Long-Term Care Homes Act, 2007

ONTARIO REGULATION 79/10

GENERAL

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PART I
INTERPRETATION

DEFINITIONS

1. In this Regulation,

“1999 design manual” means the document titled “Long-Term Care Facility Design Manual”, published by the Ministry of Health and Long-Term Care and dated May, 1999, and which is available from the Ministry of Health and Long-Term Care; (“manuel de conception de 1999”)

“2009 design manual” means the document titled “Long-Term Care Home Design Manual, 2009”, published by the Ministry of Health and Long-Term Care, and which is available from the Ministry of Health and Long-Term Care; (“manuel de conception de 2009”)

“2015 design manual” means the document titled “Long-Term Care Home Design Manual, 2015”, published by the Ministry of Health and Long-Term Care, and which is available from the Ministry of Health and Long-Term Care; (“manuel de conception de 2015”)

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

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

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

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

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

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

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

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

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

“holiday” means,

(a) Saturday,
(b) Sunday,
(c) New Year’s Day,
(d) Family Day,
(e) Good Friday,
(f) Victoria Day,
(g) Canada Day,
(h) the first Monday in August,
(i) Labour Day,
(j) Thanksgiving Day,
(k) Christmas Day,
(l) Boxing Day,
(m) if New Year’s Day or Canada Day falls on a Saturday or Sunday, the following Monday,
(n) if Christmas Day falls on a Saturday or Sunday, the following Monday and Tuesday,
(o) if Christmas Day falls on a Friday, the following Monday, and
(p) any special holiday proclaimed by the Governor General or the Lieutenant Governor; (“jour férié”)

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

“licensed bed capacity” means the total licensed or approved beds in the home, excluding,
(a) beds that are not available for occupancy under a written permission of the Director under subsection 104 (3) of the Act,
(b) beds that are the subject of a temporary emergency licence under clause 112 (1) (b) of the Act, and
(c) beds that are the subject of a short term authorization under section 113 of the Act; (“capacité en lits autorisés”)

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

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

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

“medication incident” means a preventable event associated with the prescribing, ordering, dispensing, storing, labelling, administering or distributing of a drug, or the transcribing of a prescription, and includes,
(a) an act of omission or commission, whether or not it results in harm, injury or death to a resident, or
(b) a near miss event where an incident does not reach a resident but had it done so, harm, injury or death could have resulted; (“incident lié à un médicament”)

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

“pharmacy service provider” means the pharmacy service provider referred to in section 119; (“fournisseur de services pharmaceutiques”)

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

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

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

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

“private room” means,
(a) in the case of a long-term care home to which the 1999 design manual, the 2009 design manual, the 2015 design manual or the retrofit manual applies, a room with one bed that has a private ensuite washroom, other than a room that is designated by a licensee as a standard room, or
(b) in the case of all other long-term care homes, a room with one bed, other than a room that is designated by a licensee as a standard room; (“chambre individuelle”)

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

“record” means a record as defined in subsection 147 (8) of the Act; (“dossier”)

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

“registered nursing staff” means those members of staff who are,
(a) registered nurses, or
(b) registered practical nurses; (“personnel infirmier autorisé”)

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

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

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

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

“responsive behaviours” means behaviours that often indicate,

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

“retrofit manual” means the document titled “Long-Term Care ‘D’ Facility Retrofit Design Manual”, published by the Ministry of Health and Long-Term Care and dated January, 2002, and which is available from the Ministry of Health and Long-Term Care; (“manuel de réfection”)

“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”)

“semi-private room” means,

(a) in the case of a long-term care home to which the 1999 design manual, the 2009 design manual, the 2015 design manual or the retrofit manual applies, a room with one bed connected to another room with one bed by an ensuite washroom, other than a room that is designated by a licensee as a standard room, or
(b) in the case of all other long-term care homes, a room with two beds, other than a room that is designated by a licensee as a standard room; (“chambre à deux lits”)

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

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

“standard room” means,

(a) in the case of a long-term care home to which the 1999 design manual, the 2009 design manual, the 2015 design manual or the retrofit manual applies, a room with one or two beds that affords privacy to each resident, that has an ensuite washroom, and that is designated by a licensee as a standard room, or
(b) in the case of all other long-term care homes,

(i) a room with three or more beds,
(ii) a room with less than three beds that is designated by a licensee as a standard room; (“chambre standard”)

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

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

“veterans’ priority access bed” means a bed that has been designated as a veterans’ priority access bed under section 51 of the Act. (“lit d’accès prioritaire aux anciens combattants”) O. Reg. 79/10, s. 1; O. Reg. 138/11, s. 1; O. Reg. 246/13, s. 1; O. Reg. 89/16, s. 1.

“Abuse” — definition
2. (1) For the purposes of the definition of “abuse” in subsection 2 (1) of the Act, “emotional abuse” means,
(a) any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident, or
(b) any threatening or intimidating gestures, actions, behaviour or remarks by a resident that causes alarm or fear to another resident where the resident performing the gestures, actions, behaviour or remarks understands and appreciates their consequences; (“mauvais traitement d’ordre affectif”)
“financial abuse” means any misappropriation or misuse of a resident’s money or property; (“exploitation financière”)
“physical abuse” means, subject to subsection (2),
(a) the use of physical force by anyone other than a resident that causes physical injury or pain,
(b) administering or withholding a drug for an inappropriate purpose, or
(c) the use of physical force by a resident that causes physical injury to another resident; (“mauvais traitement d’ordre physique”)
“sexual abuse” means,
(a) subject to subsection (3), any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member, or
(b) any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member; (“mauvais traitement d’ordre sexuel”)
“verbal abuse” means,
(a) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident’s sense of well-being, dignity or self-worth, that is made by anyone other than a resident, or
(b) any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences. (“mauvais traitement d’ordre verbal”) O. Reg. 79/10, s. 2 (1).
(2) For the purposes of clause (a) of the definition of “physical abuse” in subsection (1), physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances. O. Reg. 79/10, s. 2 (2).
(3) For the purposes of the definition of “sexual abuse” in subsection (1), sexual abuse does not include,
(a) touching, behaviour or remarks of a clinical nature that are appropriate to the provision of care or assisting a resident with activities of daily living; or
(b) consensual touching, behaviour or remarks of a sexual nature between a resident and a licensee or staff member that is in the course of a sexual relationship that began before the resident was admitted to the long-term care home or before the licensee or staff member became a licensee or staff member. O. Reg. 79/10, s. 2 (3).

“Accommodation” — definition

3. For the purposes of the Act and this Regulation, “accommodation”, in relation to a long-term care home, means basic accommodation in the home or preferred accommodation in the home; (“hébergement”)
“basic accommodation”, in relation to a long-term care home, means lodging in a standard room in the home, housekeeping services, maintenance and use of the home, dietary services, laundry and linen services, administrative services and 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”) O. Reg. 79/10, s. 3.

“Drug” — definition

4. For the purposes of the Act and this Regulation, “drug” means a substance or a preparation containing a substance referred to in clauses (a) through (d) of the definition of “drug” in subsection 1 (1) of the Drug and Pharmacies Regulation Act, including a substance that would be excluded from that definition by virtue of clauses (f) to (i) of that definition, but does not include a substance referred to in clause (e) of that definition. O. Reg. 79/10, s. 4.
“Neglect” — definition
5. For the purposes of the Act and this Regulation, “neglect” means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents. O. Reg. 79/10, s. 5.

“Regular nursing staff” — definition
6. For the purposes of subsection 8 (3) of the Act and this Regulation, “regular nursing staff” means a member of the registered nursing staff who works in a long-term care home at fixed or prearranged intervals. O. Reg. 79/10, s. 6.

“Veteran” — definition
7. 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). O. Reg. 79/10, s. 7.

Policies and Records

Policies, etc., to be followed, and records
8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

(2) Where the Act or this Regulation requires the licensee to keep a record, the licensee shall ensure that the record is kept in a readable and useable format that allows a complete copy of the record to be readily produced. O. Reg. 79/10, s. 8 (2).

PART II
RESIDENTS: RIGHTS, CARE AND SERVICES

Safe and Secure Home

Doors in a home
9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, of doors that residents do not have access to must be,
   i. kept closed and locked,
   ii. equipped with a door access control system that is kept on at all times, and
   iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
      A. is connected to the resident-staff communication and response system, or
      B. is connected to an audio visual enunciator that is connected to the nurses’ station nearest to the door and has a manual reset switch at each door.
1.1 All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.
3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home’s emergency plans. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2); O. Reg. 246/13, s. 2.

(2) The licensee shall ensure that there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents. O. Reg. 363/11, s. 1 (3).

Elevators
10. (1) Every licensee of a long-term care home shall ensure that any elevators in the home are equipped to restrict resident access to areas that are not to be accessed by residents. O. Reg. 79/10, s. 10 (1).

(2) Subsection (1) does not apply to a licensee,
(a) until 12 months after the day this section comes into force; or
(b) until December 31, 2014 if the licensee has obtained approval for the redevelopment of the home under Phase 1 of the program of the Ministry known as the “Long-Term Care Home Renewal Strategy”. O. Reg. 363/11, s. 2.

Floor space

11. Every licensee of a long-term care home shall ensure that each floor of the home on which residents reside has adequate space for,
(a) completion of documentation by staff; and
(b) secure storage of resident records. O. Reg. 79/10, s. 11.

Furnishings

12. (1) Every licensee of a long-term care home shall ensure that the home has sufficient indoor and outdoor furnishings, including tables, sofas, chairs and lamps, to meet the needs of residents. O. Reg. 79/10, s. 12 (1).

(2) The licensee shall ensure that,
(a) resident beds have a firm, comfortable mattress that is at least 10.16 centimetres thick unless contraindicated as set out in the resident’s plan of care;
(b) resident beds are capable of being elevated at the head and have a headboard and a footboard;
(c) roll-away beds, day beds, double deck beds, or cots are not used as sleeping accommodation for a resident, except in an emergency;
(d) a bedside table is provided for every resident;
(e) a comfortable easy chair is provided for every resident in the resident’s bedroom, or that a resident who wishes to provide their own comfortable easy chair is accommodated in doing so; and
(f) a clothes closet is provided for every resident in the resident’s bedroom. O. Reg. 79/10, s. 12 (2).

Privacy curtains

13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. O. Reg. 79/10, s. 13.

Shower grab bars

14. Every licensee of a long-term care home shall ensure that every resident shower has at least two easily accessible grab bars, with at least one grab bar being located on the same wall as the faucet and at least one grab bar being located on an adjacent wall. O. Reg. 79/10, s. 14.

Bed rails

15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

(2) Subsection (1) applies in addition to any requirements that apply where bed rails are used as a physical device to restrain under section 31 of the Act or as a PASD under section 33 of the Act. O. Reg. 79/10, s. 15 (2).

Windows

16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Communication and response system

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

O. Reg. 79/10, s. 17 (1).

(2) A licensee is not required to comply with clause (1) (e) until 12 months after the coming into force of this section. O. Reg. 79/10, s. 17 (2).

Lighting

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

1. In homes to which the 2009 design manual or 2015 design manual applies,
   i. all corridors and enclosed stairways shall have continuous consistent lighting throughout with minimum levels of 322.92 lux, and
   ii. all other areas of the home, including resident bedrooms and vestibules, washrooms and tub and shower rooms, shall have lighting with minimum levels of 322.92 lux.

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

Generators

19. (1) Subject to subsections (2) to (4), every licensee of a long-term care home shall ensure that the home is served by a generator that is available at all times and that has the capacity to maintain, in the event of a power outage,

(a) the heating system;
(b) emergency lighting in hallways, corridors, stairways and exits; and
(c) essential services, including dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks, the resident-staff communication and response system, elevators and life support, safety and emergency equipment. O. Reg. 79/10, s. 19 (1).

(1.1) The licensee of a home with new beds or class A beds within the meaning of subsection 187 (18) of the Act is not required to comply with clause (1) (c) until July 1, 2012, unless the licensee was in compliance with clause (1) (c) on July 1, 2010. O. Reg. 363/11, s. 5.

(2) The following rules apply with respect to a home that has Class B or C beds within the meaning of subsection 187 (18) of the Act, or D beds within the meaning of that subsection that were upgraded in accordance with the Upgrade Option Guidelines:

1. Subject to paragraph 2, the licensee is not required to comply with subsection (1) until December 31, 2024.

2. If the home is redeveloped under the program of the Ministry known as the “Long-Term Care Home Renewal Strategy” or the program of the Ministry known as the “Enhanced Long-Term Care Home Renewal Strategy” and the redevelopment is completed before December 31, 2024, the licensee is required to comply with subsection (1) as of the day the redevelopment is complete. O. Reg. 410/16, s. 1.

3. The licensee of a home with Class D beds within the meaning of subsection 187 (18) of the Act that were not upgraded in accordance with the Upgrade Option Guidelines is not required to comply with subsection (1). O. Reg. 79/10, s. 19 (3).

4. The licensee of a home to which subsection (2) or (3) applies shall ensure, not later than six months after the day this section comes into force, that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c). O. Reg. 79/10, s. 19 (4).

Cooling requirements
20. (1) Every licensee of a long-term care home shall ensure that a written hot weather related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices and is implemented when required to address the adverse effects on residents related to heat. O. Reg. 79/10, s. 20 (1).

(2) The licensee shall ensure that, if central air conditioning is not available in the home, the home has at least one separate designated cooling area for every 40 residents. O. Reg. 79/10, s. 20 (2).

Air temperature
21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.

Plumbing
22. Every licensee of a long-term care home shall ensure that all plumbing fixtures in the home with hose attachments are equipped with a back flow device. O. Reg. 79/10, s. 22.

Compliance with manufacturers' instructions
23. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers’ instructions. O. Reg. 79/10, s. 23.

CARE PLANS AND PLANS OF CARE

24-hour admission care plan
24. (1) Every licensee of a long-term care home shall ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident’s admission to the home. O. Reg. 79/10, s. 24 (1).

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

1. Any risks the resident may pose to himself or herself, including any risk of falling, and interventions to mitigate those risks.
2. Any risks the resident may pose to others, including any potential behavioural triggers, and safety measures to mitigate those risks.
3. The type and level of assistance required relating to activities of daily living.
4. Customary routines and comfort requirements.
5. Drugs and treatments required.
6. Known health conditions, including allergies and other conditions of which the licensee should be aware upon admission, including interventions.
7. Skin condition, including interventions.
8. Diet orders, including food texture, fluid consistencies and food restrictions. O. Reg. 79/10, s. 24 (2).

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

(a) the planned care for the resident; and
(b) clear directions to staff and others who provide direct care to the resident. O. Reg. 79/10, s. 24 (3).

(4) The licensee shall ensure that the care set out in the care plan is based on an assessment of the resident and the needs and preferences of that resident and on the assessment, reassessments and information provided by the placement coordinator under section 44 of the Act. O. Reg. 79/10, s. 24 (4).

(5) The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate to the extent possible in the development and implementation of the resident’s care plan, and in reviews and revisions of the care plan. O. Reg. 79/10, s. 24 (5).

(6) The licensee shall ensure that the care set out in the care plan is provided to the resident as specified in the plan. O. Reg. 79/10, s. 24 (6).

(7) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident’s care plan and have convenient and immediate access to it. O. Reg. 79/10, s. 24 (7).

(8) The licensee shall ensure that the provision and outcomes of the care set out in the care plan are documented. O. Reg. 79/10, s. 24 (8).

(9) The licensee shall ensure that the resident is reassessed and the care plan is reviewed and revised when,
(a) the resident’s care needs change;
(b) the care set out in the plan is no longer necessary; or
(c) the care set out in the plan has not been effective. O. Reg. 79/10, s. 24 (9).

(10) When the care plan is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the care plan. O. Reg. 79/10, s. 24 (10).

(11) The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an explanation of the care plan. O. Reg. 79/10, s. 24 (11).

(12) Subsection (11) does not require the disclosure of information if access to a record of the information could be refused under the *Personal Health Information Protection Act, 2004*. O. Reg. 79/10, s. 24 (12).

(13) Nothing in this section limits a right of access to a care plan under the *Personal Health Information Protection Act, 2004*. O. Reg. 79/10, s. 24 (13).

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

1. Paragraph 11 of subsection 3 (1) of the Act.
2. Subsection 30 (4) of the Act.
3. Subsections 31 (1) and (2) of the Act.
4. Subsections 33 (3) and (4) of the Act.
5. Section 29 of this Regulation.
6. Subsection 34 (2) of this Regulation.
7. Clause 51 (2) (b) of this Regulation.
8. Clause 117 (a) of this Regulation. O. Reg. 79/10, s. 24 (14).

(15) This section ceases to apply with respect to a resident when a plan of care is developed for the resident under section 6 of the Act. O. Reg. 79/10, s. 24 (15).

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

(a) who is being relocated to another long-term care home operated by the same licensee and section 208 of this Regulation applies; or

(b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee. O. Reg. 79/10, s. 24 (16).

Initial plan of care

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

(a) the assessments necessary to develop an initial plan of care under subsection 6 (6) of the Act are completed within 14 days of the resident’s admission; and

(b) the initial plan of care is developed within 21 days of the admission. O. Reg. 79/10, s. 25 (1).

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

(a) who is being relocated to another long-term care home operated by the same licensee and section 208 of this Regulation applies; or

(b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee. O. Reg. 79/10, s. 25 (2).

(3) A licensee is exempt from section 6 of the Act and from this section with respect to a resident who is admitted to the short-stay respite care program. O. Reg. 79/10, s. 25 (3).

(4) For greater clarity, an initial plan of care is a “plan of care” for the purposes of the Act and this Regulation. O. Reg. 79/10, s. 25 (4).

Plan of care

26. (1) Every licensee of a long-term care home shall ensure that the requirements of this section are met with respect to every plan of care. O. Reg. 79/10, s. 26 (1).

(2) A plan of care,

(a) must identify the resident and include the resident’s demographic information; and
(b) must identify all the persons who participated in the development of the plan of care, and the dates on which they participated. O. Reg. 79/10, s. 26 (2).

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

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

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

(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident’s health condition; and

(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).

(5) A licensee is exempt from this section with respect to a resident who is admitted to the short-stay respite care program. O. Reg. 79/10, s. 26 (5).

Care conference

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

(a) a care conference of the interdisciplinary team providing a resident’s care is held within six weeks following the resident’s admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, if any;

(b) the resident, the resident’s substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and

(c) a record is kept of the date, the participants and the results of the conferences. O. Reg. 79/10, s. 27 (1).
(2) Where the resident was admitted to the home under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act, the licensee shall ensure that a care conference is held in accordance with the following:

1. Where, within 12 months before this section came into force, a conference for the resident was held under subsection 127 (2) of Regulation 832 of the Revised Regulations of Ontario, 1990 (General) made under the Nursing Homes Act, subsection 68 (2) of Regulation 637 of the Revised Regulations of Ontario, 1990 (General) made under the Homes for the Aged and Rest Homes Act or subsection 58 (2) of Regulation 69 of the Revised Regulations of Ontario, 1990 (General) made under the Charitable Institutions Act, a care conference shall be held within 12 months of the last conference.

2. Where no conference referred to in paragraph 1 was held within 12 months before this section came into force, a care conference shall be held when the resident is reassessed and the resident’s plan of care is revised under clause 28 (a).

O. Reg. 79/10, s. 27 (2).

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

(a) who is being relocated to another long-term care home operated by the same licensee and section 208 of this Regulation applies; or

(b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee. O. Reg. 79/10, s. 27 (3).

(4) A licensee is exempt from this section with respect to a resident who is admitted to the short-stay respite care program. O. Reg. 79/10, s. 27 (4).

Plan of care, transitional

28. Where, immediately before the coming into force of this section, there is a plan of care in place with respect to a resident, the licensee of the long-term care home shall ensure,

(a) that the resident is reassessed and the plan of care is revised to comply with section 6 of the Act and section 26 of this Regulation within six months of the coming into force of section 6 of the Act; and

(b) that the plan of care is reviewed during that six months if the resident’s needs change, the care in the plan of care is no longer necessary or the care in the plan of care has not been effective. O. Reg. 79/10, s. 28.

Changes in plan of care, consent

29. Every licensee of a long-term care home shall ensure that when a resident is reassessed and the resident’s plan of care is reviewed and revised under subsection 6 (10) of the Act, any consent or directive with respect to “treatment” as defined in the Health Care Consent Act, 1996, including a consent or directive with respect to a “course of treatment” or a “plan of treatment” under that Act, that is relevant, including a regulated document under paragraph 2 of subsection 227 (1) of this Regulation, is reviewed and, if required, revised. O. Reg. 79/10, s. 29.

GENERAL REQUIREMENTS FOR PROGRAMS

General requirements

30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

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

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident’s condition.

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

(2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident’s responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

NURSING AND PERSONAL SUPPORT SERVICES
31. (1) This section and sections 32 to 47 apply to,
(a) the organized program of nursing services required under clause 8 (1) (a) of the Act; and
(b) the organized program of personal support services required under clause 8 (1) (b) of the Act. O. Reg. 79/10, s. 31 (1).

(2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b). O. Reg. 79/10, s. 31 (2).

(3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents’ assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;
(b) set out the organization and scheduling of staff shifts;
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

(4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 31 (4).

Personal care

32. Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis. O. Reg. 79/10, s. 32.

Bathing

33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident’s hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

(2) For the purposes of this section, “bathing” includes tub baths, showers, and full body sponge baths. O. Reg. 79/10, s. 33 (2).

Oral care

34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,
(a) mouth care in the morning and evening, including the cleaning of dentures;
(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and
(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident’s substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

(2) The licensee shall ensure that each resident receives assistance, if required, to insert dentures prior to meals and at any other time as requested by the resident or required by the resident’s plan of care. O. Reg. 79/10, s. 34 (2).

Foot care and nail care

35. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives preventive and basic foot care services, including the cutting of toenails, to ensure comfort and prevent infection. O. Reg. 79/10, s. 35 (1).

(2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails. O. Reg. 79/10, s. 35 (2).

Transferring and positioning techniques

36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Personal items and personal aids

37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,
(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and
(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

(2) The licensee shall ensure that each resident receives assistance, if required, to use personal aids. O. Reg. 79/10, s. 37 (2).

Notification re personal belongings, etc.

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

(a) the resident’s personal aids or equipment are not in good working order or require repair; or

(b) the resident requires new personal belongings. O. Reg. 79/10, s. 38.

Mobility devices

39. Every licensee of a long-term care home shall ensure that mobility devices, including wheelchairs, walkers and canes, are available at all times to residents who require them on a short-term basis. O. Reg. 79/10, s. 39.

Dress

40. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with his or her preferences, in his or her own clean clothing and in appropriate clean footwear. O. Reg. 79/10, s. 40.

Bedtime and rest routines

41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.

End-of-life care

42. Every licensee of a long-term care home shall ensure that every resident receives end-of-life care when required in a manner that meets their needs. O. Reg. 79/10, s. 42.

Communication methods

43. Every licensee of a long-term care home shall ensure that strategies are developed and implemented to meet the needs of residents with compromised communication and verbalization skills, of residents with cognitive impairment and of residents who cannot communicate in the language or languages used in the home. O. Reg. 79/10, s. 43.

Availability of supplies

44. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents. O. Reg. 79/10, s. 44.

24-hour nursing care — exceptions

45. (1) The following are the exceptions to the requirement that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, as required under subsection 8 (3) of the Act:

1. For homes with a licensed bed capacity of 64 beds or fewer,
   i. a registered nurse who works at the home pursuant to a contract or agreement between the nurse and the licensee and who is a member of the regular nursing staff may be used,
   ii. in the case of an emergency where the back-up plan referred to in clause 31 (3) (d) of this Regulation fails to ensure that the requirement under subsection 8 (3) of the Act is met,
      A. a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, or
      B. a registered practical nurse who is a member of the regular nursing staff may be used if the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone.

2. For homes with a licensed bed capacity of more than 64 beds and fewer than 129 beds,
   i. in the case of a planned or extended leave of absence of an employee of the licensee who is a registered nurse and a member of the regular nursing staff, a registered nurse who works at the home pursuant to a contract or agreement with the licensee and who is a member of the regular nursing staff may be used,
   ii. in the case of an emergency where the back-up plan referred to in clause 31 (3) (d) of this Regulation fails to ensure that the requirement under subsection 8 (3) of the Act is met, a registered nurse who works at the home
pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if,

A. the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, and

B. a registered practical nurse who is both an employee of the licensee and a member of the regular nursing staff is on duty and present in the home. O. Reg. 79/10, s. 45 (1).

(2) In this section, “emergency” means an unforeseen situation of a serious nature that prevents a registered nurse from getting to the long-term care home. O. Reg. 79/10, s. 45 (2).

Exemption, small homes at hospitals

45.1 The licensee of a long-term care home is exempt from subsections 8 (3) and (4) of the Act with respect to the home, as long as the following conditions apply:

1. The home has a licensed bed capacity of 39 beds or fewer.
2. The home adjoins a hospital under the Public Hospitals Act.
3. A registered nurse is on duty and present anywhere on the site, including the hospital. O. Reg. 417/12, s. 1.

Certification of nurses

46. Every licensee of a long-term care home shall ensure that every member of the staff who performs duties in the capacity of registered nurse, registered practical nurse or registered nurse in the extended class has the appropriate current certificate of registration with the College of Nurses of Ontario. O. Reg. 79/10, s. 46.

Qualifications of personal support workers

47. (1) Every licensee of a long-term care home shall ensure that on and after January 1, 2016, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title,

(a) has successfully completed a personal support worker program that meets the requirements in subsection (2); and

(b) has provided the licensee with proof of graduation issued by the education provider. O. Reg. 399/15, s. 1.

(2) The personal support worker program,

(a) must meet,

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

(ii) the Personal Support Worker Training Standard published by the Ministry of Training, Colleges and Universities dated October 2014; and

(b) must be a minimum of 600 hours in duration, counting both class time and practical experience time. O. Reg. 399/15, s. 1.

(3) Despite subsection (1), a licensee may hire as a personal support worker or to provide personal support services,

(a) a registered nurse or registered practical nurse,

(i) who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker, and

(ii) who has the appropriate current certificate of registration with the College of Nurses of Ontario;

(b) a person who was working or employed at a long-term care home as a personal support worker at any time in the 12-month period preceding July 1, 2011, if,

(i) the person was working as a personal support worker on a full-time basis for at least three years during the five years immediately before being hired, or

(ii) the person was working as personal support worker on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being hired;

(c) a person who is enrolled in an educational program for registered nurses or registered practical nurses and who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker;
(d) a person who is enrolled in a program described in subsection (2) and who is completing the practical experience requirements of the program, but such a person must work under the supervision of a member of the registered nursing staff and an instructor from the program;

(e) a person,
   (i) who has a diploma or certificate granted in another jurisdiction resulting from a program that was a minimum of 600 hours in duration, counting both class time and practical experience time,
   (ii) who has a set of skills that, in the reasonable opinion of the licensee, is equivalent to those that the licensee would expect of a person who has completed a program referred to in clause (2) (a), and
   (iii) who has provided the licensee with proof of graduation issued by the education provider;

(f) a person who is enrolled in a program that is a minimum of 600 hours in duration, counting both class time and practical experience time, and meets,
   (i) the vocational standards established by the Ministry of Training, Colleges and Universities,
   (ii) the standards established by the National Association of Career Colleges, or
   (iii) the standards established by the Ontario Community Support Association,

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

(g) a person who, by July 1, 2018, has successfully completed a personal support worker program that meets the requirements set out in clause (f), other than the requirement to work under supervision, and has provided the licensee with proof of graduation issued by the education provider. O. Reg. 399/15, s. 1.

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

(a) a person who was required to be enrolled in a program described in clause (3) (c) or (d) if the person ceases to be enrolled in the program or fails to successfully complete the program within five years of being hired;

(b) a person who was required to be enrolled in a program described in clause (3) (f) if the person ceases to be enrolled in the program or fails to successfully complete the program by July 1, 2018; and

(c) a person who was required to be enrolled in a program described in clause (3) (c), (d) or (f) if the person fails to provide the licensee with proof of graduation from the program within 90 days of the graduation. O. Reg. 399/15, s. 1.

REQUIRED PROGRAMS

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

   1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
   2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
   3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
   4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).

(2) Each program must, in addition to meeting the requirements set out in section 30,

(a) provide for screening protocols; and

(b) provide for assessment and reassessment instruments. O. Reg. 79/10, s. 48 (2).

Falls prevention and management

49. (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents’ drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 79/10, s. 49 (1).

(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. O. Reg. 79/10, s. 49 (2).

(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. O. Reg. 79/10, s. 49 (3).
Skin and wound care

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

1. The provision of routine skin care to maintain skin integrity and prevent wounds.
2. Strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents.
3. Strategies to transfer and position residents to reduce and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids.
4. Treatments and interventions, including physiotherapy and nutrition care. O. Reg. 79/10, s. 50 (1).

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

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
   (i) within 24 hours of the resident’s admission,
   (ii) upon any return of the resident from hospital, and
   (iii) upon any return of the resident from an absence of greater than 24 hours;
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
   (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
   (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
   (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident’s plan of care relating to nutrition and hydration are implemented, and
   (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident’s condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

(3) In this section, “altered skin integrity” means potential or actual disruption of epidermal or dermal tissue. O. Reg. 79/10, s. 50 (3).

Continence care and bowel management

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

1. Treatments and interventions to promote continence.
2. Treatments and interventions to prevent constipation, including nutrition and hydration protocols.
3. Toileting programs, including protocols for bowel management.
4. Strategies to maximize residents’ independence, comfort and dignity, including equipment, supplies, devices and assistive aids.
5. Annual evaluation of residents’ satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated. O. Reg. 79/10, s. 51 (1).

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

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,
   (i) are based on their individual assessed needs,
   (ii) properly fit the residents,
   (iii) promote resident comfort, ease of use, dignity and good skin integrity,
   (iv) promote continued independence wherever possible, and
   (v) are appropriate for the time of day, and for the individual resident’s type of incontinence. O. Reg. 79/10, s. 51 (2).

Pain management

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

1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.

2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

3. Comfort care measures.

4. Monitoring of residents’ responses to, and the effectiveness of, the pain management strategies. O. Reg. 79/10, s. 52 (1).

(2) Every licensee of a long-term care home shall ensure that when a resident’s pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

RESPONSIVE BEHAVIOURS

Responsive behaviours

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

1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.

2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

3. Resident monitoring and internal reporting protocols.

4. Protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 53 (1).

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

(a) integrated into the care that is provided to all residents;

(b) based on the assessed needs of residents with responsive behaviours; and

(c) co-ordinated and implemented on an interdisciplinary basis. O. Reg. 79/10, s. 53 (2).

(3) The licensee shall ensure that,

(a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices;

(b) at least annually, the matters referred to in subsection (1) are evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

(c) a written record is kept relating to each evaluation under clause (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 53 (3).
(4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible;
(b) strategies are developed and implemented to respond to these behaviours, where possible; and
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident’s responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

ALTERCATIONS AND OTHER INTERACTIONS

ALTERCATIONS AND OTHER INTERACTIONS BETWEEN RESIDENTS

54. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,
(a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and
(b) identifying and implementing interventions. O. Reg. 79/10, s. 54.

BEHAVIOURS AND ALTERCATIONS

55. Every licensee of a long-term care home shall ensure that,
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident’s behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and
(b) all direct care staff are advised at the beginning of every shift of each resident whose behaviours, including responsive behaviours, require heightened monitoring because those behaviours pose a potential risk to the resident or others. O. Reg. 79/10, s. 55.

RESTORATIVE CARE

56. Sections 57 to 64 apply to the organized interdisciplinary program with a restorative care philosophy required under subsection 9 (1) of the Act. O. Reg. 79/10, s. 56.

INTEGRATING RESTORATIVE CARE INTO PROGRAMS

57. Every licensee of a long-term care home shall ensure that,
(a) restorative care approaches are integrated into the care that is provided to all residents; and
(b) the restorative care approaches are co-ordinated to ensure that each resident is able to maintain or improve his or her functional and cognitive capacities in all aspects of daily living, to the extent of his or her abilities. O. Reg. 79/10, s. 57.

TRANSFERING AND POSITIONING

58. Every licensee of a long-term care home shall ensure that when transferring and positioning residents, staff shall use devices and techniques that maintain or improve, wherever possible, residents’ weight bearing capability, endurance and range of motion. O. Reg. 79/10, s. 58.

THERAPY SERVICES

59. Every licensee of a long-term care home shall ensure that therapy services for residents of the home are arranged or provided under section 9 of the Act that include,
(a) on-site physiotherapy provided to residents on an individualized basis or in a group setting based on residents’ assessed care needs; and
(b) occupational therapy and speech-language therapy. O. Reg. 79/10, s. 59.

SPACE AND SUPPLIES — THERAPY SERVICES

60. (1) Every licensee of a long-term care home shall ensure that there is safe and appropriate space in the home for the provision of therapy services. O. Reg. 79/10, s. 60 (1).

(2) The licensee shall ensure that there is a sufficient supply of therapy equipment available at all times to meet the needs of residents. O. Reg. 79/10, s. 60 (2).

THERAPY SERVICES STAFF QUALIFICATIONS
Subject to subsection (2), every licensee of a long-term care home shall ensure that the therapy services referred to in section 59 of this Regulation and that the licensee arranges or provides under section 9 of the Act are only provided by therapists who have a current certificate of registration with the appropriate college of a regulated health profession. O. Reg. 79/10, s. 61 (1).

(2) Therapy services provided by the licensee may be provided by support personnel who are members of the staff of the home who work under the direction of a member of the appropriate regulated health profession and the supervision of the designated lead required under section 64 and who,

(a) subject to subsection (3), have successfully completed a training program in restorative care, or are enrolled in such a program; or

(b) have successfully completed a relevant training course provided by the licensee that is designed and supervised by a qualified therapist who is a member of the appropriate college of a regulated health profession. O. Reg. 79/10, s. 61 (2).

(3) The licensee shall cease to employ as support personnel a person who was required to be enrolled in a program described in clause (2) (a) if the person ceases to be enrolled in the program or fails to successfully complete the program within three years of being hired. O. Reg. 79/10, s. 61 (3).

(4) Subsections (2) and (3) apply with respect to support personnel who provided therapy services at the home before the coming into force of this section, but for such persons, the three-year period referred to in subsection (3) begins when this section comes into force, not when the person first provided therapy services. O. Reg. 79/10, s. 61 (4).

