

## **Notice of the Minister of Health and Long-Term Care**

### **NOTICE OF PROPOSED INITIAL DRAFT REGULATION**

#### ***Long-Term Care Homes Act, 2007***

The Minister of Health and Long-Term Care [Minister], on behalf of the Government of Ontario, invites public comments on the proposed initial draft Regulation to be made under the *Long-Term Care Homes Act, 2007* (LTCHA). Other proposed initial draft regulations will be posted at a later date.

The *Long-Term Care Homes Act, 2007* received Royal Assent on June 4, 2007 and is the cornerstone of the Ontario government's strategy to improve and strengthen care for residents in long-term care homes. The Act cannot be proclaimed into force until all of the regulations required to operationalize the Act are drafted, consulted on and finalized. When proclaimed into force, this Act would replace the three existing pieces of legislation governing long-term care homes: *Nursing Homes Act*, *Homes for the Aged and Rest Homes Act*, and *Charitable Institutions Act*. In addition, the Long-Term Care Homes Program Manual would cease to exist.

The *Long-Term Care Homes Act, 2007* sets out public consultation requirements related to the proposed initial draft regulation. These requirements include a minimum 30-day period for the public to comment, after which the Minister reports to the Lieutenant Governor in Council, who may then make the regulation with or without changes.

#### **Content of Proposed Initial Draft Regulation**

The proposed draft initial regulation addresses the following:

- Plans of care
- Key high risk areas of resident care (including skin and wound care, continence care and bowel management, falls prevention and management, responsive behaviours and pain management)
- Abuse and neglect
- Minimizing of restraining
- Admission of residents

- Infection prevention and control program

### **Invitation to Provide Comments on Proposed Initial Draft Regulation**

The proposed initial draft regulation sets out following this notice are provided in both English and French. The public is invited to provide written comments, in either language, on the proposed initial draft regulation over a 30-day period, commencing on May 5, 2009 and ending on June 5, 2009. All written comments and submissions received during the comment period will be considered during final preparation of this draft regulation. The content, structure and form of the draft regulation are subject to change as a result of the comment process, at the discretion of the Lieutenant Governor in Council, who has the final decision on the content of any regulation.

Comments may be sent electronically to [LTCHAProject@ontario.ca](mailto:LTCHAProject@ontario.ca) or they may be addressed to:

Ms. Colleen Sonnenberg

Ministry of Health and Long-Term Care

LTCHA Regulation Project

9<sup>th</sup> Floor, 56 Wellesley St. West

Toronto, ON, M7A 2J9

Information respecting the *Long-Term Care Homes Act, 2007*, the proposed initial draft Regulation, and electronic copies of this notice, including the text of the proposed initial draft regulation, may be accessed through the Ministry web-site at the following address:

[www.health.gov.on.ca/english/public/legislation/ltc\\_homes/ltc\\_homes.html](http://www.health.gov.on.ca/english/public/legislation/ltc_homes/ltc_homes.html)

The *Long-Term Care Homes Act, 2007* is available at [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca).

Please note that unless requested and agreed to otherwise by the Ministry, all materials or comments received from organizations in response to this notice will be considered public information and may be used and disclosed by the Ministry to assist in the evaluation and revision of the proposed initial draft regulation. This may involve disclosing the materials and comments, or summaries of them, to other interested parties during and after the 30-day public consultation period. **An individual who provides materials or comments and who indicates an affiliation with an organization will be considered to have submitted those comments or materials on behalf of the organization so identified.** Materials or comments received from individuals who do not indicate an affiliation with an organization will not be considered public information unless expressly stated otherwise by these individuals. However, materials or comments provided by such individuals may nevertheless be used and

disclosed by the Ministry to assist in evaluating and revising the proposed initial draft regulation. The personal information of individuals who do not specify an organizational affiliation, such as an individual's name and contact details, will not be disclosed by the Ministry without the individual's consent, unless required by law. If you have any questions about the collection of this information, please contact the Manager of the Access and Privacy Office, of the Ministry of Health and Long-Term Care at (416) 327-7040.

## **PROPOSED INITIAL DRAFT REGULATION**

Made under the

### **LONG-TERM CARE HOMES ACT, 2007**

#### **Content of Proposed Initial Draft Regulation**

## **PART I**

### **INTERPRETATION**

#### **Section 1 - Definitions**

Section 1 would define a number of terms in the proposed initial draft regulation, including,

“appropriate placement co-ordinator” means the appropriate placement co-ordinator as defined in subsection 44 (2) of the Act;

“comprehensive plan of care” means the plan of care referred to in subsection 6 (1) of the Act;

“Continuum of Care Facilities Table” means the table published by the Ministry that is titled “Continuum of Care Facilities Table” and that is dated May, 1996

“long-stay program” means a program which is not a short-stay program;

“long-stay resident” means a resident who is not a short-stay resident;

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

“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;

“physical device” without restricting the generality of that term, includes a bed rail;

“responsive behaviours” means behaviours that often indicate,

(a) an unmet need in a person, whether physical, psychological, 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.

“short-stay program” means a program in which a person is admitted to a long-term care home for a definite number of days;

“short-stay resident” means a resident who has been admitted to a short-stay program.

## **Section 2 - Abuse**

Section 2 would define “abuse” for the purposes of subsection 2 (1) of the Act, including “emotional abuse”, “financial abuse”, “physical abuse”, “sexual abuse” and “verbal abuse”

## **Section 3 - Accommodation**

Section 3 would define “accommodation”, “basic accommodation” and “preferred accommodation” for the purposes of the Act and this proposed draft initial Regulation.

## **Section 4 - Neglect**

For the purposes of the Act and this proposed draft initial Regulation, section 4 would define “neglect” as meaning the failure to provide a resident with the care and assistance required for health, safety or well being, and includes inaction or a pattern of inaction that jeopardizes the health or safety of one or more residents.

## **Section 5 – Veteran**

Section 5 would define “veteran” as meaning a veteran as defined in subsection 2 (1) of the *War Veterans Allowance Act* (Canada) for the purposes of the Act and this proposed draft initial Regulation.

## **PART II RESIDENTS: RIGHTS, CARE AND SERVICES**

### **PLANS OF CARE**

#### **Section 6 - Initial plans of care**

An initial plan of care for each resident would be developed and communicated to direct care staff within 24 hours of each resident's admission to the home. The initial plan of care would identify any risks the resident may pose to self or others, the level of assistance required relating to activities of daily living, medications required, allergies, skin condition and diet orders.

#### **Section 7 - Comprehensive plan of care**

Assessments necessary to develop a comprehensive plan of care would be completed within the first 14 days of a resident's admission and the comprehensive plan of care would be developed within 21 days of admission. The comprehensive plan of care would include certain assessments, such as customary routines, cognition ability, communication abilities, vision, psychological well-being, behaviour patterns, physical functioning, continence, health conditions, skin condition, activity patterns, special treatments, safety risks, cultural, spiritual and religious preferences, dietary profile and nutritional status. The comprehensive plan of care would include the identity of all the persons who participated in the development of the plan and the dates on which they participated.

#### **Section 8 - Plan of care, transitional**

If there is a plan of care in place with respect to a resident before this proposed initial draft regulation comes into force, the resident would be reassessed and the plan of care would be revised within six months of the coming into force of section 6 of the Act, or when a revised plan is required under 6 (10) of the Act, whichever is earlier.

## **REQUIRED PROGRAMS**

#### **Section 9 – Required programs**

Interdisciplinary programs would be developed and implemented for falls prevention and management, skin and wound care, continence care and bowel management and pain management. Each program would include relevant written policies, procedures and protocols and would be developed, implemented, evaluated and updated using appropriate evidence-based practices or in accordance with prevailing practices. Each program would require the use of clinically appropriate assessment instruments and establish protocols for the referral of residents to specialized services. Programs would provide for methods to reduce risk and monitor

outcomes and would be evaluated annually by the licensee to identify changes required for improvement. The changes identified would be implemented.

### **Section 10 - Falls Prevention and Management**

This program would provide for screening protocols and assessment instruments as well as strategies to reduce or mitigate falls, including the monitoring of residents and the use of equipment, supplies, devices and assistive aids. Residents who fall would be assessed and when the condition or circumstances require, a post-fall assessment would be conducted using a clinically appropriate assessment instrument designed for falls. The equipment, supplies, devices and assistive aids would be readily available at the home at all times.

### **Section 11 - Skin and Wound care**

This program would provide for screening protocols and assessment instruments, strategies to maintain skin integrity and reduce and prevent skin breakdown and wounds, routine skin care and treatments. Routine skin care would include care of nails, feet and mouth as well as safe and effective techniques for care, repositioning and transferring residents. A resident at risk of altered skin integrity would receive an assessment by a member of the registered nursing staff within 24 hours of admission, upon return from hospital, and upon return from an absence of greater than 24 hours. A resident exhibiting skin breakdown, pressure ulcers, wounds, or skin tears would receive a skin assessment by a member of the registered nursing staff, immediate treatment and would be reassessed at least weekly, if clinically indicated. Residents dependent upon staff for repositioning would be repositioned every two hours or more frequently depending on their condition and tolerance of tissue load. However, residents would only be repositioned while asleep if clinically indicated.

### **Section 12 – Continence care and bowel management**

This program would include screening protocols and assessment instruments and treatments and interventions to promote continence, toileting programs, including protocols for bowel management and strategies to maximize residents' independence, comfort and dignity. Individualized plans for residents would be based on their assessments. Residents who use continence products would have sufficient changes to remain clean, dry and comfortable and there would be appropriate numbers and types of products available to do so. Continence products would be evaluated annually by residents, family members, substitute decision-makers and staff to determine residents' satisfaction and the evaluation would inform purchasing decisions.

### **Section 13 – Pain Management**

This program would be developed in consultation with the medical director and pharmacist. The program would include screening protocols and assessment instruments, strategies to manage pain including non-pharmacologic interventions, supplies, devices and equipment, and

comfort care measures. The program would have to take into consideration the needs of residents who are unable to communicate.

#### **Section 14 – Responsive Behaviours**

The needs of residents with responsive behaviours would be met by assessment and reassessment, identification of triggers for the behaviour and proactive measures to reduce risk, strategies and interventions designed to minimize or prevent the behaviours, resident monitoring and establishing protocols for the referral of residents to specialized resources. All approaches to care would be designed to meet the needs of residents with responsive behaviours and staff would be advised of the residents who require monitoring.

#### **Section 15 - Altercations**

The risk of altercations between residents would be reduced by identifying factors that could trigger the altercations and identifying and implementing interventions.

### **ABUSE AND NEGLECT**

#### **Section 16 – Policy to promote zero tolerance**

In addition to section 20 of the Act, the licensee's policy to promote zero tolerance would comply with the Act, contain procedures and interventions to assist and support residents who have been or have allegedly been abused or neglected and contain procedures and interventions to deal with staff members who have neglected or abused residents or have allegedly done so.

#### **Section 17 – Notification re incidents**

The resident's substitute decision-maker or any other person specified by the resident would be notified within 24 hours of any incident of abuse or neglect. These persons would also be notified of the results of any investigation relating to an incident of abuse or neglect immediately upon the completion of the investigation.

#### **Section 18 – Police notification**

The police would be notified immediately of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence.

#### **Section 19 – Evaluation**

Every incident of resident abuse or neglect would be analyzed promptly and an evaluation would be made at least annually to determine the effectiveness of the policy to promote zero

tolerance of abuse and neglect. Any changes required to prevent further occurrences would be implemented.

## **MINIMIZING OF RESTRAINING**

### **Section 20 – Restraining of residents – duties on licensee re written policy**

In addition to the provisions under section 29 of the Act, the licensee would be required to ensure that the written policy to minimize restraining of residents deals with the use of physical devices and the use of barriers, locks or other devices or controls. The policy would also deal with duties and responsibilities of the staff, restraining under the common law duty, types of restraints permitted, obtaining and documenting consent to the use of restraints or personal assistance services devices, alternatives to restraints, and evaluation of the use of restraining.

### **Section 21 - Requirements relating to restraining by physical devices**

Where a physician or registered nurse in the extended class has ordered the use of a physical device, requirements would ensure that staff only apply the device ordered and that application of the device was in accordance with any instructions specified by the person ordering the device and the manufacturer.

Staff who apply physical devices or who monitor residents restrained by physical devices would receive training in the application, use and potential dangers of these physical devices.

Residents being restrained by a physical device would be monitored at least every hour by registered staff or an authorized person. Residents would be released from the physical device and repositioned at least every two hours and at any other time based on the resident's condition and circumstances. The resident's condition and effectiveness of the restraining would be reassessed at least every eight hours.

A resident being restrained under the common law duty described in section 36 of the Act would be monitored on an ongoing basis, and the resident's condition would be reassessed at least every 15 minutes and at any other time based on the resident's condition or circumstances.

Every use of a physical device to restrain a resident would be documented in the resident's record, including circumstances precipitating the application, alternatives considered, who made the order, the device ordered, consent, assessments, monitoring, resident's response to the device, release of the device and repositioning, removal or discontinuance, and post-restraining safety measures.



## **Section 22 - Requirements relating to the use of personal assistance services devices (PASDs)**

As set out in section 33 of the LTCHA, “PASD” means personal assistance services devices, being a device used to assist a person with a routine activity of living.

Residents using a PASD to assist with a routine activity would be monitored at least every hour by registered staff or authorized person to ensure comfort and safety and determine whether the resident wants the PASD removed. The resident would be released from the PASD and repositioned at least once every two hours and at any other time based on the resident’s condition or circumstances. Staff would be trained in the application, use and potential dangers of PASDs.

## **Section 23 - Requirement relating to the use of barriers, locks, or other devices or controls**

Staff would be required to comply with instructions about the application of barriers, locks or other devices or controls provided by a physician, the Director of Nursing and Personal Care, a registered nurse in the extended class, or a registered nurse. Staff would apply the barriers, locks or other devices or controls according to manufacturers’ instructions.

## **Section 24 - Prohibited devices that limit movement**

Licensees would be prohibited from using the restraining devices listed in section 24 of the proposed draft initial regulation (for example, vest or jacket restraints).

## **Section 25 - Evaluation**

The use of restraining would be analyzed monthly and an annual evaluation would be completed to determine the effectiveness of the policy to minimize restraining and what changes and improvements are required to minimize restraining. Changes would be implemented promptly.

