fee under paragraph 5 of subsection (4) more than once in respect of the application of section 101 of the Act to the same person under one application or under two or more applications made at or around the same time.

(8) For the purposes of this section,

“application” includes a request for approval of a proposed transfer under subsection 108 (4) of the Act.

Fees for audits and financial reviews

368. (1) The Director may require a licensee to pay a fee, in an amount that the Director determines to be reasonable considering all the circumstances, where,

- (a) an inspector has, under clause 150 (1) (i) of the Act, called upon an expert who is not an employee of the Ministry to conduct an audit or a financial review; and
- (b) the audit or review was necessary because of a failure on the part of the licensee to comply with a requirement under the Act, or the audit or review revealed a failure to comply with a requirement under the Act.

(2) The fee under subsection (1) shall not exceed the costs incurred by the Ministry in retaining the expert.

EXEMPTIONS

Exemptions, certain homes

369. (1) Subject to subsection (2), the long-term care homes set out in the Table to this section are exempt from Part IV of the Act.

(2) Clause 51 (11) (d) and sections 52 and 56 of the Act apply to the long-term care homes set out in the Table to this section, except that references to the placement co-ordinator shall be read as references to the licensee of the home.

TABLE

Item	Long-Term Care Home
1.	Iroquois Lodge Nursing Home, Ohswegen
2.	Wikwemikong Nursing Home, Wikwemikong
3.	Akwesasne Adult Care Centre, Cornwall
4.	Oneida Nation of the Thames Long-Term Care Home, Southwold

Exemptions, homes with EldCap beds

370. (1) In this section,

“home with EldCap beds” means one of the following homes:

- (a) Atikokan General Hospital (Atikokan),
- (b) Bignucolo Residence (The) (Chapleau),
- (c) Emo Health Centre (Emo),
- (d) Espanola Nursing Home (Espanola),
- (e) Geraldton District Hospital (Geraldton),
- (f) North Shore Health Network — Eldcap Unit (Blind River),
- (g) Hornepayne Community Hospital (Hornepayne),
- (h) Lady Dunn Health Centre (Wawa),
- (i) Lakeland Long Term Care (Parry Sound),
- (j) Santé Manitouwadge Health (Manitouwadge),
- (k) Nipigon District Memorial Hospital (Nipigon),

- (l) Rainy River Health Centre (Rainy River),
- (m) Rosedale Centre (Matheson),
- (n) Smooth Rock Falls Hospital (Smooth Rock Falls),
- (o) William A. “Bill” George Extended Care Facility (Sioux Lookout); (“foyer ayant des lits du programme EldCap”)

“hospital” means,

- (a) the Sioux Lookout Meno Ya Win Health Centre in the case of the home with EldCap beds within the meaning of clause (o) of the definition of “home with EldCap beds” in this subsection,
- (b) the hospital site where the EldCap beds are located, in the case of homes with EldCap beds within the meaning of clauses (a), (b), (c), (e), (g), (h), (j), (k), (l), (m) and (n) of the definition of “home with EldCap beds” in this subsection. (“hôpital”)

(2) The following apply with respect to homes with EldCap beds within the meaning of clauses (a), (b), (c), (e), (g), (h), (j), (k), (l), (m), (n) and (o) of the definition of “home with EldCap beds” in subsection (1):

- 1. The licensee is exempt from sections 4, 20 and 78, clause 95 (a) and section 96 of the Act.
- 2. The licensee is exempt from subsections 11 (3) and (4) of the Act, as long as a registered nurse is on duty and present anywhere on the site, including the hospital.
- 3. The references in section 110, subsection 111 (3) and section 113 of the Act and sections 323 and 325 of this Regulation to “long-term care home” or “home” shall be read as references to parts of the hospital site that are used only by or for residents of the long-term care home.
- 4. The licensee is exempt from the following provisions of this Regulation:
 - i. clauses 20 (c) and (e),
 - ii. section 21,
 - iii. subsection 70 (2),
 - iv. subsection 72 (2),