(5) Therapy services arranged by the licensee may be provided by support personnel of a regulated health professional referred to in subsection (1) working under the direction and supervision of that regulated health professional. O. Reg. 79/10, s. 61 (5).

Social work and social services work

62. Every licensee of a long-term care home shall ensure that there is a written description of the social work and social services work provided in the home and that the work meets the residents’ needs. O. Reg. 79/10, s. 62.

Social work and social services work qualifications

63. Every licensee of a long-term care home shall ensure that social workers or social service workers who provide services in the home are registered under the Social Work and Social Service Work Act, 1998. O. Reg. 79/10, s. 63.

Designated lead

64. (1) Every licensee of a long-term care home shall ensure that the home’s restorative care program, including the services of social workers and social service workers, are co-ordinated by a designated lead. O. Reg. 79/10, s. 64 (1).

(2) The designated lead,

(a) must have a current general certificate of registration with a college of a regulated health profession or the Ontario College of Social Workers and Social Service Workers; or

(b) must have,

(i) a post-secondary diploma or degree in recreation and leisure studies, kinesiology, therapeutic recreation or other related field from a community college or university, and

(ii) at least one year of experience in a health care setting. O. Reg. 79/10, s. 64 (2).

Recreational and social activities program

65. (1) This section and sections 66 and 67 apply to the organized recreational and social activities program for the home required under subsection 10 (1) of the Act. O. Reg. 79/10, s. 65 (1).

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

(a) the provision of supplies and appropriate equipment for the program;

(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends;

(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests;

(d) opportunities for resident and family input into the development and scheduling of recreation and social activities;

(e) the provision of information to residents about community activities that may be of interest to them; and
(f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently.  O. Reg. 79/10, s. 65 (2).

**Designated lead**

**66.** (1) Every licensee of a long-term care home shall ensure that there is a designated lead for the recreational and social activities program.  O. Reg. 79/10, s. 66 (1).

(2) The designated lead must have,

(a) a post-secondary diploma or degree in recreation and leisure studies, therapeutic recreation, kinesiology or other related field from a community college or university; and

(b) at least one year of experience in a health care setting.  O. Reg. 79/10, s. 66 (2).

(3) Subsection (2) only applies with respect to designated leads designated after the coming into force of this section.  O. Reg. 79/10, s. 66 (3).

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

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

(b) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being designated in the different home.  O. Reg. 79/10, s. 66 (3).

**Recreational and social activities qualifications**

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

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

(b) are enrolled in a community college or university in a diploma or degree program in such a field.  O. Reg. 79/10, s. 67 (1).

(2) The licensee shall cease to employ as a recreational and social activities staff member a person who was required to be enrolled in a program described in clause (1) (b) if the person ceases to be enrolled in the program or fails to successfully complete the program within three years of being hired.  O. Reg. 79/10, s. 67 (2).

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

(a) a staff member who was providing recreational and social activities in the home immediately before July 1, 2010; or

(b) a person who was a staff member providing recreational and social activities in a long-term care home immediately before July 1, 2010, and who worked or was employed as a staff member providing recreational and social activities in a long-term care home,

(i) on a full-time basis for at least three years during the five years immediately before being employed in a different home, or

(ii) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being employed in a different home.  O. Reg. 246/13, s. 4.

**Nutrition care and hydration programs**

**68.** (1) This section and sections 69 to 78 apply to,

(a) the organized program of nutrition care and dietary services required under clause 11 (1) (a) of the Act; and

(b) the organized program of hydration required under clause 11 (1) (b) of the Act.  O. Reg. 79/10, s. 68 (1).

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

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;

(b) the identification of any risks related to nutrition care and dietary services and hydration;

(c) the implementation of interventions to mitigate and manage those risks;
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

(e) a weight monitoring system to measure and record with respect to each resident,
   (i) weight on admission and monthly thereafter, and
   (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

**Weight changes**

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

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident’s health status. O. Reg. 79/10, s. 69.

**Dietary services**

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

(a) menu planning;
(b) food production;
(c) dining and snack service; and
(d) availability of supplies and equipment for food production and dining and snack service. O. Reg. 79/10, s. 70.

**Menu planning**

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

(a) is a minimum of 21 days in duration;
(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
(c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;
(d) includes alternative beverage choices at meals and snacks;
(e) is approved by a registered dietitian who is a member of the staff of the home;
(f) is reviewed by the Residents’ Council for the home; and
(g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

(2) The licensee shall ensure that each menu,

(a) provides for adequate nutrients, fibre and energy for the residents based on the current Dietary Reference Intakes (DRIs) established in the reports overseen by the United States National Academies and published by National Academy Press, as they may exist from time to time; and
(b) provides for a variety of foods, including fresh seasonal foods, each day from all food groups in keeping with Canada’s Food Guide as it exists from time to time. O. Reg. 79/10, s. 71 (2).

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

(a) three meals daily;
(b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and
(c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).

(4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

(5) The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home’s menu cycle. O. Reg. 79/10, s. 71 (5).

(6) The licensee shall ensure that a full breakfast is available to residents up to at least 8:30 a.m. and that the evening meal is not served before 5:00 p.m. O. Reg. 79/10, s. 71 (6).
(7) The licensee shall ensure that food and beverages that are appropriate for the residents’ diets are accessible to staff and available to residents on a 24-hour basis. O. Reg. 79/10, s. 71 (7).

Food production

72. (1) Every licensee of a long-term care home shall ensure that there is an organized food production system in the home. O. Reg. 79/10, s. 72 (1).

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

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

(g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

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

(a) preserve taste, nutritive value, appearance and food quality; and
(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

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

(a) purchases relating to the food production system, including food delivery receipts;
(b) the approved menu cycle; and
(c) menu substitutions. O. Reg. 79/10, s. 72 (4).

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

(a) the number of meals prepared for persons who are not residents of the home; and
(b) the revenue and internal recoveries made by the licensee relating to the sale or provision of any food and beverage prepared in the home, including revenue and internal recoveries made from cafeteria sales and catering. O. Reg. 79/10, s. 72 (5).

(6) The licensee shall ensure that the home has,

(a) sufficient storage capacity to support the home’s menu requirements;
(b) institutional food service equipment with adequate capacity to prepare, transport and hold perishable hot and cold food at safe temperatures; and
(c) institutional food service equipment with adequate capacity to clean and sanitize all dishes, utensils and equipment related to food production and dining and snack service. O. Reg. 79/10, s. 72 (6).

(7) The licensee shall ensure that the home has and that the staff of the home comply with,

(a) policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service;
(b) a cleaning schedule for all the equipment; and
(c) a cleaning schedule for the food production, servery and dishwashing areas. O. Reg. 79/10, s. 72 (7).

Dining and snack service

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

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents’ Council.
3. Meal service in a congregate dining setting unless a resident’s assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents’ diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident’s assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

(2) The licensee shall ensure that,
(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Registered dietitian
74. (1) Every licensee of a long-term care home shall ensure that there is at least one registered dietitian for the home. O. Reg. 79/10, s. 74 (1).

(2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutrition care duties. O. Reg. 79/10, s. 74 (2).

(3) Where a registered dietitian for the home is also a nutrition manager for the home, any time spent working in the capacity of nutrition manager does not count toward the time requirements under subsection (2). O. Reg. 79/10, s. 74 (3).

Nutrition manager
75. (1) Every licensee of a long-term care home shall ensure that there is at least one nutrition manager for the home, one of whom shall lead the nutrition care and dietary services program for the home. O. Reg. 79/10, s. 75 (1).

(2) A person hired as a nutrition manager after the coming into force of this section must be an active member of the Canadian Society of Nutrition Management or a registered dietitian. O. Reg. 79/10, s. 75 (2); O. Reg. 246/13, s. 5 (1).

(2.1) Despite subsection (2), a person who was working or employed as a nutrition manager in a long-term care home immediately before July 1, 2010 may be hired as the nutrition manager in a different long-term care home if the person worked or was employed as a nutrition manager in a long-term care home,
(a) on a full-time basis for at least three years during the five years immediately before being hired in the different home; or
(b) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being hired in the different home. O. Reg. 246/13, s. 5 (2).

(3) The licensee shall ensure that a nutrition manager is on site at the home working in the capacity of nutrition manager for the minimum number of hours per week calculated under subsection (4), without including any hours spent fulfilling other responsibilities. O. Reg. 79/10, s. 75 (3).

(4) For the purposes of subsection (3), but subject to subsection (5), the minimum number of hours per week shall be calculated as follows:

\[ M = A \times 8 \div 25 \]

where,

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

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

O. Reg. 79/10, s. 75 (4).
(5) The Director may take into consideration the hours in a week, if any, devoted to producing meals and other food and beverages for non-residents for the sole purpose of determining,

(a) whether the licensee is in compliance with subsection (3); and

(b) whether any of the minimum staffing hours under subsection (3) are being devoted to producing meals and other food and beverages for non-residents. O. Reg. 79/10, s. 75 (5).

(6) A licensee of a long-term care home that was operated under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act immediately before the coming into force of this section is not required to comply with subsection (3) until six months after the day this section comes into force, but until the licensee is in compliance, the licensee is required to continue to comply with the applicable requirements under,

(a) sections 61 and 61.1 of Regulation 832 of the Revised Regulations of Ontario, 1990 (General) made under the Nursing Homes Act;

(b) sections 3.1 and 3.2 of Regulation 637 of the Revised Regulations of Ontario, 1990 (General) made under the Homes for the Aged and Rest Homes Act; or

(c) sections 17.1 and 17.2 of Regulation 69 of the Revised Regulations of Ontario, 1990 (General) made under the Charitable Institutions Act. O. Reg. 79/10, s. 75 (6).

Cooks

76. (1) Every licensee of a long-term care home shall ensure that there is at least one cook who works at least 35 hours per week in that position on site at the home. O. Reg. 79/10, s. 76 (1).

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

(a) has a chef training or culinary management diploma or certificate,

(i) granted by a college established under the Ontario Colleges of Applied Arts and Technology Act, 2002, or

(ii) granted by a registered private career college, for successfully completing a program approved by the Superintendent of Private Career Colleges under the Private Career Colleges Act, 2005;

(b) has a diploma or certificate granted in another jurisdiction and has a set of skills that, in the reasonable opinion of the licensee, is equivalent to those that the licensee would expect of a person who has a diploma or certificate provided for in clause (a);

(c) holds a certificate of qualification in the trade of Cook or Institutional Cook that was issued,

(i) by the Director of Apprenticeship under the Apprenticeship and Certification Act, 1998, or

(ii) by the Registrar of the College under the Ontario College of Trades and Apprenticeship Act, 2009; or

(d) meets the requirement set out in clause 78 (5) (c), O. Reg. 249/10, s. 1; O. Reg. 246/13, s. 6 (1).

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

(a) meets the qualifications required under subsection (2);

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

(c) completes a food handler training program as defined in subsection 78 (6) within three months after the coming into force of this subsection unless he or she meets the requirements under clause (a) or (b) sooner. O. Reg. 249/10, s. 1; O. Reg. 246/13, s. 6 (2).

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

(a) worked or was employed as a cook in a long-term care home,

(i) on a full-time basis for at least three years during the five years immediately before being employed in the different home, or

(ii) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being employed in the different home; and

(b) met the requirements under subsection (3) while at the former home. O. Reg. 246/13, s. 6 (3).
Food service workers, minimums

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

(a) the preparation of resident meals and snacks;
(b) the distribution and service of resident meals;
(c) the receiving, storing and managing of the inventory of resident food and food service supplies; and
(d) the daily cleaning and sanitizing of dishes, utensils and equipment used for resident meal preparation, delivery and service. O. Reg. 79/10, s. 77 (1).

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

\[ M = A \times 7 \times 0.45 \]

where,

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

“A” is,

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

O. Reg. 79/10, s. 77 (2).

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

(a) whether the licensee is in compliance with subsection (1); and
(b) whether any of the minimum staffing hours under subsection (1) are being devoted to producing meals and other food and beverages for non-residents. O. Reg. 79/10, s. 77 (3); O. Reg. 89/16, s. 3.

(4) A licensee of a long-term care home that was operated under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act immediately before the coming into force of this section is not required to comply with subsection (1) until six months after the day this section comes into force, but until the licensee is in compliance, the licensee is required to continue to comply with the applicable requirements under,

(a) sections 61 and 61.1 of Regulation 832 of the Revised Regulations of Ontario, 1990 (General) made under the Nursing Homes Act;
(b) sections 3.1 and 3.2 of Regulation 637 of the Revised Regulations of Ontario, 1990 (General) made under the Homes for the Aged and Rest Homes Act; or
(c) sections 17.1 and 17.2 of Regulation 69 of the Revised Regulations of Ontario, 1990 (General) made under the Charitable Institutions Act. O. Reg. 79/10, s. 77 (4); O. Reg. 89/16, s. 3.

Food service workers, training and qualifications

78. (1) Every licensee of a long-term care home shall ensure that food service workers hired on or after July 1, 2010, other than cooks to whom section 76 applies,

(a) have successfully completed or are enrolled in a Food Service Worker program at a college established under the Ontario Colleges of Applied Arts and Technology Act, 2002 or a Food Service Worker program provided by a registered private career college and approved by the Superintendent of Private Career Colleges under the Private Career Colleges Act, 2005;
(b) have successfully completed an apprenticeship program in the trade of Cook, Institutional Cook or Assistant Cook under the Apprenticeship and Certification Act, 1998 or the Ontario College of Trades and Apprenticeship Act, 2009; or
(c) have entered into a registered training agreement in the trade of Cook, Institutional Cook or Assistant Cook under the Apprenticeship and Certification Act, 1998 or the Ontario College of Trades and Apprenticeship Act, 2009. O. Reg. 246/13, s. 7.

(2) The licensee shall cease to employ as a food service worker a person who was required to be enrolled in a program described in subsection (1) if,
(a) in the case of a program referred to in clause (1) (a), the person ceases to be enrolled in the program or fails to successfully complete the program within three years of being hired; or

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

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

(ii) within five years of being hired, in the case of an apprenticeship program in the trade of Cook or Institutional Cook. O. Reg. 246/13, s. 7.

(3) The licensee shall ensure that food service workers who were employed at the home before July 1, 2010, and who do not have the qualifications required under subsection (1), complete a food handler training program on or before October 1, 2010, unless they meet the requirements under subsection (1) sooner. O. Reg. 246/13, s. 7.

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

(a) worked or was employed as a food service worker in a long-term care home,

(i) on a full-time basis for at least three years during the five years immediately before being employed in the different home, or

(ii) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being employed in the different home; and

(b) completed a food handler training program on or before October 1, 2010, unless he or she met the requirements under subsection (1) before then. O. Reg. 246/13, s. 7.

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

(a) students hired on a seasonal or part-time basis, who have successfully completed a food handler training program;

(b) persons who meet the qualifications in subsection 75 (2) or 76 (2) or who are exempt from meeting those qualifications as they meet the requirements under subsection 75 (2.1) or 76 (4); or

(c) persons who have a post-secondary diploma in food and nutrition management or a post-secondary degree in food and nutrition. O. Reg. 246/13, s. 7.

(6) In this section, “food handler training program” means the food handler training program offered or approved by the board of health for the public health unit in which the long-term care home is located. O. Reg. 246/13, s. 7.

MEDICAL SERVICES

Medical services program

79. Sections 80 to 84 apply to the organized program of medical services for the home required under section 12 of the Act. O. Reg. 79/10, s. 79.

Availability of medical services

80. Every licensee of a long-term care home shall ensure that residents have access to medical services in the home 24 hours a day. O. Reg. 79/10, s. 80.

Individualized medical directives and orders

81. Every licensee of a long-term care home shall ensure that no medical directive or order is used with respect to a resident unless it is individualized to the resident’s condition and needs. O. Reg. 79/10, s. 81.

ATTENDING PHYSICIANS AND RNs (EC)

Attending physician or RN (EC)

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

(a) conducts a physical examination of each resident upon admission and an annual physical examination annually thereafter, and produces a written report of the findings of the examination;

(b) attends regularly at the home to provide services, including assessments; and

(c) participates in the provision of after-hours coverage and on-call coverage. O. Reg. 79/10, s. 82 (1).
(2) The resident or the resident’s substitute decision-maker may retain a physician or registered nurse in the extended class to perform the services required under subsection (1). O. Reg. 79/10, s. 82 (2).

(3) If the resident or substitute decision-maker does not retain a physician or a registered nurse in the extended class, the licensee shall appoint one for the resident, in consultation with the Medical Director, the resident, and the resident’s substitute decision-maker, if any. O. Reg. 79/10, s. 82 (3).

(4) The licensee shall enter into the appropriate written agreement under section 83 or 84 with every physician or registered nurse in the extended class retained or appointed under subsection (2) or (3). O. Reg. 79/10, s. 82 (4).

Agreement with attending physician

83. Where a written agreement between a licensee and a physician is required under subsection 82 (4), the agreement must provide for, at a minimum,

(a) the term of the agreement;

(b) the responsibilities of the licensee; and

(c) the responsibilities or duties of the physician, including,

(i) accountability to the Medical Director for meeting the home’s policies, procedures and protocols for medical services,

(ii) provision of medical services, and

(iii) provision of after-hours coverage and on-call coverage. O. Reg. 79/10, s. 83.

Agreement with registered nurse in extended class

84. Where a written agreement between a licensee and a registered nurse in the extended class is required under subsection 82 (4), the agreement must provide for, at a minimum,

(a) the term of the agreement;

(b) the responsibilities of the licensee; and

(c) the responsibilities or duties of the registered nurse in the extended class, including,

(i) accountability to the Medical Director for meeting the home’s policies, procedures and protocols for medical services,

(ii) provision of services,

(iii) informing the licensee of the name of the physician with whom the registered nurse in the extended class has a consultative relationship, and

(iv) provision of after-hours coverage and on-call coverage. O. Reg. 79/10, s. 84.

Religious and spiritual practices

85. (1) This section applies to the organized program for the home to give residents reasonable opportunity to practise their religious and spiritual beliefs required under section 14 of the Act. O. Reg. 79/10, s. 85 (1).

(2) Every licensee of a long-term care home shall ensure that the program includes arrangements to provide worship services, resources and non-denominational spiritual counselling on a regular basis for all residents who desire them based on availability within the community. O. Reg. 79/10, s. 85 (2).

(3) The licensee shall ensure that,

(a) mechanisms are in place to support and facilitate residents’ participation in the program;

(b) arrangements are made for one-to-one visitation, according to the resident's wishes, based on availability within the community; and

(c) arrangements are made to facilitate the participation in the program of residents who have hearing or visual impairments, based on availability within the community. O. Reg. 79/10, s. 85 (3).

(4) The licensee shall ensure that there is a designated lead for the program who has sufficient knowledge and experience to co-ordinate religious services and spiritual care in a multi-faith setting. O. Reg. 79/10, s. 85 (4).

Accommodation services programs
86. (1) This section and sections 87 to 92 apply to the organized programs required under subsection 15 (1) of the Act. O. Reg. 79/10, s. 86 (1).

(2) Where services under any of the programs are provided by a service provider who is not an employee of the licensee, the licensee shall ensure that there is in place a written agreement with the service provider that sets out the service expectations. O. Reg. 79/10, s. 86 (2).

(3) The licensee shall ensure that there are written policies and procedures to monitor and supervise persons who provide occasional maintenance or repair services to the home pursuant to the agreement referred to in subsection (2). O. Reg. 79/10, s. 86 (3).

(4) The licensee’s policies and procedures under subsection (3) may take into account whether the person is subject to the requirements for a criminal reference check and declarations set out in subsections 215 (1) to (5). O. Reg. 79/10, s. 86 (4).

Housekeeping

87. (1) Every licensee of a long-term care home shall ensure that housekeeping services are provided seven days per week. O. Reg. 79/10, s. 87 (1).

(2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

(b) cleaning and disinfection of the following in accordance with manufacturer’s specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
(iii) contact surfaces;

(c) removal and safe disposal of dry and wet garbage; and

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2); O. Reg. 363/11, s. 6 (1).

(2.1) The licensee shall ensure that the staff member designated under subsection 229 (3) to co-ordinate the infection prevention and control program is involved in selecting the disinfectant referred to in clause (2) (b). O. Reg. 363/11, s. 6 (2).

(3) The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home. O. Reg. 79/10, s. 87 (3).

Pest control

88. (1) As part of organized programs of housekeeping and maintenance services under clauses 15 (1) (a) and (c) of the Act, every licensee of a long-term care home shall ensure that an organized preventive pest control program using the services of a licensed pest controller is in place at the home, including records indicating the dates of visits and actions taken. O. Reg. 79/10, s. 88 (1).

(2) The licensee shall ensure that immediate action is taken to deal with pests. O. Reg. 79/10, s. 88 (2).

Laundry service

89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

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

(i) residents’ linens are changed at least once a week and more often as needed,
(ii) residents’ personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,
(iii) residents’ soiled clothes are collected, sorted, cleaned and delivered to the resident, and
(iv) there is a process to report and locate residents’ lost clothing and personal items;

(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;

(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 89 (1).
(d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).

(2) Despite clause (1) (d), the licensee may provide residential washers and dryers within the home that are,
(a) accessible to residents and family members; and
(b) available to address the laundry needs arising from programs if industrial sanitation is not necessary to meet those needs. O. Reg. 79/10, s. 89 (2).

Maintenance services

90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

(2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents’ personal aids or equipment;
(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;
(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;
(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;
(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;
(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;
(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;
(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;
(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and
(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

(3) The licensee shall ensure that the home’s mechanical ventilation systems are functioning at all times except when the home is operating on power from an emergency generator. O. Reg. 79/10, s. 90 (3).

Hazardous substances

91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Designated lead — housekeeping, laundry, maintenance

92. (1) The licensee shall ensure that there is a designated lead for each of the housekeeping, laundry services and maintenance services programs, but the same person may be the designated lead for more than one program. O. Reg. 79/10, s. 92 (1).

(2) The designated lead must have,
(a) a post-secondary degree or diploma;
(b) knowledge of evidence-based practices and, if there are none, prevailing practices relating to housekeeping, laundry and maintenance, as applicable; and
(c) a minimum of two years experience in a managerial or supervisory capacity. O. Reg. 79/10, s. 92 (2).
Subsection (2) only applies with respect to designated leads designated after the coming into force of this section. O. Reg. 79/10, s. 92 (3).

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

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

(b) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being designated in the different home. O. Reg. 246/13, s. 8.

**Pets**

*93.* Every licensee of a long-term care home shall ensure that there are in place written policies respecting pets in the home. O. Reg. 79/10, s. 93.

**Volunteers**

*94.* (1) This section and section 95 apply to the organized volunteer program required under subsection 16 (1) of the Act. O. Reg. 79/10, s. 94 (1).

(2) Every licensee of a long-term care home shall ensure that a staff member monitors or directs a volunteer whenever it is necessary to ensure the safety of a resident. O. Reg. 79/10, s. 94 (2).

**Designated lead**

*95.* (1) The licensee shall ensure that there is a designated lead for the volunteer program who is a member of the staff. O. Reg. 79/10, s. 95 (1).

(2) The designated lead must have,

(a) at least one year of experience with seniors in an organized program or one year of experience with persons in a health care setting; and

(b) experience or knowledge in recruitment, selection, orientation, placement and supervision of volunteers. O. Reg. 79/10, s. 95 (2).

**Prevention of Abuse and Neglect**

**Policy to promote zero tolerance**

*96.* 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,

(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;

(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;

(c) identifies measures and strategies to prevent abuse and neglect;

(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and

(e) identifies the training and retraining requirements for all staff, including,

(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and

(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

**Notification re incidents**

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

(a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident’s health or well-being; and
(b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident. O. Reg. 79/10, s. 97 (1).

(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. O. Reg. 79/10, s. 97 (2).

(3) Despite subsections (1) and (2), a licensee is not required to, but may, notify a person of anything under this section if the licensee has reasonable grounds to believe that the person is responsible for the alleged, suspected or witnessed incident of abuse or neglect of the resident. O. Reg. 363/11, s. 7.

Police notification

98. 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. O. Reg. 79/10, s. 98.

Evaluation

99. 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 results of the analysis undertaken under clause (a) are considered in the evaluation;
(d) that the changes and improvements under clause (b) are promptly implemented; and
(e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.

REPORTING AND COMPLAINTS

Complaints procedure: licensee

100. Every licensee of a long-term care home shall ensure that the written procedures required under section 21 of the Act incorporate the requirements set out in section 101. O. Reg. 79/10, s. 100.

Dealing with complaints

101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.
3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

(2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint;
(b) the date the complaint was received;
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
(d) the final resolution, if any;
(e) every date on which any response was provided to the complainant and a description of the response; and
(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).
(3) The licensee shall ensure that,
(a) the documented record is reviewed and analyzed for trends at least quarterly;
(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and
(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

(4) Subsections (2) and (3) do not apply with respect to verbal complaints that the licensee is able to resolve within 24 hours of the complaint being received. O. Reg. 79/10, s. 101 (4).

Transitional, complaints

102. Where a complaint was made before the coming into force of this section, but not finally dealt with, the complaint shall be dealt with as provided for in section 101 to the extent possible. O. Reg. 79/10, s. 102.

Complaints — reporting certain matters to Director

103. (1) Every licensee of a long-term care home who receives a written complaint with respect to a matter that the licensee reports or reported to the Director under section 24 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 101 (1). O. Reg. 79/10, s. 103 (1).

(2) The licensee shall comply with subsection (1) immediately upon completing the licensee’s investigation into the complaint, or at an earlier date if required by the Director. O. Reg. 79/10, s. 103 (2).

Licensees who report investigations under s. 23 (2) of Act

104. (1) In making a report to the Director under subsection 23 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.

2. A description of the individuals involved in the incident, including,
   i. names of all residents involved in the incident,
   ii. names of any staff members or other persons who were present at or discovered the incident, and
   iii. names of staff members who responded or are responding to the incident.

3. Actions taken in response to the incident, including,
   i. what care was given or action taken as a result of the incident, and by whom,
   ii. whether a physician or registered nurse in the extended class was contacted,
   iii. what other authorities were contacted about the incident, if any,
   iv. whether a family member, person of importance or a substitute decision-maker of any resident involved in the incident was contacted and the name of such person or persons, and
   v. the outcome or current status of the individual or individuals who were involved in the incident.

4. Analysis and follow-up action, including,
   i. the immediate actions that have been taken to prevent recurrence, and
   ii. the long-term actions planned to correct the situation and prevent recurrence.

5. The name and title of the person making the report to the Director, the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector. O. Reg. 79/10, s. 104 (1).

(2) Subject to subsection (3), the licensee shall make the report within 10 days of becoming aware of the alleged, suspected or witnessed incident, or at an earlier date if required by the Director. O. Reg. 79/10, s. 104 (2).

(3) If not everything required under subsection (1) can be provided in a report within 10 days, the licensee shall make a preliminary report to the Director within 10 days and provide a final report to the Director within a period of time specified by the Director. O. Reg. 79/10, s. 104 (3).

Non-application re certain staff

105. Paragraph 4 of subsection 24 (5) of the Act does not apply to a staff member who,
(a) falls under clause (b) or (c) of the definition of “staff” in subsection 2 (1) of the Act;
(b) only provides occasional maintenance or repair services to the home; and
(c) does not provide direct care to residents. O. Reg. 79/10, s. 105.

Transitional, investigation and reports

106. (1) Section 23 of the Act and section 104 of this Regulation apply with respect to incidents that the licensee knew of or that were reported to the licensee after the coming into force of this section, even if the incident occurred before the coming into force, unless the incident was investigated and resolved before the coming into force. O. Reg. 79/10, s. 106 (1).

(2) Section 24 of the Act applies only with respect to matters that occur or may occur after that section comes into force. O. Reg. 79/10, s. 106 (2).

(3) Section 25 of the Act applies with respect to information received by the Director after that section comes into force, even if the information is with regard to a matter that occurred before that section came into force. O. Reg. 79/10, s. 106 (3).

(4) Section 26 of the Act applies with respect to retaliation that occurs after the coming into force of that section, even if the retaliation relates to something that was disclosed or given in evidence before the coming into force of that section. O. Reg. 79/10, s. 106 (4).

Reports re critical incidents

107. (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):

1. An emergency, including fire, unplanned evacuation or intake of evacuees.
2. An unexpected or sudden death, including a death resulting from an accident or suicide.
3. A resident who is missing for three hours or more.
4. Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.
5. An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act.
6. Contamination of the drinking water supply. O. Reg. 79/10, s. 107 (1); O. Reg. 246/13, s. 9 (1).

(2) Where a licensee is required to make a report immediately under subsection (1) and it is after normal business hours, the licensee shall make the report using the Ministry’s method for after hours emergency contact. O. Reg. 79/10, s. 107 (2).

(3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including,
   i. a breakdown or failure of the security system,
   ii. a breakdown of major equipment or a system in the home,
   iii. a loss of essential services, or
   iv. flooding.
3. A missing or unaccounted for controlled substance.
4. Subject to subsection (3.1), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident’s health condition.
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3); O. Reg. 363/11, s. 8; O. Reg. 246/13, s. 9 (2).

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

(a) contact the hospital within three calendar days after the occurrence of the incident to determine whether the injury has resulted in a significant change in the resident’s health condition; and

(b) where the licensee determines that the injury has resulted in a significant change in the resident’s health condition or remains unable to determine whether the injury has resulted in a significant change in the resident’s health condition,
inform the Director of the incident no later than three business days after the occurrence of the incident, and follow with the report required under subsection (4). O. Reg. 246/13, s. 9 (3).

(4) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (3.1) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.

2. A description of the individuals involved in the incident, including,
   i. names of any residents involved in the incident,
   ii. names of any staff members or other persons who were present at or discovered the incident, and
   iii. names of staff members who responded or are responding to the incident.

3. Actions taken in response to the incident, including,
   i. what care was given or action taken as a result of the incident, and by whom,
   ii. whether a physician or registered nurse in the extended class was contacted,
   iii. what other authorities were contacted about the incident, if any,
   iv. for incidents involving a resident, whether a family member, person of importance or a substitute decision-maker of the resident was contacted and the name of such person or persons, and
   v. the outcome or current status of the individual or individuals who were involved in the incident.

4. Analysis and follow-up action, including,
   i. the immediate actions that have been taken to prevent recurrence, and
   ii. the long-term actions planned to correct the situation and prevent recurrence.

5. The name and title of the person who made the initial report to the Director under subsection (1) or (3), the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector. O. Reg. 79/10, s. 107 (4); O. Reg. 246/13, s. 9 (4).

(5) The licensee shall ensure that the resident’s substitute decision-maker, if any, or any person designated by the substitute decision-maker and any other person designated by the resident are promptly notified of a serious injury or serious illness of the resident, in accordance with any instructions provided by the person or persons who are to be so notified. O. Reg. 79/10, s. 107 (5).

(6) Where a matter occurred before the coming into force of this section and the matter was required to be reported to the Director as an occurrence or unusual occurrence under any of the following, the licensee shall report the matter to the Director in accordance with the requirements that existed at the time the matter occurred:

1. Section 96 of Regulation 832 of the Revised Regulations of Ontario, 1990 (General) made under the Nursing Homes Act.

2. Section 31.1 of Regulation 69 of the Revised Regulations of Ontario, 1990 (General) made under the Charitable Institutions Act.

3. Section 25.1 of Regulation 637 of the Revised Regulations of Ontario, 1990 (General) made under the Homes for the Aged and Rest Homes Act.

4. An agreement made under an Act mentioned in paragraphs 1 to 3. O. Reg. 79/10, s. 107 (6).

(7) In this section, “significant change” means a major change in the resident’s health condition that,

(a) will not resolve itself without further intervention,
(b) impacts on more than one aspect of the resident’s health condition, and
(c) requires an assessment by the interdisciplinary team or a revision to the resident’s plan of care. O. Reg. 246/13, s. 9 (5).

MISUSE OF FUNDING
For the purposes of paragraph 5 of subsection 24 (1) and paragraph 6 of subsection 25 (1) of the Act, “misuse” of funding means the use of funding provided by either the Ministry or a local health integration network,

(a) for a purpose other than a purpose that was specified as a condition of the funding; or
(b) in a manner that is not permitted under a restriction that was specified as a condition of the funding. O. Reg. 79/10, s. 108.

MINIMIZING OF RESTRAINING

Policy to minimize restraining of residents, etc.

109. Every licensee of a long-term care home shall ensure that the home’s written policy under section 29 of the Act deals with,

(a) use of physical devices;
(b) duties and responsibilities of staff, including,
   (i) who has the authority to apply a physical device to restrain a resident or release a resident from a physical device,
   (ii) ensuring that all appropriate staff are aware at all times of when a resident is being restrained by use of a physical device;
(c) restraining under the common law duty pursuant to subsection 36 (1) of the Act when immediate action is necessary to prevent serious bodily harm to the person or others;
(d) types of physical devices permitted to be used;
(e) how consent to the use of physical devices as set out in section 31 of the Act and the use of PASDs as set out in section 33 of the Act is to be obtained and documented;
(f) alternatives to the use of physical devices, including how these alternatives are planned, developed and implemented, using an interdisciplinary approach; and
(g) how the use of restraining in the home will be evaluated to ensure minimizing of restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation. O. Reg. 79/10, s. 109.

Requirements relating to restraining by a physical device

110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:

1. Staff apply the physical device in accordance with any manufacturer’s instructions.
2. The physical device is well maintained.
3. The physical device is not altered except for routine adjustments in accordance with any manufacturer’s instructions. O. Reg. 79/10, s. 110 (1).

(2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:

1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class.
2. That staff apply the physical device in accordance with any instructions specified by the physician or registered nurse in the extended class.
3. That the resident is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose.
4. That the resident is released from the physical device and repositioned at least once every two hours. (This requirement does not apply when bed rails are being used if the resident is able to reposition himself or herself.)
5. That the resident is released and repositioned any other time when necessary based on the resident’s condition or circumstances.
6. That the resident’s condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident’s condition or circumstances. O. Reg. 79/10, s. 110 (2).