## **ABSENCES**

### **Section 26 - Absences**

**Long-stay absences:** When a long-stay resident returns from an absence (medical, casual, psychiatric or vacation) and has not exceeded the lengths of absences permitted, the resident would receive the same class of accommodation, the same room and the same bed in the room that the resident had before the absence. The permitted length of absences would be: medical absences - 30 days; psychiatric absences - 60 days; casual absences - 48 hours; and in the case of vacation absences - 21 days in a year.

**Short-stay absences:** When a short-stay resident returns from an absence (medical or casual) and has not exceeded the lengths of absences permitted, the resident would receive the same class of accommodation that the resident had before the absence. The permitted length of absences would be: medical absence - 14 days; casual absence - 48 hours.

**Authorized absences and notices:** Before a long-stay resident leaves for a medical absence or psychiatric absence and before a short-stay resident leaves for a medical absence, a physician or registered nurse in the extended class attending the resident would authorize the absence in writing, except in an emergency. Notice of the absence would be given to the resident’s substitute decision-maker and any other person the resident or substitute decision-maker designates. This notice would be given at least 24 hours before the resident leaves the home or as soon as possible.

### **PART III ADMISSION OF RESIDENTS**

#### **Section 27 – Definition**

“Applicant” would be defined as a person who applies to a placement co-ordinator for a determination of eligibility for admission to a long-term care home and includes that person once the determination is made.

#### **Section 28 – Ineligibility to be placement co-ordinator**

Every person or entity that is not a community care access corporation under the *Community Care Access Corporations Act, 2001* would be ineligible for designation as a placement co-ordinator.

#### **Section 29 – Information to be provided by placement co-ordinator**

The placement co-ordinator would be required to provide applicants with information about alternative services, a resident’s responsibility for payment of accommodation charges and the maximum amounts for these charges and homes that have a short waiting list or a vacancy.

### **ELIGIBILITY FOR ADMISSION**

#### **Section 30 – Criteria for eligibility, long-stay**

The section would provide that an applicant is eligible for admission as a long-stay resident only if:

- (a) the applicant is at least 18 years old
- (b) the applicant is an insured person under the *Health Insurance Act*
- (c) the applicant meets one of the following conditions:
  - the applicant requires that nursing care be available on-site 24 hours a day
  - the applicant requires, at frequent intervals throughout the day, assistance with activities of daily living
  - the applicant requires, at frequent intervals throughout the day, on-site supervision or on-site monitoring to ensure his or her safety or well-being
- (d) none of the publicly-funded community-based services and none of the other caregiving, support or companionship arrangements available to the applicant in his or her residence or in an area to which the applicant plans to move are sufficient to meet the applicant’s requirements, and
- (e) the applicant’s care requirements can be met in a long-term care home.

### **Section 31 – Same, short-stay admission, respite care and convalescent care programs**

Respite care program: An applicant would be determined eligible as a short-stay resident in this program if:

- the applicant's caregiver requires temporary relief from his or her caregiving duties or the applicant requires temporary care to continue to reside in the community and is likely to benefit from a short-stay in the home,
- it is anticipated that the applicant will be returning to his or her residence within 60 days after the admission, and
- the applicant meets the eligibility requirements in paragraphs (a), (b), (c) and (e) of section 30.

Convalescent care program: An applicant would be determined eligible as a short-stay resident in this program if:

- the applicant requires a period of time to recover strength, endurance or functioning and is likely to benefit from a short-stay in the home,
- it is anticipated that the applicant will be returning to his or her residence within 90 days after the admission, and
- the applicant meets the eligibility requirements in paragraphs (a), (b), (c) and (e) of section 30.

### **Section 32 – Same, spouse or partner**

An applicant would be eligible for admission as a long-stay resident if the applicant's spouse or partner is a long-stay resident or has been determined eligible as a long-stay resident. This applicant would have to meet the eligibility criteria in paragraphs (a), (b) and (e) of section 30 but would not have to meet the criteria for care requirements in (c) and (d).

An applicant who is eligible for admission under this section would only be placed in category 3B or 4B of the waiting list for admission to a home and would not be admitted to a home before the applicant's spouse or partner has been admitted.

### **Section 33 – Same, veterans**

An applicant who is a veteran would be determined eligible for admission as a long-stay resident if he or she is an insured person under the *Health Insurance Act*. A veteran would not have to meet any of the other eligibility requirements set out in section 30.

## APPLICATION FOR DETERMINATION OF ELIGIBILITY

### **Section 34 – Application for determination of eligibility**

This section would provide for the form, information and assessments that an applicant applying for determination of eligibility for admission must provide to the placement co-ordinator. The section also

sets out when the form is not required. The assessment of the applicant's functional capacity, requirements for personal care, current behaviour and behaviour during the past year may be made by a registered nurse, social worker, physiotherapist, occupational therapist or speech-language pathologist. Applicants from outside Ontario would be able to provide assessments that are made by professionals whose qualifications are equivalent to those in Ontario, if the placement co-ordinator is satisfied that the assessments are adequate. Placement co-ordinators would assist applicants in obtaining the information and documentation required under this section.

## APPLICATION FOR AUTHORIZATION OF ADMISSION

### **Section 35 – Application for authorization of admission**

This section would provide for the form, information and documentation that an applicant applying for authorization of admission must provide to the placement co-ordinator. Residents of homes that are redeveloping would be exempt from these requirements. Placement co-ordinators would assist applicants in obtaining the information and documentation required under this section.

## APPROVAL BY LICENSEE

### **Section 36 – Approval by licensee**

When an applicant applies for authorization of admission to a long-term care home, the appropriate placement co-ordinator would give assessments and other relevant information to the licensee of the home and request the licensee to give or withhold approval for the admission. The licensee would give the placement co-ordinator written notice of the approval of the applicant's admission within five business days after receiving the request. If the licensee does not approve the admission, the licensee would, within five business days after receiving the request, give the written notice required by subsection 44(9) of the Act to the persons mentioned in subsection 44(10) of the Act.

### **Section 37 – Limit on waiting lists**

The placement co-ordinator would not request a licensee to approve an applicant's admission under section 36 if there are already five homes that have approved or are considering the applicant's admission. A home that is not yet licensed or approved as a long-term care home under the Act does not count as one of the five homes. This section does not apply to an applicant who will be placed in category 1 (crisis category) on the waiting list for admission to the home.

### **Section 38 – Withdrawal of approval**

Before an applicant's admission is authorized, a licensee may withdraw approval of the admission if, as a result of a change in the applicant's condition, a ground set out in subsection 44(7) of the Act for withholding approval exists.

### **Section 39 – Exceptions**

Sections 36 and 38 would not apply in situations where the applicant is a resident in a home that is being redeveloped.

## KEEPING OF WAITING LIST

### **Section 40 – Keeping of waiting lists**

Each placement co-ordinator would keep a waiting list for admission to each long-term care home for which it is the appropriate placement co-ordinator. Separate waiting lists would be kept for each specialized unit in the home as referred to in subsection 39(3) of the Act. Waiting lists would also be kept for homes that will be licensed or approved within 16 weeks of the creation of the list. Appropriate placement co-ordinators would place persons on the relevant waiting list, rank persons for admission and remove persons from the list as required by sections 41 to 57.

### **Section 41 – Requirements to be placed on waiting list**

An applicant would be placed on the waiting list for a home only if the applicant:

- is determined eligible for admission,
- applies for authorization of admission to the home in accordance with this proposed draft initial Regulation,
- the licensee approves the applicant's admission to the home, and
- placing the applicant's name on the waiting list will not result in the applicant being placed on more than five waiting lists.

The maximum limit of five waiting lists would not apply to applicants who will be placed in category 1 (crisis category) on the waiting list.

### **Section 42 – Removal from waiting list**

This section would not apply to applicants who occupy a bed in a hospital, psychiatric facility or facility under the *Developmental Services Act*. Community-based applicants and those already resident in a long-term care home waiting to transfer to another long-term care home would have their names removed from all long-term care home waiting lists if the placement co-ordinator advises them that a bed is available in one of their selected long-term care homes and they refuse to consent to be admitted to the home, refuse to enter into an agreement mentioned in clause 59(1)(f), or fail to move into the home on or before the fifth day after being informed of the availability of accommodation.

A community-based applicant whose name is removed from waiting lists would be able to make a new application for determination of eligibility as a long-stay resident after 12 weeks or more has passed from the date the applicant's name was removed. The application could be made before the 12 week period if there has been a deterioration in the applicant's condition or circumstances. An applicant from another long-term care home whose name is removed from waiting lists would be able to make a new application for determination of eligibility as a long-stay resident at any time after the applicant's name was removed.

This section would not apply if a health condition, short-term illness or injury prevents the applicant from moving into the home or would make moving into the home detrimental to the applicant's health.

**Section 43 – Removal from waiting list – short-stay**

This section would provide that if an applicant for a short-stay program refuses to consent to admission after an offer of admission has been made or fails to move into the home on the day agreed to by the applicant, the placement co-ordinator may remove the person's name from waiting lists. An applicant whose name is removed from waiting lists would be able to make a new application for determination of eligibility as a short-stay resident at any time.

## PLACEMENT INTO CATEGORIES ON WAITING LIST

**Section 44 – Short-stay**

Applicants applying for authorization of admission as a short-stay resident in the respite care or convalescent care program would be placed in the short-stay category on the waiting list for the home if they meet the requirements of section 41. The waiting list categories described in sections 46 – 55 (long-stay) would not apply to these applicants.

**Section 45 – Application – long-stay**

The waiting list categories described in sections 46 to 55 would only apply to applicants who meet the requirements of section 41 and apply for authorization of admission as a long-stay resident.

**Section 46 – Crisis category**

An applicant would be placed in category 1 on the waiting list for admission to a long-term care home in any of the following circumstances:

1. the applicant requires immediate admission as a result of a crisis arising from the applicant's condition or circumstances,
2. the applicant occupies a bed in a hospital, psychiatric facility or facility under the *Developmental Services Act* and there will be no bed for the person in the hospital or facility within 12 weeks due to a permanent or temporary closure of beds in certain circumstances,
3. the applicant is a long-stay resident of another long-term care home and there will be no bed for the person in the home within 12 weeks due to a permanent or temporary closure of beds, or
4. the applicant occupies a bed in a hospital under the *Public Hospitals Act* and requires an alternate level of care and the hospital is experiencing severe capacity pressures that have been verified by the Local Health Integration Network.

**Section 47 – Spouse/partner reunification**

An applicant would be placed in category 2 on the waiting list if:

- the applicant does not meet the requirements for category 1,
- the applicant's spouse or partner is a long-stay resident of the home, and
- the applicant meets the eligibility criteria set out in section 30 including the criteria for care requirements.

### **Section 48 – Religious, ethnic or linguistic origin**

An applicant would be placed in category 3A or 3B on the waiting list if:

- the applicant does not meet the requirements for category 1 or 2,
- 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
- 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.

**Category 3A:** An applicant would be placed in category 3A if:

- 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*,
- the applicant occupies a bed in a hospital under the *Public Hospitals Act* and requires an alternate level of care, or
- the applicant is a long-stay resident who is seeking to transfer to the home as his or her first choice of home.

**Category 3B:** An applicant who does not meet the criteria to be placed in category 3A would be placed in category 3B.

### **Section 49 – Others**

An applicant would be placed in category 4A or 4B on the waiting list if the applicant does not meet the requirements for category 1, 2, 3A or 3B.

**Category 4A:** An applicant would be placed in category 4A on the waiting list if:

- 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*,
- the applicant occupies a bed in a hospital under the *Public Hospitals Act* and requires an alternate level of care, or
- the applicant is a long-stay resident who is seeking to transfer to the home as his or her first choice of home.

**Category 4B:** An applicant would be placed in category 4B if the applicant does not meet the criteria to be placed in category 4A.

### **Section 50 – Veteran category**

An applicant who is a veteran would be placed in the veteran category on the waiting list if the home contains veterans' priority access beds and the applicant has applied for authorization of admission to a veteran's priority access bed.

### **Section 51 – Exchange category**

An applicant would be placed in the exchange category on the waiting list if there is an agreement between the long-term care home to which the applicant seeks admission and at least one hospital, facility or program listed in the section and possibly one or more other hospitals, facilities, programs or homes, to exchange identified residents or patients.

This section would apply to applicants who occupy a bed in a long-term care home, hospital, psychiatric facility, facility or group home under the *Developmental Services Act* or who reside in a supportive housing program. The reference to a facility or group home under the *Developmental Services Act* would be replaced with a reference to specified residences under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*.

An applicant would also be placed in the exchange category if the placement co-ordinator becomes aware of an opportunity to exchange a resident of one home who seeks admission to a second home and a resident of the second home who seeks admission to the first home.

### **Section 52 – Re-admission category**

An applicant would be placed in the re-admission category on the waiting list of a home if he or she was a long-stay resident in the home but was discharged after a medical or psychiatric absence that exceeded the time permitted in regulation or was discharged due to an emergency in the home.

### **Section 53 - Related temporary long-term care home category**

### **Section 54 - Re-opened long-term care home category**

### **Section 55 - Replacement long-term care home category**

An applicant would be placed in the relevant category on the waiting list under section 53, 54 or 55 when a home is being redeveloped.

## **RANKING OF CATEGORIES**

### **Section 56 – Ranking of categories**

The categories on the waiting list would be ranked in the order of the rows set out in a column below each class of beds in Table 4. A category mentioned in a higher row ranks ahead of a category in a lower row.

## **RANKING WITHIN CATEGORIES**

### **Section 57 – Ranking within categories**

Applicants within a waiting list category would be ranked for admission based on the rules set out in Table 5. Additional applications for authorization of admission as a long-stay resident that are made within six weeks of an applicant's first application (whether the person is already admitted or not) would be treated as having been made at the time of the first application for the purposes of Table 5.



In cases where an applicant successfully appeals a determination of ineligibility, this section would establish the date of the original ineligibility finding as the application date for ranking purposes.

#### CHANGE OF CATEGORY

#### **Section 58 – Change of category**

A placement co-ordinator would place an applicant in a different category on the waiting list if the placement co-ordinator knows of a change in the condition or circumstances of the applicant or knows of a change in a home and if as a result of the change the applicant should be placed in a different category under sections 45 to 55.