- v. section 73,
 - vi. subsection 78 (5),
 - vii. section 81,
 - viii. section 82,
 - ix. section 83,
 - x. subsection 91 (4),
 - xi. subsection 98 (2),
 - xii. section 252,
 - xiii. section 289,
 - xiv. clauses 313 (a), (b) and (h).
5. The licensee is exempt from section 314, except as it applies to clauses 313 (c), (d), (e), (f) and (g).
 6. The licensee is exempt from the requirement that physiotherapy services be on site under clause 65 (a).
 7. The licensee is exempt from the requirements in subsection 66 (1) unless therapy services are provided in the home or the hospital.
 8. The licensee is exempt from section 67 if the therapy services are not provided in the home or the hospital.
 9. The licensee may meet the requirements or measures provided for in the following provisions through the hospital:
 - i. sections 76 and 77, subsections 78 (1), (2), (3), (4), (6) and (7), sections 79, 80, 92, 93, 94, 95, 96 and 97,
 - ii. sections 123, 124, 125, 141 and 148.
 10. The licensee is exempt from subsection 250 (1), but must have an Administrator who is either a member of staff of the licensee or the hospital and who is on duty anywhere on the site, including the hospital.

11. The licensee is exempt from subsection 250 (3) as long as the Administrator meets one of the requirements set out in that subsection.
12. In meeting the requirements of sections 269 and 270, the licensee may use the emergency plan of the hospital.
13. The licensee is exempt from sections 271 and 272.
14. The licensee is exempt from section 279 as long as staff records are kept in the hospital and the records contain all the information required under that section and are accessible to an inspector.
15. The licensee is exempt from section 280 as long as volunteer records are kept in the hospital and the records contain all the information required under that section and are accessible to an inspector.
16. The licensee is exempt from section 281 as long as records about the members of the licensee's board of directors, its board of management or committee of management or other governing structure are kept in the hospital and the records contain all the information required under that section and are accessible to an inspector.
17. The licensee is exempt from section 282 as long as the records are kept by the hospital and the records are kept for the period set out in section 283.
18. The licensee is exempt from subsection 357 (2) except that provision shall apply to alterations, additions or renovations to the area or equipment that is used only by or for residents of the long-term care home.
19. The licensee is exempt from subsection 357 (3) except that,
 - i. subject to subparagraph ii, paragraphs 1 and 2 of that subsection apply to the area or equipment that is used only by or for residents of the home,
 - ii. the approval of the Director is also required before the licensee commences any alterations, additions, renovations, maintenance or repairs to any part of the hospital if doing the work may significantly disturb or significantly inconvenience residents of the home.
20. For greater certainty, the closure of all the EldCap beds is the closure of the home for the purposes of sections 358 to 364.

(3) The following apply with respect to homes with EldCap beds within the meaning of clauses (a), (b), (c), (e), (g), (h), (j), (k), (l), (m) and (n) of the definition of “home with EldCap beds” in subsection (1):

1. The licensee is exempt from the following provisions of this Regulation:
 - i. subparagraph 1 ii of subsection 12 (1),
 - ii. paragraph 3 of subsection 12 (1),
 - iii. section 13.
2. The licensee is exempt from subparagraph 1 iii of subsection 12 (1) except that the doors shall be equipped with an audible door alarm system.
3. The licensee is exempt from subsection 23 (5) if there is a cooling area, that meets the requirements under that subsection, in the hospital and the cooling area is used for the residents of the home.
4. The licensee may meet the requirements or measures provided for in sections 138 and 139 through the hospital.