(3) Where a resident is being restrained by a physical device when immediate action is necessary to prevent serious bodily harm to the resident or to others pursuant to the common law duty described in section 36 of the Act, the licensee shall ensure that,
(a) the resident is monitored or supervised on an ongoing basis and released from the physical device and repositioned when necessary based on the resident’s condition or circumstances;

(b) the resident’s condition is reassessed only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every 15 minutes, and at any other time when reassessment is necessary based on the resident’s condition or circumstances; and

(c) the provisions of section 31 of the Act are complied with before continuing to restrain a resident by a physical device when the immediate action is no longer necessary. O. Reg. 79/10, s. 110 (3).

(4) Following the application of a physical device pursuant to the common law duty referred to in section 36 of the Act, the licensee shall explain to the resident, or the resident’s substitute decision-maker where the resident is incapable, the reason for the use of the physical device. O. Reg. 79/10, s. 110 (4).

(5) Where a resident has been restrained by a physical device under section 31 of the Act, or pursuant to the common law duty referred to in section 36 of the Act, and the resident is released from the physical device or the use of the physical device is being discontinued, the licensee shall ensure that appropriate post-restraining care is provided to ensure the safety and comfort of the resident. O. Reg. 79/10, s. 110 (5).

(6) Every licensee shall ensure that no physical device is applied under section 31 of the Act to restrain a resident who is in bed, except,

(a) to allow for a clinical intervention that requires the resident’s body or a part of the resident’s body to be stationary; or

(b) if the physical device is a bed rail used in accordance with section 15. O. Reg. 79/10, s. 110 (6); O. Reg. 363/11, s. 9.

(7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

1. The circumstances precipitating the application of the physical device.
2. What alternatives were considered and why those alternatives were inappropriate.
3. The person who made the order, what device was ordered, and any instructions relating to the order.
5. The person who applied the device and the time of application.
6. All assessment, reassessment and monitoring, including the resident’s response.
7. Every release of the device and all repositioning.
8. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care. O. Reg. 79/10, s. 110 (7).

(8) Every licensee shall ensure that every use of a physical device to restrain a resident pursuant to the common law duty referred to in section 36 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

1. The circumstances precipitating the application of the physical device.
2. The person who made the order, what device was ordered, and any instructions relating to the order.
3. The person who applied the device and the time of application.
4. All assessment, reassessment and monitoring, including the resident’s response.
5. Every release of the device and all repositioning.
6. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care. O. Reg. 79/10, s. 110 (8).

Requirements relating to the use of a PASD

111. (1) Every licensee of a long-term care home shall ensure that a PASD used under section 33 of the Act to assist a resident with a routine activity of living is removed as soon as it is no longer required to provide such assistance, unless the resident requests that it be retained. O. Reg. 79/10, s. 111 (1).

(2) Every licensee shall ensure that a PASD used under section 33 of the Act,  
(a) is well maintained;  
(b) is applied by staff in accordance with any manufacturer’s instructions; and
Prohibited devices that limit movement

112. For the purposes of section 35 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:

1. Roller bars on wheelchairs and commodes or toilets.
2. Vest or jacket restraints.
3. Any device with locks that can only be released by a separate device, such as a key or magnet.
4. Four point extremity restraints.
5. Any device used to restrain a resident to a commode or toilet.
6. Any device that cannot be immediately released by staff.
7. Sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose. O. Reg. 79/10, s. 112.

Evaluation

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

(a) that an analysis of the restraining of residents by use of a physical device under section 31 of the Act or pursuant to the common law duty referred to in section 36 of the Act is undertaken on a monthly basis;
(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee’s policy under section 29 of the Act, and what changes and improvements are required to minimize restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation;
(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;
(d) that the changes or improvements under clause (b) are promptly implemented; and
(e) that a written record of everything provided for in clauses (a), (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes were implemented is promptly prepared. O. Reg. 79/10, s. 113.

Medication management system

114. (1) Every licensee of a long-term care home shall develop an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents. O. Reg. 79/10, s. 114 (1).

(2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home. O. Reg. 79/10, s. 114 (2).

(3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director. O. Reg. 79/10, s. 114 (3).

Quarterly evaluation

115. (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 79/10, s. 115 (1).

(2) Where the pharmacy service provider is a corporation, the licensee shall ensure that a pharmacist from the pharmacy service provider participates in the quarterly evaluation. O. Reg. 79/10, s. 115 (2).

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

(a) reviewing drug utilization trends and drug utilization patterns in the home, including the use of any drug or combination of drugs, including psychotropic drugs, that could potentially place residents at risk;
(b) reviewing reports of any medication incidents and adverse drug reactions referred to in subsections 135 (2) and (3) and all instances of the restraining of residents by the administration of a drug when immediate action is necessary to prevent serious bodily harm to a resident or to others pursuant to the common law duty referred to in section 36 of the Act; and

(c) identifying changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 115 (3).

(4) The licensee shall ensure that the changes identified in the quarterly evaluation are implemented. O. Reg. 79/10, s. 115 (4).

(5) The licensee shall ensure that a written record is kept of the results of the quarterly evaluation and of any changes that were implemented. O. Reg. 79/10, s. 115 (5).

**Annual evaluation**

116. (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered diettian who is a member of the staff of the home, meets annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 79/10, s. 116 (1).

(2) Where the pharmacy service provider is a corporation, the licensee shall ensure that a pharmacist from the pharmacy service provider participates in the annual evaluation. O. Reg. 79/10, s. 116 (2).

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

(a) include a review of the quarterly evaluations in the previous year as referred to in section 115;

(b) be undertaken using an assessment instrument designed specifically for this purpose; and

(c) identify changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 116 (3).

(4) The licensee shall ensure that the changes identified in the annual evaluation are implemented. O. Reg. 79/10, s. 116 (4).

(5) The licensee shall ensure that a written record is kept of the results of the annual evaluation and of any changes that were implemented. O. Reg. 79/10, s. 116 (5).

**Medical directives and orders — drugs**

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

(a) all medical directives or orders for the administration of a drug to a resident are reviewed at any time when the resident’s condition is assessed or reassessed in developing or revising the resident’s plan of care as required under section 6 of the Act; and

(b) no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident’s condition and needs. O. Reg. 79/10, s. 117.

**Information in every resident home area or unit**

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

1. Recent and relevant drug reference materials.

2. The pharmacy service provider’s contact information.

3. The contact information for at least one poison control centre or similar body. O. Reg. 79/10, s. 118.

**PHARMACY SERVICE PROVIDER**

**Retaining of pharmacy service provider**

119. (1) Every licensee of a long-term care home shall retain a pharmacy service provider for the home. O. Reg. 79/10, s. 119 (1).

(2) The pharmacy service provider must be the holder of a certificate of accreditation for the operation of a pharmacy under section 139 of the Drug and Pharmacies Regulation Act. O. Reg. 79/10, s. 119 (2).

(3) There must be a written contract between the licensee and the pharmacy service provider setting out the responsibilities of the pharmacy service provider. O. Reg. 79/10, s. 119 (3).

(4) The written contract must provide that the pharmacy service provider shall,
(a) provide drugs to the home on a 24-hour basis, seven days a week, or arrange for their provision by another holder of a certificate of accreditation for the operation of a pharmacy under section 139 of the Drug and Pharmacies Regulation Act; and

(b) perform all the other responsibilities of the pharmacy service provider under this Regulation. O. Reg. 79/10, s. 119 (4).

(5) If, on the day this section comes into force, a licensee’s pharmacy service provider does not meet the requirement in subsection (2), the licensee shall retain a pharmacy service provider that meets the requirement within three months of the coming into force of this section. O. Reg. 79/10, s. 119 (5).

Responsibilities of pharmacy service provider

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

1. For each resident of the home, the development of medication assessments, medication administration records and records for medication reassessment, and the maintenance of medication profiles.

2. Evaluation of therapeutic outcomes of drugs for residents.

3. Risk management and quality improvement activities, including review of medication incidents, adverse drug reactions and drug utilization.

4. Developing audit protocols for the pharmacy service provider to evaluate the medication management system.

5. Educational support to the staff of the home in relation to drugs.

6. Drug destruction and disposal under clause 136 (3) (a) if required by the licensee’s policy. O. Reg. 79/10, s. 120.

System for notifying pharmacy service provider

121. Every licensee of a long-term care home shall ensure that a system is developed for notifying the pharmacy service provider within 24 hours of the admission, medical absence, psychiatric absence, discharge, and death of a resident. O. Reg. 79/10, s. 121.

OBTAINING AND KEEPING DRUGS

Purchasing and handling of drugs

122. (1) Every licensee of a long-term care home shall ensure that no drug is acquired, received or stored by or in the home or kept by a resident under subsection 131 (7) unless the drug,

(a) has been prescribed for a resident or obtained for the purposes of the emergency drug supply referred to in section 123; and

(b) has been provided by, or through an arrangement made by, the pharmacy service provider or the Government of Ontario. O. Reg. 79/10, s. 122 (1).

(2) Subsection (1) does not apply where exceptional circumstances exist such that a drug prescribed for a resident cannot be provided by, or through an arrangement made by, the pharmacy service provider. O. Reg. 79/10, s. 122 (2).

Emergency drug supply

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

(a) that only drugs approved for this purpose by the Medical Director in collaboration with the pharmacy service provider, the Director of Nursing and Personal Care and the Administrator are kept;

(b) that a written policy is in place to address the location of the supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply and tracking and documentation with respect to the drugs maintained in the supply;

(c) that, at least annually, there is an evaluation done by the persons referred to in clause (a) of the utilization of drugs kept in the emergency drug supply in order to determine the need for the drugs; and

(d) that any recommended changes resulting from the evaluation are implemented. O. Reg. 79/10, s. 123.

Drug supply

124. Every licensee of a long-term care home shall ensure that drugs obtained for use in the home, except drugs obtained for any emergency drug supply, are obtained based on resident usage, and that no more than a three-month supply is kept in the home at any time. O. Reg. 79/10, s. 124.

Monitored dosage system
125. (1) Every licensee of a long-term care home shall ensure that a monitored dosage system is used in the home for the administration of drugs. O. Reg. 79/10, s. 125 (1).

(2) The monitored dosage system must promote the ease and accuracy of the administration of drugs to residents and support monitoring and drug verification activities. O. Reg. 79/10, s. 125 (2).

Packaging of drugs

126. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed. O. Reg. 79/10, s. 126.

Changes in directions for administration

127. Every licensee of a long-term care home shall ensure that a policy is developed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director, to govern changes in the administration of a drug due to modifications of directions for use made by a prescriber, including temporary discontinuation. O. Reg. 79/10, s. 127.

Sending of drugs with a resident

128. Every licensee of a long-term care home shall ensure that a policy is developed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director, to govern the sending of a drug that has been prescribed for a resident with him or her when he or she leaves the home on a temporary basis or is discharged. O. Reg. 79/10, s. 128.

Safe storage of drugs

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

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

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

(2) Subsection (1) does not apply with respect to drugs that a resident is permitted to keep on his or her person or in his or her room in accordance with subsection 131 (7). O. Reg. 79/10, s. 129 (2).

Security of drug supply

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

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
   i. persons who may dispense, prescribe or administer drugs in the home, and
   ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Administration of drugs

131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

(2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

(3) Subject to subsections (4), (4.1) and (5), the licensee shall ensure that no person administers a drug to a resident in the home unless that person is a physician, dentist, registered nurse or a registered practical nurse. O. Reg. 79/10, s. 131 (3); O. Reg. 218/13, s. 1 (1).

(4) A member of the registered nursing staff may permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical, if,
(a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals;
(b) the member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and
(c) the staff member who administers the topical does so under the supervision of the member of the registered nursing staff. O. Reg. 79/10, s. 131 (4).

(4.1) A member of the registered nursing staff may permit a nursing student to administer drugs to residents if,
(a) the licensee has verified with the university or college that offers the nursing educational program in which the nursing student is enrolled that the nursing student has received education or training about the administration of drugs as part of the program;
(b) the nursing student has been trained by a member of the registered nursing staff in the written policies and protocols for the medication management system referred to in subsection 114 (2);
(c) the member of the registered nursing staff who is permitting the administration is satisfied that the nursing student can safely administer drugs; and
(d) the nursing student who administers the drugs does so under the supervision of the member of the registered nursing staff. O. Reg. 218/13, s. 1 (2).

(5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).

(6) Where a resident of the home is permitted to administer a drug to himself or herself under subsection (5), the licensee shall ensure that there are written policies to ensure that the residents who do so understand,
(a) the use of the drug;
(b) the need for the drug;
(c) the need for monitoring and documentation of the use of the drug; and
(d) the necessity for safekeeping of the drug by the resident where the resident is permitted to keep the drug on his or her person or in his or her room under subsection (7). O. Reg. 79/10, s. 131 (6).

(7) The licensee shall ensure that no resident who is permitted to administer a drug to himself or herself under subsection (5) keeps the drug on his or her person or in his or her room except,
(a) as authorized by a physician, registered nurse in the extended class or other prescriber who attends the resident; and
(b) in accordance with any conditions that are imposed by the physician, the registered nurse in the extended class or other prescriber. O. Reg. 79/10, s. 131 (7).

(8) In this section,
“dentist” means a member of the Royal College of Dental Surgeons of Ontario; (“dentiste”)
“nursing student” means a person,
(a) who is enrolled in an educational program, the successful completion of which meets the educational requirements for the issuance of a certificate of registration as a registered nurse or registered practical nurse as set out in the regulations made under the Nursing Act, 1991, and
(b) who is working in the long-term care home as part of the clinical placement requirement of the educational program pursuant to an agreement between the licensee and the university or college that offers the educational program. (“étudiante infirmière ou étudiant infirmier”) O. Reg. 79/10, s. 131 (8); O. Reg. 218/13, s. 1 (3).

Natural health products
132. (1) Every licensee of a long-term care home shall ensure that where a resident wishes to use a drug that is a natural health product and that has not been prescribed, there are written policies and procedures to govern the use, administration and storage of the natural health product. O. Reg. 79/10, s. 132 (1).

(2) Nothing in this Regulation prevents a resident from using, in accordance with the licensee’s policies and procedures as required by subsection (1), a natural health product that has not been prescribed. O. Reg. 79/10, s. 132 (2).

(3) Sections 114 to 131 and 133 to 137 do not apply with respect to a natural health product that has not been prescribed. O. Reg. 79/10, s. 132 (3).

(4) In this section,
“natural health product” means natural health product, as that term is defined from time to time by the Natural Health Products Regulations under the Food and Drugs Act (Canada), other than a product that is a substance that has been
identified in the regulations made under the *Drug and Pharmacies Regulation Act* as being a drug for the purposes of that Act despite clause (f) of the definition of “drug” in subsection 1 (1) of that Act. O. Reg. 79/10, s. 132 (4).

**Drug record (ordering and receiving)**

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

1. The date the drug is ordered.
2. The signature of the person placing the order.
3. The name, strength and quantity of the drug.
4. The name of the place from which the drug is ordered.
5. The name of the resident for whom the drug is prescribed, where applicable.
6. The prescription number, where applicable.
7. The date the drug is received in the home.
8. The signature of the person acknowledging receipt of the drug on behalf of the home.
9. Where applicable, the information required under subsection 136 (4). O. Reg. 79/10, s. 133.

**Residents’ drug regimes**

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

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident’s response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

(c) there is, at least quarterly, a documented reassessment of each resident’s drug regime. O. Reg. 79/10, s. 134.

**Medication incidents and adverse drug reactions**

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

(a) documented, together with a record of the immediate actions taken to assess and maintain the resident’s health; and

(b) reported to the resident, the resident’s substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident’s attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider. O. Reg. 79/10, s. 135 (1).

(2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,

(a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed;

(b) corrective action is taken as necessary; and

(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 79/10, s. 135 (2).

(3) Every licensee shall ensure that,

(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions;

(b) any changes and improvements identified in the review are implemented; and

(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 135 (3).

**Drug destruction and disposal**

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

(a) all expired drugs;

(b) all drugs with illegible labels;

(c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the *Drug and Pharmacies Regulation Act*; and

(d) a resident’s drugs where,
(i) the prescriber attending the resident orders that the use of the drug be discontinued,
(ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the Vital Statistics Act or the resident’s attending physician, or
(iii) the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 128. O. Reg. 79/10, s. 136 (1).

(2) The drug destruction and disposal policy must also provide for the following:
1. That drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.
2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.
3. That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
4. That drugs that are to be destroyed are destroyed in accordance with subsection (3). O. Reg. 79/10, s. 136 (2).

(3) The drugs must be destroyed by a team acting together and composed of,
(a) in the case of a controlled substance, subject to any applicable requirements under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada),
   (i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
   (ii) a physician or a pharmacist; and
(b) in every other case,
   (i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and
   (ii) one other staff member appointed by the Director of Nursing and Personal Care. O. Reg. 79/10, s. 136 (3).

(4) Where a drug that is to be destroyed is a controlled substance, the drug destruction and disposal policy must provide that the team composed of the persons referred to in clause (3) (a) shall document the following in the drug record:
1. The date of removal of the drug from the drug storage area.
2. The name of the resident for whom the drug was prescribed, where applicable.
3. The prescription number of the drug, where applicable.
4. The drug’s name, strength and quantity.
5. The reason for destruction.
6. The date when the drug was destroyed.
7. The names of the members of the team who destroyed the drug.
8. The manner of destruction of the drug. O. Reg. 79/10, s. 136 (4).

(5) The licensee shall ensure,
(a) that the drug destruction and disposal system is audited at least annually to verify that the licensee’s procedures are being followed and are effective;
(b) that any changes identified in the audit are implemented; and
(c) that a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 136 (5).

(6) For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable. O. Reg. 79/10, s. 136 (6).

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

137. (1) A registered nurse may order the administration of a drug for the purposes of subsection 36 (3) of the Act. O. Reg. 79/10, s. 137 (1).

(2) Every licensee shall ensure that every administration of a drug to restrain a resident when immediate action is necessary to prevent serious bodily harm to the resident or to others pursuant to the common law duty described in section 36 of the Act is documented, and without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
1. Circumstances precipitating the administration of the drug.
2. Who made the order, what drug was administered, the dosage given, by what means the drug was administered and who administered the drug.

3. The resident’s response to the drug.

4. All assessments, reassessments and monitoring of the resident.

5. Discussions with the resident or, where the resident is incapable, the resident’s substitute decision-maker, following the administration of the drug to explain the reasons for the use of the drug. O. Reg. 79/10, s. 137 (2).

**ABSENCES**

**Absences**

138. (1) If the requirements set out in subsection (2) are met, but subject to subsection (3), a licensee of a long-term care home shall ensure that when a long-stay resident of the home returns from a medical absence, psychiatric absence, casual absence, or vacation absence, the resident receives the same class of accommodation, the same room, and the same bed in the room, that the resident had before the absence. O. Reg. 79/10, s. 138 (1).

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

(a) in the case of a medical absence, that the length of the medical absence does not exceed 30 days;

(b) in the case of a psychiatric absence, that the length of the psychiatric absence does not exceed 60 days;

(c) in the case of a casual absence during the period between midnight on a Saturday and midnight on the following Saturday, that the total length of the resident’s casual absences during the period does not exceed 48 hours;

(d) in the case of a vacation absence, that the total length of the resident’s vacation absences during the calendar year does not exceed 21 days. O. Reg. 79/10, s. 138 (2).

(3) A licensee may arrange for the long-stay resident to receive a different bed or room where the resident’s needs have changed and as a result a different bed or room is necessary. O. Reg. 79/10, s. 138 (3).

(4) If the requirements set out in subsection (5) are met, a licensee of a long-term care home shall ensure that when a short-stay resident of the home returns from a medical absence, psychiatric absence or casual absence, the resident receives the same class of accommodation that the resident had before the absence. O. Reg. 79/10, s. 138 (4).

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

(a) in the case of a medical or psychiatric absence,

(i) that the length of the medical or psychiatric absence does not exceed 14 days, and

(ii) that the resident returns to the home before the end of the period for which the resident was admitted to the home;

and

(b) in the case of a casual absence of a resident during the period between midnight on a Saturday and midnight on the following Saturday,

(i) that the total length of the resident’s casual absences during the period does not exceed 48 hours, and

(ii) that the resident returns to the home before the end of the period for which the resident was admitted to the home. O. Reg. 79/10, s. 138 (5).

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

(a) except in an emergency, a physician or a registered nurse in the extended class attending the resident authorizes the absence in writing; and

(b) notice of the resident’s medical absence or psychiatric absence is given to the resident’s substitute decision-maker, if any, and to such other person as the resident or substitute decision-maker designates,

(i) at least 24 hours before the resident leaves the home, or

(ii) if circumstances do not permit 24 hours notice, as soon as possible. O. Reg. 79/10, s. 138 (6).

(7) A licensee of a long-term care home shall ensure that when a resident of the home leaves for a medical absence or a psychiatric absence, information about the resident’s drug regime, known allergies, diagnosis and care requirements is provided to the resident’s health care provider during the absence. O. Reg. 79/10, s. 138 (7).

**Absent residents**

139. The requirements under this Regulation respecting the care and treatment of a resident do not apply with respect to a resident who is on a medical absence, a psychiatric absence, a casual absence or a vacation absence. O. Reg. 79/10, s. 139.
Recording of absences

140. Every licensee of a long-term care home shall ensure that each medical absence, psychiatric absence, casual absence and vacation absence of a resident of the home is recorded. O. Reg. 79/10, s. 140.

Licensee to stay in contact

141. (1) Every licensee of a long-term care home shall maintain contact with a resident who is on a medical absence or psychiatric absence or with the resident’s health care provider in order to determine when the resident will be returning to the home. O. Reg. 79/10, s. 141 (1).

(2) Every licensee of a long-term care home shall be in contact with a long-stay resident of the home who is on a vacation absence in order to determine when the resident will be returning to the home. O. Reg. 79/10, s. 141 (2).

Care during absence

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

(a) a physician or a registered nurse in the extended class attending the resident or a member of the registered nursing staff of the home sets out in writing the care required to be given to the resident during the absence; and

(b) a member of the licensee’s staff communicates to the resident, or the resident’s substitute decision-maker,
   (i) the need to take all reasonable steps to ensure that the care required to be given to the resident is received by the resident during the absence,

   (ii) that the licensee will not be responsible for the care, safety and well-being of the resident during the absence and that the resident or the resident’s substitute decision-maker assumes full responsibility for the care, safety and well-being of the resident during the absence, and

   (iii) the need to notify the Administrator of the home if the resident is admitted to a hospital during the absence or if the date of the resident’s return changes. O. Reg. 79/10, s. 142.

Where interim bed resident considered to be long-stay resident

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

1. Section 138.

2. Subsection 141 (2).

3. Section 142. O. Reg. 79/10, s. 143.

DISCHARGE

Restriction on discharge

144. No licensee of a long-term care home shall discharge a resident from the long-term care home unless permitted or required to do so by this Regulation. O. Reg. 79/10, s. 144.

When licensee may discharge

145. (1) A licensee of a long-term care home may discharge a resident if the licensee is informed by someone permitted to do so under subsection (2) that the resident’s requirements for care have changed and that, as a result, the home cannot provide a sufficiently secure environment to ensure the safety of the resident or the safety of persons who come into contact with the resident. O. Reg. 79/10, s. 145 (1).

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

(a) in the case of a resident who is at the home, the Director of Nursing and Personal Care, the resident’s physician or a registered nurse in the extended class attending the resident, after consultation with the interdisciplinary team providing the resident’s care; or

(b) in the case of a resident who is absent from the home, the resident’s physician or a registered nurse in the extended class attending the resident. O. Reg. 79/10, s. 145 (2).

(3) A licensee of a long-term care home may discharge a resident if,

(a) the resident decides to leave the home and signs a request to be discharged;

(b) the resident leaves the home and informs the Administrator that he or she will not be returning to the home;

(c) the resident is absent from the home for a period exceeding seven days and the resident has not informed the Administrator of his or her whereabouts, and the Administrator has been unable to locate the resident;
(d) in the case of a long-stay resident, the total length of the resident’s casual absences during the period between midnight on a Saturday and midnight on the following Saturday exceeds 48 hours and the resident does not have any remaining vacation absence days available in the calendar year; or

(e) in the case of a short-stay resident, the total length of the resident’s casual absences during the period between midnight on Saturday and midnight on the following Saturday exceeds 48 hours. O. Reg. 79/10, s. 145 (3).

(4) Clause (3) (e) does not apply to a resident in the interim bed short-stay program and the resident shall be considered to be a long-stay resident for the purposes of clause (3) (d). O. Reg. 79/10, s. 145 (4).

When licensee shall discharge

146. (1) A licensee of a long-term care home shall discharge a short-stay resident from the home at the end of the period for which the resident was admitted to the home, unless the resident is in the interim bed short-stay program and the placement co-ordinator has authorized, or has advised the licensee that it will be authorizing, an extension of the resident’s admission under section 196. O. Reg. 79/10, s. 146 (1).

(2) A licensee shall not discharge under subsection (1) a resident who is in the interim bed short-stay program without first confirming with the placement co-ordinator whether the placement co-ordinator intends to authorize an extension. O. Reg. 79/10, s. 146 (2).

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

(a) the resident is on a medical absence or a psychiatric absence that exceeds 14 days;
(b) the resident is on a vacation absence; or
(c) the long-term care home is being closed. O. Reg. 79/10, s. 146 (3).

(4) A licensee shall discharge a long-stay resident if,

(a) the resident is on a medical absence that exceeds 30 days;
(b) the resident is on a psychiatric absence that exceeds 60 days;
(c) the total length of the resident’s vacation absences during the calendar year exceeds 21 days; or
(d) the long-term care home is being closed. O. Reg. 79/10, s. 146 (4).

(5) A licensee shall not discharge a resident under clause (3) (a) or (4) (a) or (b),

(a) if the resident is unable to return to the home because of an emergency in the home or an outbreak of disease; or
(b) if the resident or the resident’s substitute decision-maker or other person acting on the resident’s behalf has notified the Administrator that the resident intends to return to the home but the resident is unable to do so due to an emergency or natural disaster in the community that prevents the immediate return of the resident. O. Reg. 79/10, s. 146 (5); O. Reg. 410/16, s. 2.

(6) A licensee shall not discharge a resident under clause (4) (c),

(a) if the resident is unable to return to the home because of an outbreak of disease in the home or an emergency in the home; or
(b) if the resident or the resident’s substitute decision-maker or other person acting on the resident’s behalf has notified the Administrator that the resident intends to return to the home but the resident is unable to do so due to an emergency or natural disaster in the community or a short-term illness or injury of the resident that prevents the immediate return of the resident. O. Reg. 79/10, s. 146 (6); O. Reg. 410/16, s. 2.

(7) A licensee of a long-term care home shall discharge a resident from a specialized unit if,

(a) the interdisciplinary reassessment required under section 204 indicates that the resident no longer requires and benefits from the accommodation, care, services, programs and goods provided in the specialized unit; and
(b) alternative arrangements have been made for the accommodation, care, services, programs and goods required by the resident. O. Reg. 79/10, s. 146 (7).

(7.1) A licensee of a long-term care home shall discharge a resident from a specialized unit if the resident was admitted to the specialized unit pursuant to a stipulation made under subsection 198 (7) and the resident is being transferred to a bed in another area in the home as required by section 205.1. O. Reg. 246/13, s. 10.

(8) A licensee shall discharge a resident when the licensee is aware that the resident has died, and the resident shall be deemed to have been discharged on the date of death. O. Reg. 79/10, s. 146 (8).

(9) Subsection (3) does not apply to a resident in the interim bed short-stay program and the resident shall be considered to be a long-stay resident for the purposes of subsection (4). O. Reg. 79/10, s. 146 (9).

Discharge when beds closed

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147. (1) A licensee may discharge a resident whose bed is closed if it is not possible to transfer the resident to another bed in the home. O. Reg. 79/10, s. 147 (1).

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

(a) notice was required under section 306 but that section was not complied with;

(b) the Director agreed, under subsection 306 (7), to a shorter notice period, or to dispensing with notice and, as a result, less than 16 weeks notice was given to the persons described in clause 306 (3) (a); or

(c) section 307 applied when the resident was transferred to the bed but that section was not complied with. O. Reg. 79/10, s. 147 (2).

Requirements on licensee before discharging a resident

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

(a) as far in advance of the discharge as possible; or

(b) if circumstances do not permit notice to be given before the discharge, as soon as possible after the discharge. O. Reg. 79/10, s. 148 (1).

(2) Before discharging a resident under subsection 145 (1), the licensee shall,

(a) ensure that alternatives to discharge have been considered and, where appropriate, tried;

(b) in collaboration with the appropriate placement co-ordinator and other health service organizations, make alternative arrangements for the accommodation, care and secure environment required by the resident;

(c) ensure the resident and the resident’s substitute decision-maker, if any, and any person either of them may direct is kept informed and given an opportunity to participate in the discharge planning and that his or her wishes are taken into consideration; and

(d) provide a written notice to the resident, the resident’s substitute decision-maker, if any, and any person either of them may direct, setting out a detailed explanation of the supporting facts, as they relate both to the home and to the resident’s condition and requirements for care, that justify the licensee’s decision to discharge the resident. O. Reg. 79/10, s. 148 (2).

(3) Before discharging a resident from the home under clause 145 (3) (a), (b) or (d), the licensee shall offer to,

(a) assist the resident in planning for discharge by identifying alternative accommodation, health service organizations and other resources in the community; and

(b) contact appropriate health service organizations and other resources in the community or refer the resident to such organizations and resources. O. Reg. 79/10, s. 148 (3).

Responsibility of placement co-ordinator

149. The appropriate placement co-ordinator shall, if a resident to whom subsection 145 (1) or clause 146 (7) (a) applies so desires, assist in arranging alternative accommodation, care or services for the resident. O. Reg. 79/10, s. 149.

Licensee to assist with alternatives to long-term care home

150. Every licensee of a long-term care home shall offer to contact the appropriate placement co-ordinator for the purpose of providing information about alternatives to living in a long-term care home to a resident whose condition has improved to the extent that he or she no longer requires the care and services provided by the long-term care home, as set out in the resident’s plan of care. O. Reg. 79/10, s. 150.

Transitional, absences and discharges due to absences

151. (1) Where, during the calendar year that this section comes into force, a resident of a home under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act has taken vacation absences or casual absences in accordance with the regulations under those Acts before the coming into force of this section, the absences shall be counted as if they had been taken while this Regulation was in force. O. Reg. 79/10, s. 151 (1).

(2) Where a long-stay resident was on a psychiatric absence from a home in accordance with the regulations under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act immediately before the coming into force of this section,

(a) the duration of the absence before the coming into force of this section shall be counted for the purposes of the discharge provisions of this Regulation; and

(b) no bed-holding amount is payable for the days of the absence after the coming into force of this section. O. Reg. 79/10, s. 151 (2).
(3) Where a long-stay resident was on a medical absence from a home in accordance with the regulations under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act immediately before the coming into force of this section,

(a) a licensee shall not discharge the resident under clause 146 (4) (a) until the absence exceeds 51 consecutive days; and

(b) no bed-holding amount is payable for the days of the absence after the coming into force of this section. O. Reg. 79/10, s. 151 (3).

(4) Where a short-stay resident was on a medical absence from a home in accordance with the regulations under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act immediately before the coming into force of this section, the days of the absence before the coming into force of this section shall be counted for the purposes of the discharge provisions of this Regulation. O. Reg. 79/10, s. 151 (4).

PART III
ADMISSION OF RESIDENTS

Definition

152. In this Part,
“partner” means either of two persons who have lived together for at least one year and who have a close personal relationship that is of primary importance in both persons’ lives. O. Reg. 79/10, s. 152.

Ineligibility to be placement co-ordinator

153. Every person or entity that is not a local health integration network or 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. O. Reg. 79/10, s. 153; O. Reg. 105/17, s. 1 (1).

Note: On the day section 34 of the Patients First Act, 2016 comes into force, section 153 of the Regulation is amended by striking out “or a community care access corporation within the meaning of the Community Care Access Corporations Act, 2001”. (See: O. Reg. 105/17, s. 1 (2))

Information to be provided by placement co-ordinator

154. (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. O. Reg. 79/10, s. 154 (1).

(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. O. Reg. 79/10, s. 154 (2).

(3) The placement co-ordinator shall advise the person that a resident may apply to the Director for a reduction in the charge for basic accommodation and that a resident who makes such an application is required to provide supporting documentation including the resident’s Notice of Assessment issued under the Income Tax Act (Canada) for the resident’s most recent taxation year. O. Reg. 79/10, s. 154 (3).

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

(a) the length of waiting lists and approximate times to admission for long-term care homes;

(b) vacancies in long-term care homes; and

(c) how to obtain information from the Ministry about long-term care homes. O. Reg. 79/10, s. 154 (4).

ELIGIBILITY FOR ADMISSION

Criteria for eligibility, long-stay

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

(a) the person is at least 18 years old;

(b) the person is an insured person under the Health Insurance Act;

(c) the person,

(i) requires that nursing care be available on site 24 hours a day,

(ii) requires, at frequent intervals throughout the day, assistance with activities of daily living, or

(iii) requires, at frequent intervals throughout the day, on-site supervision or on-site monitoring to ensure his or her safety or well-being;
(d) the publicly-funded community-based services available to the person and the other caregiving, support or companionship arrangements available to the person are not sufficient, in any combination, to meet the person’s requirements; and

(e) the person’s care requirements can be met in a long-term care home. O. Reg. 79/10, s. 155 (1).

(2) In this section, “nursing care” means nursing and other personal care given by or under the supervision of a registered nurse or a registered practical nurse. O. Reg. 79/10, s. 155 (2).

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

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

(a) the person,
   (i) has a caregiver who requires temporary relief from his or her caregiving duties, or
   (ii) requires temporary care in order to continue to reside in the community and is likely to benefit from a short stay in the home;

(b) it is anticipated that the person will be returning to his or her residence within 60 days after admission to the long-term care home; and

(c) the person meets the requirements of clauses 155 (1) (a), (b), (c) and (e). O. Reg. 79/10, s. 156 (1).

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

(a) the person requires a period of time in which to recover strength, endurance or functioning and is likely to benefit from a short stay in a long-term care home;

(b) it is anticipated that the person will be returning to his or her residence within 90 days after admission to the long-term care home; and

(c) the person meets the requirements of clauses 155 (1) (a), (b), (c) and (e). O. Reg. 79/10, s. 156 (2).