#### AUTHORIZATION OF ADMISSION

#### **Section 59 – Authorization of Admission**

An applicant's admission to a home would only be authorized if the requirements under subsection 44(11) of the Act are met, the licensee has not withdrawn approval of the admission, the home has the available the class of accommodation for which the applicant is waiting, there is no one on the waiting list who ranks ahead of the applicant and the applicant agrees to move into the home within the time set out in the section. The section would also set out the classes of accommodation for which applicants may be recorded to be waiting and when an authorization of admission would be cancelled.

An applicant who does not move into the home immediately would have to pay the accommodation charges for the days set out in the section during which the bed is held for the applicant.

#### **Section 60 – Duty to inform placement co-ordinator of vacancies**

Every licensee would be required to inform the appropriate placement co-ordinator of available accommodation in the home within 24 hours after the accommodation becomes available.

#### **Section 61 – Short-stay authorization**

An applicant would only be authorized for a short-stay admission if the requirements of section 59 are met and the applicant applied for authorization of admission to a short-stay program.

#### **Section 62 – Reserving ahead**

This section would allow short-stays in the respite care program to be reserved in advance.

#### **Section 63 – Length of short-stay**

When authorizing admission for short-stay programs, the placement co-ordinator would indicate the length of stay being authorized. Authorizations to a respite care program would not be longer than 60 continuous days. Authorizations to a convalescent care program would not be longer than 90 continuous days. The maximum stay for each of the respite care program and the convalescent care program would be 90 days in a year.

## TRANSFER LIST

### **Section 64 – Transfer list**

Every licensee would keep a transfer list with the names of residents in the home who are requesting a transfer from preferred accommodation to basic accommodation in the home and those who are requesting a transfer from private accommodation to semi-private accommodation in the home. Names of residents would be placed on the transfer list when the request is received by the licensee. Residents would be ranked on the list by the date the request was received. Vacancies for basic accommodation would be filled on an alternating basis between residents on the transfer list and admissions authorized by the placement co-ordinator.

## REPORT UNDER OATH

### **Section 65 – Report under oath**

Licensees would be required to submit to the Director a yearly report under oath listing the names of all residents who were admitted to the home in the preceding calendar year with verification as to whether each admission was authorized by the appropriate placement co-ordinator.

## TABLE 4 – RANKING OF WAITING LIST CATEGORIES

This Table is referred to in section 56 and would provide for the ranking of waiting list categories for each class of beds.

## TABLE 5 – RULES FOR RANKING WITHIN CATEGORIES

This Table is referred to in section 57 and would provide the rules for ranking applicants within a waiting list category.

## TRANSITIONAL, ADMISSIONS

### **Section 66 – Transitional, admissions**

This section would set out the rules that apply when a person had applied for admission to a long-term care home under the current legislation (*Nursing Homes Act, Charitable Institutions Act, Homes for the Aged and Rest Homes Act*) and the person has not been admitted to the home before this Act comes into force.

## PART V OPERATION OF HOMES

### INFECTION PREVENTION AND CONTROL PROGRAM

### **Section 67 - Infection prevention and control program**

Every licensee would ensure that there is an interdisciplinary team approach in the co-ordination and implementation of the program and that the team meets regularly. The licensee would be required to designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices. All staff would participate in the implementation of the program. Daily monitoring, recording and analysis of the presence of infection in residents would be required. Licensees would be required to implement any surveillance protocol provided by the Ministry. The section includes provisions related to the availability of personal protective equipment, hand hygiene programs, training, pets, and immunization and screening measures.

## COMMENCEMENT

### **Section 68 – Commencement**

The proposed draft initial Regulation would come into force on the day that section 1 of the *Long-Term Care Homes Act, 2007* comes into force. Subsection 51 (3) would come into force on the later of the day that section 1 of the *Long-Term Care Homes Act, 2007* comes into force and the day that section 1 of the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* comes into force.

[Bilingual]

**DRAFT – FOR PUBLIC CONSULTATION ONLY****ONTARIO REGULATION**

made under the

**LONG-TERM CARE HOMES ACT, 2007****GENERAL**[Skip Table of Contents](#)**CONTENTS****PART I****INTERPRETATION**

- [1.](#) Definitions
- [2.](#) Abuse
- [3.](#) Accommodation
- [4.](#) “Neglect”
- [5.](#) “Veteran”

**PART II****RESIDENTS: RIGHTS, CARE AND SERVICES****PLANS OF CARE**

- [6.](#) Initial plans of care
- [7.](#) Comprehensive plan of care
- [8.](#) Plan of care, transitional

**REQUIRED PROGRAMS**

- [9.](#) Required programs
- [10.](#) Falls prevention and management
- [11.](#) Skin and wound care
- [12.](#) Continence care and bowel management
- [13.](#) Pain management
- [14.](#) Responsive behaviours
- [15.](#) Altercations

**ABUSE AND NEGLECT**

- [16.](#) Policy to promote zero tolerance
- [17.](#) Notification re incidents
- [18.](#) Police notification
- [19.](#) Evaluation

**MINIMIZING OF RESTRAINING**

- [20.](#) Restraining of residents -- duty on licensee re written policy
- [21.](#) Requirements relating to restraining by physical devices
- [22.](#) Requirements relating to the use of PASDS
- [23.](#) Requirements relating to the use of barriers, locks, or other devices or controls
- [24.](#) Prohibited devices that limit movement
- [25.](#) Evaluation

**ABSENCES**

- [26.](#) Absences

**PART III****ADMISSION OF RESIDENTS**

- [27.](#) Definition
- [28.](#) Ineligibility to be placement co-ordinator
- [29.](#) Information to be provided by placement co-ordinator

**ELIGIBILITY FOR ADMISSION**

<a href="#">30.</a>	Criteria for eligibility, long-stay	
<a href="#">31.</a>	Same, short-stay admission, respite care and convalescent care programs	
<a href="#">32.</a>	Same, spouse or partner	
<a href="#">33.</a>	Same, veterans	<a href="#">APPLICATION FOR DETERMINATION OF ELIGIBILITY</a>
<a href="#">34.</a>	Application for determination of eligibility	<a href="#">APPLICATION FOR AUTHORIZATION OF ADMISSION</a>
<a href="#">35.</a>	Application for authorization of admission	<a href="#">APPROVAL BY LICENSEE</a>
<a href="#">36.</a>	Approval by licensee	
<a href="#">37.</a>	Limit on waiting lists	
<a href="#">38.</a>	Withdrawal of approval	
<a href="#">39.</a>	Exceptions	<a href="#">KEEPING OF WAITING LIST</a>
<a href="#">40.</a>	Keeping of waiting lists	
<a href="#">41.</a>	Requirements to be placed on waiting list	
<a href="#">42.</a>	Removal from waiting list	
<a href="#">43.</a>	Removal from waiting list, short-stay	<a href="#">PLACEMENT INTO CATEGORIES ON WAITING LIST</a>
<a href="#">44.</a>	Short-stay	
<a href="#">45.</a>	Application — long-stay	
<a href="#">46.</a>	Crisis category	
<a href="#">47.</a>	Spouse/partner reunification	
<a href="#">48.</a>	Religious, ethnic or linguistic origin	
<a href="#">49.</a>	Others	
<a href="#">50.</a>	Veteran category	
<a href="#">51.</a>	Exchange category	
<a href="#">52.</a>	Re-admission category	
<a href="#">53.</a>	Related temporary long-term care home category	
<a href="#">54.</a>	Re-opened long-term care home category	
<a href="#">55.</a>	Replacement long-term care home category	<a href="#">RANKING OF CATEGORIES</a>
<a href="#">56.</a>	Ranking of categories	<a href="#">RANKING WITHIN CATEGORIES</a>
<a href="#">57.</a>	Ranking within categories	<a href="#">CHANGE OF CATEGORY</a>
<a href="#">58.</a>	Change of category	<a href="#">AUTHORIZATION OF ADMISSION</a>
<a href="#">59.</a>	Authorization of admission	
<a href="#">60.</a>	Duty to inform placement co-ordinator of vacancies	
<a href="#">61.</a>	Short-stay authorization	
<a href="#">62.</a>	Reserving ahead	
<a href="#">63.</a>	Length of short-stay	<a href="#">TRANSFER LIST</a>
<a href="#">64.</a>	Transfer list	<a href="#">REPORT UNDER OATH</a>
<a href="#">65.</a>	Report under oath	
<a href="#">Table 4</a>	Ranking of waiting list categories	
<a href="#">Table 5</a>	Rules for ranking within categories	<a href="#">TRANSITIONAL, ADMISSIONS</a>
<a href="#">66.</a>	Transitional, admissions	<b><a href="#">PART V</a></b> <b><a href="#">OPERATION OF HOMES</a></b> <b><a href="#">INFECTION PREVENTION AND CONTROL PROGRAM</a></b>
<a href="#">67.</a>	Infection prevention and control program	<a href="#">COMMENCEMENT</a>
<a href="#">68.</a>	Commencement	

## PART I INTERPRETATION

### Definitions

#### 1. In this Regulation,

“appropriate placement co-ordinator” means the appropriate placement co-ordinator as defined in subsection 44 (2) of the Act; (“coordonnateur des placements compétent”)

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

“comprehensive plan of care” means the plan of care referred to in subsection 6 (1) of the Act; (“programme de soins global”)

“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 Facilities 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 Facilities Table” means the table published by the Ministry that is titled “Continuum of Care Facilities Table” and that is dated May, 1996; (“tableau des établissements offrant un 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 Facilities Table; (“foyer de soins de longue durée offrant un continuum de soins”)

“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 is not a short-stay resident; (“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”)

“nursing care” means skilled nursing and other personal care given by or under the supervision of a registered nurse or a registered practical nurse; (“soins infirmiers”)

- “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; (“partenaire”)
- “physical device”, without restricting the generality of that term, includes a bed rail; (“appareil mécanique”)
- “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 raw food; (“hébergement individuel”)
- “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”)
- “registered dietitian” means a member of the College of Dietitians of Ontario who holds a general certificate of registration under the *Dietetics Act, 1991*; (“diététiste agréé”)
- “registered nursing staff” means those members of staff who are registered nurses including registered nurses in the extended class and registered practical nurses; (“personnel infirmier autorisé”)
- “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 physical, psychological, 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 raw food; (“hébergement 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”)

“vacation absence” means an absence of a resident from a long-term care home for a period exceeding forty-eight 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 veteran’s priority access bed under section 51 of the Act. (“lit d’accès prioritaire aux anciens combattants”)

## **Abuse**

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

“emotional abuse” means any action or behaviour that may diminish a resident’s sense of well-being, dignity or self worth, and includes, without being limited to, threatening, insulting, intimidating or humiliating gestures, behaviour or remarks, imposed social isolation including shunning or ignoring or lack of acknowledgement, and infantilization; (“mauvais traitement d’ordre affectif”)

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

“physical abuse” means,

- (a) the use of physical force that causes pain, discomfort or injury or that is excessive for, or inappropriate in, the circumstances, or
- (b) administering or withholding medication for inappropriate purposes; (“mauvais traitement d’ordre physique”)

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



- (a) 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, staff member or volunteer, 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, staff member or volunteer; (“mauvais traitement d’ordre sexuel”)

“verbal abuse” means any form of verbal communication of a belittling or degrading nature which may diminish the resident’s sense of well-being, dignity or self worth. (“mauvais traitement d’ordre verbal”)

(2) For the purposes of the definition of “sexual abuse”, sexual abuse does not include,

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

### **Accommodation**

**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 raw food; (“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”)

### **“Neglect”**

**4.** For the purposes of the Act and this Regulation,

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

**“Veteran”**

5. For the purposes of section 51 of the Act and this Regulation,

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

**PART II  
RESIDENTS: RIGHTS, CARE AND SERVICES**

PLANS OF CARE

**Initial plans of care**

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

(2) An initial plan of care must identify the resident and must include, as a minimum, the following information with respect to the resident:

1. Any risks the resident may pose to himself or herself, including any risk of falling, and interventions to mitigate those risks.
2. Any risks the resident may pose to others, and safety measures to mitigate those risks.
3. The type and level of assistance required relating to activities of daily living.
4. Medication and treatments required.
5. Allergies.
6. Skin condition, including altered skin integrity.
7. Diet orders, including food texture requirements and feeding instructions.

**Comprehensive plan of care**

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

- (a) the assessments necessary to develop a comprehensive plan of care are completed within 14 days of the resident’s admission; and
- (b) the comprehensive plan of care is developed within 21 days of the admission.

(2) A comprehensive 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 comprehensive plan of care, and the dates on which they participated.

(3) A comprehensive plan of care must include, at a minimum, 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 and responsive behaviours.
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 pain, risk of falls and other special needs.
11. Seasonal risk relating to heat.
12. Dental and oral status.
13. Nutritional status, including weight.
14. Hydration.
15. Dietary profile.
16. Skin condition, including altered skin integrity and foot conditions.
17. Activity patterns and pursuits.

18. Medications and treatments.
19. Special treatments and interventions.
20. Safety risks.
21. Nausea.
22. Fatigue.
23. Shortness of breath.
24. Sleep patterns and preferences.
25. Cultural, spiritual and religious preferences.
26. Potential for discharge.

### **Plan of care, transitional**

**8.** Where, immediately before this Regulation comes into force, there is a plan of care in place with respect to a resident, the licensee of the long-term care home shall ensure that the resident is reassessed and the plan of care is revised to comply with section 6 of the Act and section 7 of this Regulation within six months of the coming into force of section 6 of the Act, or when a revised plan is required under subsection 6 (10) of the Act, whichever is earlier.

## **REQUIRED PROGRAMS**

### **Required programs**

**9.** (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 wherever possible, and provide effective skin and wound care interventions.
3. A continence care and bowel management program to promote continence wherever possible 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,
- (a) be set out in writing, and include relevant policies, procedures and protocols;
  - (b) be developed, implemented, evaluated and updated in accordance with appropriate evidence-based practices and if there are none, in accordance with prevailing practices;
  - (c) require the use of a clinically appropriate assessment instrument specifically designed for the particular program;
  - (d) establish protocols for the referral of residents to specialized resources where required;
  - (e) provide for methods to reduce risk and monitor outcomes;
  - (f) provide for an annual written evaluation to identify changes, if any, required to improve the program; and
  - (g) comply with the requirements of this Part.

(3) The licensee shall implement the changes identified by the written evaluation under clause (2) (f) and keep a written record of the analysis and results of the evaluation.