(4) The following apply with respect to homes with EldCap beds within the meaning of clauses (d), (f) and (i) of the definition of “home with EldCap beds” in subsection (1):

1. The licensee is exempt from clause 95 (a) and section 96 of the Act.
2. The licensee is exempt from the following sections of the Act, subject to the following conditions,
 - i. the licensee is exempt from section 4 if it relies on the mission statement of the adjoining long-term care home,
 - ii. the licensee is exempt from section 20 if its organized volunteer program is part of the organized volunteer program of the adjoining long-term care home,
 - iii. the licensee is exempt from section 42 if its continuous quality improvement initiative is part of the initiative of the adjoining long-term care home.
3. The licensee is exempt from the following provisions of this Regulation, subject to the following conditions:
 - i. the licensee is exempt from the requirements in section 22 if the adjoining long-term care home meets the requirements under section 22 that apply to

the adjoining long-term care home and the generator can maintain everything required under clauses 22 (1) (a), (b) and (c) with respect to the licensee's home,

- ii. the licensee is exempt from subsection 23 (5) if there is a cooling area that meets the requirements under that subsection in the adjoining long-term care home and the cooling area is used for the residents of the licensee's home,
 - iii. the licensee is exempt from the requirements under section 34 if it relies on the measures that are in place in the adjoining long-term care home and those measures meet the requirements under section 34,
 - iv. the licensee is exempt from the requirement that physiotherapy services be on site under clause 65 (a) if the services are on site in the adjoining long-term care home,
 - v. the licensee is exempt from the requirement under subsection 66 (1) if the therapy services are provided on site in the adjoining long-term care home,
 - vi. the licensee is exempt from the requirements under sections 70, 72, 98 and 101 if the designated lead for the adjoining long-term care home is the designated lead with respect to the licensee's home and the lead meets the requirements under the relevant section.
4. The licensee is exempt from section 289 and clauses 313 (a), (b) and (h).
5. The licensee is exempt from section 314, except as it applies to clauses 313 (c), (d), (e), (f) and (g).
6. The licensee may meet the requirements or measures provided for in the following provisions of this Regulation through the adjoining long-term care home:
- i. sections 71, 76, 77, 78, 79, 80, subsection 81 (1), sections 82, 83 and 84, subsections 91 (2), (3) and (4) and sections 92, 93, 94, 95, 96 and 100,
 - ii. sections 123, 124, 125, 128, 130, 138, 139, 141, 145, subsection 147 (3) and section 148,
 - iii. sections 258, 259, 260, 261 and 262,
 - iv. section 264.

7. The licensee may meet the requirements provided for in the following provisions of this Regulation if the measures required under those provisions are in place in the adjoining long-term care home and are used for the licensee's home:
 - i. sections 107, 108, 110, 111 and 112,
 - ii. sections 265 and 266.
8. In meeting the requirements of subsection 250 (1), the number of hours worked by the Administrator may be calculated based on the total number of EldCap beds and the number of beds in the adjoining home, and the Administrator may be on duty on site either in the home with the EldCap beds or the adjoining home.
9. In meeting the requirements of section 251, the number of hours worked by the Director of Nursing and Personal Care may be calculated based on the total number of EldCap beds and the number of beds in the adjoining long-term care home.
10. In meeting the requirements of Part III, the licensee may integrate its continuous quality improvement initiative with that of the adjoining long-term care home.
11. In meeting the requirements of sections 269 and 270, the licensee may integrate its emergency plan with that of the adjoining long-term care home.
12. The licensee is exempt from sections 271 and 272.
13. The licensee is exempt from the requirements of section 277 if resident records are retained in the adjoining long-term care home and meet the requirements of that section.
14. The licensee is exempt from section 279 if staff records are kept in the adjoining long-term care home and the records contain all the information required under that section.
15. The licensee is exempt from section 282 if the staff records are kept by the licensee of the adjoining long-term care home and the records are kept for the period set out in section 283.
16. The licensee may meet the requirements under section 287 through the measures that are in place in the adjoining long-term care home.

(5) The following apply with respect to homes with EldCap beds within the meaning of clauses (d) and (f) of the definition of "home with EldCap beds" in subsection (1):

1. The licensee is exempt from subsections 11 (3) and (4) of the Act, as long as a registered nurse is on duty and present anywhere on the site, including the site of the adjoining long-term care home.
2. The placement co-ordinator is exempt from subsection 182 (1) with respect to the EldCap beds and shall keep one waiting list for the EldCap beds and the beds in the adjoining long-term care home.