Same, spouse or partner

157. (1) Despite clauses 155 (1) (c) and (d), a placement co-ordinator shall determine a person to be eligible for long-term care home admission as a long-stay resident if,

(a) the person’s spouse or partner is,
   (i) a long-stay resident, or
   (ii) a person who has been determined by a placement co-ordinator to be eligible for long-term care home admission as a long-stay resident; and

(b) the person meets the requirements of clauses 155 (1) (a), (b) and (e). O. Reg. 79/10, s. 157 (1).

(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 173 (3) or 174 (3); and

(b) a placement co-ordinator may not authorize the admission to a long-term care home of a person described in subsection (1) before the admission of their spouse or partner is authorized to that home. O. Reg. 79/10, s. 157 (2).

Same, veterans

158. Despite clauses 155 (1) (c) and (d), a placement co-ordinator shall determine a person to be eligible for long-term care home admission as a long-stay resident if the person is a veteran and an insured person under the Health Insurance Act. O. Reg. 79/10, s. 158.

Same, redevelopment transfers

159. (1) Despite section 155, a placement co-ordinator shall determine a person to be eligible for long-term care home admission as a long-stay resident if the person is,

(a) a long-stay resident of a long-term care home immediately before the closure of his or her bed in the home who is requesting a transfer to a related temporary long-term care home;

(b) a long-stay resident who is requesting a transfer from a related temporary long-term care home to a replacement long-term care home or to a re-opened long-term care home operated by the same licensee as the related temporary long-term care home; or
(c) a long-stay resident of a long-term care home immediately before the closure of his or her bed in the home who is requesting a transfer to a replacement long-term care home. O. Reg. 79/10, s. 159 (1).

(2) A placement co-ordinator acting under this section is exempt from complying with subsections 43 (4) and (6) and 44 (12) of the Act. O. Reg. 79/10, s. 159 (2).

(3) For the purposes of this section, a resident of the interim bed short-stay program shall be considered to be a long-stay resident. O. Reg. 79/10, s. 159 (3).

APPLICATION FOR DETERMINATION OF ELIGIBILITY

Application for determination of eligibility

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

(a) a written request by the person for a determination of his or her eligibility, in the form provided by the placement co-ordinator;
(b) satisfactory evidence that the requirements in clauses 155 (1) (a) and (b) are met;
(c) an up-to-date assessment described in paragraph 1 of subsection 43 (4) of the Act;
(d) an up-to-date assessment described in paragraph 2 of subsection 43 (4) of the Act, made and signed by an employee or agent of the placement co-ordinator who is also,
   (i) a registered nurse,
   (ii) a social worker who is registered under the Social Work and Social Service Work Act, 1998,
   (iii) a member of the College of Physiotherapists of Ontario,
   (iv) a member of the College of Occupational Therapists of Ontario,
   (v) a speech-language pathologist who is a member of the College of Audiologists and Speech-Language Pathologists of Ontario, or
   (vi) a registered dietitian; and
(e) any additional information and documentation necessary to establish whether the person meets the applicable eligibility criteria. O. Reg. 79/10, s. 160 (1).

(2) The form provided by the placement co-ordinator under clause (1) (a) must be a form provided by the Director. O. Reg. 79/10, s. 160 (2).

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

(a) he or she shall submit a request for a determination of eligibility for long-term care home admission and provide the material referred to in subsection (1), unless there is an application pending for the authorization of admission of the person to any long-term care home; and

(b) the licensee of the person’s long-term care home shall assist the placement co-ordinator by providing information about the care that is being given to the person and information the licensee has that relates to the assessments mentioned in clauses (1) (c) and (d). O. Reg. 79/10, s. 160 (3).

(4) Despite subsections (1) and (3), a person referred to in subsection 159 (1) is not required to provide a request for a determination of eligibility in the form provided by the placement co-ordinator under clause (1) (a) or the material referred to in clauses (1) (b), (c) and (d). O. Reg. 79/10, s. 160 (4).

(5) A person who is in a jurisdiction outside of Ontario at the time of submitting his or her application is exempt from providing the assessments mentioned in clauses (1) (c) and (d) if the applicant submits substantially similar assessments, made by a person whose professional qualifications in that jurisdiction are equivalent to those of a person who could conduct such an assessment in Ontario, and if the placement co-ordinator is satisfied that those assessments are adequate under all the circumstances. O. Reg. 79/10, s. 160 (5).

(6) A placement co-ordinator acting under the circumstances set out in subsection (5) may make the eligibility determination under subsection 43 (4) of the Act based on the assessments provided. O. Reg. 79/10, s. 160 (6).

(7) The placement co-ordinator shall assist the person in obtaining anything that the person is required to provide to the placement co-ordinator under this section. O. Reg. 79/10, s. 160 (7).

APPLICATION FOR AUTHORIZATION OF ADMISSION

Application for authorization of admission
161. (1) To apply for authorization of his or her admission to a long-term care home under section 44 of the Act, 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;
   
   (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 170 to 180;
   
   (c) such additional information and documentation as is relevant in the opinion of the placement co-ordinator for the licensee to determine whether to give or withhold approval of the person’s admission; and
   
   (d) copies of the assessments and reassessments referred to in clause 44 (11) (a) of the Act.  O. Reg. 79/10, s. 161 (1).

(2) Despite clause (1) (a), a person who is determined eligible for long-term care home admission under subsection 159 (1) is not required to provide a request for authorization of admission in writing.  O. Reg. 79/10, s. 161 (2).

(3) The placement co-ordinator shall assist the applicant in obtaining anything that the applicant is required to provide to the placement co-ordinator under this section.  O. Reg. 79/10, s. 161 (5).

APPROVAL BY LICENSEE

Approval by licensee

162. (1) Subject to sections 163 and 164, when an applicant who has been determined by a placement co-ordinator to be eligible for long-term care home admission applies for authorization of his or her admission to a particular long-term care home, the appropriate placement co-ordinator shall,

   (a) give the licensee of the home, in addition to the material required under subsection 44 (7) of the Act, any other information possessed by the placement co-ordinator that in the placement co-ordinator’s opinion is relevant to the licensee’s determination of whether to give or withhold approval for the applicant’s admission to the home; and

   (b) request the licensee to determine whether to give or withhold approval for the applicant’s admission to the home.  O. Reg. 79/10, s. 162 (1).

(2) The appropriate placement co-ordinator shall ensure that any assessment given to the licensee as part of the material mentioned in clause (1) (a) was made within the previous three months, and that if within the preceding three months there was a significant change in the applicant’s condition or circumstances, the assessment or reassessment that reflects those changes is included in the material.  O. Reg. 79/10, s. 162 (2).

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

   1. Give the appropriate placement co-ordinator the written notice required under subsection 44 (8) of the Act.

   2. 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.  O. Reg. 79/10, s. 162 (3).

(4) Where, within the five business days referred to in subsection (3), the licensee makes a request in writing to the appropriate placement co-ordinator for additional information that in the placement co-ordinator’s opinion is relevant to the licensee’s determination of whether to give or withhold approval for the applicant’s admission to the home, the placement co-ordinator shall provide the information to the licensee.  O. Reg. 79/10, s. 162 (4).

(5) The licensee shall give the appropriate notice under paragraph 1 or 2 of subsection (3) within three business days of receiving the additional information provided under subsection (4).  O. Reg. 79/10, s. 162 (5).

Exceptions

163. Subsections 44 (7), (8) and (14) of the Act and sections 162 and 184 of this Regulation do not apply with respect to an applicant who is eligible for long-term care home admission under subsection 159 (1), and the licensee of a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home shall be deemed to approve the admission to the home of such an applicant.  O. Reg. 79/10, s. 163.

Limit on waiting lists

164. (1) A placement co-ordinator shall not provide the information and request referred to in subsection 162 (1) to a licensee if the result would be,

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

   (b) that there are more than five requests outstanding relating to admission as a short-stay resident.  O. Reg. 79/10, s. 164 (1).

(2) For the purposes of subsection (1), a request is outstanding if approval has been given or the licensee is still considering whether to give approval.  O. Reg. 79/10, s. 164 (2).
(3) Subsection (1) does not apply with respect to a home that is not yet licensed or approved for the purposes of the Act and a request relating to such a home shall not be counted as a request that is outstanding. O. Reg. 79/10, s. 164 (3).

(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. O. Reg. 79/10, s. 164 (4).

**KEEPING OF WAITING LIST**

**Keeping of waiting lists**

165. (1) Each placement co-ordinator shall keep a waiting list for admission to each of the long-term care homes for which the placement co-ordinator is designated. O. Reg. 79/10, s. 165 (1).

(2) In addition to the waiting lists under subsection (1), the placement co-ordinator shall, if applicable, keep a separate waiting list for each unit or area within a home that is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin as referred to in clause 173 (1) (b). O. Reg. 79/10, s. 165 (2).

(3) Each placement co-ordinator shall also keep the waiting lists described in subsections (1) and (2) with respect to a long-term care home that is not yet licensed or approved, but that is, within 16 weeks of the creation of the list, expected to be licensed or approved and to be a long-term care home for which the placement co-ordinator is designated. O. Reg. 79/10, s. 165 (3).

(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 166 to 182, any person described in section 166, other than a person who is to be placed on the waiting list for interim beds under section 192 or on the waiting list for a specialized unit under section 201. O. Reg. 79/10, s. 165 (4).

**Requirements to be placed on waiting list**

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

(a) the person is determined by a placement co-ordinator to be eligible for long-term care home admission;

(b) the person applies in accordance with this Regulation for authorization of his or her admission to the home;

(c) the licensee of the home approves the person’s admission to the home; and

(d) subject to subsection (4), placing the person on the waiting list will not result in the total number of long-stay program waiting lists on which the person is placed exceeding five and the total number of short-stay program waiting lists on which the person is placed exceeding five. O. Reg. 79/10, s. 166 (1).

(2) Clause (1) (d) does not apply to a person who will be placed in category 1 on the waiting list for admission to a long-stay program. O. Reg. 79/10, s. 166 (2).

(3) For the purposes of clause (1) (d), where a person will be placed in category 3A or 3B on the waiting list for a unit or area of a home that is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin under section 173, or for a specialized unit in the home under section 201, and will also be placed on the waiting list for the home other than in the unit or area or specialized unit, all of the waiting lists will be counted as one list. O. Reg. 79/10, s. 166 (3).

(4) A waiting list referred to in subsection 165 (3) shall not be counted in the total number of waiting lists for the purposes of clause (1) (d) until the home is licensed or approved. O. Reg. 79/10, s. 166 (4).

**Removal from waiting list, long-stay**

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

(a) refuses to consent to admission;

(b) refuses to enter into the agreement provided for in clause 185 (1) (f); or

(c) 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. O. Reg. 79/10, s. 167 (1).

(2) Subsection (1) does not apply,

(a) if the applicant occupies a bed in,

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

(ii) a facility that is a psychiatric facility within the meaning of the *Mental Health Act* and that is required to provide in-patient services in accordance with that Act;
(a.1) if the applicant declines to enter a specialized unit pursuant to a stipulation made under subsection 198 (7);

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

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

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

(c) if the reason the applicant acts in the manner described in clause (1) (a), (b) or (c) is that there is an emergency in the home or an outbreak of disease which prevents the applicant from moving into the home at that time. O. Reg. 79/10, s. 167 (2); O. Reg. 246/13, s. 11.

(3) If an applicant who is a long-stay resident of another long-term care home is removed from a waiting list under subsection (1), and subsequently wishes to seek admission to a long-term care home, the applicant must make a new application for a determination of eligibility for long-term care home admission as a long-stay resident. O. Reg. 79/10, s. 167 (3).

(4) An applicant who is removed from a waiting list under subsection (1), other than an applicant referred to in subsection (3), and who subsequently wishes to seek admission to a long-term care home, must make a new application for a determination of eligibility for long-term care home admission as a long-stay resident, but any such application shall not be made earlier than 12 weeks or more after the day the applicant was removed from the waiting list, unless there has been a deterioration in the applicant’s condition or circumstances. O. Reg. 79/10, s. 167 (4).

Removal from waiting list, short-stay

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

(a) refuses to consent to admission; or

(b) fails to move into the home on the day agreed to by the applicant. O. Reg. 79/10, s. 168 (1).

(2) An applicant who is removed from the waiting list for a long-term care home under subsection (1) and who subsequently wishes to seek admission to a long-term care home must make a new application for a determination of eligibility for long-term care home admission as a short-stay resident. O. Reg. 79/10, s. 168 (2).

Placement into categories on waiting list

Application — short-stay

169. An applicant for authorization of admission to a long-term care home as a short-stay resident in the respite care or convalescent care program shall be placed in the short-stay category on the waiting list for the long-term care home if the applicant meets the requirements in subsection 166 (1). O. Reg. 79/10, s. 169.

Application — long-stay

170. Sections 171 to 180 apply only to applicants who meet the requirements of section 166 and who apply for authorization of admission to a long-term care home as a long-stay resident. O. Reg. 79/10, s. 170.

Crisis category

171. (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. O. Reg. 79/10, s. 171 (1).

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

(a) the applicant occupies a bed in,

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

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

(b) there will be no bed for the applicant in the hospital or facility within 12 weeks as a result of,

(i) a permanent closure of all or some of the beds in the hospital or facility, or

(ii) a temporary closure of all or some of the beds in the hospital or facility due to an emergency or redevelopment. O. Reg. 79/10, s. 171 (2).

(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. O. Reg. 79/10, s. 171 (3).

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

(a) occupies a bed in a hospital under the *Public Hospitals Act*, requires an alternate level of care and requires an immediate admission to a long-term care home;

(b) the hospital is experiencing severe capacity pressures; and

(c) the local health integration network for the geographic area in which the hospital is located has, taking into account consultation with the affected hospital and the appropriate placement co-ordinator, verified these pressures to the appropriate placement co-ordinator in writing and set out the time period for which the verification applies. O. Reg. 79/10, s. 171 (4).

Spouse/partner reunification

172. 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 155 (1). O. Reg. 79/10, s. 172.

Former specialized unit residents

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

(a) is a resident in a specialized unit other than a resident who was admitted to the unit pursuant to a stipulation under subsection 198 (7); or

(b) was a resident in a specialized unit and,

(i) was transferred from the specialized unit to a bed in another area of the home pursuant to subsection 205 (1), and

(ii) applied for admission before being transferred or within six weeks after being transferred. O. Reg. 246/13, s. 12.

(2) For greater certainty, this section does not apply where clause 177 (1) (e) applies. O. Reg. 246/13, s. 12.

Religious, ethnic or linguistic origin

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

(a) the applicant does not meet the requirements for placement in category 1, 2, 2.1, 3A or 3B;

(b) the home or a unit or area within the home is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin; and

(c) the applicant or the applicant’s spouse or partner is of the religion, ethnic origin or linguistic origin primarily served by the home or a unit or area within the home and the applicant is seeking to be admitted to that unit or area. O. Reg. 79/10, s. 173 (1); O. Reg. 246/13, s. 13.

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

(a) the applicant is not a resident of a long-term care home, and requires or is receiving high service levels under the *Home Care and Community Services Act, 1994*;

(b) the applicant occupies a bed in a hospital under the *Public Hospitals Act* and requires an alternate level of care;

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

(d) the applicant is a short-stay resident of a long-term care home in the interim bed short-stay program and is seeking to transfer to the home as a long-stay resident. O. Reg. 79/10, s. 173 (2).

(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. O. Reg. 79/10, s. 173 (3).

Others

174. (1) An applicant shall be placed in category 4A or 4B on the waiting list for a long-term care home if the applicant does not meet the requirements for placement in category 1, 2, 2.1, 3A or 3B. O. Reg. 79/10, s. 174 (1); O. Reg. 246/13, s. 14.

(2) An applicant described in subsection (1) shall be placed in category 4A if,
(a) the applicant is not a resident of a long-term care home, and requires or is receiving high service levels under the *Home Care and Community Services Act, 1994*;

(b) the applicant occupies a bed in a hospital under the *Public Hospitals Act* and requires an alternate level of care;

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

(d) the applicant is a short-stay resident of a long-term care home in the interim bed short-stay program and is seeking to transfer to the home as a long-stay resident. O. Reg. 79/10, s. 174 (2).

(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. O. Reg. 79/10, s. 174 (3).

**Veteran category**

**175.** Despite sections 171 to 174, an applicant shall be placed in the veteran category on the waiting list for a long-term care home if,

(a) the home contains veterans’ priority access beds, and the applicant is a veteran who has applied for authorization of his or her admission to a veterans’ priority access bed; or

(b) the home is or will be a related temporary long-term care home, re-opened long-term care home or a replacement long-term care home that contains veterans’ priority access beds and the applicant,

(i) is a long-stay resident occupying a veterans’ priority access bed in a long-term care home and has applied for authorization of his or her admission to a veterans’ priority access bed, and

(ii) otherwise meets the applicable requirements of section 178, 179 or 180, as the case may be, with respect to the veterans’ priority access bed. O. Reg. 79/10, s. 175.

**Exchange category**

**176.** (1) Despite sections 171 to 174, an applicant shall be placed in the exchange category on the waiting list for a long-term care home if,

(a) the applicant,

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

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

(iii) occupies a bed in a supported group living residence, an intensive support residence or a supported independent living residence under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*,

(iv) resides in a supportive housing program that is funded by the Ministry 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, group home or program mentioned in subclauses (a) (i) to (iv) and possibly one or more other hospitals, facilities, group homes, programs or long-term care homes, to exchange identified residents or patients, in order to meet the specialized requirements of any of the exchanged residents or patients; and

(c) the result of the exchange will be that the applicant will become a resident of the long-term care home to which the applicant seeks admission and a resident of the long-term care home will be discharged. O. Reg. 79/10, ss. 176 (1), 334 (1).

(2) Despite sections 171 to 174, 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. O. Reg. 79/10, s. 176 (2).

**Re-admission category**

**177.** (1) Despite sections 171 to 174, an applicant shall be placed in the re-admission category on the waiting list for a long-term care home if,
(a) he or she formerly occupied a bed in the long-term care home as a long-stay resident, but no longer does so because he or she was absent on a medical or psychiatric absence for a longer time than permitted under section 138 and was discharged by the licensee;

(b) he or she formerly occupied a bed in the long-term care home as a long-stay resident, but no longer does so because of an emergency in the long-term care home and he or she was discharged by the licensee;

(c) he or she is a resident of a specialized unit who is applying for admission to the long-term care home where he or she was a resident immediately prior to his or her admission to the specialized unit;

(d) he or she was discharged from a specialized unit because he or she was absent on a medical or psychiatric absence for a longer time than permitted under section 138, and is applying for admission to the long-term care home where he or she was a resident immediately prior to his or her admission to the specialized unit; or

(e) he or she was discharged from a specialized unit in a long-term care home and transferred to a bed in another area of the home, and he or she,

(i) is applying for admission to the long-term care home where he or she was a resident immediately prior to his or her admission to the specialized unit, and

(ii) applied for the admission referred to in subclause (i) before being transferred, or within six weeks after being transferred. O. Reg. 246/13, s. 15.

(2) An applicant to whom clause (1) (a) or (b) applies shall only be placed in the re-admission category on the waiting list for the home from which he or she was most recently discharged. O. Reg. 79/10, s. 177 (2).

Related temporary long-term care home category

178. Despite sections 171 to 174 and section 176 but subject to section 175, 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. O. Reg. 79/10, s. 178.

Re-opened long-term care home category

179. Despite sections 171 to 174 and section 176 but subject to section 175, 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. O. Reg. 79/10, s. 179.

Replacement long-term care home category

180. Despite sections 171 to 174 and section 176 but subject to section 175, an applicant shall be placed in the replacement long-term care home category on the waiting list for a long-term care home if,

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

(b) the applicant,

(i) is a long-stay resident of the original long-term care home,

(ii) was a long-stay resident of the original long-term care home immediately before the permanent closure of his or her bed in the home, or

(iii) is a long-stay resident of the related temporary long-term care home. O. Reg. 79/10, s. 180.

Ranking of categories

181. For each class of beds set out in a column of the Table to this section, the categories on the waiting list shall be ranked in the order set out in the rows below that class of beds, such that a category mentioned in a higher row ranks ahead of a category mentioned in a lower row. O. Reg. 79/10, s. 181.
TABLE
RANKING OF WAITING LIST CATEGORIES (LONG-STAY)

<table>
<thead>
<tr>
<th>Class of Beds</th>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
<th>Column 5</th>
<th>Column 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed in a related temporary long-term care home, other than veterans’ priority</td>
<td>Beds in a related temporary long-term care home, other than veterans’</td>
<td>Beds in a related temporary long-term care home, other than veterans’</td>
<td>Veterans’ priority access beds in a related temporary, re-opened or</td>
<td>Veterans’ priority access beds in a related temporary, re-opened or</td>
<td>All other long-stay beds in a long-term care home</td>
<td></td>
</tr>
<tr>
<td>access beds</td>
<td>priority access beds</td>
<td>priority access beds</td>
<td>replacement long-term care home</td>
<td>replacement long-term care home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting List Categories</td>
<td>Exchange</td>
<td>Exchange</td>
<td>Exchange</td>
<td>Exchange</td>
<td>Exchange</td>
<td></td>
</tr>
<tr>
<td>Related temporary</td>
<td>Exchange</td>
<td>Exchange</td>
<td>Exchange</td>
<td>Veteran under clause 175 (b)</td>
<td>Re-admission</td>
<td></td>
</tr>
<tr>
<td>Re-admission</td>
<td>Exchange</td>
<td>Re-admission</td>
<td>Re-admission</td>
<td>Exchange</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Re-admission</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2.1</td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>2.1</td>
<td>2.1</td>
<td>2.1</td>
<td>2</td>
<td>3A</td>
<td></td>
</tr>
<tr>
<td>3A</td>
<td>3A</td>
<td>3A</td>
<td>3A</td>
<td>2.1</td>
<td>3B</td>
<td></td>
</tr>
<tr>
<td>3B</td>
<td>3B</td>
<td>3B</td>
<td>3B</td>
<td>3A</td>
<td>4B</td>
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<tr>
<td>4A</td>
<td>4A</td>
<td>4A</td>
<td>4A</td>
<td>3B</td>
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</tr>
<tr>
<td>4B</td>
<td>4B</td>
<td>4B</td>
<td>4B</td>
<td>4B</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

O. Reg. 246/13, s. 16.

RANKING WITHIN CATEGORIES

182. (1) Within a waiting list category set out in Column 1 of the Table to this section, applicants shall be ranked for admission in accordance with the rules set out opposite the category in Columns 2 and 3 of the Table. O. Reg. 79/10, s. 182 (1).

(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 the Table to this section, be deemed to have been made at the time that the first application was made. O. Reg. 79/10, s. 182 (2).

(3) If an applicant who was determined by a placement co-ordinator to be ineligible for long-term care home admission as a long-stay resident is determined to be eligible for admission as a long-stay resident as a result of an application to the Appeal Board under subsection 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 the Table to this section, be deemed to have been made at the time that the placement co-ordinator determined that the applicant was ineligible for admission; and

(b) all additional applications for authorization of admission to one or more long-term care homes as a long-stay resident made by the applicant within six weeks after making the first application shall, for the purpose of the Table, be deemed to have been made at the time that the first application is deemed under clause (a) to have been made. O. Reg. 79/10, s. 182 (3).

TABLE
RULES FOR RANKING WITHIN CATEGORIES

<table>
<thead>
<tr>
<th>Item</th>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Related temporary, re-opened and replacement long-term care home</td>
<td>Applicants shall be ranked according to the date of their admission to the original long-term care home. Applicants who were not residents of the original long-term care home and who are seeking admission to a re-opened home or replacement home from a related temporary home shall be determined eligible for admission to the original home or the related temporary</td>
<td>If there are two or more applicants who are ranked in the same position, as between themselves they shall be ranked based on the earliest date on which they were determined eligible for admission to the original home or the related temporary</td>
<td></td>
</tr>
</tbody>
</table>
2. **Veteran**

   Related temporary, re-opened or replacement homes
   
   (a) Veterans applying for veterans’ priority access beds in a related temporary, re-opened or replacement long-term care home shall be ranked according to the date of their admission to a veterans’ priority access bed in the original long-term care home or the related temporary home.

   If there are two or more veterans who are ranked in the same position, as between themselves they shall be ranked based on the earliest date on which they were determined eligible for admission to the original home or the related temporary home.

   (b) Veterans who are not mentioned in rule (a) of this category who require immediate admission as a result of a crisis arising from their condition or circumstances shall rank ahead of all other veterans.

   If there is more than one veteran in this situation at the same time, these veterans shall, among themselves, be ranked according to the urgency of their need for admission.

2. **Crisis**

   (b) Veterans who are not mentioned in rule (a) of this category who require immediate admission as a result of a crisis arising from their condition or circumstances shall rank ahead of all other veterans.

   If there is more than one veteran in this situation at the same time, these veterans shall, among themselves, be ranked according to the urgency of their need for admission.

3. **Continuum of Care**

   (c) Veterans who are not mentioned in rules (a) and (b) of this category but are continuum of care applicants on the waiting list for the continuum of care long-term care home shall rank ahead of all other veterans who are not mentioned in rules (a) and (b).

   If there is more than one veteran in this situation at the same time, these veterans shall, among themselves, be ranked according to the date on which they applied for authorization of their admission to the long-term care home.

   Other veterans

   (d) As among themselves, veterans who are not mentioned in rules (a), (b) and (c) of this category shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.

   If there are two or more veterans who are ranked in the same position, as between themselves, they shall be ranked based on the date on which they were determined eligible for admission.

3. **Exchange (but only applicants in the exchange category by virtue of subsection 176 (2))**

   Spousal/Partner Reunification

   (a) Applicants who are seeking admission to the long-term care home in which their spouse or partner is a long-term care resident and who meet the eligibility criteria set out in subsection 155 shall rank ahead of all other applicants in the exchange category by virtue of subsection 176 (2).

   If there is more than one applicant in this situation at the same time, these applicants shall, among themselves, be ranked according to the date on which their spouses or partners were admitted to the long-term care home.

   Religion, Ethnic or Linguistic Origin

   (b) Applicants who are not mentioned in rule (a) of this category but who are of the religion, ethnic origin or linguistic origin primarily served by the long-term care home or a unit or area within the home shall rank ahead of all other applicants.

   If there is more than one applicant in this situation at the same time, these applicants shall, among themselves, be ranked according to the time at which they applied for authorization of their admission to the long-term care home.

   Other exchange in this category

   (c) As among themselves, applicants in the exchange category under subsection 176 (2) who are not mentioned in rules (a) and (b) of this category shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.

4. **Re-admission**

   Applicants shall be ranked according to the date of their original admission to the home.

   If there are two or more applicants who are ranked in the same position, as between themselves, they shall be ranked based on the date on which they were determined eligible for admission.

5. **1 (Crisis)**

   Applicants shall be ranked according to the urgency of their need for admission.

6. **2 (Spousal/Partner Reunification)**

   Applicants shall be ranked according to the date on which their spouses or partners were admitted to the long-term care home.

6.1 **2.1 Former specialized unit residents**

   Applicants shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.

   If there are two or more applicants who are ranked in the same position, as between themselves, they shall be ranked based on the date on which they were determined eligible for admission.

7. **3A, 3B (Religion, Ethnic or Continuum of Care)**

   If there is more than one applicant in this...
<table>
<thead>
<tr>
<th>Linguistic Origin) 4A, 4B (Others)</th>
<th>Change of category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exchange category by virtue of subsection 176 (1)</td>
<td>(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.</td>
</tr>
<tr>
<td></td>
<td>situation at the same time, these applicants shall, among themselves, be ranked according to the time at which they applied for authorization of their admission to the long-term care home.</td>
</tr>
<tr>
<td>Applicants who are not continuum of care</td>
<td>(b) As among themselves, applicants in the same category who are not continuum of care applicants shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.</td>
</tr>
<tr>
<td>(b) As among themselves, applicants in the same category who are not continuum of care applicants shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.</td>
<td>If there are two or more applicants who are ranked in the same position, as between themselves, they shall be ranked based on the date on which they were determined eligible for admission.</td>
</tr>
<tr>
<td>8. Short-stay in the respite care and convalescent care programs</td>
<td>Applicants shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.</td>
</tr>
<tr>
<td></td>
<td>If there are two or more applicants who are ranked in the same position, as between themselves, they shall be ranked based on the date on which they were determined eligible for admission.</td>
</tr>
</tbody>
</table>

O. Reg. 79/10, s. 182, Table; O. Reg. 246/13, s. 17.

**CHANGE OF CATEGORY**

Withdrawal of approval by licensee

183. (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 170 to 180 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. O. Reg. 79/10, s. 183 (1).

(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 176 (2), the placement co-ordinator shall place the applicant in the exchange category. O. Reg. 79/10, s. 183 (2).

(3) If a person who is on the waiting list for a long-term care home should be placed in a different category on the waiting list as a result of amendments made to this Regulation by Ontario Regulation 246/13, the placement co-ordinator keeping the waiting list shall place the person in the different category. O. Reg. 246/13, s. 18.

**AUTHORIZATION OF ADMISSION**

Withdrawal of approval by licensee

184. (1) Subject to section 163, this section applies where a licensee of a long-term care home has approved an applicant’s admission to the home under section 162 and the applicant’s admission has not yet been authorized by the placement co-ordinator. O. Reg. 79/10, s. 184 (1).

(2) If information provided to the licensee by the placement co-ordinator indicates that there has been a change in the applicant’s condition and, as a result, a ground for withholding approval mentioned in subsection 44 (7) of the Act exists, the licensee may withdraw the approval of the applicant’s admission to the long-term care home in accordance with paragraphs 1 and 3 of subsection 44 (14) of the Act. O. Reg. 79/10, s. 184 (2).

(3) Where the placement co-ordinator gives the licensee a copy of a reassessment in accordance with subsection 44 (14) of the Act, the placement co-ordinator shall request the licensee to determine whether to withdraw the approval for the admission in accordance with that subsection. O. Reg. 79/10, s. 184 (3).

(4) Subject to subsections (5) and (6), the licensee shall, within one business day of receiving the request from the placement co-ordinator under subsection (3), review the material in accordance with subsection 44 (14) of the Act and do one of the following:

1. If the licensee decides not to withdraw the approval for the applicant’s admission, give the appropriate placement co-ordinator the written notice required under paragraph 2 of subsection 44 (14) of the Act.

2. If the licensee decides to withdraw the approval for the applicant’s admission, give the written notice referred to in paragraph 3 of subsection 44 (14) of the Act in accordance with the applicable requirements under that paragraph. O. Reg. 79/10, s. 184 (4).

(5) Where, within one business day of receiving the request from the placement co-ordinator under subsection (3), the licensee makes a request in writing to the appropriate placement co-ordinator for additional information that in the placement co-ordinator’s opinion is relevant to the determination of whether to withdraw approval for the applicant’s admission to the home, the placement co-ordinator shall provide the information to the licensee. O. Reg. 79/10, s. 184 (5).

(6) The licensee shall give the appropriate notice under paragraph 1 or 2 of subsection (4) within one business day of receiving the additional information requested under subsection (5). O. Reg. 79/10, s. 184 (6).
Authorization of admission

185. (1) The appropriate placement co-ordinator shall authorize the admission of an applicant to the long-term care home only if,

(a) the applicant has applied for authorization of admission to the home’s long-stay program or short-stay program, as the case may be, and the requirements set out in subsection 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 184;

(c) the home has available the class of accommodation for which the applicant is recorded to be waiting;

(d) there is no one on the waiting list for the home who is recorded to be waiting for the class of accommodation that is available, who ranks ahead of the applicant, and whose admission may be authorized under this section;

(e) within 24 hours of being informed by the placement co-ordinator of the availability of accommodation in the home, the applicant consents to being admitted to the home; and

(f) in the case of an applicant who is applying for authorization of his or her admission to the home as a long-stay resident or an interim bed short-stay resident, the applicant agrees with the licensee of the home that,

(i) the applicant will move into the home before noon of the fifth day following the day on which he or she is informed of the availability of accommodation in the home, unless the applicant and the licensee agree to the applicant moving in at a later time on the fifth day,

(ii) the applicant will pay the accommodation charge that is required under subsections 91 (1) and (3) of the Act, for each of the five days provided for in subclause (i), whether or not the applicant moves into the home, and

(iii) if the applicant moves into the home on the day the applicant is informed of the availability of accommodation, the applicant will pay the accommodation charge that is required under subsections 91 (1) and (3) of the Act for that day. O. Reg. 79/10, s. 185 (1).

(2) For the purposes of clauses (1) (c) and (d), the following are the classes of accommodation for which an applicant may be recorded to be waiting:

1. Accommodation for a woman in a respite care or convalescent care program.
2. Accommodation for a man in a respite care or convalescent care program.
3. Basic accommodation for a woman in a long-stay program.
4. Basic accommodation for a man in a long-stay program.
5. Semi-private accommodation for a woman in a long-stay program.
7. Private accommodation for a woman in a long-stay program.
8. Private accommodation for a man in a long-stay program.
9. Basic accommodation for a woman in the interim bed short-stay program.
10. Basic accommodation for a man in the interim bed short-stay program.
11. Semi-private accommodation for a woman in the interim bed short-stay program.
12. Semi-private accommodation for a man in the interim bed short-stay program.
13. Private accommodation for a woman in the interim bed short-stay program.
14. Private accommodation for a man in the interim bed short-stay program. O. Reg. 79/10, s. 185 (2).

(3) A placement co-ordinator who authorizes an applicant’s admission to a long-term care home as a long-stay resident or an interim bed short-stay resident shall cancel the authorization if the applicant does not move into the home before noon of the fifth day following the day on which the applicant is informed of the availability of accommodation in the home or a later time on the fifth day as agreed to by the applicant and the licensee. O. Reg. 79/10, s. 185 (3).

(4) A placement co-ordinator who authorizes an applicant’s admission to a long-term care home as a short-stay resident in the respite care or convalescent care program may cancel the authorization if the applicant does not move into the home on the day agreed to by the applicant. O. Reg. 79/10, s. 185 (4).

(5) A placement co-ordinator is exempt from clauses 44 (11) (a) to (c) of the Act with respect to the authorization of an applicant’s admission if the applicant is a person mentioned in subsection 159 (1) of this Regulation. O. Reg. 79/10, s. 185 (5).

Duty to inform placement co-ordinator of vacancies
Every licensee of a long-term care home shall, within 24 hours after a bed in the home is no longer occupied, inform the appropriate placement co-ordinator of the following:

1. That the bed is no longer occupied.
2. The class of accommodation of the bed.
3. The class of the bed within the meaning of subsection 187 (18) of the Act.
4. The date on which the bed will be available for occupation. O. Reg. 106/12, s. 1.