### **Falls prevention and management**

**10.** (1) The falls prevention and management program must, at a minimum, provide for the following:

1. Screening protocols and assessment instruments.
2. Strategies to reduce or mitigate falls, including the monitoring of residents, 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 at all times.

### **Skin and wound care**

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

1. Screening protocols and assessment instruments.
  2. Strategies to maintain skin integrity and to reduce and prevent skin breakdown and wounds, including the monitoring of residents, the use of equipment, supplies, devices, and positioning aids.
  3. Routine skin care, including care of nails, feet and mouth, and safe and effective techniques for care, positioning and transferring residents to preserve skin integrity and prevent wounds.
  4. Wound, pressure ulcer and skin care treatments and interventions, including physiotherapy and nutrition 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 skin breakdown, pressure ulcers 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 this purpose,
    - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection,
    - (iii) is assessed by a registered dietitian and any changes made to the resident's nutrition plan relating to skin integrity or promotion of wound healing are implemented, and
    - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
  - (c) a resident exhibiting skin tears,
    - (i) receives a skin assessment by a member of the registered nursing staff,

- (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, and
  - (iii) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
- (d) the skin care provided to each resident in accordance with his or her assessed need,
- (i) promotes and maintains good resident skin integrity,
  - (ii) provides effective wound care interventions and promotes the prevention of infection,
  - (iii) reduces or relieves pressure, and
  - (iv) promotes the resident's comfort and mobility;
- (e) the equipment, supplies, devices and positioning aids referred to in paragraph 2 of subsection 11 (1) are readily available to residents as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
- (f) 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.

### **Continence care and bowel management**

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

1. Screening protocols and assessment instruments.
  2. Treatments and interventions to promote continence.
  3. Toileting programs, including protocols for bowel management.
  4. Strategies to maximize residents' independence, comfort and dignity, including equipment, supplies and devices.
- (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 to promote bowel and bladder continence 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 maintain or promote 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) each resident who uses continence care products has sufficient changes to remain clean, dry and comfortable and that there are appropriate numbers and types of products available to do so;
- (f) the use of continence care products is not solely for the convenience of staff;
- (g) residents are provided with a range of continence care products that,
  - (i) promote resident dignity,
  - (ii) reflect residents' needs and preferences and promote ease of use,
  - (iii) promote continued independence, wherever possible, and
  - (iv) are appropriate for the time of day, and for the individual resident's type of incontinence;
- (h) the continence products are evaluated on an annual basis by residents, family members, substitute decision-makers and staff to determine residents' satisfaction; and
  - (i) the evaluation under clause (h) informs the licensee's purchasing decisions when vendor contracts are negotiated or renegotiated.

### **Pain management**

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

1. Screening protocols and assessment instruments.



2. Strategies to manage pain, including non-pharmacologic interventions, and supplies, devices and equipment.
3. Comfort care measures.

(2) The medical director of the long-term care home and a pharmacist contracted by the licensee must participate in the development of the pain management program.

(3) The program must be designed to take into consideration the needs of residents who, as a result of impaired communication, cognitive impairment or other reasons, cannot communicate or verbalize symptoms adequately.

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

### **Responsive behaviours**

**14.** (1) Every licensee of a long-term care home shall ensure that the needs of residents with responsive behaviours are met using the following measures:

1. Assessment and reassessment.
2. Identification of triggers and proactive measures to reduce risk.
3. Strategies and interventions designed to minimize or prevent the responsive behaviours.
4. Resident monitoring.
5. Establish protocols for the referral of residents to specialized resources where required.

(2) The licensee shall ensure that,

- (a) all approaches to care, including programs and services, are designed to meet the needs of residents with responsive behaviours;
- (b) procedures and interventions are identified and developed to assist residents and staff who are at risk of harm or harmed as a result of a resident's responsive behaviours; and
- (c) all direct care staff are advised at the beginning of every shift of residents whose responsive behaviours should be monitored as they pose a potential risk to themselves or others.

### **Altercations**

**15.** Every licensee of a long-term care home shall ensure that the risk of altercations between residents is reduced by,

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

## **ABUSE AND NEGLECT**

### **Policy to promote zero tolerance**

**16.** Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, in addition to complying with clauses 20 (2) (a) to (f) of the Act,

- (a) complies with requirements under the Act;
- (b) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected; and
- (c) contains procedures and interventions to deal with staff members who have abused or neglected or allegedly abused or neglected residents, as appropriate.

### **Notification re incidents**

**17.** (1) Every licensee of a long-term care home shall ensure that, within 24 hours of the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of a resident, the following persons are informed of the incident:

1. The resident's substitute decision-maker, if any.
2. Any other person specified by 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 23 (1) of the Act, immediately upon the completion of the investigation.

### **Police notification**

**18.** 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

19. 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 20 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 changes and improvements under clause (b) are promptly implemented; and
- (d) that a written record of everything provided for in clauses (b) and (c) is promptly prepared.

## MINIMIZING OF RESTRAINING

### Restraining of residents -- duty on licensee re written policy

20. (1) Every licensee of a long-term care home shall ensure that the home's written policy under section 29 of the Act complies with requirements under the Act.

(2) Without restricting the generality of subsection (1), the licensee shall ensure that the written policy deals with,

- (a) use of physical devices and use of barriers, locks or other devices or controls;
- (b) duties and responsibilities of staff, including,
  - (i) who has the authority to apply a physical device to 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 or by the use of barriers, locks or other devices or controls;
- (c) restraining under the common law duty;
- (d) types of physical devices and barriers, locks or other devices or controls permitted to be used;
- (e) how consent to the use of physical devices and the use of barriers, locks or other devices or controls or PASDs is to be obtained and documented;

- (f) alternatives to use of physical devices and the use of barriers, locks or other devices or controls, including how these alternatives are planned, developed and implemented, using an interdisciplinary approach;
- (g) how the use of restraining in the home will be evaluated to ensure minimizing of restraining.

**Requirements relating to restraining by physical devices**

**21.** (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to restraining by physical devices:

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. Staff apply the physical devices in accordance with any manufacturer's instructions.
4. All physical devices are well maintained.
5. The physical devices are not altered except for routine adjustments in accordance with any manufacturer's instructions.
6. Staff who apply physical devices or who monitor residents restrained by physical devices are trained in the application, use and potential dangers of these physical devices.

(2) Subject to subsection (3), every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device:

1. That the resident is monitored while restrained at least every hour by a registered nurse or a registered practical nurse or by someone authorized by a registered nurse or registered practical nurse for that purpose.
2. 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 himself or herself.)
3. That the resident's condition is reassessed and the effectiveness of the restraining evaluated by a physician, registered nurse in the extended class, registered nurse or a registered practical nurse, and by one of those persons only, at least every eight hours,

and at any other time when necessary based on the resident's condition or circumstances.

4. That the resident is released and repositioned any other time when necessary based on the resident's condition or circumstances.

(3) Where a resident is being restrained pursuant to the common law duty described in section 36 of the Act, the licensee shall ensure that,

- (a) the resident is monitored on an ongoing basis; and
- (b) the resident's condition is reassessed by a physician, registered nurse in the extended class, registered nurse or a registered practical nurse, and by one of those persons only, at least every 15 minutes, and at any other time when reassessment is necessary based on the resident's condition or circumstances.

(4) Where a resident is released from a physical device, or where the use of a physical device is being discontinued, the licensee shall ensure that appropriate post-restraining measures are taken to ensure the safety and comfort of the resident.

(5) Every licensee shall ensure that no physical devices are applied to restrain a resident who is in bed, except to allow for a clinical intervention that requires the resident's body or a part of the resident's body to be stationary.

(6) Every licensee shall ensure that every use of a physical device to restrain a resident is documented in the resident's record, and without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

1. Circumstances precipitating the application of the physical device.
2. What alternatives were considered and why those alternatives were inappropriate.
3. Who made the order, what device was ordered, and any instructions relating to the order.
4. Consent.
5. 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 safety measures.

**Requirements relating to the use of PASDS**

**22.** (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the use of a PASD to assist a resident with a routine activity of living:

1. The resident is monitored at least every hour by a registered nurse or a registered practical nurse or by someone authorized by a registered nurse or registered practical nurse for the purpose, in order to
  - i. ensure comfort and safety of the resident; and
  - ii. determine whether the resident wants the PASD removed.
2. The resident is released from the PASD and repositioned at least once every two hours.
3. The resident is released from the PASD and repositioned at any other time when required based on the resident's condition or circumstances.

(2) Every licensee shall ensure that,

- (a) all PASDs are well maintained;
- (b) staff apply the PASDs in accordance with any manufacturer's instructions and that PASDs are not altered except for routine adjustments in accordance with any manufacturer's instructions; and
- (c) staff that apply PASDs or monitor residents with PASDs are trained in the application, use and potential dangers of the PASDs.

**Requirements relating to the use of barriers, locks, or other devices or controls**

**23.** Every licensee of a long-term care home shall ensure that the following requirements are met with respect to restraining by the use of barriers, locks or other devices or controls:

1. Where instructions regarding the application of barriers, locks or other devices or controls have been provided by a physician, the Director of Nursing and Personal Care, a registered nurse in the extended class or a registered nurse, that staff comply with those instructions.

2. That staff apply all barriers, locks or other devices or controls in accordance with manufacturer's instructions.
3. All barriers, locks or other devices or controls are well-maintained.

### **Prohibited devices that limit movement**

**24.** 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 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 to restrict a resident's movement.

### **Evaluation**

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

- (a) that an analysis of the restraining of residents by use of physical devices is undertaken on a monthly basis and that once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 29 of the Act to minimize the restraining of residents, and what changes and improvements are required to minimize restraining;
- (b) that those changes or improvements are promptly implemented; and
- (c) that a written record of everything provided for in clauses (a) and (b) is prepared.

### **ABSENCES**

### **Absences**

**26.** (1) If the requirements set out in subsection (2) are met, a licensee of a long-term care home shall ensure that when a long-stay resident of the home returns from a medical absence,

casual absence, psychiatric 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 year does not exceed 21 days.

(3) If the requirements set out in subsection (4) 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 or casual absence, the resident receives the same class of accommodation that the resident had before the absence, and that if the resident was in a secure unit before the absence, the resident receives the same class of accommodation in the secure unit that he or she had before the absence.

- (4) The requirements referred to in subsection (3) are,
- (a) in the case of a medical absence,
    - (i) that the length of the medical 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.



(5) A licensee of a long-term care home shall ensure that before a long-stay resident of the home leaves for a medical absence or a psychiatric absence and before a short-stay resident of the home leaves for a medical 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 a long-stay resident's medical absence or psychiatric absence and notice of a short-stay resident's medical 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.

### **PART III ADMISSION OF RESIDENTS**

#### **Definition**

**27.** In this Part,

“applicant” means a person who applies in accordance with this Regulation for a determination by a placement co-ordinator respecting the person's eligibility for admission to a long-term care home, and includes that person once the determination is made.

#### **Ineligibility to be placement co-ordinator**

**28.** Every person or entity that is not a community care access corporation within the meaning of the *Community Care Access Corporations Act, 2001* is ineligible for designation as a placement co-ordinator.

#### **Information to be provided by placement co-ordinator**

**29.** (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) When a person is determined eligible for admission, the placement co-ordinator shall provide the person with information about long-term care homes that have a short waiting list or a vacancy.

## ELIGIBILITY FOR ADMISSION

**Criteria for eligibility, long-stay**

**30.** (1) An applicant shall be determined to be eligible for admission to a long-term care home as a long-stay resident only if,

- (a) the applicant is at least 18 years old;
  - (b) the applicant is an insured person under the *Health Insurance Act*;
  - (c) the applicant meets at least one of the conditions set out in subsection (2);
  - (d) the applicant meets at least one of the conditions set out in subsection (3); and
  - (e) the applicant's care requirements can be met in a long-term care home.
- (2) The following are the conditions referred to in clause (1) (c):
1. The applicant requires that nursing care be available on-site 24 hours a day.
  2. The applicant requires, at frequent intervals throughout the day, assistance with activities of daily living.
  3. The applicant requires, at frequent intervals throughout the day, on-site supervision or on-site monitoring to ensure his or her safety or well-being.
- (3) The following are the conditions referred to in clause (1) (d):
1. None of the publicly-funded community-based services available to the applicant while the applicant lives in his or her residence and none of the other caregiving, support or companionship arrangements available to the applicant while the applicant lives in his or her residence are sufficient, in any combination, to meet the applicant's requirements.
  2. None of the publicly-funded community-based services available to the applicant in the area to which the applicant plans to move and none of the other caregiving, support or companionship arrangements available to the applicant in the area to which the applicant plans to move are sufficient, in any combination, to meet the applicant's requirements.

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

**31.** (1) An applicant shall be determined to be eligible for admission to a long-term care home as a short-stay resident in the respite care program only if,

- (a) the applicant,
  - (i) is a person whose caregiver requires temporary relief from his or her caregiving duties, or
  - (ii) is a person who 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 applicant will be returning to his or her residence within 60 days after admission to the long-term care home; and
- (c) the applicant meets the requirements of clauses 30 (1) (a), (b), (c) and (e).

(2) An applicant shall be determined to be eligible for admission to a long-term care home as a short-stay resident in the convalescent care program only if,

- (a) the applicant 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 applicant will be returning to his or her residence within 90 days after admission to the long-term care home; and
- (c) the applicant meets the requirements of clauses 30 (1) (a), (b), (c) and (e).

**Same, spouse or partner**

**32.** (1) Despite section 30, an applicant shall be determined to be eligible for admission to a long-term care home as a long-stay resident if,

- (a) the applicant'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 admission to a long-term care home as a long-stay resident; and
- (b) the applicant meets the requirements of clauses 30 (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 48 (3) or 49 (3); and
- (b) a placement co-ordinator may not authorize the admission to a long-term care home of an applicant described in subsection (1) before the admission of their spouse or partner is authorized to that home.

### **Same, veterans**

**33.** Despite section 30, an applicant who is a veteran shall be determined eligible for admission to a long-term care home as a long-stay resident if the applicant is an insured person under the *Health Insurance Act*.