(6) The following apply with respect to homes with EldCap beds within the meaning of clause (i) of the definition of “home with EldCap beds” in subsection (1):

1. The licensee is exempt from subsection 11 (3) of the Act, as long as a registered nurse is on duty and present anywhere on the site, including the site of the adjoining long-term care home.
2. If there is a management contract under section 113 of the Act under which the licensee of the adjoining home manages the EldCap beds, the placement co-ordinator is exempt from subsection 182 (1) of this Regulation with respect to the EldCap beds and shall keep one waiting list for the EldCap beds and the beds in the adjoining long-term care home.

Exemptions, alternative settings

371. (1) The following apply to a place that has short-stay program beds but no long-stay program beds and that also has beds for people who are not long-term care home residents:

1. The licensee is exempt from sections 4, 20 and 42 and subsection 43 (4) of the Act.
2. The licensee is exempt from subsections 11 (3) and (4) of the Act, as long as a registered nurse is on duty and present anywhere at the place where the beds are located.
3. The licensee is exempt from sections 62 and 64 of the Act unless a resident of the home wishes to form a Residents’ Council.
4. The licensee is exempt from section 78 of the Act if there are fewer than 23 long-term care beds.
5. The licensee is exempt from clause 84 (2) (o) and clause 85 (3) (p) of the Act if there is no Residents’ Council at the place where the beds are located.
6. The licensee is exempt from the requirement in subsection 43 (1) of the Act to ensure that at least once in every year the survey mentioned in that subsection is taken, but shall ensure that an opportunity is provided to each resident and the resident’s family to complete the survey when the resident is being discharged from the home.

7. The licensee is exempt from the requirements in subsection 43 (5) of the Act unless there is a Residents' Council or Family Council in the home.
8. The references in section 110 subsection 111 (3) and section 113 of the Act and sections 323 and 325 of this Regulation to "long-term care home" or "home" shall be read as references to parts of the place that are used only by or for residents of the long-term care home.
9. The licensee is exempt from the following provisions of this Regulation:
 - i. subparagraph 1 ii of subsection 12 (1),
 - ii. paragraph 3 of subsection 12 (1),
 - iii. section 13,
 - iv. clause 14 (a),
 - v. clauses 20 (c) and (e),
 - vi. section 21,
 - vii. subsection 66 (1),
 - viii. subsection 70 (2),
 - ix. subsection 72 (2),
 - x. section 73,
 - xi. section 81,
 - xii. section 82,
 - xiv. subsection 98 (2).
10. The licensee is exempt from subparagraph 1 iii of subsection 12 (1) except that the doors shall be equipped with an audible door alarm system.
11. The licensee is exempt from section 19, except for the requirement to have a screen.
12. The licensee is exempt from the requirements in subsection 22 (1) if the licensee has guaranteed access to a generator for the home that can be operational within three

hours of a power outage and the generator can maintain everything required under clauses 22 (1) (a), (b) and (c).

13. The licensee is exempt from the requirement that physiotherapy services be on site under clause 65 (a).
14. The licensee is exempt from section 67 if the therapy services are not provided at the place where the beds are located.
15. The licensee is exempt from clause 77 (1) (g) unless there is a Residents' Council for the home.
16. The licensee is exempt from subsection 250 (3) as long as the Administrator meets one of the requirements set out in that subsection.
17. The licensee is exempt from subsection 357 (2) except that provision shall apply to alterations, additions or renovations to the area or equipment that is used only by or for residents of the long-term care home.
18. The licensee is exempt from subsection 357 (3) except that,
 - i. subject to subparagraph ii, paragraphs 1 and 2 of that subsection apply to the area or equipment that is used only by or for residents of the long-term care home,
 - ii. the approval of the Director is also required before the licensee commences any alterations, additions, renovations, maintenance or repairs to any part of the place if doing the work may significantly disturb or significantly inconvenience residents of the home.
19. For greater certainty, the closure of all the long-term care beds is the closure of the home for the purposes of sections 358 to 364.