Reserving ahead — short-stay respite care

The appropriate placement co-ordinator may authorize the admission of an applicant to a long-term care home as a short-stay resident in the respite care program to be effective at a future time no more than one year from the date of the authorization. O. Reg. 79/10, s. 187.

Length of short-stay, respite care and convalescent care

(1) When a placement co-ordinator authorizes the admission of an applicant to a long-term care home as a short-stay resident in the respite care or convalescent care program, the placement co-ordinator shall indicate the length of the stay being authorized and the first day and last day of the stay. O. Reg. 79/10, s. 188 (1).

(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. O. Reg. 79/10, s. 188 (2).

(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. O. Reg. 79/10, s. 188 (3).

(4) No placement co-ordinator shall authorize the admission of an applicant to a long-term care home as a short-stay resident in the respite care program for a stay which, when added to the applicant’s other stays during the calendar year in the respite care program of a long-term care home, exceeds 90 days. O. Reg. 79/10, s. 188 (4).

(5) No placement co-ordinator shall authorize the admission of an applicant to a long-term care home as a short-stay resident in the convalescent care program for a stay which, when added to the applicant’s other stays during the calendar year in the convalescent care program of a long-term care home, exceeds 90 days. O. Reg. 79/10, s. 188 (5).

INTERIM BED SHORT-STAY PROGRAM

Keeping of waiting list, interim beds

The appropriate placement co-ordinator for a long-term care home that has interim beds shall keep a waiting list for admission to the interim beds that is in addition to and separate from any waiting list that is required to be kept under section 165. O. Reg. 79/10, s. 189.

Approval by licensee, interim beds

The following modifications to section 162 apply with respect to an applicant for an interim bed:

1. The licensee’s notice under subsection 162 (3) approving or withholding approval of the applicant’s admission must be given within three business days of receiving the request under subsection 162 (1), not five business days.

2. Any request by the licensee under subsection 162 (4) for additional information shall be made within the three business days referred to in paragraph 1 and the licensee’s notice referred to in subsection 162 (5) shall be given within one business day of receiving the additional information provided. O. Reg. 79/10, s. 190.

Limit on waiting lists, interim beds

For the purposes of section 164, a request relating to admission to the interim bed short-stay program shall be treated as a request for admission as a short-stay resident. O. Reg. 79/10, s. 191.

Requirements to be placed on waiting list, interim beds

(1) The appropriate placement co-ordinator shall place a person on the waiting list for admission to interim beds in a long-term care home if,

(a) the person occupies a bed in a hospital under the Public Hospitals Act and requires an alternate level of care;

(b) a physician has determined that the person does not require the acute care services provided by the hospital;

(c) the person is determined by a placement co-ordinator to be eligible for long-term care home admission as a long-stay resident under section 155;

(d) the person is on at least one waiting list for admission to a bed in a long-stay program of a long-term care home;

(e) placing the person on the waiting list will not result in the total number of short-stay waiting lists on which the person is placed exceeding five;
(f) the person applies in accordance with this Regulation for authorization of his or her admission to an interim bed in the home; and

(g) the licensee of the home approves the person’s admission to an interim bed in the home. O. Reg. 79/10, s. 192 (1).

(2) Section 166 does not apply to placement on a waiting list for interim beds. O. Reg. 79/10, s. 192 (2).

Ranking on waiting list, interim beds

193. (1) Sections 169 to 181 and subsection 182 (1) do not apply with respect to an application for admission to a long-term care home as a resident in the interim bed short-stay program. O. Reg. 79/10, s. 193 (1).

(2) Applicants on a waiting list for interim beds for a long-term care home shall be ranked for admission according to the time at which they applied for authorization of their admission to an interim bed in that home. O. Reg. 79/10, s. 193 (2).

(3) Subsections 182 (2) and (3) apply with the following modifications to the ranking of applicants on a waiting list for interim beds for a long-term care home:

1. References to a “long-stay resident” shall be read as references to a short-stay interim bed resident.

2. References to “the Table to this section” or “the Table” shall be read as references to subsection 193 (2). O. Reg. 79/10, s. 193 (3).

Removal from waiting list, interim beds

194. Section 167 rather than section 168 applies to the waiting list for interim beds. O. Reg. 79/10, s. 194.

Authorization of admission, interim beds

195. (1) The appropriate placement co-ordinator shall authorize the admission of an applicant to the interim bed short-stay program only if,

(a) the applicant’s admission may be authorized under section 185;

(b) the applicant applied for authorization of his or her admission to an interim bed in the home; and

(c) the applicant meets the requirements for placement on a waiting list for interim beds as set out in section 192. O. Reg. 79/10, s. 195 (1).

(2) If the class of accommodation available in the interim bed short-stay program is one of the classes referred to in paragraph 11, 12, 13 or 14 of subsection 185 (2) and there is no applicant recorded to be waiting for that class of accommodation, the licensee shall make the accommodation available as basic accommodation. O. Reg. 79/10, s. 195 (2).

Length of interim bed stay and other rules

196. The following rules apply when a placement co-ordinator authorizes the admission of an applicant to a long-term care home as a resident of an interim bed:

1. The placement co-ordinator shall indicate the length of the stay being authorized and the first day and last day of the stay.

2. The placement co-ordinator shall not authorize the admission for a period exceeding 120 consecutive days for the first period.

3. After the initial admission, and whether or not the applicant has made a formal application for an extension, the placement co-ordinator may authorize the extension of the applicant’s admission for up to 60 consecutive days at a time, if the applicant,

   i. remains on at least one waiting list for admission to a bed in a long-stay program of a long-term care home, and
   ii. has not yet received an offer to authorize his or her admission as a long-stay resident of a long-term care home under section 185.

4. If the placement co-ordinator is authorizing an extension of the admission, the extension shall only be authorized within seven days before the last day of the stay. O. Reg. 79/10, s. 196.

Removal from long-stay waiting list of interim bed resident

197. Subsections 167 (1), (2) and (3) apply where a placement co-ordinator offers to authorize the admission of a resident of an interim bed to a long-term care home as a long-stay resident and the resident refuses to consent to the admission, refuses to enter into the agreement provided for in clause 185 (1) (f), or 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. O. Reg. 79/10, s. 197.

SPECIALIZED UNITS

Designation of specialized units
198. (1) This section applies to the designation of specialized units for the purposes of subsection 39 (3) of the Act. O. Reg. 79/10, s. 198 (1).

(2) Upon the recommendation of the local health integration network for the geographic area where a long-term care home is located, the Director may designate a specified number of long-stay program beds as a specialized unit in the home, subject to any terms and conditions the Director may specify. O. Reg. 79/10, s. 198 (2).

(3) In making a recommendation to the Director to designate a specialized unit, the local health integration network shall provide the Director with the following:

1. An assessment identifying the need for a specialized unit to provide or offer certain types of accommodation, care, services, programs and goods to residents, taking into account the input of the appropriate placement co-ordinator, the licensee of the home and others as the local health integration network may consider appropriate.

2. An analysis of the advantages and disadvantages of designating a specialized unit.

3. A description of the resident population to be served by the specialized unit.

4. A description of the accommodation, care, services, programs and goods to be provided by the specialized unit.

5. A statement that the local health integration network is satisfied that the licensee will be financially capable of providing the types of accommodation, care, services, programs and goods to be provided by the specialized unit.

6. A statement from the licensee that the licensee has agreed to the proposed designation.

7. A proposal for the monitoring, evaluation and reporting on the utilization and effectiveness of the specialized unit. O. Reg. 79/10, s. 198 (3).

(4) The Director shall only designate a specialized unit in a long-term care home if the Director is satisfied with the licensee’s current compliance with requirements under the Act and with the licensee’s history of compliance as referred to in paragraph 3 of subsection 299 (1). O. Reg. 79/10, s. 198 (4).

(5) The Director shall advise a placement co-ordinator in writing when a specialized unit is designated within a long-term care home for which the placement co-ordinator is the appropriate placement co-ordinator. O. Reg. 79/10, s. 198 (5).

(6) The Director may amend the terms and conditions of a designation at any time. O. Reg. 79/10, s. 198 (6).

(7) In making or amending a designation, the Director may, after considering and having regard for the health and well-being of both the residents in the specialized unit and other persons who might be admitted as residents in the specialized unit, stipulate that persons who are on the waiting list for the home under section 165 may be admitted to the specialized unit when there is no one on the waiting list for the specialized unit under section 200. O. Reg. 246/13, s. 19.

(8) The Director shall advise a placement co-ordinator in writing when making or withdrawing a stipulation pursuant to subsection (7) with respect to a long-term care home for which the placement co-ordinator is the appropriate placement co-ordinator. O. Reg. 246/13, s. 19.

Agreement with LHIN

199. (1) The operation by a licensee of a specialized unit shall be subject to the terms and conditions in an agreement between the licensee and the local health integration network. O. Reg. 79/10, s. 199 (1).

(2) The agreement between the licensee and the local health integration network shall also contain the terms and conditions, if any, specified by the Director under subsections 198 (2) and (6). O. Reg. 79/10, s. 199 (2).

Keeping of waiting list, specialized unit

200. The appropriate placement co-ordinator for a long-term care home shall keep a separate waiting list for admission to every specialized unit designated within the home in accordance with this Regulation that is in addition to and separate from any waiting list that is required to be kept under section 165. O. Reg. 79/10, s. 200.

Requirements to be placed on waiting list, specialized unit

201. (1) The appropriate placement co-ordinator shall place a person on the waiting list for admission to a specialized unit within a long-term care home under section 200 if,

(a) the person is determined by the placement co-ordinator to be eligible for long-term care home admission as a long-stay resident under section 155;

(b) the person applies in accordance with this Regulation for authorization of his or her admission to the specialized unit;

(c) the placement co-ordinator is satisfied, based on the assessments and information provided, that the person requires and is likely to benefit from the type of accommodation, care, services, programs and goods that are provided in the specialized unit;

(d) the licensee of the long-term care home approves the person’s admission to the specialized unit; and
(e) placing the person on the waiting list for the specialized unit will not result in the total number of long-stay program
waiting lists on which the person is placed exceeding five, unless the person requires an immediate admission as a
result of a crisis arising from his or her condition or circumstances. O. Reg. 79/10, s. 201 (1).

(2) For the purposes of clause (1) (e), where a person will be placed on the waiting list for a specialized unit in a long-term
care home and will also be placed in category 3A or 3B on the waiting list for a unit or area of the home that is primarily
engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin under section 173 or will
also be placed on the waiting list for the home other than in the unit or area or specialized unit, all of the waiting lists will be
counted as one list. O. Reg. 79/10, s. 202 (1).

Waiting list categories and ranking

202. (1) Sections 169 to 175, 177 to 181 and subsection 182 (1) do not apply to an applicant seeking admission to a
specialized unit within a long-term care home. O. Reg. 79/10, s. 202 (1).

(1.1) An applicant shall be placed in the exchange category on the waiting list for a specialized unit in a long-term care
home if either of the following circumstances exist:

1. The applicant meets the requirements set out in clauses 176 (1) (a) and (b), and the result of the exchange will be that
the applicant will become a resident of the specialized unit in the long-term care home to which the applicant seeks
admission and a resident of the specialized unit in the home will be discharged.

2. A placement co-ordinator becomes aware of the opportunity to exchange a resident of one specialized unit of a long-
term care home who seeks admission to a second long-term care home and a resident of the second specialized unit in a
long-term care home who seeks admission to the first. In this circumstance, each resident shall be placed in the
exchange category of the appropriate waiting list. O. Reg. 363/11, s. 10 (1).

(2) A person who was discharged from a specialized unit because he or she was absent on a medical or psychiatric absence
for a longer time than permitted under section 138, and is applying for admission to the specialized unit, shall be placed in the
re-admission category on the waiting list for the specialized unit. O. Reg. 79/10, s. 202 (2).

(3) Applicants on a waiting list for a specialized unit in a long-term care home shall be ranked for admission in the
following order of priority:

1. The highest priority shall be given to an applicant who is in the exchange category on the waiting list for the
specialized unit. As among themselves, these applicants shall be ranked according to the following order of priority:
   i. The highest priority shall be given to an applicant who was discharged from a specialized unit because he or she
      was absent on a medical or psychiatric absence for a longer time than permitted under section 138, and is
      applying for admission to the specialized unit. As among themselves, these applicants shall be ranked according
to the date of their original admission to the specialized unit.
   ii. The next highest priority shall be given to an applicant who requires immediate admission as a result of a crisis
      arising from his or her condition or circumstances. As among themselves, these applicants shall be ranked
      according to the urgency of their need for admission.
   iii. All other applicants shall be ranked on the waiting list according to the time at which they applied for
       authorization of their admission to the specialized unit.

1.1 The next highest priority shall be given to an applicant who is in the re-admission category on the waiting list for the
specialized unit. As among themselves, these applicants shall be ranked according to the date of their original
admission to the specialized unit.

2. The next highest priority shall be given to an applicant who requires immediate admission as a result of a crisis arising
from his or her condition or circumstances. As among themselves, these applicants shall be ranked according to the
urgency of their need for admission.

3. All other applicants shall be ranked on the waiting list according to the time at which they applied for authorization of
their admission to the specialized unit. O. Reg. 79/10, s. 203; O. Reg. 363/11, s. 10 (2).

Authorization of admission, specialized unit

203. (1) The appropriate placement co-ordinator shall authorize the admission of an applicant to the specialized unit only if,

(a) the applicant’s admission may be authorized under section 185; and

(b) the applicant meets the requirements for placement on a waiting list for the specialized unit set out in section 201.
   O. Reg. 79/10, s. 203.

(2) Clause (1) (b) does not apply,

(a) when there is no applicant on the waiting list for the specialized unit; and

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(b) the Director has made a stipulation under subsection 198 (7) with respect to the specialized unit. O. Reg. 246/13, s. 20.

Reassessment

204. (1) The licensee shall ensure that every resident of a specialized unit undergoes an interdisciplinary reassessment every three months, or sooner if there is a change in the resident’s condition or circumstances, to determine whether the resident continues to require and is benefiting from the accommodation, care, services, programs and goods provided in the specialized unit. O. Reg. 79/10, s. 204.

(2) Subsection (1) does not apply with respect to a resident who is admitted pursuant to a stipulation made under subsection 198 (7). O. Reg. 246/13, s. 21.

Transfer, specialized units

205. (1) The licensee of a long-term care home may transfer a resident who is being discharged from a specialized unit under subsection 146 (7) to another area in the home. O. Reg. 79/10, s. 205 (1).

(2) The licensee shall notify the placement co-ordinator of every transfer under subsection (1) within 24 hours. O. Reg. 79/10, s. 205 (2).

(3) The licensee shall keep a separate transfer list in accordance with section 207 in respect of the accommodation in the specialized unit, and section 207 applies with necessary modifications to transfers of residents within the specialized unit. O. Reg. 79/10, s. 205 (3).

(4) A resident who is transferred under subsection (1) shall be deemed to have been discharged from the specialized unit and admitted to the home. O. Reg. 79/10, s. 205 (4).

(5) The licensee may transfer residents out of a specialized unit and into another area of the home despite the rules concerning transfer lists in section 207, subject to the first priority being given to residents described in clause 207 (1) (f) and despite subsection 207 (5). O. Reg. 79/10, s. 205 (5).

Transfer from specialized unit — resident admitted pursuant to a stipulation

205.1 (1) The licensee of a long-term care home shall transfer a resident who was admitted to the specialized unit pursuant to a stipulation made under subsection 198 (7) to a bed in another area of the home in the class of accommodation chosen by the resident as soon as such a bed becomes available. O. Reg. 246/13, s. 22.

(2) Subsection (1) applies despite the rules concerning transfer lists in section 207, subject to first priority being given to residents described in clause 207 (1) (f) and despite subsection 207 (5). O. Reg. 246/13, s. 22.

(3) A resident who is transferred under subsection (1) shall be deemed to have been admitted to the home. O. Reg. 246/13, s. 22.

(4) The licensee shall notify the placement co-ordinator of every transfer under subsection (1) within 24 hours. O. Reg. 246/13, s. 22.

(5) Subsection 205 (3) applies to residents admitted to the specialized unit pursuant to the stipulation under subsection 198 (7). O. Reg. 246/13, s. 22.

Revocation of designation of specialized unit

206. (1) The Director may revoke the designation of a specialized unit in a long-term care home, or the designation of some of the beds in a specialized unit, in accordance with any terms and conditions the Director may specify,

(a) upon the recommendation of the local health integration network for the geographic area where the home is located; or
(b) upon the Director’s own initiative. O. Reg. 79/10, s. 206 (1).

(2) A local health integration network that recommends a revocation to the Director shall provide the Director with,

(a) the reason or reasons for recommending the revocation;
(b) a plan developed by the local health integration network in consultation with the licensee and the appropriate placement co-ordinator that sets out,

(i) the arrangements that will be made for the accommodation, care and services of the residents of the specialized unit, and
(ii) anticipated timelines for carrying out the plan; and
(c) a proposal for what is to occur with respect to the beds that will no longer be designated as part of the specialized unit. O. Reg. 79/10, s. 206 (2).

(3) Where the Director revokes a designation on the Director’s own initiative, the local health integration network shall provide the Director with the plan referred to in clause (2) (b). O. Reg. 79/10, s. 206 (3).

(4) When the Director revokes a designation, the Director shall,
(a) inform the licensee, the local health integration network, and the appropriate placement co-ordinator of the revocation; and

(b) provide the approved plan, with or without amendments made by the Director, to the licensee, the local health integration network, and the appropriate placement co-ordinator. O. Reg. 79/10, s. 206 (4).

(5) The licensee shall comply with the plan as approved by the Director and, upon receiving the approved plan from the Director, shall,

(a) advise in writing each resident who will be affected by the revocation and the resident’s substitute decision-maker, if any, of the revocation; and

(b) contact those residents and substitute decision-makers to begin the process of making alternate arrangements. O. Reg. 79/10, s. 206 (5).

(6) In accordance with the approved plan, the appropriate placement co-ordinator shall,

(a) inform applicants on the waiting list for admission to the specialized unit that the designation is being revoked;

(b) cease the authorization of admissions to the specialized unit in accordance with the approved plan; and

(c) cease keeping a separate waiting list for the specialized unit in the long-term care home. O. Reg. 79/10, s. 206 (6).

Transfer list

207. (1) Every licensee of a long-term care home shall keep a transfer list consisting of,

(a) the names of the residents of the home who are requesting a transfer from preferred accommodation in the home to basic accommodation in the home;

(b) the names of the residents of the home who are requesting a transfer from private accommodation in the home to semi-private accommodation in the home;

(c) the names of the residents of the home who are requesting a transfer from basic accommodation in the home to semi-private accommodation in the home;

(d) the names of the residents of the home who are requesting a transfer from basic accommodation in the home to private accommodation in the home;

(e) the names of the residents of the home who are requesting a transfer from semi-private accommodation in the home to private accommodation in the home;

(f) the names of residents of the home who are requesting a transfer from a bed that is closing within 16 weeks to another bed in the home; and

(g) where the home has a unit or area within the home that is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin, the names of residents,

(i) who are requesting a transfer to the unit or area or out of the unit or area and based on the class of accommodation requested, and

(ii) who are in the unit or area and are requesting a change in class of accommodation within that unit or area. O. Reg. 79/10, s. 207 (1).

(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. O. Reg. 79/10, s. 207 (2).

(2.1) The licensee shall determine whether or not a resident who occupied a room with his or her spouse and who continues to occupy a bed in that room wishes to request a transfer to basic accommodation and, where the resident so wishes and makes a request, the licensee shall place the name of the resident on the transfer list. O. Reg. 138/11, s. 2.

(2.2) The licensee shall make the determination under subsection (2.1) within 30 days after the day the spouse ceases to occupy the room with the resident. O. Reg. 138/11, s. 2.

(3) The licensee shall,

(a) give priority for transfers to residents described in clause (1) (f); and

(b) among residents described in clause (1) (f), give priority for transfers based on order of time of admission to the home, with those admitted earlier ranking highest. O. Reg. 79/10, s. 207 (3).

(4) The licensee shall, on request, notify each resident on the transfer list, the resident’s substitute decision-maker or any other person designated by the resident or substitute decision-maker of the resident’s position on the transfer list. O. Reg. 79/10, s. 207 (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. O. Reg. 79/10, s. 207 (5).

(6) The licensee is not required to alternate under subsection (5),

(a) if there is no one waiting for basic accommodation under clause (5) (a) or (b) when a vacancy arises; or

(b) during a period of time for which the Director directs the appropriate placement co-ordinator to cease authorizing admissions to the home under subsection 50 (1) of the Act. O. Reg. 79/10, s. 207 (6).

(7) Despite subsection (5), the licensee shall give residents described in clause (1) (f) priority over residents who are requesting a transfer from preferred accommodation in the home to basic accommodation and applicants whose admission is authorized by the appropriate placement co-ordinator. O. Reg. 79/10, s. 207 (7).

(8) The licensee shall keep a record setting out the filling of vacancies, including the date on which the vacancy was filled. O. Reg. 79/10, s. 207 (8).

SPECIAL CIRCUMSTANCES

Admissions process, special circumstances

208. (1) This section applies when the Director has made a determination that residents of a long-term care home urgently need to be relocated to another home to protect their health or safety. O. Reg. 79/10, s. 208 (1).

(2) The Director shall advise the appropriate placement co-ordinator of the determination. O. Reg. 79/10, s. 208 (2).

(3) Where a resident of one home is to be relocated to another home operated by the same licensee, the appropriate placement co-ordinator and the licensee are exempt from complying with the requirements under Part III of the Act to the extent necessary to effect the relocation and the following modifications are made respecting the application of Part III of the Act:

1. The resident shall be deemed to be eligible for admission to the second home.

2. An application for authorization of admission is not required with respect to the resident.

3. The licensee shall be deemed to have approved the resident’s admission under subsection 44 (7) of the Act.

4. Subject to paragraph 5, the resident shall be placed in category 1 of the waiting list referred to in section 171.

5. Residents who are to be relocated to a second home operated under a temporary emergency licence shall be ranked for admission based on urgency of need.

6. The appropriate placement co-ordinator shall authorize the admission only if the resident consents to the admission. O. Reg. 79/10, s. 208 (3).

(4) Where a resident of one home is to be relocated to another home operated by a different licensee, the appropriate placement co-ordinator and the licensee are exempt from complying with the requirements under Part III of the Act to the extent necessary to effect the relocation and the following modifications are made respecting the application of Part III of the Act:

1. The resident shall be deemed to be eligible for admission to the second home.

2. The resident is not required to make the application for authorization of admission in writing, as long as they have provided consent to the disclosure of all information necessary for the appropriate placement co-ordinator to deal with the application.

3. The appropriate placement co-ordinator shall co-ordinate the provision, to the licensee of the home for which authorization of admission is sought, of as much information as is available in the circumstances about the resident’s physical and mental health, requirements for medical treatment and health care, functional capacity, requirements for personal care, behaviour and behaviour during the preceding year. This information shall be provided by the licensee of the resident’s original home and may be communicated orally.

4. The licensee shall, either orally or in writing, approve or withhold approval of the admission in accordance with subsections 44 (7) to (9) of the Act within 24 hours of receiving the information under paragraph 3.

5. If the licensee withholds approval of the person’s admission, the licensee shall provide the appropriate placement co-ordinator with the written notice referred to in subsection 44 (9) of the Act, if requested to do so by the appropriate placement co-ordinator. The notice shall be provided within five business days of the request of the appropriate placement co-ordinator and a copy of the notice shall also be provided to the Director.

6. Subject to paragraph 7, the resident shall be placed in category 1 of the waiting list referred to in section 171.
7. Residents who are to be relocated to a second home operated under a temporary emergency licence shall be ranked for admission based on urgency of need.

8. The appropriate placement co-ordinator shall authorize the admission only if the resident consents to the admission and the licensee approves the admission. O. Reg. 79/10, s. 208 (4).

(5) Where a resident who was relocated under this section applies for re-admission to the original home, the appropriate placement co-ordinator and the licensee are exempt from complying with the requirements under Part III of the Act to the extent necessary to effect the re-admission and the following modifications are made respecting the application of Part III of the Act:

1. The resident shall be deemed to be eligible for admission to the original home.
2. The resident is not required to make the application for authorization of admission in writing.
3. The licensee shall be deemed to have approved the resident’s admission under subsection 44 (7) of the Act.
4. The appropriate placement co-ordinator shall authorize the admission only if the resident consents to the admission. O. Reg. 79/10, s. 208 (5).}

Special circumstances, convalescent care

208.1 (1) This section applies in the special circumstance of processing the admission of a person to a long-term care home as a short-stay resident in the convalescent care program, so as to expedite, through prompt admission to that program, the program’s purpose of facilitating restoring a person’s strength, endurance or functioning so that he or she can return to his or her residence. O. Reg. 246/13, s. 22.

(2) Where an applicant may be admitted to the convalescent care program, placement co-ordinators and licensees are exempt from complying with the requirements under Part III of the Act to the extent necessary to effect admissions to the convalescent care program in accordance with this section. O. Reg. 246/13, s. 22.

(3) The following modifications are made to the application of section 43 of the Act:

1. Before the person submits an application for determination of eligibility for admission, the placement co-ordinator shall provide the person with information about the process for admission to a long-term care home as a short-stay resident in the convalescent care program, including,
   i. the nature of the referral process for admission under this section,
   ii. the factors that the placement co-ordinator will take into consideration when referring the applicant to a bed in the convalescent care program, and
   iii. the fact that the person will only be admitted to a home with his or her consent, in accordance with clause 44 (11) (d) and section 46 of the Act.
2. If, after receiving the information referred to in paragraph 1, the person proceeds with an application under section 43 of the Act, the application shall include, in addition to anything else required under that section, the person’s consent to the disclosure of all the information necessary to deal with the application and the person’s admission to a home. O. Reg. 246/13, s. 22.

(4) After the person has been determined to be eligible for long-term care home admission, the following modifications are made to the application of section 44 of the Act:

1. The placement co-ordinator shall refer the applicant to one or more homes with a convalescent care program. In determining to which home or homes to refer the applicant, the placement co-ordinator shall take into consideration the following factors:
   i. The applicant’s condition and circumstances.
   ii. The applicant’s preferences, including any preferences relating to the proximity of the home or homes to the applicant’s family, home and community and support networks.
2. If a home to which the applicant is being referred is not in the geographic area of the placement co-ordinator making the referral, that placement co-ordinator shall co-ordinate with the appropriate placement co-ordinator for that home.
3. Instead of the applicant applying for authorization of admission, the appropriate placement co-ordinator shall provide the necessary information to the licensee or licensees of the home or homes to which the applicant is being referred.
4. In subsections 44 (7) to (10) and (14) of the Act,
   i. any reference to a “selected” home shall be read as applying to a home to which the applicant is referred,
   ii. the licensee’s written notice of withholding of approval or withdrawal of approval required under subsections 44 (9) and (14) is only required to be given to the appropriate placement co-ordinator, but the appropriate placement co-ordinator shall provide a copy to the applicant upon request. O. Reg. 246/13, s. 22.
(5) For the purposes of applying this Regulation under the circumstances where this section applies,

(a) subsections 162 (3) and (4) of this Regulation shall be read as if they said “three business days” rather than “five business days”;

(b) subsection 162 (5) of this Regulation shall be read as if it said “one business day” rather than “three business days”;

(c) clause 166 (1) (b) of this Regulation does not apply;

(d) Column 2 of Item 8 of the Table to section 182 of this Regulation shall be read as if it referred to the time at which the applicant agreed to proceed with an application under section 43 of the Act;

(e) paragraph 2 of subsection 184 (4) of this Regulation shall be read as if it said that the licensee shall give the written notice of the withdrawal of approval for the applicant’s admission only to the appropriate placement co-ordinator, but that the appropriate placement co-ordinator shall provide a copy to the applicant upon request;

(f) clause 185 (1) (a) of this Regulation shall be read as if it only required that the requirements set out in subsection 44 (11) of the Act be complied with. O. Reg. 246/13, s. 22.

(6) If a person to whom this section applies does not choose to participate in the process under this section, the placement co-ordinator shall, if the person so desires, provide information about alternative services, make appropriate referrals on behalf of the person and assist in arranging alternative accommodation, care or services for the person as is appropriate in the circumstances. O. Reg. 246/13, s. 22.

(7) A person may not apply for admission to a long-term care home as a short-stay resident in the convalescent care program other than through the process under this section. O. Reg. 246/13, s. 22.

(8) Despite subsection (7), where a person was determined to be eligible for admission to a long-term care home as a short-stay resident in the convalescent care program before the coming into force of this section, the person’s application shall be dealt with as it would have been before this section came into force. O. Reg. 246/13, s. 22.

TRANSITIONAL, ADMISSIONS

Transitional, admissions

209. (1) This section applies when a person had applied for a determination of eligibility for or authorization of 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 section and the person has not yet been admitted to the home. O. Reg. 79/10, s. 209 (1).

(2) If the appropriate placement co-ordinator offered to authorize the person’s admission to a home and the person accepted the offer before the coming into force of this section and moves into the home after the coming into force of this section, then the provisions of the appropriate regulation under an Act mentioned in subsection (1) continue to apply to the offer. O. Reg. 79/10, s. 209 (2).

(3) If the appropriate placement co-ordinator offered to authorize the person’s admission to a home and the person did not accept the offer prior to the coming into force of this Regulation, this Regulation applies to the offer as if the offer had been made under this Regulation. O. Reg. 79/10, s. 209 (3).

(4) If, before the coming into force of this section, the appropriate placement co-ordinator did not offer to authorize the person’s admission to a home, this Regulation applies to the application, and the placement co-ordinator shall reassess the person’s application to ensure that it complies with the provisions of the Act and this Regulation, including ensuring that the person is placed in the appropriate waiting list category. O. Reg. 79/10, s. 209 (4).

Transitional, short-stay residents

209.1 Where, during the calendar year that this section comes into force, a person was admitted to a home under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act as a short-stay resident in the respite care or convalescent care program, the total length of stay in either program shall be counted for the purposes of subsections 188 (4) and (5). O. Reg. 249/10, s. 3.

Transitional, residents in interim beds

210. (1) A resident who occupied an interim bed under Regulation 832 of the Revised Regulations of Ontario, 1990 (General) under the Nursing Homes Act, Regulation 69 of the Revised Regulations of Ontario, 1990 (General) under the Charitable Institutions Act or Regulation 637 of the Revised Regulations of Ontario, 1990 (General) under the Homes for the Aged and Rest Homes Act immediately before the coming into force of this section continues to be a long-stay resident for the purposes of this Regulation for as long as he or she occupies the bed. O. Reg. 79/10, s. 210 (1).

(2) If the appropriate placement co-ordinator offered to authorize a person’s admission to an interim bed in a home under Regulation 832 of the Revised Regulations of Ontario, 1990 (General) under the Nursing Homes Act, Regulation 69 of the Revised Regulations of Ontario, 1990 (General) under the Charitable Institutions Act or Regulation 637 of the Revised Regulations of Ontario, 1990 (General) under the Homes for the Aged and Rest Homes Act and the person accepted the offer...
before the coming into force of this section and moves into the home after the coming into force of this section, the person is a long-stay resident for the purposes of this Regulation for as long as he or she occupies the bed. O. Reg. 79/10, s. 210 (2).

PART IV
COUNCILS

Detailed allocation

211. For the purposes of subparagraph 9 ii of subsection 57 (1) and subparagraph 7 ii of subsection 60 (1) of the Act, “detailed allocation” means the reconciliation report for a calendar year submitted to the Minister under clause 243 (1) (a) and to the local health integration network for the geographic region in which the long-term care home is located required by regulations made under the *Local Health System Integration Act, 2006*, and the auditor’s report on that reconciliation report. O. Reg. 79/10, s. 211.

PART V
OPERATION OF HOMES

ADMINISTRATOR

212. (1) Every licensee of a long-term care home shall ensure that the home’s Administrator works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week.
2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week.
3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 212 (1).

(2) A licensee is not required to comply with subsection (1) until six months after the coming into force of this section, but until the licensee is in compliance, the licensee shall ensure that the home’s Administrator works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week.
2. In a home with a licensed bed capacity of more than 64 but fewer than 100 beds, at least 24 hours per week.
3. In a home with a licensed bed capacity of 100 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 212 (2).

(3) An Administrator who is attending a meeting or training related to his or her position as Administrator is considered to be working on site at the home as long as he or she is available by telephone. O. Reg. 79/10, s. 212 (3).

(4) Subject to subsection (5), the licensee shall ensure that everyone hired as an Administrator after the coming into force of this section,

(a) has a post-secondary degree from a program that is a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that is a minimum of two years in duration;

(b) has at least three years working experience,

(i) in a managerial or supervisory capacity in the health or social services sector, or

(ii) in another managerial or supervisory capacity, if he or she has already successfully completed the course mentioned in clause (d);

(c) has demonstrated leadership and communications skills; and

(d) has successfully completed or, subject to subsection (6), is enrolled in, a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time. O. Reg. 79/10, s. 212 (4).

(5) A person who was working or employed as an Administrator on July 1, 2010 and has continued to work or be employed in that position may be hired for another position as an Administrator in a different long-term care home if the person,

(a) worked or was employed as an Administrator in a long-term care home,

(i) on a full-time basis for at least three years during the five years immediately before being employed in the different home, or

(ii) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being employed in the different home; and
(b) has successfully completed or, subject to subsection (6), is enrolled in, a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time. O. Reg. 246/13, s. 23.

(6) The licensee shall cease to employ as an Administrator a person who was required to be enrolled in a program described in clause (4)(d) or (5)(b) if the person ceases to be enrolled in the program or fails to successfully complete the program within the following periods:

1. For a program that includes at least 400 hours of instruction time, the maximum period is five years from the day the person is hired as an Administrator.
2. For a program that includes more than 200 but less than 400 hours of instruction time, the maximum period is three years from the day the person is hired as an Administrator.
3. For a program that includes 200 or less hours of instruction time, the maximum period is two years from the day the person is hired as an Administrator. O. Reg. 246/13, s. 23.