## APPLICATION FOR DETERMINATION OF ELIGIBILITY

### **Application for determination of eligibility**

**34.** (1) To apply for a determination respecting his or her eligibility for admission to a long-term care home, an applicant shall establish that he or she is at least 18 years old and shall provide to a placement co-ordinator,

- (a) a request by the applicant for a determination of his or her eligibility, in the form provided by the Director for that purpose that is available from the placement co-ordinator;
- (b) proof that the applicant is an insured person under the *Health Insurance Act*;
- (c) an up-to-date assessment of the applicant's physical and mental health and the applicant's requirements for medical treatment and health care, in the form provided by the Director under paragraph 1 of subsection 43 (5) of the Act, and signed by a physician or registered nurse;
- (d) an up-to-date assessment of the applicant's functional capacity, requirements for personal care, current behaviour, and behaviour during the year preceding the assessment, 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) member of the College of Occupational Therapists of Ontario, or

- (v) a speech-language pathologist who is a member of the College of Audiologists and Speech-Language Pathologists of Ontario; and
- (e) such additional information and documentation as is necessary to enable the placement co-ordinator to determine whether the applicant meets the eligibility requirements set out in this Regulation.

(2) Despite subsection (1), a long-stay resident who is applying for a determination of eligibility for the purpose of transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home as a long-stay resident is not required to provide his or her request for a determination respecting his or her eligibility in the form mentioned in clause (1) (a), if he or she 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 his or her bed in the home.

(3) An applicant who is in a jurisdiction outside of Ontario at the time of submitting his or her application is exempt from submitting 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.

(4) The placement co-ordinator shall assist the applicant in obtaining the information and documentation that the applicant is required to provide to the placement co-ordinator under this section.

#### APPLICATION FOR AUTHORIZATION OF ADMISSION

##### **Application for authorization of admission**

**35.** (1) To apply for authorization of his or her admission to a long-term care home, an applicant shall provide to the placement co-ordinator,

- (a) a written request by the applicant for authorization of his or her admission to the home, made in the form provided by the placement co-ordinator; and
- (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 45 to 55.

(2) Despite clause (1) (a), a request for authorization of admission need not be in writing if it is a request for authorization of admission as a long-stay resident with respect to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term

care home made by an applicant who 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 his or her bed in the home.

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

#### APPROVAL BY LICENSEE

##### **Approval by licensee**

**36.** (1) Subject to sections 37 and 39, when an applicant who has been determined by a placement co-ordinator to be eligible for admission to a long-term care home applies for authorization of his or her admission to a particular long-term care home, the appropriate placement co-ordinator shall,

- (a) give the licensee of the home the material required under subsection 44 (7) of the Act and any other information possessed by the placement co-ordinator that 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 licensee shall, within five days after receiving the request mentioned in subsection (1),

- (a) give the appropriate placement co-ordinator a written notice stating that the licensee approves the applicant's admission; or
- (b) if the licensee is withholding approval for the applicant's admission, give the written notice required under subsection 44 (9) of the Act to the persons mentioned in subsection 44 (10) of the Act.

(3) In counting five days for the purpose of subsection (2), holidays shall not be included.

(4) In this section,

“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.

**Limit on waiting lists**

37. (1) A placement co-ordinator shall not provide the information and request referred to in subsection 36 (1) to a licensee of a long-term care home selected by an applicant if, at that point in time there are already five homes that have approved or are considering the applicant's admission.

(2) If, at a later point in time, the total number of long-term care homes that have approved or are considering the applicant's admission is less than five, the placement co-ordinator may then provide the information and request referred to in subsection 36 (1) to a licensee of another long-term care home selected by the applicant so long as, at any point in time, the total number of homes that have approved or are considering the applicant's admission does not exceed five.

(3) A home that is not yet licensed or approved for the purposes of the Act does not count as one of the five homes for the purposes of this section.

(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 his or her admission to the home.

### **Withdrawal of approval**

**38.** (1) Subject to section 39, a licensee may withdraw an approval of an applicant's admission to a long-term care home before the applicant's admission is authorized if, as a result of a change in the applicant's condition, a ground for withholding approval mentioned in subsection 44 (7) of the Act exists.

(2) A licensee who withdraws an approval of an applicant's admission to a long-term care home under subsection (1) shall give to the applicant, the Director and the appropriate placement co-ordinator the written notice mentioned in subsection 44 (9) of the Act setting out,

- (a) the ground or grounds on which the licensee is withdrawing approval;
- (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care;
- (c) an explanation of how the supporting facts justify the decision to withdraw approval; and
- (d) contact information for the Director.

### **Exceptions**

**39.** (1) Sections 36 and 38 do not apply to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home.

(2) The licensee of a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home shall be deemed to approve the admission to the home as a long-stay resident of any person who 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 his or her bed in the home.

## **KEEPING OF WAITING LIST**

### **Keeping of waiting lists**

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

(2) In addition to the waiting lists under subsection (1), the placement co-ordinator shall keep separate waiting lists for each of the long-term care homes for which it is the appropriate



placement co-ordinator for admission to each specialized unit in the home designated by or in accordance with the regulations as provided for in subsection 39 (3) of the Act.

(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 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 the appropriate placement co-ordinator.

(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 41 to 57, any person described in section 41.

### **Requirements to be placed on waiting list**

**41.** (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 admission to a long-term care home;
- (b) the person applies in accordance with this Regulation for authorization of his or her admission to the home;
- (c) the licensee of the home approves the person's admission to the home; and
- (d) placing the person on the waiting list will not result in the total number of 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.

### **Removal from waiting list**

**42.** (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,

- (a) the applicant,
  - (i) is a long-stay resident of another long-term care home, or
  - (ii) is not described in subclause (i) and does not occupy a bed in,
    - (A) a hospital under the *Public Hospitals Act* or a private hospital licensed under the *Private Hospitals Act*,

- (B) 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, or
  - (C) a facility listed in Schedule 1 to Regulation 272 of the Revised Regulations of Ontario, 1990 made under the *Developmental Services Act*; and
- (b) the placement co-ordinator offers to authorize the applicant's admission to a long-term care home as a long-stay resident, and the applicant,
- (i) refuses to consent to admission,
  - (ii) refuses to enter into the agreement provided for in clause 59 (1) (f), or
  - (iii) fails to move into the home on or before the fifth day following the day on which he or she is informed of the availability of accommodation.

(2) Subsection (1) does not apply if the reason the applicant acts in the manner described in subclause (1) (b) (i), (ii) or (iii) is that the applicant has a health condition, short-term illness or injury which,

- (a) prevents the applicant from moving into the home at that time; or
- (b) would make moving into the home at that time detrimental to the applicant's health.

(3) If an applicant described in subclause (1) (a) (i) is removed from the waiting list for a long-term care home under subsection (1), the applicant may make a new application for a determination of eligibility for admission as a long-stay resident.

(4) If an applicant described in subclause (1) (a) (ii) is removed from the waiting list for a long-term care home under subsection (1), the applicant may make a new application for a determination of eligibility for admission as a long-stay resident, but any such application shall not be made unless,

- (a) the request is provided 12 weeks or more after the day the applicant was removed from the waiting list, or
- (b) the request is provided less than 12 weeks after the day the applicant was removed from the waiting list but there has been a deterioration in the applicant's condition or circumstances.

### **Removal from waiting list, short-stay**

**43.** (1) An applicant may be removed 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) may make a new application for determination of eligibility for admission to the home as a short-stay resident.

### PLACEMENT INTO CATEGORIES ON WAITING LIST

#### **Short-stay**

**44.** (1) Sections 46 to 55 do not apply to an applicant applying for authorization of admission to a long-term care home as a short-stay resident in the respite care or convalescent care program.

(2) An applicant referred to in subsection (1) 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 section 41.

#### **Application — long-stay**

**45.** Sections 46 to 55 apply only to applicants who meet the requirements of section 41 and who apply for authorization of admission to a long-term care home as a long-stay resident.

#### **Crisis category**

**46.** (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*,

- (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, or
  - (iii) a facility listed in Schedule 1 to Regulation 272 of the Revised Regulations of Ontario, 1990 made under the *Developmental Services 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* and requires an alternate level of care;
  - (b) the hospital is experiencing severe capacity pressures; and
  - (c) the local health integration network for the geographic area in which the hospital is located has verified these pressures to the appropriate placement co-ordinator.

### **Spouse/partner reunification**

- 47.** 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 30 (1).

### **Religious, ethnic or linguistic origin**

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

- (a) the applicant does not meet the requirements for placement in category 1 or 2;
  - (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.
- (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; or
- (c) the applicant is a long-stay resident of a long-term care home who is seeking to transfer to the home as his or her first choice of home.

(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**

**49.** (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, 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; or
  - (c) the applicant is a long-stay resident of a long-term care home who is seeking to transfer to the home as his or her first choice of home.

(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**

**50.** Despite sections 46 to 49, 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;
- (b) the applicant has applied for authorization of his or her admission to a veteran's priority access bed; and
- (c) the applicant is a veteran.

### **Exchange category**

**51.** (1) Despite sections 46 to 49, 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 facility listed in Schedule 1 to Regulation 272 of the Revised Regulations of Ontario, 1990 made under the *Developmental Services Act*, or in a group home under that regulation,
  - (iv) resides in a supportive housing program that is funded by the Ministry or a local health integration network 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 or program mentioned in subclause (a) (i), (ii), (iii) or (iv) and possibly one or more other hospitals, facilities, 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 46 to 49, 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.

**(3) Subclause (1) (a) (iii) is revoked and the following substituted:**

- (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*,

**Re-admission category**

**52.** Despite sections 46 to 49, an applicant shall be placed in the re-admission category on the waiting list for a long-term care home if he or she formerly occupied a bed in the long-term care home as a long-stay resident, but no longer does so,

- (a) because he or she was absent on a medical or psychiatric absence for a longer time than permitted under section 26 and was discharged by the licensee; or
- (b) because of an emergency in the long-term care home and he or she was discharged by the licensee.

**Related temporary long-term care home category**

**53.** Despite sections 46 to 49 and section 51 but subject to section 50, 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 his or her bed in the home.

**Re-opened long-term care home category**

**54.** Despite sections 46 to 49 and section 51 but subject to section 50, 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 his or her 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**

**55.** Despite sections 46 to 49 and section 51 but subject to section 50, 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 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 permanent closure of his or her bed in the home.

## RANKING OF CATEGORIES

### **Ranking of categories**

**56.** For each class of beds set out in a column of Table 4, 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.

## RANKING WITHIN CATEGORIES

### **Ranking within categories**

**57.** (1) Within a waiting list category set out in Column 1 of Table 5, applicants shall be ranked for admission in accordance with the rules set out opposite the category in Column 2 of Table 5.

(2) If, within six weeks after making his or her 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 his or her 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 Table 5, 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 admission to a long-term care home 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 43 (9) of the Act or an appeal to the Divisional Court under subsection 54 (1) of the Act, and if the applicant then makes an application for authorization of his or her admission to one or more long-term care homes as a long-stay resident,

- (a) that application for authorization shall, for the purposes of Table 5, 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 Table 5, be deemed to have been made at the time that the first application is deemed under clause (a) to have been made.

#### CHANGE OF CATEGORY

##### **Change of category**

**58.** (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 45 to 55 as a result of the change in his or her 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 51 (2), the placement co-ordinator shall place the applicant in the exchange category.

#### AUTHORIZATION OF ADMISSION

##### **Authorization of admission**

**59.** (1) Subject to section 61, the appropriate placement co-ordinator shall authorize the admission of an applicant to the long-term care home only if,

- (a) the requirements set out in subsection 44 (11) of the Act are met;
- (b) the licensee of the home has not withdrawn the approval of the applicant's admission under section 38;

- (c) the home has available the class of accommodation for which the applicant is recorded to be waiting;
- (d) in the case of an applicant who is a person referred to in subsection 45 (1) of the Act, the home has available the class of accommodation referred to in one of paragraphs 9 to 14 of subsection (2) for which the applicant is recorded to be waiting;
- (e) 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; and
- (f) in the case of an applicant who is applying for authorization of his or her admission to the home as a long-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 he or she is informed of the availability of accommodation in the home,
  - (ii) if the applicant moves into the home before noon of the fifth day following the day on which he or she is informed of the availability of accommodation in the home, the applicant will pay, for each day following the day on which the applicant is informed of the availability of accommodation in the home and preceding the day on which the applicant moves into the home, the amount that the licensee would have charged him or her for accommodation for that day had he or she been a long-stay resident living in the available accommodation on that day, and
  - (iii) if the applicant does not move into the home before noon of the fifth day following the day on which he or she is informed of the availability of accommodation in the home, the applicant will pay, for each of the five days following the day on which the applicant is informed of the availability of accommodation in the home, the amount that the licensee would have charged him or her for accommodation for that day had he or she been a long-stay resident living in the available accommodation on that day.

(2) For the purposes of clauses (1) (c), (d) and (e), 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 a secure unit.
10. Basic accommodation for a man in a secure unit.
11. Semi-private accommodation for a woman in a secure unit.
12. Semi-private accommodation for a man in a secure unit.
13. Private accommodation for a woman in a secure unit.
14. Private accommodation for a man in a secure unit.

(3) A placement co-ordinator who authorizes an applicant's admission to a long-term care home as a long-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.

(4) A placement co-ordinator who authorizes an applicant's admission to a long-term care home as a short-stay resident may cancel the authorization if the applicant does not move into the home on the day agreed to by the applicant.

#### **Duty to inform placement co-ordinator of vacancies**

**60.** Every licensee of a long-term care home shall inform the appropriate placement co-ordinator of available accommodation in the home within 24 hours after the accommodation becomes available.

#### **Short-stay authorization**

**61.** The appropriate placement co-ordinator shall authorize the admission of an applicant to a long-term care home as a short-stay resident only if the applicant's admission may be authorized under section 59 and the applicant applied for authorization of his or her admission to the home's respite care or convalescent care program.

### **Reserving ahead**

**62.** 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.

### **Length of short-stay**

**63.** (1) When a placement co-ordinator authorizes the admission of an applicant to a long-term care home as a short-stay resident, 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 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 year in the convalescent care program of a long-term care home, exceeds 90 days.

## TRANSFER LIST

### **Transfer list**

**64.** (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; and
- (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.

(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 and shall rank the resident on the transfer list as of the date of the receipt of the request.

(3) The licensee shall notify each resident on the transfer list monthly of his or her rank on the transfer list.

(4) 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.

REPORT UNDER OATH

**Report under oath**

**65.** On or before March 31 in every year after 2009, every licensee of a long-term care home shall submit to the Director a report under oath listing the names of all residents who were admitted to the home in the preceding calendar year together with verification as to whether each resident’s admission was authorized by the appropriate placement co-ordinator.