(2) Despite subsection 51 (7) of the Act, the licensee shall not approve for admission an applicant who requires the safety and security features from which the licensee is exempt under this section.

PART XII TRANSITION

Permission under predecessor Act relating to unavailable beds

372. A written permission of the Director referred to in subsection 104 (3) of the *Long-Term Care Homes Act, 2007* that was given before this section came into force is deemed to be permission referred to in subsection 107 (3) of the Act.

Requests for approval of transfers

373. If a request for approval of a proposed transfer was submitted under section 105 of the *Long-Term Care Homes Act, 2007* but not dealt with before the coming into force of this section, that request shall be dealt with as it would be dealt with under that Act.

Consultations, etc. under predecessor Act

374. Any consultation or determination under section 106 of the *Long-Term Care Homes Act, 2007* that occurred before this section came into force is deemed to be a consultation or determination under section 109 of the Act.

Security interests

375. Section 110 of the Act applies to anyone to whom section 107 of the *Long-Term Care Homes Act, 2007* applied immediately before this section came into force.

Notice of certain changes

376. (1) Subject to subsection (2), a licensee is only required to give a notification required under section 111 of the Act with respect to events that occur on or after the day this section comes into force.

(2) A licensee is required to give a notification required under section 111 of the Act with respect to an event that occurred before the day this section comes into force if the licensee was required to give notification with respect to the event under the *Long-Term Care Homes Act, 2007* but had not done so.

Approvals under predecessor Act relating to gaining controlling interest

377. An approval by the Director under section 109 of the *Long-Term Care Homes Act, 2007* that was given before this section came into force is deemed to be an approval under section 112 of the Act.

Approval of management contracts under predecessor Act

378. An approval by the Director under section 110 of the *Long-Term Care Homes Act, 2007* that was given before this section came into force is deemed to be an approval under section 113 of the Act.

Approvals under predecessor Act relating to municipal homes

379. An approval under section 120, 121, 123 or 124 of the *Long-Term Care Homes Act, 2007* given or deemed to have been given before this section came into force is deemed to be an approval under section 123, 124, 126 or 127 of the Act.

Records

380. Except as otherwise provided in this Regulation for particular records, the requirements, under the Act, to retain records apply, with necessary modifications, to records required under the *Long-Term Care Homes Act, 2007*.

SCHEDULE 1
THE BOARD OF MANAGEMENT FOR THE DISTRICT OF KENORA

The board of management for the District of Kenora shall consist of nine members and the areas they represent and the manner of their appointment shall be as follows:

1. Three members at large to be appointed by the Lieutenant Governor in Council.
2. Area 1, represented by three members to be appointed jointly by the municipal councils of,
 - i. the City of Kenora, and
 - ii. the Township of Sioux Narrows-Nestor Falls.
3. Area 2, represented by two members to be appointed jointly by the municipal councils of,
 - i. the City of Dryden,
 - ii. the Township of Machin,
 - iii. the Township of Ignace,
 - iv. the Municipality of Sioux Lookout, and
 - v. the Township of Pickle Lake.
4. Area 3, represented by one member to be appointed jointly by the municipal councils of,
 - i. the Township of Ear Falls, and
 - ii. the Municipality of Red Lake.

SCHEDULE 2
THE BOARD OF MANAGEMENT FOR THE DISTRICT OF MANITOULIN

The board of management for the District of Manitoulin shall consist of seven members and the areas they represent and the manner of their appointment shall be as follows:

1. Two members at large to be appointed by the Lieutenant Governor in Council.

2. Area 1, represented by two members to be appointed jointly by the municipal councils of,
 - i. the Town of Northeastern Manitoulin and The Islands, and
 - ii. the Township of Assiginack.
3. Area 2, represented by one member to be appointed jointly by the municipal councils of,
 - i. the Municipality of Central Manitoulin, and
 - ii. the Township of Tehkummah.
4. Area 3, represented by one member to be appointed jointly by the municipal councils of,
 - i. the Town of Gore Bay, and
 - ii. the Township of Billings.
5. Area 4, represented by one member to be appointed jointly by the municipal councils of,
 - i. the Municipality of Gordon/Barrie Island,
 - ii. the Township of Burpee and Mills, and
 - iii. the Township of Cockburn Island.