DIRECTOR OF NURSING AND PERSONAL CARE

Director of Nursing and Personal Care

213. (1) Every licensee of a long-term care home shall ensure that the home’s Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 19 beds or fewer, at least four hours per week.
2. In a home with a licensed bed capacity of more than 19 but fewer than 30 beds, at least eight hours per week.
3. In a home with a licensed bed capacity of more than 29 but fewer than 40 beds, at least 16 hours per week.
4. In a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week.
5. In a home with a licensed bed capacity of 65 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 213(1).

(2) A licensee is not required to comply with subsection (1) until six months after the coming into force of this section, but until the licensee is in compliance, the licensee shall ensure that the home’s Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 19 beds or fewer, at least four hours per week.
2. In a home with a licensed bed capacity of more than 19 but fewer than 30 beds, at least eight hours per week.
3. In a home with a licensed bed capacity of more than 29 but fewer than 40 beds, at least 16 hours per week.
4. In a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week.
5. In a home with a licensed bed capacity of 60 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 213(2).

(3) For homes with a licensed bed capacity of more than 39 beds, a Director of Nursing and Personal Care who is attending a meeting or training related to his or her position as a Director of Nursing and Personal Care is considered to be working on site at the home as long as he or she is available by telephone. O. Reg. 79/10, s. 213(3).

(4) The licensee shall ensure that everyone hired as a Director of Nursing and Personal Care after the coming into force of this section,

(a) has at least one year of experience working as a registered nurse in the long-term care sector;
(b) has at least three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting; and
(c) has demonstrated leadership and communication skills. O. Reg. 79/10, s. 213(4).

(5) Despite subsection (4), a person who was working or employed as a Director of Nursing and Personal Care in a long-term care home immediately before July 1, 2010 may be hired as a Director of Nursing and Personal Care in a different home if the person worked or was employed as a Director of Nursing and Personal Care in a long-term care home,

(a) on a full-time basis for at least three years during the five years immediately before being employed in the different home; or
(b) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being employed in the different home. O. Reg. 246/13, s. 24.

MEDICAL DIRECTOR

Medical Director
Every licensee of a long-term care home shall enter into a written agreement with the Medical Director for the home that provides for at least the following:

1. The term of the agreement.
2. The responsibilities of the licensee.
3. The responsibilities or duties of the Medical Director under clause 72 (3) (b) of the Act, as set out in subsection (3).

The Medical Director of a long-term care home may not be,

(a) the licensee of the home;
(b) a person having a controlling interest in the licensee; or
(c) in the case of a licensee that is a corporation, a member of the board of the corporation.

For the purposes of clause 72 (3) (b) of the Act, the Medical Director has the following responsibilities and duties:

1. Development, implementation, monitoring and evaluation of medical services.
2. Advising on clinical policies and procedures, where appropriate.
3. Communication of expectations to attending physicians and registered nurses in the extended class.
4. Addressing issues relating to resident care, after-hours coverage and on-call coverage.
5. Participation in interdisciplinary committees and quality improvement activities.

Criminal reference check

This section applies where a criminal reference check is required before a licensee hires a staff member or accepts a volunteer as set out in subsection 75 (2) of the Act.

The criminal reference check must be,

(a) conducted by a police force; and
(b) conducted within six months before the staff member is hired or the volunteer is accepted by the licensee.

The criminal reference check must include a vulnerable sector screen to determine the person’s suitability to be a staff member or volunteer in a long-term care home and to protect residents from abuse and neglect.

The licensee shall require that the staff member or volunteer provide the licensee with a signed declaration disclosing the following with respect to the period since the date the person’s last criminal reference check under subsection (2) was conducted:

1. Every offence with which the person has been charged under the Criminal Code (Canada), the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada) and the outcome of the charge.
2. Every order of a judge or justice of the peace made against the person in respect of an offence under the Criminal Code (Canada), the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada), including a peace bond, probation order, prohibition order or warrant.
3. Every restraining order made against the person under the Family Law Act or the Children’s Law Reform Act.
4. Every offence of which the person has been convicted under the Criminal Code (Canada), the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada).

Statements under subsection (4) must be provided promptly,

(a) after the person has been made aware that they have been charged or an order has been made; and
(b) after the person has been convicted or a charge is otherwise disposed of.

The requirements of subsection 75 (2) of the Act and of subsections (1) to (5) of this section do not apply if the person who will perform work at the home,

(a) falls under clause (b) or (c) of the definition of “staff” in subsection 2 (1) of the Act;
(b) will only provide occasional maintenance or repair services to the home;
(c) will not provide direct care to residents; and
(d) will be monitored and supervised, in accordance with the licensee’s policies and procedures referred to in subsection 86 (3), while he or she provides services to the home. O. Reg. 79/10, s. 215 (6).

(7) The requirements of subsection 75 (2) of the Act and of subsections (1) to (5) of this section do not apply to,
(a) Medical Directors; and
(b) physicians or registered nurses in the extended class retained or appointed under subsection 82 (2) or (3). O. Reg. 79/10, s. 215 (7).

(8) A licensee is not required to comply with this section and subsection 75 (2) of the Act until 12 months after the coming into force of this section. O. Reg. 79/10, s. 215 (8).

TRAINING AND ORIENTATION

Training and orientation program

216. (1) Every licensee of a long-term care home shall ensure that a training and orientation program for the home is developed and implemented to provide the training and orientation required under sections 76 and 77 of the Act. O. Reg. 79/10, s. 216 (1).

(2) The licensee shall ensure that, at least annually, the program is evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 216 (2).

(3) The licensee shall keep a written record relating to each evaluation under subsection (2) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 216 (3).

Designated lead

217. The licensee shall ensure that there is a designated lead for the training and orientation program. O. Reg. 79/10, s. 217.

Orientation

218. For the purposes of paragraph 11 of subsection 76 (2) of the Act, the following are additional areas in which training shall be provided:
1. The licensee’s written procedures for handling complaints and the role of staff in dealing with complaints.
2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member’s responsibilities.
3. Cleaning and sanitizing of equipment relevant to the staff member’s responsibilities. O. Reg. 79/10, s. 218.

Retraining

219. (1) The intervals for the purposes of subsection 76 (4) of the Act are annual intervals. O. Reg. 79/10, s. 219 (1).

(2) Despite subsection (1), retraining in an area described in paragraph 2 or 10 of subsection 76 (2) of the Act is not required for a person if, since the last training or retraining, there has been no change in the area that is relevant to the person’s responsibilities. O. Reg. 79/10, s. 219 (2).

(3) For the purposes of subsection 76 (6) of the Act,
(a) the assessments required by paragraph 1 of that subsection shall be conducted at least annually; and
(b) the further training needs identified by the assessments shall be addressed in the manner the licensee considers appropriate. O. Reg. 79/10, s. 219 (3).

(4) The licensee shall ensure that the training and retraining for staff in infection prevention and control required under paragraph 9 of subsection 76 (2) and subsection 76 (4) of the Act includes,
(a) hand hygiene;
(b) modes of infection transmission;
(c) cleaning and disinfection practices; and
(d) use of personal protective equipment. O. Reg. 79/10, s. 219 (4).

Transition

220. Every licensee of a long-term care home shall ensure that staff members who were working or employed at the home immediately before the coming into force of this section and to whom subsections 76 (2) and (4) of the Act would have applied after the coming into force of this section receive retraining in accordance with section 219, and for that purpose the staff members shall be deemed to have received their training under subsection 76 (2) of the Act on the day of the coming into force of this section. O. Reg. 79/10, s. 220.
Additional training — direct care staff

221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management.
4. Pain management, including pain recognition of specific and non-specific signs of pain.
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.
6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs. O. Reg. 79/10, s. 221 (1).

(2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 76 (7) of the Act based on the following:

1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 76 (7) of the Act.
2. If the licensee assesses the individual training needs of a staff member, the staff member is only required to receive training based on his or her assessed needs. O. Reg. 79/10, s. 221 (2).

(3) The licensee shall ensure that the training required under paragraph 2 of subsection 76 (7) of the Act includes training in techniques and approaches related to responsive behaviours. O. Reg. 79/10, s. 221 (3).

(4) The licensee shall ensure that the training required under paragraph 4 of subsection 76 (7) of the Act includes training in the application, use and potential dangers of physical devices used to restrain residents and personal assistance services devices. O. Reg. 79/10, s. 221 (4).

(5) For the purposes of subsection 76 (7) of the Act, direct care staff who were working or employed at the home immediately before the coming into force of this section and to whom subsection 76 (7) of the Act would have applied after the coming into force of this section shall be deemed to have received their training on the day of the coming into force of this section. O. Reg. 79/10, s. 221 (5).

Exemptions, training

222. (1) Subject to subsection (2), a licensee of a long-term care home is exempt from the requirements under section 76 of the Act with respect to persons who,

(a) fall under clause (b) or (c) of the definition of “staff” in subsection 2 (1) of the Act;
(b) will only provide occasional maintenance or repair services to the home; and
(c) will not provide direct care to residents. O. Reg. 79/10, s. 222 (1).

(2) The licensee shall ensure that the persons described in clauses (1) (a) to (c) are provided with information about the items listed in paragraphs 1, 3, 4, 5, 7, 8 and 9 of subsection 76 (2) of the Act before providing their services. O. Reg. 79/10, s. 222 (2).

(3) A licensee is exempt from ensuring that the following persons receive the training provided for in subsection 76 (7) of the Act:

1. Medical Directors.
2. Physicians or registered nurses in the extended class retained or appointed under subsection 82 (2) or (3). O. Reg. 79/10, s. 222 (3).

Orientation for volunteers

223. (1) Every licensee of a long-term care home shall ensure that every volunteer receives the orientation provided for in section 77 of the Act. O. Reg. 79/10, s. 223 (1).

(2) For the purposes of clause 77 (f) of the Act, the following are the other areas on which information shall be provided:

1. Resident safety, including information on reporting incidents, accidents and missing residents, and information on wheelchair safety.
2. Emergency and evacuation procedures.
3. Escorting residents.
4. Mealtime assistance, if the volunteer is to provide such assistance.
5. Communication techniques to meet the needs of the residents.

6. Techniques and approaches to respond to the needs of residents with responsive behaviours. O. Reg. 79/10, s. 223 (2).

(3) This section only applies with respect to persons who begin volunteering at the home for the first time after the coming into force of this section. O. Reg. 79/10, s. 223 (3).

INFORMATION

Information for residents, etc.

224. (0.1) For the purposes of clause 78 (2) (n) of the Act, “non-arm’s length relationship” means the relationship between two parties engaged in a non-arm’s length transaction within the meaning of subsection 265 (1). O. Reg. 363/11, s. 11.

(1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:

1. The resident’s ability under subsection 82 (2) of this Regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 82 (1).

2. The resident’s obligation to pay the basic accommodation charge as described in subsection 91 (3) of the Act.

3. The obligation of the resident to pay accommodation charges during a medical, psychiatric, vacation or casual absence as set out in section 258 of this Regulation.

4. The method to apply to the Director for a reduction in the charge for basic accommodation and the supporting documentation that may be required, including the resident’s Notice of Assessment issued under the Income Tax Act (Canada) for the resident’s most recent taxation year.

5. A list of the charges that a licensee is prohibited from charging a resident under subsection 91 (1) of the Act.

6. The list of goods and services permitted under paragraph 3 of subsection 91 (1) of the Act that a resident may purchase from the licensee and the charges for those goods and services.

7. The resident’s ability to have money deposited in a trust account under section 241 of this Regulation.

8. The Ministry’s toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 224 (1).

(2) A licensee is exempt from subsection 78 (1) of the Act with respect to a resident, (a) who is being relocated to another long-term care home operated by the same licensee and section 208 of this Regulation applies; or

(b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee. O. Reg. 79/10, s. 224 (2).

Posting of information

225. (1) For the purposes of clause 79 (3) (q) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 79 of the Act includes the following:

1. The fundamental principle set out in section 1 of the Act.

2. The home’s licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 101 (3) of the Act.

3. The most recent audited report provided for in clause 243 (1) (a).

4. The Ministry’s toll-free telephone number for making complaints about homes and its hours of service.

5. Together with the explanation required under clause 79 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 24 of the Act. O. Reg. 79/10, s. 225 (1).

(2) The licensee shall ensure that the information referred to in clauses 79 (3) (a), (e), (f), (h), (i) and (j) of the Act, as well as the fundamental principle set out in section 1 of the Act and the telephone number referred to in paragraph 4 of subsection (1), is posted in print with a font size of at least 16. O. Reg. 79/10, s. 225 (2).

(3) The licensee shall ensure that the fundamental principle set out in section 1 of the Act and the Residents’ Bill of Rights are posted in both English and French. O. Reg. 79/10, s. 225 (3).

Transitional, information and posting

82
226. A licensee of a long-term care home is not required to comply with clauses 78 (2) (b) and 79 (3) (b) of the Act until one year after section 189 of the Act comes into force. O. Reg. 79/10, s. 226.

**Regulated Documents**

**Regulated documents**

**227. (1)** For the purposes of section 80 of the Act, the following are regulated documents:

1. Any agreement between the licensee and a resident or a person authorized to enter into such an agreement on the resident’s behalf for any of the charges referred to in subsection 91 (1) of the Act.
2. Any document containing a consent or directive with respect to “treatment” as defined in the *Health Care Consent Act, 1996*, including a document containing a consent or directive with respect to a “course of treatment” or a “plan of treatment” under that Act. O. Reg. 79/10, s. 227 (1).

(2) Where a licensee has presented for signature a document to which subsection (1) applies, the licensee shall ensure that every one who signs it is provided with a copy of the signed document. O. Reg. 79/10, s. 227 (2).

(3) Subject to subsection (4), an agreement relating to basic accommodation or preferred accommodation must be separate from any other agreement, and only includes provisions relating to the following:

1. The amount of the charge, subject to any reduction in the charge approved by the Director, and the financial obligation of the resident to pay the charge.
2. The licensee’s obligation to provide the goods and services included in basic accommodation or preferred accommodation.
3. The licensee’s obligation under subsection 259 (1) to give the resident at least 30 days written notice of any increases in accommodation charges.
4. If applicable, any reasonable interest charges for missed, incomplete or late payments. This shall include a statement that if a licensee decides to charge interest for missed, incomplete or late payments, the licensee is prohibited from charging interest to a resident who has applied for a rate reduction under section 253 until the Director has approved the maximum amount that may be charged for accommodation under that section.
5. The licensee’s obligation to provide a monthly statement as set out in section 261. O. Reg. 79/10, s. 227 (3).

(4) Subsection (3) does not preclude a provision for the termination of the agreement relating to basic accommodation or preferred accommodation. O. Reg. 79/10, s. 227 (4).

(5) An agreement under paragraph 3 of subsection 91 (1) of the Act for charges other than for accommodation must include provisions relating to the following, but may contain other provisions:

1. A description of all goods and services to which the agreement applies, including the quantity, if applicable.
2. The licensee’s obligation to provide the goods and services.
3. The charge for the goods and services and the financial obligation of the resident to pay for them.
4. That if the goods and services are not provided to the resident, the licensee is prohibited from charging the fee for them.
5. That the resident or the authorized person entering into the agreement on the resident’s behalf must be notified in writing of any increase in the charge for the goods and services at least 30 days before the licensee charges the increased amount.
6. The termination of the agreement, including,
   i. that if the goods and services have not been provided, the resident may terminate the agreement without penalty,
   ii. that the resident may terminate the agreement at any time without notice to the licensee, and
   iii. that the licensee may terminate the agreement on providing at least 30 days written notice to the resident. O. Reg. 79/10, s. 227 (5).

(6) A document containing a consent or directive with respect to “treatment” as defined in the *Health Care Consent Act, 1996*, including a document containing a consent or directive with respect to a “course of treatment” or a “plan of treatment” under that Act,

(a) must meet the requirements of that Act, including the requirement for informed consent to treatment under that Act;
(b) must not contain any provisions dealing with any of the charges referred to in subsection 91 (1) of the Act or other financial matters;
(c) must contain a statement indicating that the consent may be withdrawn or revoked at any time; and
(d) must set out the text of section 83 of the Act. O. Reg. 79/10, s. 227 (6).

(7) Subject to subsections (8) and (9) a licensee is not required to comply with this section and section 80 of the Act until six months after this section comes into force. O. Reg. 79/10, s. 227 (7).

(8) Subject to subsection (9), a licensee is not required to comply with this section in respect of an agreement for the charges permitted under section 91 (1) of the Act that existed before the coming into force of this section. O. Reg. 79/10, s. 227 (8).

(9) A licensee who presents an agreement for charges permitted under subsection 91 (1) of the Act on or after the day section 1 of the Act comes into force and before the day compliance with this section is required under subsection (7) shall ensure that an agreement for accommodation charges is separate from an agreement for charges other than accommodation and any requirements under a previous Act as defined in subsection 302 (12) of this Regulation apply to that agreement. O. Reg. 79/10, s. 227 (9).

**QUALITY IMPROVEMENT**

Continuous quality improvement

228. Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents’ Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
   1. the matters referred to in paragraph 3,
   2. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
   3. the communications under paragraph 3. O. Reg. 79/10, s. 228.

**INFECTION PREVENTION AND CONTROL PROGRAM**

Infection prevention and control program

229. (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. O. Reg. 79/10, s. 229 (1).

(2) The licensee shall ensure,

(a) that there is an interdisciplinary team approach in the co-ordination and implementation of the program;
(b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly;
(c) that the local medical officer of health is invited to the meetings;
(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
(e) that a written record is kept relating to each evaluation under clause (d) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 229 (2).

(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. O. Reg. 79/10, s. 229 (3).

(4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

(5) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

(b) the symptoms are recorded and that immediate action is taken as required. O. Reg. 79/10, s. 229 (5).

(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. O. Reg. 79/10, s. 229 (6).

(7) The licensee shall implement any surveillance protocols given by the Director for a particular communicable disease. O. Reg. 79/10, s. 229 (7).

(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. O. Reg. 79/10, s. 229 (8).

(9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

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

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.

2. Residents must be offered immunization against influenza at the appropriate time each year.

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

(11) A licensee is exempt from paragraph 1 of subsection (10) with respect to a resident,

(a) who is being relocated to another long-term care home operated by the same licensee and section 208 of this Regulation applies; or

(b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee. O. Reg. 79/10, s. 229 (11).

(12) The licensee shall ensure that any pet living in the home or visiting as part of a pet visitation program has up-to-date immunizations. O. Reg. 79/10, s. 229 (12).

**EMERGENCY PLANS**

Emergency plans

230. (1) This section applies to the emergency plans required under subsection 87 (1) of the Act. O. Reg. 79/10, s. 230 (1).

(2) Every licensee of a long-term care home shall ensure that the emergency plans for the home are in writing. O. Reg. 79/10, s. 230 (2).

(3) In developing the plans, the licensee shall,

(a) consult with the relevant community agencies, partner facilities and resources that will be involved in responding to the emergency; and

(b) ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community. O. Reg. 79/10, s. 230 (3).

(4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with,
   i. fires,
ii. community disasters,
iii. violent outbursts,
iv. bomb threats,
v. medical emergencies,
vi. chemical spills,
vii. situations involving a missing resident, and
viii. loss of one or more essential services.

2. Evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.

3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the home.

4. Identification of the community agencies, partner facilities and resources that will be involved in responding to the emergency. O. Reg. 79/10, s. 230 (4).

(5) The licensee shall ensure that the emergency plans address the following components:

1. Plan activation.
2. Lines of authority.
3. Communications plan.
4. Specific staff roles and responsibilities. O. Reg. 79/10, s. 230 (5).

(6) The licensee shall ensure that the emergency plans for the home are evaluated and updated at least annually, including the updating of all emergency contact information. O. Reg. 79/10, s. 230 (6).

(7) The licensee shall,

(a) test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts on an annual basis, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency;
(b) test all other emergency plans at least once every three years, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency;
(c) conduct a planned evacuation at least once every three years; and
(d) keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans. O. Reg. 79/10, s. 230 (7).

(8) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to emergencies. O. Reg. 79/10, s. 230 (8).

RECORDS

Resident records

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

(a) a written record is created and maintained for each resident of the home; and
(b) the resident’s written record is kept up to date at all times. O. Reg. 79/10, s. 231.

Records of current residents

232. Every licensee of a long-term care home shall ensure that the records of the residents of the home are kept at the home. O. Reg. 79/10, s. 232.

Retention of resident records

233. (1) Every licensee of a long-term care home shall ensure that the record of every former resident of the home is retained by the licensee for at least 10 years after the resident is discharged from the home. O. Reg. 79/10, s. 233 (1).

(2) A record kept under subsection (1) must be kept at the home for at least the first year after the resident is discharged from the home. O. Reg. 79/10, s. 233 (2).

Staff records

234. (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that a record is kept for each staff member of the home that includes at least the following with respect to the staff member:
1. The staff member’s qualifications, previous employment and other relevant experience.

2. Where applicable, a verification of the staff member’s current certificate of registration with the College of the regulated health profession of which he or she is a member, or verification of the staff member’s current registration with the regulatory body governing his or her profession.

3. Where applicable, the results of the staff member’s criminal reference check under subsection 75 (2) of the Act.

4. Where applicable, the staff member’s declarations under subsection 215 (4). O. Reg. 79/10, s. 234 (1).

(2) The licensee is not required to keep the record provided for in subsection (1) with respect to a staff member who falls under clause (b) or (c) of the definition of “staff” in subsection 2 (1) of the Act and,

(a) will only provide occasional maintenance or repair services to the home; and

(b) will not provide direct care to residents. O. Reg. 79/10, s. 234 (2).

(3) Where the licensee obtains the information set out in paragraphs 3 and 4 of subsection (1) from a staff member, the licensee shall keep a record of that information with respect to the staff member. O. Reg. 79/10, s. 234 (3).

(4) The licensee is only required to ensure that the record under subsection (1) includes the matters set out in paragraphs 2, 3 and 4 of that subsection with respect to a staff member who falls under clause (c) of the definition of “staff” in subsection 2 (1) of the Act and,

(a) who will provide direct care to residents; or

(b) who does not fall under clauses (2) (a) and (b) of this section. O. Reg. 79/10, s. 234 (4).

Records of current staff

235. (1) Subject to subsection (2), every licensee of a long-term care home shall ensure that the records of current staff members are kept at the home. O. Reg. 79/10, s. 235 (1).

(2) Where a staff member works at more than one long-term care home operated by the licensee, the licensee shall ensure that the record of the staff member is readily available at each home where the staff member works. O. Reg. 79/10, s. 235 (2).

Retention of staff records

236. (1) Every licensee of a long-term care home shall ensure that the record of every former staff member of the home is retained by the licensee for at least seven years after the staff member ceases working or being employed at the home. O. Reg. 79/10, s. 236 (1).

(2) A record kept under subsection (1) must be kept at the home for at least the first year after the staff member ceases working or being employed at the home. O. Reg. 79/10, s. 236 (2).

(3) Where a staff member referred to in subsection 235 (2) ceases to work or be employed at any of the long-term care homes operated by the licensee, the licensee shall ensure that the record is readily available for at least one year at each of the homes where the staff member worked or was employed. O. Reg. 79/10, s. 236 (3).

Records, revocation of licence

237. When the Director makes an order revoking a licence under section 157 of the Act, the licensee shall turn over to the Director or a person designated by the Director, on a date specified by the Director, all the records that are in the possession or control of the licensee and that pertain to the residents of the long-term care home, including all records that are required to be retained under section 233. O. Reg. 79/10, s. 237.

Transitional, records

238. (1) Subject to subsections (2) to (6), sections 231 to 237 apply, to the extent possible, with respect to records that were originally created under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act as if they were created under the Act. O. Reg. 79/10, s. 238 (1).

(2) Where a portion of a resident’s record created under the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act was not kept at a long-term care home immediately before this section came into force, it is not necessary to keep that portion at the home for the purposes of section 232. O. Reg. 79/10, s. 238 (2).

(3) Subsection 233 (1) does not apply with respect to the record of a former resident who died more than five years before the day this section came into force. O. Reg. 79/10, s. 238 (3).

(4) Subsection 233 (2) does not apply with respect to the record of a former resident who died or was discharged before the day this section came into force. O. Reg. 79/10, s. 238 (4).

(5) Section 236 applies to the records originally created and maintained under the Nursing Homes Act of a person who ceased to be a staff member less than two years before the day this section came into force. O. Reg. 79/10, s. 238 (5).
(6) Section 236 applies to the extent possible to the records originally created and maintained under the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act of a person who ceased to be a staff member less than two years before the day this section came into force. O. Reg. 79/10, s. 238 (6).

REPORTS

Annual reports

239. (1) Every licensee of a long-term care home shall, in every calendar year, submit a report to the Director on or before a date stipulated by the Director, in a form stipulated by the Director. O. Reg. 79/10, s. 239 (1).

(2) The report shall include the following:

1. A confirmation that the information provided by the Director from information the Ministry has on file with respect to the licensee is correct or, if it is not correct, the corrected information.

2. Anything that the licensee was required to have previously notified the Director or Minister of under section 108 of the Act, but did not.

3. Anything that the licensee was required to have previously notified the Director or Minister of under subsection 276 (2) of this Regulation, but did not.

4. Any other information stipulated by the Director that the licensee was required to have previously provided to the Director or the Minister under the Act or the regulations, but did not. O. Reg. 79/10, s. 239 (2).

(3) Subsection (1) does not apply until the calendar year after the calendar year in which this section comes into force. O. Reg. 79/10, s. 239 (3).

Reports re key personnel

240. Every licensee of a long-term care home shall report to the Director the name and contact information of,

(a) the Medical Director;
(b) any registered nurses in the extended class working in the home;
(c) the Administrator;
(d) the Director of Nursing and Personal Care;
(e) the nutrition manager;
(f) every registered dietitian who is a member of the staff of the home; and
(g) the designated lead for each of the housekeeping, laundry and maintenance programs. O. Reg. 79/10, s. 240.

Trust accounts

241. (1) Every licensee of a long-term care home shall establish and maintain at least one non-interest bearing trust account at a financial institution in which the licensee shall deposit all money entrusted to the licensee’s care on behalf of a resident. O. Reg. 79/10, s. 241 (1).

(2) The licensee shall ensure that the balance of the money in the trust account does not exceed the amount for which the account is insured through the Canada Deposit Insurance Corporation or another entity that provides deposit insurance. O. Reg. 79/10, s. 241 (2).

(3) The licensee shall keep petty cash trust money in the home, composed of money withdrawn from a trust account, that is sufficient to meet the daily cash needs of the residents who have money deposited in a trust account on their behalf. O. Reg. 79/10, s. 241 (3).

(4) No licensee shall,

(a) hold more than $5,000 in a trust account for any resident at any time;
(b) commingle resident funds held in trust with any other funds held by the licensee; or
(c) charge a resident, or a person acting on behalf of a resident, a transaction fee for withdrawals, deposits, or anything else related to money held in trust. O. Reg. 79/10, s. 241 (4).

(5) Every licensee shall establish a written policy and procedures for the management of resident trust accounts and the petty cash trust money, which must include,

(a) a system to record the written authorizations required under subsection (8); and
(b) the hours when the resident, or the person acting on behalf of the resident, can make deposits to or withdrawals from
the resident’s funds in a trust account and make withdrawals from the petty cash trust money. O. Reg. 79/10,
s. 241 (5).

(6) The licensee shall provide a copy of the written policy and procedures to every resident and person acting on behalf of
a resident who asks to have money deposited into a trust account. O. Reg. 79/10, s. 241 (6).

(7) The licensee shall,

(a) provide a resident, or a person acting on behalf of a resident, with a written receipt for all money received by the
licensee from the resident, or any other person, for deposit in a trust account on behalf of the resident;

(b) where the licensee has deposited in a trust account money received from any person on behalf of a resident, make part
or all of the money available to the resident or a person acting on behalf of the resident,

   (i) in accordance with the instructions of the resident or a person acting on behalf of the resident in respect of the
   property the resident or the person is legally authorized to manage, and

   (ii) upon the resident, or the person acting on behalf of the resident, signing an acknowledgement that the resident, or
   the person acting on behalf of the resident, received the funds;

(c) maintain a separate ledger for each trust account showing all deposits to and withdrawals from the trust account, the
name of the resident for whom the deposit or withdrawal is made and the date of each deposit or withdrawal;

(d) maintain a separate book of account for each resident for whom money is deposited in a trust account;

(e) on the written demand of a resident, or a person acting on behalf of a resident, make the residents’ book of account
referred to in clause (d) available for inspection by the resident or the person during any business day;

(f) provide to the resident, or to a person acting on behalf of a resident, a quarterly itemized written statement respecting
the money held by the licensee in trust for the resident, including deposits and withdrawals and the balance of the
resident’s funds as of the date of the statement; and

(g) with respect to each resident for whom money is deposited in a trust account, retain for a period of not less than seven
years,

   (i) the books of account, ledgers, deposit books, deposit slips, pass-books, monthly bank statements, cheque books
   and cancelled cheques applicable to the trust account,

   (ii) the written instructions and authorizations and acknowledgements of receipt of funds of the resident and the
   person acting on behalf of the resident, and

   (iii) the written receipts and statements provided to the resident, or a person acting on behalf of a resident. O. Reg.
79/10, s. 241 (7).

(8) A resident, or a person acting on behalf of a resident, who wishes to pay a licensee for charges under section 91 of the
Act with money from a trust account shall provide the licensee with a written authorization that specifies what the charge is
for, including a description of the goods or services provided, the frequency and timing of the withdrawal and the amount of
the charge. O. Reg. 79/10, s. 241 (8).

(9) Where a written authorization has been provided under subsection (8), the licensee is not required to obtain a written
acknowledgement of receipt of funds for every authorized withdrawal, but must include these withdrawals in the quarterly
itemized statement under clause (7) (f). O. Reg. 79/10, s. 241 (9).

(10) The licensee shall have every trust account established under subsection (1) audited annually,

(a) by a public accountant licensed under the Public Accounting Act, 2004; or

(b) in the case of a municipal home or a joint home approved under Part VIII of the Act, by the municipal auditor who
audits the books of account and ledgers of the home. O. Reg. 79/10, s. 241 (10).

(11) The licensee shall make the results of the annual audit available to the Director on request. O. Reg. 79/10,
s. 241 (11).

(12) A licensee, including a municipality, municipalities or a board of management referred to in section 133 of the Act,
shall not receive, hold or administer the property of a resident in trust other than as provided for in this section. O. Reg.
79/10, s. 241 (12).

(13) In this section,

“financial institution” means

(a) a bank listed in Schedule I or II to the Bank Act (Canada),

(b) a trust corporation registered under the Trust and Loan Companies Act (Canada), or
(c) a credit union incorporated under the Credit Unions and Caisses Populaires Act, 1994; (“institution financière”)

“person acting on behalf of a resident” means a person legally authorized to manage property for a resident. (“personne agissant pour le compte d’un résident”) O. Reg. 79/10, s. 241 (13).

**Transitional, trust accounts**

242. (1) A licensee is not required to comply with subsection 241 (1), clause 241 (4) (a) or subsection 241 (12) until six months after the coming into force of this section. O. Reg. 79/10, s. 242 (1).

(2) A licensee who complies with a provision mentioned in subsection (1) before the day provided for in subsection (1) shall promptly notify the Director, and the provision applies to the licensee from the time the Director is notified. O. Reg. 79/10, s. 242 (2).

(3) The applicable rules in the regulations under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act concerning trust funds continue to apply to the licensee until the earlier of the day provided for in subsection (1) and the day that section 241 applies under subsection (2). O. Reg. 79/10, s. 242 (3).

(4) Where, immediately before the day this Regulation came into force, a licensee of a long-term care home was retaining records under section 103 of Regulation 832 of the Revised Regulations of Ontario, 1990 (General) made under the Nursing Homes Act, section 53 of Regulation 637 of the Revised Regulations of Ontario, 1990 (General) made under the Homes for the Aged and Rest Homes Act or section 33 of Regulation 69 of the Revised Regulations of Ontario, 1990 (General) made under the Charitable Institutions Act, clause 241 (7) (g) applies with respect to the records. O. Reg. 79/10, s. 242 (4).

(5) Where, immediately before the day this Regulation came into force, a licensee was maintaining trust accounts under a regulation referred to in subsection (4), the audit required under subsection 241 (10) shall cover the entire period for which an audit had not yet been conducted as required under the applicable provisions of those regulations. O. Reg. 79/10, s. 242 (5).

(6) For greater clarity, municipalities that are holding and administering the real or personal property of a resident pursuant to an agreement approved by the Director under section 11 of the Homes for the Aged and Rest Homes Act, other than funds held in a trust account, may continue to hold that property for no more than six months after the coming into force of this section. O. Reg. 79/10, s. 242 (6).

**PART VI**

**FUNDING**

**RECONCILIATION AND RECOVERY**

**Reconciliation and recovery**

243. (1) Every licensee of a long-term care home shall submit a reconciliation report to the Minister,

(a) in each calendar year for the previous calendar year; and

(b) for any other period within a calendar year required by the Minister. O. Reg. 79/10, s. 243 (1).

(2) A reconciliation report under subsection (1) shall be submitted in the form and manner, with the content, and by the date specified by the Minister. O. Reg. 79/10, s. 243 (2).

(3) Before submitting the reconciliation report required under clause (1) (a), the licensee shall ensure that the report is audited annually by a person licensed under the Public Accounting Act, 2004 or, in the case of a municipal home or a joint home approved under Part VIII of the Act, by the municipal auditor who audits the books of account and ledgers of the home. O. Reg. 79/10, s. 243 (3).

(4) The Minister may dispense with the requirement to submit a reconciliation report under clause (1) (a). O. Reg. 79/10, s. 243 (4).

(5) The first reconciliation report under clause (1) (a) shall be submitted in 2011 for the 2010 calendar year. O. Reg. 79/10, s. 243 (5).

(6) If the funding paid to the licensee by the Minister under subsection 90 (1) of the Act in respect of the home exceeds the allowable subsidy for the reconciliation period, the excess funding paid is a debt owing by the licensee to the Crown in right of Ontario and, in addition to any other methods available to recover the debt, the Minister may deduct the excess funding paid from subsequent payments to the licensee or may direct the local health integration network that provides funding to the licensee under the Local Health System Integration Act, 2006 to deduct it from such payments. O. Reg. 79/10, s. 243 (6).

(7) If the funding paid to a licensee by the Minister under subsection 90 (1) of the Act in respect of the home is less than the allowable subsidy for the reconciliation period, the Minister shall pay the difference to the licensee or direct the local health integration network that provides funding to the licensee under the Local Health System Integration Act, 2006 to pay it to the licensee. O. Reg. 79/10, s. 243 (7).