TABLE 4  
RANKING OF WAITING LIST CATEGORIES

	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 beds in a long-term care home
Waiting List Categories	Related temporary	Re-opened	Replacement	Veteran	Veteran	Exchange
	Exchange	Exchange	Exchange	Exchange	Related temporary, re-opened or replacement, as applicable	Re-admission
	Re-admission	Re-admission	Re-admission	Re-admission	Exchange	1
	1	1	1	1	Re-admission	2
	2	2	2	2	1	3A
	3A	3A	3A	3A	2	3B
	3B	3B	3B	3B	3A	4A
	4A	4A	4A	4A	3B	4B
	4B	4B	4B	4B	4A	
				4B		

TABLE 5  
RULES FOR RANKING WITHIN CATEGORIES

Item	Column 1	Column 2
	Category	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 or the related temporary home.
2.	Veteran	(a) Veterans who require immediate admission as a result of a crisis arising from their condition or circumstances shall rank ahead of all other veterans.
		(b) As among themselves, veterans who require immediate admission as a result of a crisis arising from their condition or circumstances shall be ranked according to the urgency of their need for admission.
		(c) Veterans who do not require immediate admission as a result of a crisis arising from their condition or circumstances 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 do not require immediate admission as a result of a crisis arising from their condition or circumstances.
		(d) As among themselves, veterans who do not require immediate admission as a result of a crisis arising from their condition or circumstances but are 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.
		(e) As among themselves, veterans who do not require immediate admission as a result of a crisis arising from their condition or circumstances and 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.
3.	Exchange (but only applicants in the exchange category by virtue of subsection 51 (2))	(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 30 (1) shall rank ahead of all other applicants.
		(b) As among themselves, 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 30 (1) shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.
		(c) Applicants who are not 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 30 (1) 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.
		(d) As among themselves, applicants 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 be ranked according to the time at which they applied for authorization of their admission to the long-term care home.
		(e) As among themselves, applicants who are not 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 30 (1) and who are not 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 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.
5.	1	Applicants shall be ranked according to the urgency of their need for admission.
6.	2	Applicants shall be ranked according to the time at which their spouses or partners were admitted to the long-term care home.
7.	All categories, other than those in items 1 through 6, and 8	(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.
		(b) As among themselves, applicants in the same category who are 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.
		(c) 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.
8.	Short-stay	Applicants shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.

## TRANSITIONAL, ADMISSIONS

### **Transitional, admissions**

**66.** (1) This section applies when a person had applied for admission to a nursing home under the *Nursing Homes Act*, an approved charitable home for the aged under the *Charitable Institutions Act* or a home under the *Homes for the Aged and Rest Homes Act* before the coming into force of this Regulation, and the person has not yet been admitted to the home.

(2) If the 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 Regulation and moves into the home after the coming into force of this Regulation, then the provisions of the appropriate regulation under an Act mentioned in subsection (1) continue to apply to the offer.

(3) If the 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 Regulation, 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 Regulation, the placement co-ordinator did not offer to authorize the person's admission to a home, this Regulation applies to the application, and the appropriate placement co-ordinator shall re-assess the person's application to ensure that it complies with the provisions of this Act and Regulation, including ensuring that the person is placed in the appropriate waiting list category.

## **PART V OPERATION OF HOMES**

### INFECTION PREVENTION AND CONTROL PROGRAM

#### **Infection prevention and control program**

**67.** (1) Every licensee of a long-term care home shall ensure that the infection prevention and control program required under subsection 86 (1) of the Act complies with the requirements of this section.

(2) The licensee shall ensure,

- (a) that there is an interdisciplinary team approach in the co-ordination and implementation of the program, with representation from all of the program areas within the home; and
- (b) that the interdisciplinary team that co-ordinates and implements the program meets regularly.

(3) The licensee shall designate a staff member to co-ordinate the program 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; and
- (e) outbreak management.

(4) The licensee shall ensure that all staff participate in the implementation of the program.

(5) The licensee shall ensure that on every shift the presence of infection in residents is monitored and recorded and that immediate action is taken as required.

(6) The licensee shall ensure that the information gathered under subsection (5) 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.

(7) If the Ministry gives the licensee a surveillance protocol for a particular communicable disease, the licensee shall implement the protocol.

(8) 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.

(9) The licensee shall ensure that appropriate personal protective equipment is readily available for the purpose of protecting staff from infection.

(10) The licensee shall ensure that there is in place a hand hygiene program in accordance with prevailing practice and with access to point-of-care hand hygiene agents.

(11) The licensee shall ensure that staff is trained at least annually in routine infection prevention and control practices including,

- (a) hand hygiene;



- (b) modes of infection transmission;
- (c) cleaning and disinfection practices; and
- (d) use of personal protective equipment.

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

1. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria at appropriate intervals.
2. Residents must be offered immunization against influenza at the appropriate time each year.
3. 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.
4. Staff is screened for tuberculosis and other infectious diseases in accordance with prevailing practices.
5. There must be a staff immunization program in accordance with prevailing practices.

(13) The licensee shall ensure that,

- (a) there are in place written policies respecting pets in the home; and
- (b) any pet visiting or living in the home has up-to-date immunizations and is in good health.

#### COMMENCEMENT

##### **Commencement**

**68. (1) Subject to subsection (2), this Regulation comes into force on the day that section 1 of the *Long-Term Care Homes Act, 2007* comes into force.**

**(2) Subsection 51 (3) comes into force on the later of the day that section 1 of the *Long-Term Care Homes Act, 2007* comes into force and the day that section 1 of the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* comes into force.**

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
01	Albright Manor 5050 Hillside Drive Beamsville ON L0R 1B0	Edelheim Apartment c/o Albright Centre 5050 Hillside Drive Beamsville ON L0R 1B0
02	Albright Manor 5050 Hillside Drive Beamsville ON L0R 1B0	Albright Gardens c/o c/o Albright Centre 5050 Hillside Drive Beamsville ON L0R 1B0
03	Au Chateau Home for the Aged of West Nipissing 106 Michaud St. Surgeon Falls ON P2B 2Z4	Villa du Loisir 106 Michaud St. Surgeon Falls ON P0H 2G0
04	Au Chateau Home for the Aged of West Nipissing 106 Michaud St. Surgeon Falls ON P2B 2Z4	Domaine Leclair 711 Chemin Coursol Sturgeon Falls ON P0H 2G0
05	Au Chateau Home for the Aged of West Nipissing 106 Michaud St. Surgeon Falls ON P2B 2Z4	Villa des Pignons 709 Coursol Road Sturgeon Falls ON P0H 2G0
06	Aurora Resthaven Extended Care & Convalescent Centre 32 Mills Street Aurora ON L4G 2R9	Park Place Manor 15055 Yonge St Aurora ON L4G 6T4
07	Avalon Care Centre & Retirement Lodge 355 Broadway Orangeville ON L9W 3Y3	Avalon Retirement Lodge 355 Broadway Orangeville ON L9W 3Y3
08	Ballycliffe Lodge Street 70 Station St., Ajax ON L1S 1R9	Ballycliffe Lodge Street 70 Station St., Ajax ON L1S 1R9

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
09	Bendale Acres 2920 Lawrence Avenue East Scarborough ON M1P 2T8	Beach Arms Lodge 505 Kingston Road Toronto ON M4L 1V5
10	Bethammi Nursing Home 63 Carrie Street Thunder Bay ON P7A 4J2	PR Cook Apartments 63 Carrie St Thunder Bay ON P7A 4J2
11	Bethany Lodge 23 Second Street Unionville ON L3R 2C2	Bethany Manor 23 Second Street Unionville ON L3R 2C2
12	Blenheim Community Village 10 Mary Avenue P.O. BOX 220 Blenheim ON NOP1A0	Blenheim Community Village 10 Mary Avenue Blenheim ON N0P 1A0
13	Bluewater Rest Home Highway 84 RR3 Zurich ON N0M 2T0	Maplewood Apartment Highway 84 RR3 Zurich ON N0M 2T0
14	Bluewater Rest Home Highway 84 RR3 Zurich ON N0M 2T0	Bluewater Apartment Highway 84 RR3 Zurich ON N0M 2T0
15	Bon-Air Nursing Home 131 Laidlaw Street South Cannington ON L0E 1E0	Bon-Air Nursing Home 131 Laidlaw Street South Cannington ON L0E 1E0
16	Braemar Retirement Centre 719 Josephine St. N., RR 1 P.O. Box 1016 Wingham ON N0G 2W0	Braemar Retirement Centre RR 1 P.O. Box 1016 Wingham ON N0G 2W0
17	Brantwood Lifecare Centre 802 Hager Avenue Burlington ON L7S 1X2	Brantwood Lifecare Centre 802 Hager Avenue Burlington ON L7S 1X2
18	Brierwood Health Care Partnership	Brierwood Health Care Partnership

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
	Versa Care Brantford 425 Park Road North Brantford ON N3R 7G5	Versa Care Brantford 425 Park Road North Brantford ON N3R 7G5
19	Brierwood Health Care Partnership Versa Care Brantford 425 Park Road North Brantford ON N3R 7G5	Brierwood Court 405 Park Road North Brantford ON N3R 7G5
20	Broadview Nursing Centre 210 Brockville Street Smiths Falls ON K7A 3Z4	Broadview Nursing Centre Ltd. 210 Brockville Street Smiths Falls ON K7A 3Z4
21	Brucefield Manor 657 Mount Pleasant Road Brantford ON M4S 2M8	Brucefield Health Care Centre 657 Mount Pleasant Road Brantford ON M4S 2M8
22	Brucefield Manor 657 Mount Pleasant Road Brantford ON M4S 2M8	Brucefield Manor 657 Mount Pleasant Road RR 1 Mount Pleasant ON N0E 1K0
23	Brunner Nursing Home 6124 Ana Street Brunner ON N0K 1C0	Country Meadows 6124 Ana Street Brunner ON N0K 1C0
24	Cama Woodlands Nursing Home 159 Panin Road Burlington ON L7P 5A6	Cama Woodlands Manor 159 Panin Road Burlington ON L7P 5A6
25	Carefree Lodge 306 Finch Avenue East Toronto ON M2N 4S5	Casey Residence 474 Brown's Line Etobicoke ON M8M 3V1
26	Caessant Care Arthur Nursing Home 215 Eliza Street P.O. Box 700 Arthur ON N0G 1A0	Caessant Care Arthur Retirement Home 215 Eliza Street P.O. Box 700 Arthur ON N0G 1A0

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
27	Caessant Care Woodstock 81 Fye Avenue Woodstock ON N4S 8Y2	Caessant Care Woodstock 81 Fye Avenue Woodstock ON N4S 8Y2
28	Caessant Care Listowel 710 Reserve Avenue South Listowel ON N4W 2L1	Caessant Care Listowel Nursing Home 710 Reserve Avenue South Listowel ON N4W 2L1
29	Caessant Care Fergus Nursing Home 450 Queen Street East Fergus ON N1M 2Y7	Caessant Care Retirement Home 450 Queen Street East Fergus ON N1M 2Y7
30	Caessant Care Lindsay Nursing Home 240 Mary Street West Lindsay ON K9V 5K5	Caessant Care Retirement Home 240 Mary Street West Lindsay ON K9V 5K5
31	Caessant Care Marmora 58 Bursthall Street P.O. Box 429 Marmora ON K0K 2M0	Caessant Care Retirement Home 58 Bursthall Street P.O. Box 429 Marmora ON K0K 2M0
32	Carveth Care Centre 375 James Street Gananque ON K7G 2Z1	Carveth Care Retirement Home 375 James Street Gananque, ON K7G 2Z1
33	Cassellholme East Nipissing District Home for the Aged 400 Olive Street North Bay ON P1B 6J4	Castle Arms I 400 Olive Street North Bay ON P1B 6J4
34	Cassellholme East Nipissing District Home for the Aged 400 Olive Street North Bay ON P1B 6J4	Castle Arms II 400 Olive Street North Bay ON P1B 6J4

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
35	Cassellholme East Nipissing District Home for the Aged 400 Olive Street North Bay ON P1B 6J4	Castle Arms III 400 Olive Street North Bay ON P1B 6J4
36	Castleview Wychwood Towers 351 Christie Street Toronto, ON M6G 3C3	Cedarbrook Lodge 520 Markham Road Scarborough ON M1H 3A1
37	Cedar Grove Lodge Brunelle Wing P.O. Box 757 Chapleau ON P0M 1k0	Cedar Grove Lodge Celehton Wing P.O. Box 757 Chapleau ON P0M 1k0
38	Cedarvale Lodge 121 Morton Avenue Keswick, ON L4P 2M5	Cedarvale Lodge 121 Morton Avenue Keswick ON L4P 2M5
39	Cedarwood Village 500 Queensway West Simcoe ON N3Y 4R4	Cedarwood Village and Retirement Apartments 500 Queensway West Simcoe ON N3Y 4R4
40	Chateau Gardens Elmira 11 Herbert St Elmira ON N3B 2B8	Chateau Gardens Elmira 11 Herbert St Elmira ON N3B 2B8
41	Chateau Gardens Parkhill 250 Tain Street Parkhill ON N0M 2K0	Chateau Gardens, Parkhill 250 Tain Street Parkhill ON N0M 2K0
42	Chateau Gardens Queens 518 Queens Ave	Chateau Gardens Queens 518 Queens Ave

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
	London ON N6B 1Y7	London ON N6B 1Y7
43	Chelsey Park 310 Oxford St W London ON N6H 4N6	Chelsey Park Residential Suites 310 Oxford St W London ON N6H 4N6
44	Chelsey Park 310 Oxford St W London ON N6H 4N6	Chelsey Park Apartments Ltd 310 Oxford St W London ON N6H 4N6
45	Chester Village 717 Broadview Ave Toronto ON M4K 2PS	682 Broadview Ave 682 Broadview Ave Toronto ON M4K 2PS
46	Chinese Community Nursing Home for Greater Toronto 2311 McNicoll Ave Scarborough ON M1V 5L2	Chinese Evergreen Non-Profit Homes 2319 McNicoll Ave Scarborough ON M1V 5L2
47	Christie Gardens 600 Melita Crescent Toronto ON M6G 3Z4	Christie Gardens Residential Care 600 Melita Crescent Toronto ON M6G 3Z4
48	Christie Gardens 600 Melita Crescent Toronto ON M6G 3Z4	Christie Gardens Apartments 600 Melita Crescent Toronto ON M6G 3Z4
49	Cochrane District Homes for the Aged Board of Management South Centennial Manor P.O Box 610 Iroquois Falls ON P0K 1E0	Cambridge Place 250 Cambridge Ave Iroquois Falls ON P0K 1E0
50	Community Nursing Home (Pickering) 1995 Valley Farm Road	Orchard Villa 1995 Valley Farm Road Pickering ON L1V 1X6