SCHEDULE 3

THE BOARD OF MANAGEMENT FOR THE DISTRICT OF NIPISSING EAST

The board of management for the District of Nipissing East shall consist of seven members and the areas they represent and the manner of their appointment shall be as follows:

1. Two members at large to be appointed by the Lieutenant Governor in Council.
2. Area 1, represented by three members to be appointed by the municipal council of the City of North Bay.
3. Area 2, represented by one member to be appointed jointly by the municipal councils of,

- i. the Town of Mattawa,
 - ii. the Township of South Algonguin,
 - iii. the Township of Calvin, and
 - iv. the Township of Papineau-Cameron.
- 4. Area 3, represented by one member to be appointed jointly by the municipal councils of,
 - i. the Township of Bonfield,
 - ii. the Township of Chisholm,
 - iii. the Township of East Ferris, and
 - iv. the Township of Mattawan.

SCHEDULE 4

THE BOARD OF MANAGEMENT FOR THE DISTRICT OF NIPISSING WEST

The board of management for the District of Nipissing West shall consist of seven members and the areas they represent and the manner of their appointment shall be as follows:

- 1. Two members at large to be appointed by the Lieutenant Governor in Council.
- 2. Area 1, represented by four members to be appointed by the municipal council of the Municipality of West Nipissing.
- 3. Area 2, represented by one member to be appointed by the municipal council of the Municipality of Temagami.

SCHEDULE 5

THE BOARD OF MANAGEMENT FOR THE DISTRICT OF PARRY SOUND EAST

The board of management for the District of Parry Sound East shall consist of seven members and the areas they represent and the manner of their appointment shall be as follows:

- 1. Two members at large to be appointed by the Lieutenant Governor in Council.
- 2. Area 1, represented by two members to be appointed jointly by the municipal councils of,
 - i. the Municipality of Powassan,

- ii. the Township of Nipissing, and
 - iii. the Municipality of Callander.
- 3. Area 2, represented by one member to be appointed jointly by the municipal councils of,
 - i. the Village of South River,
 - ii. the Village of Sundridge, and
 - iii. the Township of Machar.
- 4. Area 3, represented by one member to be appointed jointly by the municipal councils of,
 - i. the Municipality of Magnetawan,
 - ii. the Township of Joly,
 - iii. the Township of Strong, and
 - iv. the Village of Burk's Falls.
- 5. Area 4, represented by one member to be appointed jointly by the municipal councils of,
 - i. the Township of Armour,
 - ii. the Town of Kearney,
 - iii. the Township of Perry, and
 - iv. the Township of Ryerson.

SCHEDULE 6

THE BOARD OF MANAGEMENT FOR THE DISTRICT OF PARRY SOUND WEST

The board of management for the District of Parry Sound West shall consist of seven members and the areas they represent and the manner of their appointment shall be as follows:

- 1. Two members at large to be appointed by the Lieutenant Governor in Council.

2. Area 1, represented by two members to be appointed by the municipal council of the Town of Parry Sound.
3. Area 2, represented by one member to be appointed jointly by the municipal councils of,
 - i. the Township of The Archipelago,
 - ii. the Township of Carling, and
 - iii. the Municipality of McDougall.
4. Area 3, represented by one member to be appointed by the municipal council of the Township of Seguin.
5. Area 4, represented by one member to be appointed jointly by the municipal councils of,
 - i. the Municipality of Whitestone,
 - ii. the Township of McKellar, and
 - iii. the Township of McMurrich/Monteith.