(8) In this section,
“allowable subsidy” means the allowable subsidy as determined by the Minister in accordance with the reconciliation reports, any agreement between the Ministry and the licensee pertaining to the payment of funds, any conditions attached to the funding and all applicable Ministry policies for the management, payment and use of funds. O. Reg. 79/10, s. 243 (8).

Transitional, reconciliation and recovery

244. The following rules apply with regard to reconciliations for periods before January 1, 2010:

1. The relevant rules and procedures under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act apply to the reconciliation.

2. Where, under the rules and procedures mentioned in paragraph 1, it is determined that there is an excess that is a debt owing by the licensee to the Crown in right of Ontario, the Minister may direct the local health integration network that provides funding to the licensee under the Local Health System Integration Act, 2006 to deduct the excess from subsequent payments to the licensee.

3. Where, under the rules and procedures mentioned in paragraph 1, it is determined that there is an excess that is a debt owing by the Crown in right of Ontario to the licensee, the Minister may direct the local health integration network that provides funding to the licensee under the Local Health System Integration Act, 2006 to pay the amount owing to the licensee. O. Reg. 79/10, s. 244.

Non-allowable resident charges

245. The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
   i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
   ii. the Minister under section 90 of the Act.

2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario.

3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and a local health integration network.

4. Charges for goods and services provided without the resident’s consent.

5. Charges, other than the accommodation charge that every resident is required to pay under subsections 91 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 138 or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home.

6. Charges for accommodation under paragraph 1 or 2 of subsection 91 (1) of the Act for residents in the short-stay convalescent care program.

7. Transaction fees for deposits to and withdrawals from a trust account required by section 241, or for anything else related to a trust account.

8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted. O. Reg. 79/10, s. 245.

CHARGES FOR ACCOMMODATION

Determination of payments

246. The maximum amounts that may be charged by a licensee under paragraphs 1 and 2 of subsection 91 (1) of the Act shall be determined in accordance with sections 247 to 254. O. Reg. 79/10, s. 246.

246.1 REVOKED: O. Reg. 306/11, s. 1.

Maximum amounts of payments

247. (1) The maximum daily amount that may be charged by a licensee for providing a short-stay resident with accommodation is $38.72, subject to the annual adjustment described in section 247.5. O. Reg. 145/17, s. 1.

(2) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with basic accommodation for less than a full month is $59.82, subject to the annual adjustment described in section 247.5. O. Reg. 145/17, s. 1.
(3) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with basic accommodation for a full month shall be determined by multiplying the applicable daily amount, as determined under subsection (2), by 30.4167 and rounding it down to the nearest cent. O. Reg. 145/17, s. 1.

(4) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for less than a full month is $72.12, subject to the annual adjustment described in section 247.5. O. Reg. 145/17, s. 1.

(5) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for a full month shall be determined by multiplying the applicable daily amount, as determined under subsection (4), by 30.4167 and rounding it down to the nearest cent. O. Reg. 145/17, s. 1.

(6) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with private accommodation for less than a full month is $85.45, subject to the annual adjustment described in section 247.5. O. Reg. 145/17, s. 1.

(7) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with private accommodation for a full month shall be determined by multiplying the applicable daily amount, as determined under subsection (6), by 30.4167 and rounding it down to the nearest cent. O. Reg. 145/17, s. 1.

Exceptions — maximum amounts of payments

247.1 (1) Subsections 247 (4) to (7) do not apply in any of the following circumstances:

1. Where a licensee provides a long-stay resident with semi-private accommodation or private accommodation with any of the following class of bed within the meaning of subsection 187 (18) of the Act:
   i. Class B beds.
   ii. Class C beds.
   iii. Class D beds.
   iv. Class D beds that were upgraded in accordance with the Upgrade Option Guidelines.
   v. EldCap beds.

2. Where, before July 1, 2012, a long-stay resident occupies a bed in a room for which a licensee provides semi-private accommodation or private accommodation and the resident continues to occupy that bed on or after that date.

3. Where, on or after July 1, 2012, a licensee provides a long-stay resident with semi-private accommodation or private accommodation described in paragraphs 1 or 2 and, on or after that date, the resident occupies a bed in a room for which a licensee provides the resident with semi-private accommodation or private accommodation in any of the following:
   i. A related temporary long-term care home.
   ii. A re-opened long-term care home.
   iii. A replacement long-term care home.
   iv. A long-term care home under section 208.

4. Where a long-stay resident in a long-term care home was an applicant in the re-admission category on the waiting list for the long-term care home in accordance with section 177 or the specialized unit in accordance with subsection 202 (2) and a licensee provided the resident with semi-private accommodation or private accommodation in any of the circumstances described in paragraphs 1 to 3 immediately before the resident was discharged from the long-term care home or specialized unit, as the case may be. O. Reg. 106/12, s. 2; O. Reg. 164/13, s. 2 (1).

(2) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for less than a full month in the circumstances described in subsection (1) is $68.02, subject to the annual adjustment described in section 247.5. O. Reg. 145/17, s. 2.

(3) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (2), by 30.4167 and rounding it down to the nearest cent. O. Reg. 145/17, s. 2.

(4) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with private accommodation for less than a full month in the circumstances described in subsection (1) is $78.27, subject to the annual adjustment described in section 247.5. O. Reg. 145/17, s. 2.

(5) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the
applicable daily amount, as determined under subsection (4), by 30.4167 and rounding it down to the nearest cent. O. Reg. 145/17, s. 2.

(6) A licensee shall not charge a long-stay resident to whom subsection (1) applied more than the amounts set out in this section if the resident is transferred to a semi-private room or private room and the resident did not request the transfer. O. Reg. 106/12, s. 2.

(7) A licensee shall not charge a long-stay resident to whom paragraph 3 of subsection (1) applied more than the amounts set out in this section if the room that the resident next occupies is a semi-private room or private room in a home described in that paragraph. O. Reg. 106/12, s. 2.

Exceptions — occupancy on or after July 1, 2013 in certain circumstances

247.2 (1) Subsections 247 (4) to (7) do not apply in any of the following circumstances:

1. Where, on or after July 1, 2013, a long-stay resident occupies a bed in a room for which a licensee provides semi-private accommodation or private accommodation and the following criteria are satisfied:
   i. The class of bed is not set out in paragraph 1 of subsection 247.1 (1).
   ii. The resident did not occupy the bed before July 1, 2012.
   iii. On or after July 1, 2012 but before July 1, 2013, the resident occupied any bed that is not a class of bed set out in paragraph 1 of subsection 247.1 (1) in a room for which the licensee provided the same type of accommodation.

2. Where a licensee provided a long-stay resident with semi-private accommodation or private accommodation described in paragraph 1 and, on or after July 1, 2013, the resident occupies a bed in a room for which a licensee provides the resident with semi-private accommodation or private accommodation in any of the following:
   i. A related temporary long-term care home.
   ii. A re-opened long-term care home.
   iii. A replacement long-term care home.
   iv. A long-term care home under section 208.

3. Where a long-stay resident in a long-term care home was an applicant in the re-admission category on the waiting list for the long-term care home in accordance with section 177 or the specialized unit in accordance with subsection 202 (2) and a licensee provided the resident with semi-private accommodation or private accommodation in either of the circumstances described in paragraphs 1 and 2 immediately before the resident was discharged from the long-term care home or specialized unit, as the case may be. O. Reg. 164/13, s. 3; O. Reg. 147/14, s. 3 (1).

(2) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for less than a full month in the circumstances described in subsection (1) is $69.04, subject to the annual adjustment described in section 247.5. O. Reg. 145/17, s. 3.

(3) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (2), by 30.4167 and rounding it down to the nearest cent. O. Reg. 145/17, s. 3.

(4) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with private accommodation for less than a full month in the circumstances described in subsection (1) is $81.86, subject to the annual adjustment described in section 247.5. O. Reg. 145/17, s. 3.

(5) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (4), by 30.4167 and rounding it down to the nearest cent. O. Reg. 145/17, s. 3.

(6) A licensee shall not charge a long-stay resident to whom subsection (1) applied more than the amounts set out in this section if the resident is transferred to a semi-private room or private room and the resident did not request the transfer. O. Reg. 164/13, s. 3.

(7) A licensee shall not charge a long-stay resident to whom paragraph 2 of subsection (1) applied more than the amounts set out in this section if the room that the resident next occupies is a semi-private room or private room in a home described in that paragraph. O. Reg. 164/13, s. 3.

Exceptions — occupancy on or after September 1, 2014 in certain circumstances

247.3 (1) Subsections 247 (4) to (7) do not apply in any of the following circumstances:

1. Where, on or after September 1, 2014, a long-stay resident occupies a bed in a room for which a licensee provides semi-private accommodation or private accommodation and the following criteria are satisfied:
i. The class of bed is not set out in paragraph 1 of subsection 247.1 (1).

ii. The resident did not occupy the bed before July 1, 2013.

iii. On or after July 1, 2013 but before September 1, 2014, the resident occupied any bed that is not a class of bed set out in paragraph 1 of subsection 247.1 (1) in a room for which the licensee provided the same type of accommodation.

2. Where a licensee provided a long-stay resident with semi-private accommodation or private accommodation described in paragraph 1 and, on or after September 1, 2014, the resident occupies a bed in a room for which a licensee provides the resident with semi-private accommodation or private accommodation in any of the following:

   i. A related temporary long-term care home.

   ii. A re-opened long-term care home.

   iii. A replacement long-term care home.

   iv. A long-term care home under section 208.

3. Where a long-stay resident in a long-term care home was an applicant in the re-admission category on the waiting list for the long-term care home in accordance with section 177 or the specialized unit in accordance with subsection 202 (2) and a licensee provided the resident with semi-private accommodation or private accommodation in either of the circumstances described in paragraphs 1 and 2 immediately before the resident was discharged from the long-term care home or specialized unit, as the case may be. O. Reg. 145/17, s. 4.

   (2) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for less than a full month in the circumstances described in subsection (1) is $70.07, subject to the annual adjustment described in section 247.5. O. Reg. 145/17, s. 4.

   (3) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (2), by 30.4167 and rounding it down to the nearest cent. O. Reg. 145/17, s. 4.

   (4) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with private accommodation for less than a full month in the circumstances described in subsection (1) is $81.86, subject to the annual adjustment described in section 247.5. O. Reg. 145/17, s. 4.

   (5) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (4), by 30.4167 and rounding it down to the nearest cent. O. Reg. 145/17, s. 4.

   (6) A licensee shall not charge a long-stay resident to whom subsection (1) applied more than the amounts set out in this section if the resident is transferred to a semi-private room or private room and the resident did not request the transfer. O. Reg. 147/14, s. 4.

   (7) A licensee shall not charge a long-stay resident to whom paragraph 2 of subsection (1) applied more than the amounts set out in this section if the room that the resident next occupies is a semi-private room or private room in a home described in that paragraph. O. Reg. 147/14, s. 4.

Exceptions — occupancy on or after July 1, 2015 in certain circumstances

247.4 (1) Subsections 247 (4) to (7) do not apply in any of the following circumstances:

1. Where, on or after July 1, 2015, a long-stay resident occupies a bed in a room for which a licensee provides semi-private accommodation or private accommodation and the following criteria are satisfied:

   i. The class of bed is not set out in paragraph 1 of subsection 247.1 (1).

   ii. The resident did not occupy the bed before September 1, 2014.

   iii. On or after September 1, 2014 but before July 1, 2015, the resident occupied any bed that is not a class of bed set out in paragraph 1 of subsection 247.1 (1) in a room for which the licensee provided the same type of accommodation.

2. Where a licensee provided a long-stay resident with semi-private accommodation or private accommodation described in paragraph 1 and, on or after July 1, 2015, the resident occupies a bed in a room for which a licensee provides the resident with semi-private accommodation or private accommodation in any of the following:

   i. A related temporary long-term care home.

   ii. A re-opened long-term care home.
iii. A replacement long-term care home.

iv. A long-term care home under section 208.

3. Where a long-stay resident in a long-term care home was an applicant in the re-admission category on the waiting list for the long-term care home in accordance with section 177 or the specialized unit in accordance with subsection 202 (2) and a licensee provided the resident with semi-private accommodation or private accommodation in either of the circumstances described in paragraphs 1 and 2 immediately before the resident was discharged from the long-term care home or specialized unit, as the case may be. O. Reg. 129/15, s. 5.

(2) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for less than a full month in the circumstances described in subsection (1) is $71.09, subject to the annual adjustment described in section 247.5. O. Reg. 145/17, s. 5.

(3) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (2), by 30.4167 and rounding it down to the nearest cent. O. Reg. 145/17, s. 5.

(4) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with private accommodation for less than a full month in the circumstances described in subsection (1) is $83.66, subject to the annual adjustment described in section 247.5. O. Reg. 145/17, s. 5.

(5) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (4), by 30.4167 and rounding it down to the nearest cent. O. Reg. 145/17, s. 5.

(6) A licensee shall not charge a long-stay resident to whom subsection (1) applied more than the amounts set out in this section if the resident is transferred to a semi-private room or private room and the resident did not request the transfer. O. Reg. 129/15, s. 5.

(7) A licensee shall not charge a long-stay resident to whom paragraph 2 of subsection (1) applied more than the amounts set out in this section if the room that the resident next occupies is a semi-private room or private room in a home described in that paragraph. O. Reg. 129/15, s. 5.

Annual adjustment - Consumer Price Index

Application 247.5 (1) This section applies to the following provisions:

1. Subsections 247 (1), (2), (4) and (6).
2. Subsections 247.1 (2) and (4).
3. Subsections 247.2 (2) and (4).
4. Subsections 247.3 (2) and (4).
5. Subsections 247.4 (2) and (4).
6. Paragraphs 1 and 2 of subsection 253 (10). O. Reg. 145/17, s. 6.

Adjustment (2) Beginning on July 1, 2018, and on every July 1 thereafter, the amounts set out in the provisions referred to in subsection (1) shall be adjusted in accordance with the following rules:

1. Subject to paragraphs 2 and 3, the amounts that applied immediately before the applicable July 1 date shall be adjusted by the percentage change between,
   i. the Consumer Price Index for the previous calendar year, and
   ii. the Consumer Price Index for the calendar year immediately preceding the previous calendar year.
2. If the percentage change described in paragraph 1 is greater than 2.5 per cent, the amounts shall instead be adjusted by 2.5 per cent.
3. If the percentage change described in paragraph 1 is negative, the amounts shall instead not be adjusted.
4. After applying the adjustment described in paragraph 1, 2 or 3, the adjusted amounts shall be rounded down to the nearest cent. O. Reg. 145/17, s. 6.
(3) For the purposes of subsection (2), the Consumer Price Index for a calendar year is the Consumer Price Index for Canada (All-items) for the calendar year, as reported by Statistics Canada under the authority of the Statistics Act (Canada). O. Reg. 145/17, s. 6.

Publication

(4) The Minister may publish the adjusted amounts on a government website. O. Reg. 145/17, s. 6.

Term

248. (1) In section 253, “term”, subject to subsections (2), (3), (4) and (5), means the period that starts on the latest of,

(a) the 90th day before the day on which the completed application for reduction is submitted to the Director by the licensee,

(b) the day that the appropriate placement co-ordinator authorized the resident’s admission to the long-term care home, and

(c) in the case of an application for a renewal of a reduction, the day after the last term ended, and ends on the earliest of,

(d) the first June 30 following the day on which the term starts,

(e) the 90th day immediately preceding the day in which the resident’s next completed application for reduction is submitted to the Director by the licensee, and

(f) the termination date, if any, specified by the Director in processing the application. O. Reg. 79/10, s. 248 (1); O. Reg. 108/12, s. 1 (1).

(2) REVOKED: O. Reg. 108/12, s. 1 (2).

(3) The Director may change the start of the term if the Director believes there is sufficient evidence that a delay in submitting a completed application for a reduction was beyond the control of the applicant. O. Reg. 79/10, s. 248 (3).

(4) The Director shall not change the start of the term to a time,

(a) before this section came into force; or

(b) that is more than one year before the date the completed application was submitted. O. Reg. 79/10, s. 248 (4).

(5) A term does not end if the resident transfers to basic accommodation in another long-term care home during the term. O. Reg. 79/10, s. 248 (5).

Annual net income

249. (1) In section 253, “annual net income” means the amount determined by the Director to be the resident’s annual net income, and subject to subsections (2) to (5), means the amount indicated on line 236 of the resident’s Notice of Assessment issued under the Income Tax Act (Canada) for the resident’s most recent taxation year minus,

(a) the taxes payable that were reported on line 435 of the Notice of Assessment,

(b) payments made under the Universal Child Care Benefit Act (Canada),

(c) payments from a registered disability savings plan, as defined in subsection 146.4 (1) of the Income Tax Act (Canada),

(d) the death benefit payable under the Canada Pension Plan or a provincial pension plan as defined in the Canada Pension Plan,

(e) a lump sum representing income that was used to pay for the consumer contribution for an assistive device under the Assistive Devices Program administered by the Ministry, up to the amount approved under that program,

(f) a lump sum representing income that was used to pay for the accommodation in a previous term, but that is determined by the Director to not be available to the resident in the current term,

(g) any amount payable for a period of time when the resident was not receiving a reduction in the amount payable for basic accommodation pursuant to section 253 that the Director has determined is not available to the resident in the current term, in an amount determined by the Director. O. Reg. 79/10, s. 249 (1); O. Reg. 108/12, s. 2 (1).

(2) Where line 236 of the Notice of Assessment for the resident’s most recent taxation year does not include income that is required to be accessed from the following sources, the net amount from those sources shall be included in the determination of annual net income:
1. All benefits, entitlements, supplements, settlements, or other financial assistance that the resident may be entitled to, or eligible for, from the Government of Canada, the government of any province or territory in Canada, any municipal government in Canada and any private policy of insurance.

2. All benefits, entitlements, supplements, settlements or other financial assistance that the resident may be entitled to, or eligible for, from any foreign country.

3. Any support payments due and owing to the resident under an agreement or court order for support existing at the time of the application, and that are determined by the Director to be reasonably collectible by the resident.

4. In the case of a resident who is a sponsored immigrant, the financial support from the resident’s sponsor, pursuant to the sponsor’s undertaking to support the resident made under the Immigration and Refugee Protection Act (Canada). O. Reg. 79/10, s. 249 (2); O. Reg. 108/12, ss. 2 (2, 3).

(3) Any benefits under the War Veterans Allowance Act (Canada) or Pension Act (Canada) or under the Veterans Health Care Regulations under the Department of Veterans Affairs Act (Canada) and any non-taxable benefits under the Canadian Forces Members and Veterans Re-establishment and Compensation Act (Canada) shall not be considered in determining annual net income. O. Reg. 108/12, s. 2 (4).

(4) Any benefits, entitlements, supplements, settlements or other financial assistance that the resident receives pursuant to an Act of the Parliament of Canada, legislature of a province or territory, or any foreign government, that are directed for a specified purpose and that the Director determines should not be considered in determining annual net income shall not be considered in determining annual net income. O. Reg. 108/12, s. 2 (4).

(5) Despite the requirement under section 253 to provide a Notice of Assessment for the most recent taxation year, where a resident was admitted to a home within the year before the application was submitted, and the resident does not have a Notice of Assessment, the Director may consider other supporting documentation demonstrating the resident’s income to determine the equivalent of the resident’s annual net income. O. Reg. 108/12, s. 2 (4).

(6) REVOKED: O. Reg. 108/12, s. 2 (4).

Private policy of insurance

250. In sections 249 and 253, “private policy of insurance” means the following benefits, other than benefits from a government:

1. Income replacement benefits.
2. Death benefits.
3. Survivor benefits.
4. Money received in insurance settlements or awarded by the court, including payments received through structured settlements payable through monthly annuity payments and any benefits payable under the Statutory Accident Benefit Schedule under the Insurance Act.
5. Benefits of any nature or kind, including any benefits that provide for partial or full reimbursement of accommodation charges. O. Reg. 79/10, s. 250; O. Reg. 108/12, s. 3.

Dependant

251. (1) In section 253, subject to subsections (2), (3), (4) and (5), “dependant” means,

(a) a spouse who was living with the resident immediately before the resident was admitted to the long-term care home or, if the resident has been continuously in more than one long-term care home or other institution, including a hospital, immediately before the resident was first admitted to the long-term term care home or other institution, or
(b) a child of the resident who,
   (i) is under 18 years of age, or
   (ii) is under 25 years of age and who is in full-time attendance at a recognized secondary or post-secondary educational institution, and is financially dependent on the resident. O. Reg. 79/10, s. 251 (1).

(2) A spouse or child who is living in a long-term care home, hospital or any other facility that is government funded is not a dependant. O. Reg. 79/10, s. 251 (2).

(3) A spouse who is eligible to receive a pension under Part I of the Old Age Security Act (Canada) is not a dependant. O. Reg. 79/10, s. 251 (3).

(4) A spouse or child who is a part of a benefit unit, other than the benefit unit of the resident, that is receiving income support under the Ontario Disability Support Program Act, 1997 or basic financial assistance under the Ontario Works Act, 1997 is not a dependant. O. Reg. 108/12, s. 4.
(5) A spouse or child who is not part of the benefit unit of a resident who is receiving income support under the Ontario Disability Support Program Act, 1997 or basic financial assistance under the Ontario Works Act, 1997 is not a dependant. O. Reg. 79/10, s. 251 (5).

Dependant annual net income

252. In section 253, a dependant’s annual net income shall be determined in the same manner as a resident’s annual net income, with necessary modification, except that,

(a) a dependant who is a child under 18 years of age whose income is less than the basic personal exemption amount under the Income Tax Act (Canada) shall be deemed to have a net annual income of nil; and

(b) the income of a dependant who is a child under 18 years of age whose income is equal to or greater than the basic personal exemption amount under the Income Tax Act (Canada) shall be determined without including the basic personal exemption amount. O. Reg. 79/10, s. 252.

Reduction in basic accommodation charge

253. (1) Where a long-stay resident of a long-term care home has accessed all sources of income to maximize his or her annual net income, the resident may apply to the Director for a reduced amount payable by the resident for basic accommodation during a term determined in accordance with subsection (7). O. Reg. 79/10, s. 253 (1).

(2) An application,

(a) must be in a form and manner acceptable to the Director;

(b) must include any supporting documentation required by the Director; and

(c) must include the Notice of Assessment issued under the Income Tax Act (Canada) for the resident’s most recent taxation year, unless,

(i) the resident is receiving income support under the Ontario Disability Support Program Act, 1997, or

(ii) the Public Guardian and Trustee is the guardian of property for the resident. O. Reg. 79/10, s. 253 (2); O. Reg. 108/12, s. 5 (1).

(3) Upon the request of a resident, a licensee shall provide assistance in completing the application. O. Reg. 79/10, s. 253 (3).

(4) The licensee shall,

(a) verify that all parts of the application are provided by the resident;

(b) submit the application in a form and manner acceptable to the Director;

(c) ensure that the information is recorded correctly;

(d) retain a copy of the application; and

(e) notify the resident of the amount payable for basic accommodation as determined by the Director. O. Reg. 79/10, s. 253 (4).

(5) The licensee shall not submit an application with information that the licensee knows, ought to know or reasonably suspects to be false or incomplete. O. Reg. 79/10, s. 253 (5).

(6) Where a failure by a licensee to comply with subsection (4) or (5) results in the maximum amount determined under subsection (7) to be incorrect, the licensee shall be solely liable for the difference in amount and shall repay the difference in a manner as determined by the Director. O. Reg. 79/10, s. 253 (6).

(7) Despite section 247, where a resident has applied for a reduction under this section, the Director shall determine the maximum monthly amount that may be charged by a licensee for providing a resident with basic accommodation during a term as follows, and the licensee shall not charge the resident more than that amount for the basic accommodation:

1. Divide the resident’s annual net income by 12, and subtract an allowance of the amount set out in paragraph 1 of subsection 32 (1) of Ontario Regulation 222/98 (General) made under the Ontario Disability Support Program Act, 1997. Subject to paragraphs 2 to 4, the resulting amount is the maximum monthly amount that may be charged.

2. Where the resident requests a reduction to retain income to support one or more dependants, subtract the amount determined under subsection (10), (11) or (12) from the amount determined under paragraph 1.

3. Where the calculations under paragraph 1, or where paragraph 2 applies, under paragraphs 1 and 2, would result in a negative number, the amount is deemed to be nil.

4. Where the calculations under paragraph 1, or where paragraph 2 applies, under paragraphs 1 and 2, would result in a number greater than the monthly maximum amount under subsection 247 (3), the amount is the amount under
subsection 247 (3). O. Reg. 79/10, s. 253 (7); O. Reg. 175/10, s. 1; O. Reg. 306/11, s. 2; O. Reg. 218/12, s. 1; O. Reg. 263/13, s. 1 (1); O. Reg. 147/14, s. 5 (1); O. Reg. 145/17, s. 7 (1).

(8) Despite section 247 and subsection (7), where the resident is receiving income support under the Ontario Disability Support Program Act, 1997, the annual net income divided by 12 as required by paragraph 1 of subsection (7) shall be deemed to be an amount equal to the total of the amounts set out in paragraphs 1 and 2 of subsection 32 (1) of Ontario Regulation 222/98 (General) made under that Act. O. Reg. 79/10, s. 253 (8); O. Reg. 263/13, s. 1 (2).

(9) **REVOKED**: O. Reg. 108/12, s. 5 (2).

(10) The amount to be subtracted for the purposes of paragraph 2 of subsection (7) shall be determined as follows:

1. For the first dependant to be supported add $1,407.46, subject to subsection (10.1), unless the dependant is a child living with a parent or other person with lawful custody.

2. For each dependant to be supported to whom paragraph 1 does not apply, add $606.83, subject to subsection (10.1).

3. For each dependant to be supported, subtract the dependant’s annual net income divided by 12 from the sum of the amounts determined by paragraphs 1 and 2.

4. Where the calculation under paragraph 3 would result in a negative number, the amount is deemed to be nil. O. Reg. 79/10, s. 253 (10); O. Reg. 106/12, s. 3; O. Reg. 164/13, s. 4; O. Reg. 147/14, s. 5 (2, 3); O. Reg. 129/15, s. 6; O. Reg. 145/16, s. 6; O. Reg. 145/17, s. 7 (2, 3)

**Annual adjustment - Consumer Price Index**

(10.1) The amounts set out in paragraphs 1 and 2 of subsection (10) are subject to the annual adjustment described in section 247.5. O. Reg. 145/17, s. 7 (4).

(11) Where a resident received a reduction in the amount payable for basic accommodation based on an application under paragraph 2 of subsection 116.1 (1) of Regulation 832 of the Revised Regulations of Ontario, 1990 (General) made under the *Nursing Homes Act* or paragraph 2 of subsection 39.3.1 (1) of Regulation 637 of the Revised Regulations of Ontario, 1990 (General) made under the *Homes for the Aged and Rest Homes Act* or paragraph 2 of subsection 43.1 (1) of Regulation 69 of the Revised Regulations of Ontario, 1990 (General) made under the *Charitable Institutions Act*, immediately before the coming into force of this section, and is not eligible to have an amount subtracted under subsection (10), the Director may determine the amount for the purposes of paragraph 2 of subsection (7). O. Reg. 79/10, s. 253 (11).

(12) Where a resident received a reduction in the amount payable for basic accommodation to support a spouse or child, immediately before the coming into force of this section, and that reduction was not based on an application under paragraph 2 of subsection 116.1 (1) of Regulation 832 of the Revised Regulations of Ontario, 1990, (General) made under the *Nursing Homes Act* or paragraph 2 of subsection 39.3.1 (1) of Regulation 637 of the Revised Regulations of Ontario, 1990 (General) made under the *Homes for the Aged and Rest Homes Act* or paragraph 2 of subsection 43.1 (1) of Regulation 69 of the Revised Regulations of Ontario, 1990 (General) made under the *Charitable Institutions Act*, the Director may determine the amount for the purposes of paragraph 2 of subsection (7). O. Reg. 79/10, s. 253 (12).

(13) A resident who has not entered into an agreement mentioned in subsection (13.1) shall not be charged more than the amount payable for basic accommodation where the resident continues to occupy a bed in a room that was occupied with his or her spouse, and,

(a) the spouse no longer occupies the room with the resident;

(b) the resident has requested a transfer to basic accommodation in the home; and

(c) the resident has not yet been transferred to basic accommodation in the home in accordance with subsection 207 (5). O. Reg. 138/11, s. 3.

(13.1) A resident shall enter into an agreement with the licensee for preferred accommodation, in accordance with paragraph 2 of subsection 91 (1) of the Act, where the resident wishes to continue to occupy a bed in a room that was occupied with his or her spouse and that room has ceased to be a standard room, and where the resident does not enter into an agreement, the licensee may transfer the resident to a standard room in accordance with subsection 207 (5), as if the resident had requested a transfer to a basic accommodation at the time the room ceased to be a standard room. O. Reg. 138/11, s. 3.

(14) Any amounts determined under this section for periods of less than a month, shall be determined by the Director proportionately. O. Reg. 79/10, s. 253 (14).

(15) The Director may retroactively adjust the maximum amount payable that was determined for the same resident in prior terms before determining the maximum monthly amount that the resident may be charged under the current application. O. Reg. 79/10, s. 253 (15); O. Reg. 108/12, s. 5 (3).

(16) If the Director determines that the resident should have paid a higher maximum amount in prior terms, the resident shall repay the difference to the licensee before obtaining any further reduction under this section. O. Reg. 108/12, s. 5 (4).
(16.1) For a term that begins on July 1, 2012, the Director may retroactively adjust the maximum amount payable under this section that was determined for the same resident in prior terms as if the amendments made by Ontario Regulation 108/12 had been in force during the terms. O. Reg. 108/12, s. 5 (4).

(17) The Director may deny an application if, in the Director’s opinion,

(a) the resident has not provided sufficient proof of financial need; or

(b) the resident has provided false information on an application for a reduction. O. Reg. 79/10, s. 253 (17).

(18) Where the Director comes to the opinion that a resident has provided false information on an application for reduction after the Director has already determined the maximum amount payable by the resident based on the false information, the Director may,

(a) retroactively deny the application; or

(b) retroactively adjust the maximum amount payable that was determined for the resident based on the false information. O. Reg. 79/10, s. 253 (18).

(19) Where the Director determines that the resident should have paid a higher maximum amount under subsection (18), the resident shall repay the difference to the licensee before receiving any further reduction under this section. O. Reg. 79/10, s. 253; O. Reg. 108/12, s. 5 (5).

Restriction, interest charges

254. Where a resident has applied for a reduction under section 253, a licensee of a long-term care home may not charge the resident interest for missed, incomplete or late payments until the Director has made a determination of the maximum amount payable by the resident under that section. O. Reg. 79/10, s. 254.

Resident in interim bed

255. A resident in an interim bed is deemed to be a long-stay resident for the purposes of sections 247 to 254. O. Reg. 79/10, s. 255.

Payment for first and last day

256. (1) A long-stay resident shall pay the amount charged for accommodation under either paragraph 1 or 2 of subsection 91 (1) of the Act for a full day,

(a) for the day the placement co-ordinator authorizes the resident’s admission to the home; and

(b) for the day the resident is discharged from the home. O. Reg. 79/10, s. 256 (1).

(2) Despite subsection (1), a long-stay resident shall not pay the amount charged for accommodation under either paragraph 1 or 2 of subsection 91 (1) for a full day for the day the resident is discharged from the home if the resident is admitted to another long-term care home on the same day. O. Reg. 79/10, s. 256 (2).

(3) A short-stay resident shall pay the amount charged for accommodation under either paragraph 1 or 2 of subsection 91 (1) for a full day for the day the placement co-ordinator authorizes the resident’s admission to the home, but shall not pay the amount charged for accommodation under either paragraph 1 or 2 of subsection 91 (1) of the Act for the day the resident is discharged from the home. O. Reg. 79/10, s. 256 (3).

Payment for day following discharge

257. If, at the request of a person who has been discharged from a long-term care home as a long-stay resident, at the request of a member of the person’s family or at the request of a person notified by the licensee of the discharge, the licensee allows the discharged person, the family member or the notified person to have access, on the day following the day of discharge, to the room in which the discharged person was living before being discharged, the licensee may charge the discharged person the amount that the licensee would have charged him or her for accommodation for the day following the day of discharge had he or she been a long-stay resident living in the room on that day. O. Reg. 79/10, s. 257.

Responsibility for payment during absence

258. During an absence contemplated by section 138, a resident continues to be responsible for the payment of the maximum amounts that may be charged by the licensee to the resident for the same class of accommodation that was provided to the resident immediately before the absence. O. Reg. 79/10, s. 258.

Notice of accommodation charge increase

259. (1) Before increasing the amount payable by a resident for accommodation, the licensee of a long-term care home shall give the resident at least 30 days written notice of the licensee’s proposal to increase the amount payable and the amount of the proposed increase. O. Reg. 79/10, s. 259 (1).

(2) An increase by a licensee of the amount payable by a resident for accommodation is void if the licensee has not given the notice required by this section. O. Reg. 79/10, s. 259 (2).
(3) Subsections (1) and (2) do not apply to an increase in the basic accommodation amount payable by a resident who has been charged a reduced amount under section 253 if the increase,

(a) follows a reapplication by the resident for a reduction; or

(b) results from the resident’s failure to reapply for a reduction at the end of the term for which the original reduction was in effect. O. Reg. 79/10, s. 259 (3).

PREFERRED ACCOMMODATION

Preferred accommodation maximum

260. Every licensee of a long-term care home shall ensure that no more than 60 per cent of the licensed bed capacity of the home is designated as preferred accommodation. O. Reg. 79/10, s. 260.

STATEMENTS

Statements

261. (1) Every licensee of a long-term care home shall, within 30 days after the end of each month, provide each resident or the resident’s attorney under the Powers of Attorney Act, or person exercising a continuing power of attorney for property or a guardian of property under Part I of the Substitute Decisions Act, 1992, with an itemized statement of the charges made to the resident within the month. O. Reg. 79/10, s. 261 (1).

(2) For greater certainty, subsection (1) applies with respect to the month in which a resident is discharged. O. Reg. 79/10, s. 261 (2).