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
	Pickering ON L1V 1X6	
51	Community Nursing Home 20 Hope St S Port Hope ON L1A 2M8	Port Hope Villa 30 Hope St S Port Hope ON L1A 2M8
52	Community Nursing Home 92 Centre St P.O Box 300 Alexandria ON K0C 1A0	The Palace 69 St. Paul St E P.O Box 300 Alexandria ON K0C 1A0
53	Community Nursing Home (Alexandria) 92 Centre St P.O Box 300 Alexandria ON K0C 1A0	Villa Fatima 83 St. Paul St. E P.O Box 300 Alexandria ON K0C 1A0
54	Community Nursing Home (Port Perry) 15941 Simcoe St Port Perry ON L9L 1A6	Port Perry Villa 15941 Simcoe St Port Perry ON L9L 1A6
55	Copernicus Lodge 66 Roncesvalles Ave Toronto ON M6R 3A7	Copernicus Lodge 66 Roncesvalles Ave Toronto ON M6R 3A7
56	Country Village Health Care Centre 440 County Rd 27 8 R.R. #2 Woodslee ON N0R 1V0	The Willows Retirement Community 440 County Rd 27 8 R.R. #2 Woodslee ON N0R 1V0
57	Craigholme 221 Main St E Ailsa Craig ON N0M 1A0	Craigholme 221 Main St E Ailsa Craig ON N0M 1A0
58	Crown Ridge Plane 106 Crown Street	The Crown Ridge 106 Crown Street



<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
	Trenton ON K8V 6R3	Trenton ON K8V 6R3
59	Cummer Lodge 205 Cummer Avenue Willowdale ON M2M 2B8	Greenview Lodge 880 Lawrence Ave West Don Mills ON M3C 1P6
60	Deer Park Villa 150 Central Avenue Grimsby ON L3M 4Z3	West Lincoln Multilevel Health Facility Inc 150 Central Ave Grimsby ON L3M 4Z3
61	Dom Lipa Nursing Home 52 Neilson Dr. Etobicoke ON M9C 1V7	Dom Lipa Nursing Home 52 Neilson Dr. Etobicoke ON M9C 1V7
62	Dorchester Manor 6350 Dorchester Rd Niagara Falls ON L2G 5T5	Esther Hansel 4443 Meadowvale Dr. Niagara Falls ON L2E 5W9
63	Eden House Nursing Home R.R. #2 Guelph ON N1H 6H8	Eden House Nursing Home R.R. #2 Guelph ON N1H 6H8
64	Ehatore Nursing Home 40 Old Kingston Rd Scarborough, ON M1E 3J5	Ehatore Home for Senior Citizens 40 Old Kingston Rd Scarborough ON M1E 3J5
65	Elgin Abbey 380 1st Ave North West Chesley ON N0G 1L0	Elgin Abbey Lodge 380 1st Ave North West Chesley ON N0G 1L0
66	Erin Mills Lodge 2182 Dundas Street, West Mississauga ON L5B 1M8	Erin Mills Lodge 2132 Dundas Street West Mississauga ON L5B 1M8
67	Errinrung Nursing Home 67 Bruce Street P.O. Box 69	Errinrung Residence 67 Bruce Street P.O. Box 69

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
	Thornbury ON N0H 2P0	Thornbury ON N0H 2P0
68	Essex Health Care Centre 111 Iler Avenue Essex ON N8M 1T6	Essex Health Care Centre Rest Home Division 111 Iler Avenue Essex ON N8M 1T6
69	Exeter Villa 155 John Street East Exeter ON N0M 1S1	Exeter Villa 155 John Street East Exeter ON N0M 1S1
70	Fairmount Home for the aged R.R. 1, 2069 Battersea Rd Glenburnie ON K0H 1S0	Country Pines Apartments 2075 Battersea Rd Glenburnie ON K0H 1S0
71	Fairview Mennonite Home 515 Langs Drive Cambridge ON N3H 5E4	Fairview Cottage 843 Lange Drive Cambridge ON N3H 5E4
72	Fairview Mennonite Home 515 Langs Drive Cambridge ON N3H 5E4	Fairview Cottage 843 Lange Drive Cambridge ON N3H 5E4
73	Fairview Mennonite Home 515 Langs Drive Cambridge ON N3H 5E4	Preston School Apartments 601 Duke St Cambridge ON N3H 4L1
74	Fairview Mennonite Home 515 Langs Drive Cambridge ON N3H 5E4	Fairview Apartments 515 Lange Drive Cambridge ON N3H 3T4
75	Fiddick's Nursing Home 437 First Ave P.O. Box 340 Petrolia ON N0N 1R0	Fiddick's Nursing Home 437 First Ave P.O. Box 340 Petrolia ON N0N 1R0

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
76	Foyer Richelieu Welland 655 Tanguay Ave Welland ON L3B 6A1	Residence Foyer Richelieu Welland Inc 649 Tanguay Ave Welland ON L3B 6A1
77	Fudger House 439 Sherbourne St Toronto ON M4X 1K6	Harold & Grace Baker Centre 1 Northwestern Ave Toronto ON M6M 2J7
78	Geri-Care Nursing Home 24 Louise Street, Box 70 Harrison ON N0G 1Z0	Geri Care Retirement Home 24 Louise Street Harrison ON N0G LZ0
79	Gilmore Lodge 50 Gilmore Rd. Fort Erie ON L2A 2M1	Audrey Sourwine 1799 Thompson Rd Fort Erie ON L2A 5M4
80	Golden Year's Nursing Home & Retirement Lodge 704 Eagle Street N P.O. Box 3277 Cambridge ON N3H 4T3	Golden Years Retirement Lodge 704 Eagle Street N P.O. Box 3277 Cambridge ON N3H 4T3
81	Golden Dawn Nursing Home 80 Main Street, Box 129 Lion's Head ON N0H 1W0	Golden Dawn Senior Citizen Home 80 Main Street, Box 129 Lion's Head ON N0H 1W0
82	Green Gables Manor Inc 13621 9th Line Road. R.R #2 Stouffville ON L4A 7X3	Green Gables Manor Inc 13621 9th Line Road. R.R #2 Stouffville ON L4A 7X3
83	Hanover Care Centre 700 19th Ave Hanover ON N4N 3S6	McVean Lodge 700-19th Avenue Hanover ON 4N4 3S6

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
84	Harold & Grace Baker Centre 1 Northwestern Avenue Toronto ON M6M 2J7	Harold & Grace Baker Centre 1 Northwestern Avenue Toronto ON M6M 2J7
85	Heidehof Long Term Care Home 600 Lake St St. Catharines ON L2N 4J4	Heidehof Home for the Aged 600 Lake St St. Catharines ON L2N 4J4
86	Heidehof Long Term Care Home 600 Lake St St. Catharines ON L2N 4J4	Heidehof Home for the Aged 600 Lake St St. Catharines ON L2N 4J4
87	Helen Henderson Care Centre 343 Amherst Drive Amherstview ON K7N 1X3	Helen Henderson Lodge 343 Amherst Drive Amherstview ON K7N 1X3
88	Hellenic Care for Seniors 215 Tyrrel Ave Toronto ON M6G 4A9	Hellenic Home for the Aged 33 Winona Drive Toronto ON M6G 3Z7
89	Heritage Green Nursing Home 353 Issac Brock Drive Stoney Creek ON L8J 2J3	Heritage Green Nursing Home 353 Issac Brock Drive Stoney Creek ON L8J 2J3
90	Hilltop Manor Christian Homes 42 Elliot Street Cambridge ON N1R 2T2	Hilltop Manor Christian Homes 42 Elliot Street Cambridge ON N1R 2T2
91	Holland Christian Homes 7900 McLaughlin Road Brampton ON L6Y 5A7	Holland Christian Homes 7900 McLaughlin Road Brampton ON L6Y 5A7

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
92	Holland Christian Homes 7900 McLaughlin Road Brampton ON L6Y 5A7	Faith Manor 7900 McLaughlin Rd S Brampton ON L6V 3N2
93	Huron Lodge 1475 Huron Church Road Windsor ON N9C 2K9	Corporation of the City of Windsor Huron Lodge Satellite Home Program 2865 Tecumseh Rd West Windsor ON N9C 2B5
94	Huron Lodge 1475 Huron Church Road Windsor ON N9C 2K9	Corporation of the City of Windsor Huron Lodge Satellite Home Program 2865 Tecumseh Rd West Windsor ON N9C 2B5
95	Huronlea Home for the Aged 820 Turnberry St South Brussels ON N0G 1H0	Highland Apartments 820 Turnberry St South Brussels ON N0G 1H0
96	Huronview Home for the Aged P.O Box 219 Clinton ON N0M 1L0	Heartland Apartments P.O Box 219 Clinton ON N0M 1L0
97	I.O.O.F. Seniors Homes 10 Brooks St Barrie ON L4N 5L3	I.O.O.F. Manor Apartments 10 Brooks St Barrie ON L4N 5L3
98	I.O.O.F. Seniors Homes 10 Brooks St Barrie ON L4N 5L3	Heritage Place 20 Brooks St Barrie ON L4N 5L3
99	Jewish Home for the Aged	Baycrest Terrace

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
	3560 Bathurst St North York ON M6A 2E1	55 Ameer Ave. North York ON M6A 2Z1
100	Kensington Village 1340 Huron St. London ON N5V 3R3	Kensington Village 1340 Huron St. London ON N5V 3R3
101	Kingsway Lodge 310 Queen St East R.R. #6 St.Mary's ON N0M 2V0	Kingsway Lodge 310 Queen St East R.R. #6 St.Mary's ON N0M 2V0
102	Kipling Acres 2233 Kipling Avenue Toronto ON M9W 4L3	Livingston Lodge 65 Livingston Road Scarborough ON M1E 1L1
103	Lakeshore Lodge 3197 Lakeshore Blvd. West Etobicoke ON M8V 3X5	Magdalena's Rest Home 379 Lake Promenade Etobicoke ON M8M 1C7
104	Lambton Meadowview Villa 3958 Petrolia Line R.R #4 Petrolia ON N0N 1R0	Lambonian Apartments 3958 Petrolia Line R.R #4 Petrolia ON N0N 1R0
105	Leamington Mennonite Home 35 Pickwick Drive Leamington ON N8H 4T5	Leamington United Mennonite Home and Apartments Homeview Apartments 33 Pickwick Lane Leamington ON N8H 5B4
106	Leamington Mennonite Home 35 Pickwick Drive Leamington ON N8H 4T5	Leamington United Mennonite Home and Apartments 33 Pickwick Lane Leamington ON N8H 5B4
107	Leamington Mennonite Home	Leamington United Mennonite Home

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
	35 Pickwick Drive Leamington ON N8H 4T5	and Apartments The Village Townhouses 36,38,40,42,44,46,48,50,52,54,56,58 ,60,62,64,66,68,70,72,74 Pickwick Drive Leamington ON N8H 4T5
108	Leamington Mennonite Home 35 Pickwick Drive Leamington ON N8H 4T5	Leamington United Mennonite Home and Apartments 35 Pickwick Dr Leamington, ON N8H 4T5
109	Leamington Mennonite Home 35 Pickwick Drive Leamington ON N8H 4T5	Leamington United Mennonite Home and Apartments The Village Townhouses 45,47,49,51,55 Pickwick Drive Leamington ON N8H 4T5
110	Leamington Mennonite Home 35 Pickwick Drive Leamington ON N8H 4T5	Leamington United Mennonite Home and Apartments 35 Pickwick Drive Leamington ON N8H 4T5
111	Leisure World Inc (Nursing Home) 401 William St North Bay ON P1A 1X5	Leisure World Inc (Retirement Home) 401 William St North Bay ON P1A 1X5
112	Leisure World Scarborough 130 Midland Ave Scarborough ON M1N 4B2	Midland Gardens 130 Midland Ave Scarborough ON M1N 4B2
113	Linhaven 403 Ontario St	Susie Inn 315-5 Tabor Dr

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
	St.Catherines ON L2N 1L5	St.Catherines ON L2N 7R2
114	Linhaven 403 Ontario St St.Catherines ON L2N 1L5	Eliz Bradbury Woodburn Cornaga 4918 King St E Beamsville ON L0R 1B0
115	Linhaven 403 Ontario St St.Catherines ON L2N 1L5	Sharon Paton 153 Geneva St St.Catherines ON L2R 4M6
116	Maple Manor Nursing Home 73 Bidwell St Tillsonburg ON N4G 3T8	Maplewood 73 Bidwell St Tillsonburg ON N4G 3T8
117	Maples Home for Seniors 94 William St P.O. Box 400 Tavistock ON N0B 2N0	Maples Home for Seniors 94 William St P.O. Box 400 Tavistock ON N0B 2N0
118	Mariann Home 9915 Yonge St Richmond Hill ON L4C 1V1	Marian Home 9915 Yonge St Richmond Hill ON L4C 1V1
119	Marianhill 600 Cecilia St Pembroke ON K8A 7Z3	St. Mary's Home St. Mary's Lane Deep Rive ON K0J 1P0
120	Marianhill 600 Cecilia St Pembroke ON K8A 7Z3	McCluskey Centre 600 Cecelia St Pembroke ON K8A 7Z3
121	Manwood Lifecare Centre 26 Elgin St. Bowmanville ON L3C 1P9	Manwood Lifecare Centre 26 Elgin St. Bowmanville ON L3C 1P9



<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
122	Mauno Kaihla Koti 723 North Street Sault Ste Marie ON P6B 6G8	Kotitalo 725 North Street Sault Ste Marie ON P6B 2C4
123	Maxville Manor 80 Mechanic Street West Maxville ON K0C 1T0	Glen Garden Village 80 Machanic Street West, Maxville ON K0C 1T0
124	Meadow Park Nursing Home 1210 Southdale Road East London ON N6E 1B4	Meadow Park Retirement Lodge, London Inc 1210 Southdale Road East London ON N6E 1B4
125	Meaford Nursing Home Ltd 135 William St Meaford ON N4L 1T4	Golden Towne Manor 121 William St Meaford ON N4L 1T4
126	Mennonite Brethren Senior Citizens Home 1 Tabor Dr. St. Catharine's ON LZN 1V9	Tabor Manor Apartments 1 Tabor Dr. St. Catharine's ON LZN 2B4
127	Morrison Park Nursing Home Lot 31 Conc 7, R.R. #2 Puslinch ON N0B 2J0	Morrison Park Nursing Home Lot 31 Conc 7, R.R. #2 Puslinch ON N0B 2J0
128	Niagara Ina Grafton Gage Home of the United Church 413 Linwell Road St. Catharines ON L2M 7Y2	Niagara Ina Grafton Gage Home of the United Church 413 Linwell Road St. Catharines ON L2M 7Y2
129	Nipissing Manor Nursing Care Centre 1202 Highway 94 R.R. #1 Corbeil ON POH 1K0	Nipissing Manor Nursing Care Centre 1202 Highway 94 R.R. #1

<b>Continuum of Care Facilities Table</b>		
	<b>Column 1 Long-Term Care Facility</b>	<b>Column 2 Project</b>
		Corbeil ON POH 1K0
130	Nisbet Lodge 740 Pape Ave Toronto ON M4K 3S7	McClintock Manor 730 Pape Ave Toronto ON M4K 3Z4
131	Nithview Community 200 Boullee Street New Hamburg ON N3A 2K4	Nithview Assisted Living Units 200 Boullee Street New Hamburg ON N3A 2K4
132	Nithview Community 200 Boullee Street New Hamburg ON N3A 2K4	Nithview Seniors Village 200 Boullee Street New Hamburg ON N3A 2K4
133	Norcliffe Lifecare Centre 85 Main St N Hagersville ON N0A 1H0	Norcliffe Lifecare Centre (Retirement) 85 Main St N Hagersville ON N0A 1H0
134	North Lambton Rest Home 39 Morris Street Forest ON N0N 1J0	Forest View Villa Apartments 39 Morris Street Forest ON N0N 1J0
135	North Renfrew Long Term Care Centre P.O. Box 1988 47 Ridge Road Deep River ON K0J 1P0	North Renfrew Long Term Care Centre P.O. Box 1988 47 Ridge Road Deep River ON K0J 1P0
136	Northland Manor 485 Northland Ave Port Colborne ON L3K 4B3	Betty Bennett 18 Lakeside Place East Port Colborne ON L3K 4B3
137	Northland Manor 485 Northland Ave	Josephine Tuenei 171 Killaly St. West

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
	Port Colborne ON L3K 4B3	Port Colborne ON L3K 4B1
138	Northland Manor 485 Northland Ave Port Colborne ON L3K 4B3	Betty Osborn 1937 Brookefield Rd R.R #1 Port Colborne ON L3K 5V3
139	Parkview Home 481 Rupert Ave Stouffville ON L4A 1T4	Parkview Village 12132 Ninth Line Stouffville ON Units 1-4 L4A 8B2 Units 5-12 L4A 8B3 Units 13-20 8B4
140	Parkview Home 481 Rupert Ave Stouffville ON L4A 1T4	Parkview Village 12184 Ninth Line Stouffville ON L4A 1T4
141	Parkview Home 481 Rupert Ave Stouffville ON L4A 1T4	Parkview Apartments 465 Rupert Ave Stouffville ON L4A 1T4
142	New Village Retirement Home 490 Highway #8 Stoney Creek ON L8G 1G6	New Village Retirement Home 490 Highway #8 Stoney Creek ON L8G 1G6
143	Pioneer Ridge - Home for the Aged 750 Tungsten St Thunder Bay ON P7B 6R1	Jasper Place 1200 Jasper Drive Thunder Bay ON P7B 6N2
144	Pleasant Manor Homes Inc 15 Elden St Virgil ON L0S 1T0	Grace Linwell 15 Elden St Virgil ON L0S 1T0
145	Pleasant Manor Homes Inc	Pleasant Manor (Retirement)

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
	15 Elden St Virgil ON L0S 1T0	15 Elden St Virgil ON L0S 1T0
146	Pleasant Manor Homes Inc 15 Elden St Virgil ON L0S 1T0	Pleasant Manor (Apartments) 15 Elden St Virgil ON L0S 1T0
147	Queensway Nursing Home 100 Queen St E Hensall ON N0M 1X0	Queensway Nursing Home and Retirement Home 100 Queen St E Hensall ON
148	Regency Park Nursing/Retirement Centre 567 Victoria Ave Windsor ON N9A 4N1	Regency Park Nursing/Retirement Centre 567 Victoria Ave Windsor ON N9A 4N1
149	Ritz Lutheran Villa Part Lot 16, Conc 2 Logan Twn. R.R. #5 Mitchell ON N0K 1N0	Ritz Manor Apartments R.R. #5 Mitchell ON N0K 1N0
150	Riverbend Place 650 Coronation Blvd Cambridge ON N1R 7S6	Riverbend Place Retirement Community 650 Coronation Blvd Cambridge ON N1R 7S6
151	Saint Luke's Place 1624 Franklin Boulevard Cambridge ON N3C 3P4	Saint Luke's Place Apartments Phase I 1624 Franklin Boulevard Cambridge ON N3C 3P4
152	Saint Luke's Place 1624 Franklin Boulevard	Saint Luke's Place Apartments Phase II

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
	Cambridge ON N3C 3P4	1624 Franklin Boulevard Cambridge ON N3C 3P4
153	Saint Luke's Place 1624 Franklin Boulevard Cambridge ON N3C 3P4	Saint Luke's Place Retirement Home 1624 Franklin Boulevard Cambridge ON N3C 3P4
154	Seaforth Manor 100 James St Seaforth ON N0K 1W0	Seaforth Manor 100 James St Seaforth ON N0K 1W0
155	Seven Oaks 9 Neilson Rd Scarborough ON M1E 5E1	New Horizons Towers 1140 Bloor St W Toronto ON H6H 4E6
156	Shalom Village Nursing Home 70 Macklin Street North Hamilton ON L8S 3S1	Shalom Village 70 Macklin Street North Hamilton ON L8S 3S1
157	Shelburne Residence 200 Robert Street Shelburne ON L0N 1S0	Shelburne Residence 200 Robert Street Shelburne ON L0N 1S0
158	Shepherd Lodge 3758 - 3760 Sheppard Ave. E Scarborough ON L0N 1S0	Shepherd Manor 125 Bonis Ave. Scarborough ON M1T 3R8
159	Shepherd Terrace 3758 Sheppard Ave.E Agincourt ON M1T 3K9	Shepherd Terrace Retirement Residences 3758 Sheppard Ave.E Agincourt ON M1T 3K9
160	Simcoe Manor 5988 8th Line Mail Main St East	Simcoe Village Box 100, Main Street

<b>Continuum of Care Facilities Table</b>		
	<b>Column 1 Long-Term Care Facility</b>	<b>Column 2 Project</b>
	Beeton ON L0G 1A0	Beeton ON L0G 1A0
161	Spencer House 36 Spencer Avenue Toronto ON M6K 2J6	Spencer House 36 Spencer Avenue Toronto ON M6K 2J6
162	Spruce Lodge 643 West Gore Street Stratford ON N5A 1L4	Woodland Towers 643 West Gore Street Stratford ON N5A 1L4
163	St. Jacques Nursing Home 915 Notre-Dame P.O. Box 870 Embrun ON K0A 1W0	Manoir St-Jacques 915 Notre-Dame P.O. Box 870 Embrun ON K0A 1W0
164	St. Clair O'Connor Community Nursing Home 2701 St. Clair Avenue East Toronto ON M4B 3M3	St. Clair O'Connor Community Inc. 2701 St. Clair Avenue East Toronto ON M4B 3M3
165	St. Joseph's Villa 14 York St. Cornwall ON K6J 5T2	Marie De la Fer 211 Warer Street W Cornwall ON K6J 1A3
166	Stoney Creek Lifecare Centre 199 Glover Rd. Stoney Creek ON L8E 5J2	StoneyCreek Lifecare Centre 199 Glover Rd. Stoney Creek, Ontario L8E 5J2
167	Strathaven Lifecare Centre 264 King Street East Bowmanville ON L1C 1P9	Strathaven Lifecare Centre 264 King St E Bowmanville ON L1C 1P9
168	Sun Parlour Home for Senior	Sun Parlour Home for the Aged

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
	Citizens 175 Talbot Street East Leamington ON N8H 1L9	Community Support Home 184 Victoria Street South Amberstburg ON N9V 2k5
169	Sunnycrest Nursing Home 1635 Dundas Street East Whitby ON L1N 2K9	Sunnycrest Villa 1695 Dundas St. E Whitby ON L1N 2K9
170	Sunset Haven 163 First Ave Welland ON L3C 1Y5	Lilli Hardt 2036 Regional Rd. 6 R.R. #1 Caistor Centre ON L0R 1B0
171	Sunset Haven 163 First Ave Welland ON L3C 1Y5	Charlotte Audit 147 First Ave Welland ON L3C
172	Sunset Haven 163 First Ave Welland ON L3C 1Y5	Alma Klotz 44 River Rd Welland ON L3B 2R8
173	Sunset Haven 163 First Ave Welland ON L3C 1Y5	Rely Leger 110 Marritt St Welland ON, L3C 4T4
174	Suomi-Koti Toronto Nursing Home 795 Eglinton Avenue East Toronto ON M4G 4E4	Toronto Finnish Canadian Seniors Care 795 Eglinton Ave E Toronto ON M4G 4E4
175	Tendercare Nursing Home Ltd. 1020 McNicoll Avenue Scarborough ON M1W 2J6	McNicoll Manor 1020 McNicoll Avenue Scarborough ON M1W 2J6
176	The Elliot 170 Metcalfe Street Guelph ON N1E 4Y3	The Elliot 170 Metcalfe Street Guelph ON N1E 4Y3

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
178	The Villa Care Centre 689 Yonge Street Midland ON L4R 2E1	The Villa Retirement Lodge 689 Yonge Street Midland ON L4R 2E1
179	The Wexford Residence Inc. 1860 Lawrence Avenue East Scarborough ON M1R 5B1	The Wexford Residence Inc. 1860 Lawrence Avenue East Scarborough, ON M1R 5B1
180	The Wellington Nursing Home 1430 Upper Wellington Street Hamilton ON L9A 5H3	The Wellington Rest Home 1430 Upper Wellington Hamilton ON L9A 5H3
181	The Heritage Nursing Home 1195 Queen St. E Toronto ON M4M 1L6	Village Park 282 St. Clair Ave W Toronto ON M4v 1S3
182	Townsvie Lifecare Centre 39 Mary Street Hamilton ON L8R 3L8	Townsvie Retirement Home 52 Catharine St N Hamilton ON
183	Trillium Ridge 800 Edgar St Kingston ON K7M 8S4	Trillium Ridge 800 Edgar St Kingston ON K7M 8S4
184	True Davidson Acres 200 Dawes Road Toronto ON M4C 5M8	Willowdale Manor 175 Cummer Ave Willowdale ON M2M 2E9
185	Tufford Nursing Home 312 Queenston St St. Catherine ON L2P 2X4	Tufford Manor 312 Queenston St St. Catherine ON L2P 2X4
186	Tyndall Nursing Home 1060 Eglinton Avenue East Mississauga ON L4W 1K3	Tyndall Estates 1044 Eglinton Avenue East Mississauga ON L4W 3A5



<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
187	Union Villa 4300 Hwy 7 Unionville ON L3R 1L8	Heritage Villa 1-92 Anna Russell Way Unionville ON L3R 3X3
188	Union Villa 4300 Hwy 7 Unionville ON L3R 1L8	Wyndham Gardens 100 Anna Russell Way Unionville ON L3R 6C7
189	United Mennonite Home for the Aged 4024 Twenty-Third Street Vineland ON L0R 2C0	Orchard View Apartments 3311 Menno St Vineland ON L0R 2C0
190	United Mennonite Home for the Aged 4024 Twenty-Third Street Vineland ON L0R 2C0	Orchard View Apartments 4020 Twenty-Third St Vineland, ON L0R 2C0
191	Versa Care Village 9 Myrtle Street P.O. Box 1120 Ridgetown ON NOP2C0	Versa Care Village 9 Myrtle Street P.O. Box 1120 Ridgetown ON NOP2C0
192	Versa-Care Summit Place 1029 - 4th Avenue West Owen Sound ON N4K 6A3	Versa-Care Summit Place 1029 - 4th Avenue West Owen Sound ON N4K 6A3
193	Versa Care Centre of Hanover 101 10th St Hanover ON N4N 1M9	Sprucewood Court Lodge 101 10th St Hanover ON N4N 1M9
194	Versa Care Centre of Hanover 101 10th St Hanover ON N4N 1M9	Valleyview Apartments 101 10th St Hanover ON N4N 1M9
195	Versa Care Trillium Court 550 Philip Place Kincardine ON N2Z 3A6	Versa Care Trillium Court 550 Philip Place Kincardine ON N2Z 3A6

<b>Continuum of Care Facilities Table</b>		
	Column 1 Long-Term Care Facility	Column 2 Project
196	Versa Care Telfer Place 245 Grand River Road North Paris ON N3L 3V8	Versa Care Telfer Place 245 Grand River Road North Paris ON
197	Versa Care Elmwood Place 46 Elmwood Place London ON N6J 1J2	Versa Care Elmwood Place 46 Elmwood Place London ON N6J 1J2
198	Villa Colombo Home for the Aged 40 Playfair Ave Toronto ON M6B 2P9	Cabato Terrace 3050 Dufferin St Toronto ON M6B 4G3
199	Villa Colombo Home for the Aged 40 Playfair Ave Toronto ON M6B 2P9	Casa Del Zotto 3010 Dufferin St Toronto ON M6B 4J5
200	Vision Nursing Home 229 Wellington St Sarnia ON N7T 1G9	Vision Rest Home 229 Wellington St Sarnia ON N7T 1G9
201	Wildwood Care Centre 100 Ann Street, Box 2200 St. Marys ON N4X 1AJ	Wildwood Care Centre 100 Ann Street, Box 2200 St. Marys ON N4X 1AJ
202.	Winston Hall Nursing Home 695 Blockline Road Kitchener ON N2E 3K1	The Village of Winston Park 695 Blockline Road Kitchener ON N2E 3K1