ACCOUNTS AND RECORDS

Licensee to retain records

262. For the purposes of section 92 of the Act, every licensee of a long-term care home shall keep, for each long-term care home operated by the licensee,

(a) complete current books of account relating to the long-term care home that,

(i) contain sufficient detail to support the information required in any reconciliation reports requested by either the Minister or a local health integration network,

(ii) set out all of the revenue and expenditures of the home,

(iii) contain a separate record of money received by the licensee for the home from sources other than under the Act or under the Local Health System Integration Act, 2006, and

(iv) are audited annually by a person licensed under the Public Accounting Act, 2004 or, in the case of a municipal home or a joint home approved under Part VIII of the Act, by the municipal auditor who audits the books of account and ledgers of the home;

(b) reconciliation reports as required by the Minister under section 243 or a local health integration network in regulations under the Local Health System Integration Act, 2006;

(c) any financial report requested by the Director under section 88 of the Act and the records used to produce that report;

(d) any agreement between the Minister and the licensee for funding provided under section 90 of the Act and any service accountability agreement required by section 20 of the Local Health System Integration Act, 2006, the records and reports required under those agreements and the records used to produce those records and reports;

(e) any written agreement for charges between the licensee and a resident or a person authorized to enter into an agreement on the resident’s behalf;

(f) all applications that the licensee is required to retain under clause 253 (4) (d);

(g) records indicating the amounts the licensee has charged residents; and

(h) records to substantiate that the licensee has provided residents with accommodation, care, services, programs and goods. O. Reg. 79/10, s. 262.

Requirements for records

263. For the purposes of section 92 of the Act, every licensee of a long-term care home shall ensure that a record required to be kept under this Part is retained for a period of at least seven years from the last day of the year in which the record was made, except in the case of an agreement mentioned in clause 262 (d) or (e), which must be kept for a period of at least seven years from the earlier of the date that the agreement ends or it is terminated by either party to the agreement. O. Reg. 79/10, s. 263.

Transitional, records
264. Where, immediately before the day this section came into force, a licensee of a long-term care home was retaining records under subsection 104 (3) of Regulation 832 of the Revised Regulations of Ontario, 1990 (General) made under the Nursing Homes Act, subsection 23 (3) of Regulation 637 of the Revised Regulations of Ontario, 1990 (General) made under the Homes for the Aged and Rest Homes Act or subsection 30 (4) of Regulation 69 of the Revised Regulations of Ontario, 1990 (General) made under the Charitable Institutions Act, section 263 applies with respect to the records. O. Reg. 79/10, s. 264.

NON-ARM’S LENGTH TRANSACTIONS

Non-arm’s length transactions

265. (1) For the purposes of section 93 of the Act and this Regulation,

“non-arm’s length transaction” means a transaction where a licensee spends money to acquire the supply of direct care services to or direct care goods for a long-term care home that is entered into between a licensee and an associate of the licensee within the meaning of subsection 2 (4) of the Act. O. Reg. 79/10, s. 265 (1).

(2) Subject to subsection (3), a licensee of a long-term care home shall not enter into a non-arm’s length transaction unless,

(a) the supplier has been selected from an open, fair and transparent competitive procurement process involving at least three unrelated bids and has demonstrated economy, efficiency and effectiveness for the money spent superior to that of the other bidders; and

(b) the licensee keeps a record documenting the transaction and the details of the competitive procurement process. O. Reg. 79/10, s. 265 (2).

(3) If a licensee is unable to meet the requirement under clause (2) (a), the licensee may enter into the transaction with the prior written approval of the Director. O. Reg. 79/10, s. 265 (3).

(4) A licensee shall apply to the Director for the written approval under subsection (3) in the form and manner acceptable to the Director. O. Reg. 79/10, s. 265 (4).

(5) A licensee may not exercise an option to extend or renew an agreement for a non-arm’s length transaction unless the supplier has demonstrated economy, efficiency and effectiveness for the money. O. Reg. 79/10, s. 265 (5).

(6) Every licensee shall submit to the Director by March 31 in every calendar year, or at any other time required by the Director, a report that sets out, for the previous calendar year, or a time stipulated by the Director, every non-arm’s length transaction for goods and services provided during that year or time, including a description of the services or goods received and the money spent for the goods and services. O. Reg. 79/10, s. 265 (6).

(7) Subsections (5) and (6) apply whether or not the agreement or transaction took place before this section came into force. O. Reg. 79/10, s. 265 (7).

(8) This section does not apply to the agreement with the Medical Director required under section 214. O. Reg. 79/10, s. 265 (8).

PART VII
LICENSING

Definition

266. In this Part,

“security interest” has the same meaning as in section 107 of the Act. O. Reg. 79/10, s. 266.

Premises that do not require licence

267. Subsection 95 (1) of the Act does not apply to,

(a) a home for special care that is licensed under the Homes for Special Care Act;

(b) a residential premises funded under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008;

(c) a residential hospice if the nursing care provided at the hospice for its residents is funded, directly or indirectly, through the Ministry; or

(d) a retirement home. O. Reg. 79/10, ss. 267, 334 (2).

Public interest: need

268. For the purposes of clause 96 (e) of the Act, the Minister shall take into account any recommendation from a local health integration network for the geographic area that covers all or part of the area where the Minister is considering whether there should be a long-term care home, or how many long-term care home beds there should be. O. Reg. 79/10, s. 268.
Non-profit and for-profit

269. The following clarifications are made to the meaning of “non-profit” and “for-profit” for the purposes of the Act and this Regulation:

1. A non-profit entity is an entity that meets any of the following criteria:
   i. being a corporation without share capital,
      A. to which Part III of the Corporations Act applies, or
      B. that is incorporated under a general or special Act of the Parliament of Canada,
   ii. being a municipality or a board of management for a municipal home,
   iii. being a council of a band under the Indian Act (Canada) or a board of management for a First Nations home, or
   iv. being a corporation with share capital whose equity shares are owned by an entity or entities described in subparagraph i, ii or iii.

2. A non-profit long-term care home is,
   i. a long-term care home whose licensee is a non-profit entity, or
   ii. a municipal home, joint home or First Nations home approved under Part VIII of the Act.

3. A for-profit entity is an entity that is not a non-profit entity.

4. A for-profit long-term care home is a long-term care home that is not a non-profit long-term care home. O. Reg. 79/10, s. 269.

Limits on eligibility for licence

270. For the purposes of clause 98 (1) (e) of the Act, a prospective licensee that is not a corporation is ineligible to be issued a licence for a long-term care home if,

(a) the past conduct relating to the operation of a long-term care home or any other matter or business of anyone who has a controlling interest in the prospective licensee does not afford reasonable grounds to believe that the home will be operated in accordance with the law and with honesty and integrity;

(b) it has not been demonstrated that those with a controlling interest in the prospective licensee, along with the prospective licensee, are competent to operate a long-term care home in a responsible manner in accordance with the Act and the regulations and are in a position to furnish or provide the required services; or

(c) the past conduct relating to the operation of a long-term care home or any other matter or business of anyone who has a controlling interest in the prospective licensee does not afford reasonable grounds to believe that the home will not be operated in a manner that is prejudicial to the health, safety or welfare of its residents. O. Reg. 79/10, s. 270.

Non-profit to for-profit circumstances

271. For the purposes of subsection 105 (9) of the Act, a non-profit entity may transfer a licence or beds to a for-profit entity where both of the following conditions are met:

1. A debt or the performance of some other obligation of the non-profit entity is secured by a security interest in the licence.

2. The non-profit entity is in default of any obligation secured by the security interest and,
   i. the non-profit entity made reasonable efforts to avoid the default, or
   ii. the holder of the security interest compels the transfer by exercising the security interest, whether or not the non-profit entity made reasonable efforts to avoid the default. O. Reg. 79/10, s. 271.

Limits on share transfers: non-profit subsidiaries

272. (1) It is a condition of a licence held by a non-profit entity that is a share capital corporation described in subparagraph 1 iv of section 269 that the corporation shall not,

(a) allow the transfer of equity shares issued by the corporation from a shareholder that is a non-profit entity to a for-profit entity; or

(b) issue equity shares to a for-profit entity. O. Reg. 79/10, s. 272 (1).

(2) Subsection (1) does not prevent a transfer of equity shares where the following conditions are met:

1. A debt or the performance of some other obligation of the shareholder is secured by a security interest in the equity shares.
2. The shareholder is in default of any obligation secured by the security interest and,
   i. the shareholder made reasonable efforts to avoid the default, or
   ii. the holder of the security interest compels the transfer by exercising the security interest, whether or not the
       shareholder made reasonable efforts to avoid the default. O. Reg. 79/10, s. 272 (2).

Public meetings

273. (1) This section applies to public meetings under subsection 106 (2) of the Act. O. Reg. 79/10, s. 273 (1).
   (2) The meeting shall be chaired by,
      (a) the Director;
      (b) an individual selected by the Director; or
      (c) where permitted by the Director, an individual selected by the local health integration network for the geographic area
          where the meeting is to be held. O. Reg. 79/10, s. 273 (2).
   (3) If the meeting is chaired by an individual other than the Director, the individual shall promptly prepare a written report
       of the meeting and give it to the Director. O. Reg. 79/10, s. 273 (3).
   (4) The Director shall ensure that notice is given of a public meeting at least 30 days before it is held, and the following
       rules apply to the notice:
       1. The notice shall set out,
          i. a description of what is proposed,
          ii. a statement that any person may make written representations, and a description of how to do so,
          iii. a statement that a public meeting will be held where any person may make oral representations, and a description
              of where and when the meeting will be held,
          iv. a statement that all written and oral representations will be considered before a final decision is made.
       2. The notice shall be,
          i. published in a newspaper with general circulation in the area in which the meeting is to be held, or
          ii. published in any other manner that the Director considers will be more effective.
       3. If the proposal concerns an existing home, the Director shall ensure that the licensee is provided with a copy of the
          notice, and the licensee shall ensure that the notice is promptly posted in a prominent place in the home. However, a
          failure by the licensee to post the notice does not invalidate the notice. O. Reg. 79/10, s. 273 (4).

Person with security interest operating home through management contract

274. (1) A long-term care home may not be managed under a contract provided for in subsection 107 (1) of the Act
      without the approval of the Director under section 110 of the Act. O. Reg. 79/10, s. 274 (1).
   (2) Subject to subsection (3), a long-term care home may not be managed under a contract provided for in subsection 107
      (1) of the Act for more than one year, unless the person exercising the security interest receives the same approval from the
      Director that would be required if the licence were being transferred to the person under section 105 of the Act. O. Reg.
      79/10, s. 274 (2).
   (3) The Director may extend the one-year period provided for in subsection (2). O. Reg. 79/10, s. 274 (3).

Approval of gaining controlling interest

275. The approval that is required under subsection 109 (1) of the Act when a person gains a controlling interest in a
      licensee must be obtained before the controlling interest is gained. O. Reg. 79/10, s. 275.

Requirements for management contracts

276. (1) A contract described in subsection 110 (1) of the Act respecting the management of a long-term care home (a
      “management contract”) is required to,
      (a) provide that the management of the home managed under the contract cannot be subcontracted or assigned;
      (b) provide that any change in who has a controlling interest in the manager under the contract shall be deemed to be a
          material amendment to the contract that requires the Director’s approval under subsection 110 (6) of the Act;
      (c) make adequate provision for the transition of the management of the home from the manager to the licensee or another
          manager upon the termination or expiry of the contract or the withdrawal or expiry of the Director’s approval;
      (d) require the manager to operate the home in accordance with the requirements under the Act;
require the manager to keep the licensee adequately informed about the operation of the home, including promptly giving the licensee any document served on or notice given to the licensee by being delivered to the home;

(f) acknowledge that funding under the Act will be paid to the licensee, not to the manager directly; and

(g) acknowledge that the Director’s approval of the contract can be withdrawn under subsection 110 (5) of the Act at any time without liability. O. Reg. 79/10, s. 276 (1).

(2) Where a management contract exists with respect to a long-term care home, it is a condition of the licence that the licensee notify the Director in writing, no later than 15 days after the occurrence of the event, of the following events:

1. An amendment to the contract.
2. The termination or expiry of the contract, or any other event that results in the manager ceasing to manage the home. O. Reg. 79/10, s. 276 (2).

(3) For greater clarity, if the approval of the Director is required under subsection 110 (6) of the Act for the amendment of a management contract,

(a) paragraph 1 of subsection 110 (4) of the Act applies with respect to approving the amendment; and

(b) paragraph 2 of subsection 110 (4) of the Act does not apply unless the amendment is a deemed amendment under clause (1) (b). O. Reg. 79/10, s. 276 (3).

Temporary licences and temporary emergency licences — exemptions

277. (1) For the purposes of sections 111 and 112 of the Act, the following provisions of the Act do not apply with respect to a temporary licence or a temporary emergency licence:

1. Clause 114 (2) (b).
2. Subsection 114 (3).
3. Subsection 114 (4). O. Reg. 79/10, s. 277 (1).

(2) Despite paragraph 1 of subsection (1), a temporary licence may not be amended so that its total term is for more than five years, and a temporary emergency licence may not be amended so that its total term is for more than 60 days. O. Reg. 79/10, s. 277 (2).

(3) Subject to subsections (4), (5) and (7), the Director may stipulate, as a condition under subsection 101 (2) of the Act, one or more other provisions of the Act or the regulations that do not apply with respect to a temporary licence or temporary emergency licence, but only if the Director is satisfied,

(a) that it would be unreasonable, under the circumstances, not to make such a stipulation; and

(b) that it is preferable, in the interests of the residents, that the licence be issued subject to such a stipulation than that it not be issued at all. O. Reg. 79/10, s. 277 (3).

(4) The Director may make a stipulation under subsection (3) only if the licence is a temporary licence under clause 111 (1) (a) of the Act or a temporary emergency licence under clause 112 (1) (a) of the Act. O. Reg. 79/10, s. 277 (4).

(5) If the home was a long-term care home immediately before the effective date of the temporary licence or temporary emergency licence, the Director may make a stipulation under subsection (3) only if such a stipulation applied with respect to another licence that applied to the home before that effective date. O. Reg. 79/10, s. 277 (5).

(6) A stipulation under subsection (3) may provide for one or more alternative conditions that the licensee is to comply with instead of the provision or provisions of the Act or the regulations set out in the stipulation. O. Reg. 79/10, s. 277 (6).

(7) A stipulation under subsection (3) may provide that the provision or provisions of the Act or the regulations set out in the stipulation do not apply with respect to the licence,

(a) for a time set out in the stipulation that does not exceed six months; or

(b) for the full term of the licence, but only if the licence is for a term of no more than one year. O. Reg. 79/10, s. 277 (7).

Temporary emergency licences

278. (1) For the purposes of subsection 112 (1) of the Act, the Director may issue a temporary emergency licence where there are circumstances affecting a long-term care home that make it necessary to remove one or more residents from the home. O. Reg. 79/10, s. 278 (1).

(2) It is a condition of a temporary emergency licence that the only persons who may be admitted to a bed under the authority of the licence are residents of the home affected by the circumstances described in subsection (1). O. Reg. 79/10, s. 278 (2).

Short-term authorizations
279. (1) For the purposes of section 113 of the Act, the Director may authorize a temporary additional bed at a long-term care home where a person requires immediate admission to a long-term care home as a result of a crisis arising from the person’s condition or circumstances. O. Reg. 79/10, s. 279 (1).

(2) It is a condition of the licence for the home for which an authorization is given that the only person who may be admitted to the temporary additional bed is the person described in subsection (1). O. Reg. 79/10, s. 279 (2).

Amendments with consent

280. A licence may be amended under subsection 114 (1) of the Act only if the Director approves the amendment. O. Reg. 79/10, s. 280.

Licence with beds of different terms

281. The following rules apply in respect of a licence for a long-term care home in which there are beds that are subject to different terms under the licence:

1. The licence expires when the term of the last bed under the licence expires.

2. Where the Director exercises his or her power under clause 104 (3) (a) of the Act to amend the licence to reduce the number of beds allowed under the licence by the number of unoccupied and unavailable beds, the Director may apply the reduction to either the beds that are actually unoccupied and unavailable, or to the beds that are subject to the shortest terms.

3. The provisions in section 114 of the Act referring to the extension of the term of a licence apply to the extension of the term of any bed under the licence.

4. If the licensee transfers beds subject to longer terms so that the term of the licence is shortened, the last possible date for the Director to give the notice or undertaking under subsection 103 (1) of the Act is the later of the following:
   i. The day that would have been the last possible date before the transfer.
   ii. The day that is one year after the transfer. O. Reg. 79/10, s. 281.

PART VIII
MUNICIPAL HOMES AND FIRST NATIONS HOMES
PART VIII HOMES

Definition

282. In this Part,

“Part VIII home” means a municipal home, joint home or First Nations home approved under Part VIII of the Act. O. Reg. 79/10, s. 282.

Application of Act to Part VIII homes

283. The following clarifications are made respecting the application of the Act to Part VIII of the Act:

1. Sections 97 and 98 of the Act do not apply to subsection 100 (1) of the Act as it applies to Part VIII homes.

2. Sections 97 and 98 of the Act apply where, under paragraph 2 of subsection 110 (4) of the Act, a municipality or board of management contracts someone else to manage a Part VIII home.

3. Section 97 of the Act does not apply to Part VIII homes by virtue of paragraph 2 of subsection 114 (4) of the Act.

4. A temporary emergency licence under section 112 of the Act may be issued to a municipality or a board of management, and such a licence may be revoked under section 157 of the Act.

5. If a temporary licence or temporary emergency licence is issued under clause 111 (1) (a) or 112 (1) (a) of the Act and the licence is issued to
   i. a municipality, sections 132 to 134 of the Act apply with respect to the home operated under the licence,
   ii. a board of management under section 125 of the Act, sections 133 and 134 of the Act apply with respect to the home operated under the licence, or
   iii. a board of management under section 129 of the Act, section 133 of the Act applies with respect to the home operated under the licence.

6. Where a temporary licence or temporary emergency licence is issued to a municipality or a board of management, Part VII of the Act applies with respect to the licence, subject to the following:
   i. the municipality or board of management is exempt from subsections 108 (1) and (2) of the Act,
ii. the municipality or board of management is exempt from subsection 108 (3) of the Act subject to the condition that it must notify the Minister in writing of anything that it would otherwise be required to notify the Director of under that subsection,

iii. the municipality or board of management is exempt from section 109 of the Act. O. Reg. 79/10, s. 283.

Composition of committees of management

284. A committee of management appointed under section 132 of the Act shall,

(a) in the case of a municipal home, be composed of not fewer than three members; and

(b) in the case of a joint home, be composed of not fewer than two members of the council of each of the municipalities maintaining and operating the joint home. O. Reg. 79/10, s. 284.

Application of Part VII of Regulation

285. The following modifications to Part VII of this Regulation are made with respect to Part VIII homes:

1. In subsections 276 (2) and 279 (2) and section 280, “licence” shall be read as “approval” and “Director” shall be read as “Minister”. O. Reg. 79/10, s. 285.

TERRITORIAL DISTRICT HOMES

Application and interpretation

286. (1) Sections 287 to 297 apply with respect to homes under section 125 of the Act. O. Reg. 79/10, s. 286 (1).

(2) In sections 287 to 297,

“board” means a board of management described in Schedules 1 to 7 to this Regulation; (“conseil”)

“supporting municipality” has the same meaning as in subsection 128 (5) of the Act. (“municipalité participante”) O. Reg. 79/10, s. 286 (2).

Dissolution

286.1 The Board of Management for the District of Algoma is dissolved. O. Reg. 89/16, s. 4.

Objects

287. The objects of a board are to operate and maintain one or more municipal homes. O. Reg. 79/10, s. 287.

Established as corporation

288. (1) Every board is a corporation. O. Reg. 79/10, s. 288 (1).

(2) Section 122 of the Corporations Act applies with respect to a board. O. Reg. 79/10, s. 288 (2).

Rights, powers, etc.

289. (1) Every board has the capacity, rights, powers and privileges of a natural person for carrying out its objects, except as limited by subsection (2). O. Reg. 79/10, s. 289 (1).

(2) The powers of a board under subsection (1) are subject to the same restrictions that would apply by virtue of subsection 17 (1) of the Municipal Act, 2001 if the board were a municipality. O. Reg. 79/10, s. 289 (2).

(3) For greater clarity, a board may make those investments that a municipality is permitted to make under the Municipal Act, 2001. O. Reg. 79/10, s. 289 (3).

Requirements for members

290. (1) An individual is qualified to be a member of a board if he or she,

(a) is at least 18 years of age;

(b) is a resident of the district for which the board is the board of management; and

(c) is not employed by the board of management or any of the supporting municipalities. O. Reg. 79/10, s. 290 (1).

(2) An individual ceases to be a member if he or she,

(a) is convicted of an indictable offence;

(b) becomes incapacitated;

(c) is absent from three consecutive board meetings unless the absence is authorized by a resolution of the board; or

(d) ceases to be qualified under subsection (1). O. Reg. 79/10, s. 290 (2).

Membership —— general
291. (1) For the purpose of determining the membership of a board, the districts for which the boards have been established are divided into the areas set out in the Schedules of this Regulation. O. Reg. 79/10, s. 291 (1).

(2) For each board described in the heading of a Schedule, the number of members, the areas in a district that they represent and the manner of their appointment shall be that set out in the Schedule. O. Reg. 79/10, s. 291 (2).

(3) A member shall be appointed for a term not exceeding four years. O. Reg. 79/10, s. 291 (3).

(4) A member may be reappointed. O. Reg. 79/10, s. 291 (4).

Quorum

292. A majority of members constitutes a quorum for a board. O. Reg. 79/10, s. 292.

Chair

293. (1) Each board shall, at its first meeting in each year, appoint one of its members as chair. O. Reg. 79/10, s. 293 (1).

(2) A member’s term as chair ends at the first meeting of the board in the next year. O. Reg. 79/10, s. 293 (2).

(3) The chair may be reappointed. O. Reg. 79/10, s. 293 (3).

(4) No member shall serve as chair for more than four consecutive terms. O. Reg. 79/10, s. 293 (4).

(5) Despite subsection (2), the chair ceases to be chair if he or she ceases to be a member. O. Reg. 79/10, s. 293 (5).

(6) If the office of chair becomes vacant, the board shall appoint another member as chair. O. Reg. 79/10, s. 293 (6).

Notice

294. (1) The board shall promptly give written notice to the Director and to the Administrator of each municipal home for which the board is responsible,

(a) of any change in the membership of the board; and

(b) of any change in who the chair is. O. Reg. 79/10, s. 294 (1).

(2) If a change in the membership of the board results in the seat of a member appointed by a municipality or municipalities being vacant, the board shall also promptly give written notice to the municipality or municipalities. O. Reg. 79/10, s. 294 (2).

Apportionments by boards of management

295. (1) Amounts that supporting municipalities are required to pay to a board under sections 126 and 127 of the Act shall be apportioned, correct to three decimal places, among the supporting municipalities in the proportion of the amount of the total weighted assessment of each municipality to the total weighted assessment of all the supporting municipalities. O. Reg. 79/10, s. 295 (1).

(2) The amounts that supporting municipalities are required to pay to a board under section 126 or 127 of the Act are due at the times established by the board. O. Reg. 79/10, s. 295 (2).

(3) A board that borrows under subsection 126 (4) of the Act may apportion its borrowing costs among supporting municipalities that have not made their payments when due. O. Reg. 79/10, s. 295 (3).

(4) This section applies to apportionments made under section 126 or 127 of the Act on and after the day this section comes into force. O. Reg. 79/10, s. 295 (4).

(5) In this section,

“equivalent assessment” means the amount determined by dividing the compensation a municipality is entitled to be paid by the Minister of Finance for a hydro-electric generating station located in the municipality in respect to revenues foregone as a result of the enactment of paragraph 28 of subsection 3 (1) of the Assessment Act by the tax rate for the industrial property class for the year prior to the previous year; (“évaluation équivalente”)

“weighted assessment” means,

(a) with respect to a property that is in a subclass to which section 313 of the Municipal Act, 2001 applies, the taxable assessment or exempt assessment subject to a payment in lieu for the property, according to the annual return for the year prior to the previous year provided to the Minister under section 294 of the Municipal Act, 2001, reduced by the percentage reduction that applies to the tax rate for properties of that subclass and multiplied by the tax ratio of the property class that the property is in established under section 308 of the Municipal Act, 2001 for that year, and

(b) with respect to any other property, the taxable assessment or exempt assessment subject to a payment in lieu, according to the annual return for the year prior to the previous year provided to the Minister under section 294 of the Municipal Act, 2001 or equivalent assessment for a property, multiplied by the tax ratio of the property class that the property is in established under section 308 of the Municipal Act, 2001 for that year. (“évaluation pondérée”) O. Reg. 79/10, s. 295 (5).
Division of territorial districts

296. (1) For the purposes of Part VIII of the Act, the Territorial District of Nipissing is divided into two parts as follows:

1. Nipissing East composed of that part of the Territorial District of Nipissing lying east of the easterly boundary of the geographic Townships of Commanda, Blyth, Notman, Hammel, Gooderham, Flett, Hartle and Eldridge, or its projection.

2. Nipissing West composed of that part of the Territorial District of Nipissing lying west of the line described in paragraph 1. O. Reg. 79/10, s. 296 (1).

(2) For the purposes of Part VIII of the Act, the Territorial District of Parry Sound is divided into two parts as follows:

1. Parry Sound West composed of that part of the Territorial District of Parry Sound lying within the boundaries of the geographic Townships of Blair, Brown, Burpee, Burton, Carling, Christie, Conger, Cowper, Ferguson, Ferrie, Foley, Harrison, Hagerman, Henvey, Humphrey, McDougall, McKellar, McKenzie, McMurrich, Monteith, Mowatt, Shawanaga and Wallbridge.

2. Parry Sound East composed of that part of the Territorial District of Parry Sound other than Parry Sound West. O. Reg. 79/10, s. 296 (2).

(3) For the purposes of Part VIII of the Act, the Territorial District of Algoma is divided into two parts as follows:

1. Algoma comprising all of the Territorial District of Algoma, except for the territory described in paragraph 2.

2. Sault Ste. Marie comprising the parts of the Territorial District of Algoma within the boundaries of the City of Sault Ste. Marie and the territory without municipal organization that is within the planning area for the Sault Ste. Marie North Planning Board. O. Reg. 79/10, s. 296 (3).

Transitional, boards of management

297. (1) A board of management that existed under the Homes for the Aged and Rest Homes Act and that is described in the heading to a Schedule to this Regulation continues as a board of management under section 125 of the Act. O. Reg. 79/10, s. 297 (1).

(2) A board of management that existed under the Homes for the Aged and Rest Homes Act and that is not continued under subsection (1) shall be deemed to have been dissolved under section 216 of the Municipal Act, 2001. O. Reg. 79/10, s. 297 (2).

(3) A member of a board of management to which subsection (1) applies continues in office until his or her term would have otherwise ended. O. Reg. 79/10, s. 297 (3).

(4) The chair of a board of management to which subsection (1) applies continues in office until the first meeting of the board in the year following the year this section comes into force. O. Reg. 79/10, s. 297 (4).

PART IX

COMPLIANCE AND ENFORCEMENT

Where notice may be given of inspection

298. For the purposes of clause 144 (b) of the Act, notice may be given of the following inspections:

1. Inspections of beds in an existing long-term care home that are not yet covered by the home’s licence or approval.

2. Inspections to ensure compliance with a closure plan under section 310.

3. Inspections that are initiated solely because the licensee has requested an inspection. O. Reg. 79/10, s. 298.

Factors to be taken into account

299. (1) For the purposes of sections 152 to 156 of the Act, in determining what actions to take or orders to make where there has been a finding of non-compliance with a requirement under the Act, an inspector or Director shall take all of the following factors into account, and shall take only those factors into account:

1. The severity of the non-compliance and, in cases where there has been harm or the risk of harm to one or more residents arising from the non-compliance, the severity of the harm or risk of harm.

2. The scope of the non-compliance and, in cases where there has been harm or risk of harm arising from the non-compliance, the scope of the harm or risk of harm.

3. The licensee’s history of compliance, in any home, with requirements under the Act and with requirements under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act, the regulations under those Acts and any service agreement required by any of those Acts. O. Reg. 79/10, s. 299 (1).

(2) In determining whether to make an order under section 157 of the Act, the Director may take into account,

(a) the factors referred to in subsection (1), where applicable; and
(b) any other factors the Director considers relevant. O. Reg. 79/10, s. 299 (2).

(3) In this section, “scope” means pervasiveness throughout the home. O. Reg. 79/10, s. 299 (3).

**Reasonable compensation**

**300.** (1) For the purposes of paragraph 4 of subsection 157 (6) of the Act, the reasonable compensation that may be provided to a licensee for the use of the licensee’s property where the Director has made an interim management order under subsection 157 (4) of the Act is to be determined by employing the formula:

\[
\text{Comp} = A \times B
\]

where,

“Comp” is the amount of compensation,

“A” is the prescribed rate of interest multiplied by the long-term care home’s most recent current value assessment under the Assessment Act, both as of the date of the interim management order, divided by the number of days in the year,

“B” is the number of days between the date of the order and the day that revocation of the licence becomes effective and all of the residents of the home are relocated.

O. Reg. 79/10, s. 300 (1).

(2) In this section, “number of days in the year” means 365, or, if the interim management order is made in a leap year, 366; (“nombre de jours de l’année”)

“prescribed rate of interest” means the higher of,

(a) the prescribed rate of interest as calculated under paragraph 4.1 of subsection 503 (2) of Regulation 183 of the Revised Regulations of Ontario, 1990 (General) made under the Corporations Tax Act, and

(b) one per cent. (“taux d’intérêt prescrit”) O. Reg. 79/10, s. 300 (2).

**Protection of privacy in reports**

**301.** (1) This section applies with respect to,

(a) the requirement to post an inspection report under clause 79 (3) (k) of the Act;

(b) the requirement to post an order under clause 79 (3) (l) of the Act;

(c) the obligation to give an inspection report to the Residents’ Council or, where applicable, the Family Council under section 149 of the Act;

(d) the requirement to publish an inspection report under clause 173 (a) of the Act; and

(e) the requirement to publish an order under clause 173 (b) of the Act. O. Reg. 79/10, s. 301 (1).

(2) Where an inspection report mentioned in clause (1) (a), (c) or (d) contains personal information or personal health information, only the following shall be posted, given or published, as the case may be:

1. Where there is a finding of non-compliance, a version of the report that has been edited by an inspector so as to provide only the finding and a summary of the evidence supporting the finding.

2. Where there is no finding of non-compliance, a version of the report that has been edited by an inspector so as to provide only a summary of the report. O. Reg. 79/10, s. 301 (2).

(3) Where an order mentioned in clause (1) (b) or (e) contains personal information or personal health information, only a version of the order that has been edited by an inspector to provide a summary of the content of the order shall be posted or published, as the case may be. O. Reg. 79/10, s. 301 (3).

(4) In this section, “personal health information” means personal health information within the meaning of the Personal Health Information Protection Act, 2004; (“renseignements personnels sur la santé”) 

“personal information” means personal information within the meaning of the Freedom of Information and Protection of Privacy Act. (“renseignements personnels”) O. Reg. 79/10, s. 301 (4).

**Transitional, compliance and enforcement**
(1) Except as otherwise provided in this section and despite anything else in the Act, Part IX of the Act and this Part apply with respect to a failure to comply with a requirement under a previous Act before the coming into force of this section. O. Reg. 79/10, s. 302 (1).

(2) Despite subsection (1), an order may not be made under section 153 or 154 of the Act with respect to a failure to comply with a requirement under a previous Act before the coming into force of this section. O. Reg. 79/10, s. 302 (2).

(3) Despite subsection (1), the Director may not make an order under section 155 of the Act with respect to a failure to comply with a requirement under a previous Act before the coming into force of this section, if action had already been taken under subsection 20.13 (3) of the Nursing Homes Act, subsection 9 (3) of the Charitable Institutions Act or subsection 28 (3) of the Homes for the Aged and Rest Homes Act in respect of the same failure to comply. O. Reg. 79/10, s. 302 (3).

(4) Despite anything else in the Act, where a licence has been deemed to be replaced under section 187 of the Act, the Director may make an order under section 157 of the Act with respect to the licence,

(a) for any reason provided for in section 157 with respect to matters that occurred before the coming into force of this section, including, for greater certainty, a failure to comply with a requirement under a previous Act; and

(b) for any reason for which the licensee’s licence or approval, as the case may be, could have been revoked under the Nursing Homes Act, the Charitable Institutions Act or the Health Facilities Special Orders Act. O. Reg. 79/10, s. 302 (4).

(5) Where, immediately before the day this section came into force, there was a direction in effect under one of the following provisions for the placement co-ordinator to cease authorizing admissions to a home, that direction continues until the 30th day after the direction was made:

1. Subsection 20.1 (17) of the Nursing Homes Act.
2. Subsection 9.6 (17) of the Charitable Institutions Act.
3. Subsection 18 (17) of the Homes for the Aged and Rest Homes Act. O. Reg. 79/10, s. 302 (5).

(6) Where, immediately before the day this section came into force, a provisional suspension of an approval was in effect under subsection 11 (6) of the Charitable Institutions Act, the suspension ends on the earlier of the following:

1. 60 days from the day this section comes into force.
2. The date the Minister decides. O. Reg. 79/10, s. 302 (6).

(7) Where, immediately before the day this section came into force, the Minister had control of and was operating a charitable home for the aged under section 11.1 of the Charitable Institutions Act, the Minister shall cease occupying that home on the earlier of the following:

1. One year from the date of occupation.
2. 90 days from the day this section comes into force.
3. The date the Minister decides. O. Reg. 79/10, s. 302 (7).

(8) Where, immediately before the day this section came into force, there was a written order by the Minister under section 3, 4 or 7 of the Health Facilities Special Orders Act in effect with respect to a home, the order terminates on the earlier of the following, as applicable:

1. In respect of an order under section 7 of that Act, six months from the day the order was issued.
2. In respect of an order under section 7 of that Act, the end of the term determined pursuant to subsection 7 (5) of that Act.
3. 90 days from the day this section comes into force.
4. The date the Minister decides. O. Reg. 79/10, s. 302 (8).

(9) Where, immediately before the day this section came into force, the Minister had control of and was operating a home under section 30.12, 30.13 or 30.14 of the Homes for the Aged and Rest Homes Act, the Minister shall cease controlling the home on the earlier of the following:

1. One year from the day the Minister took control of the home.
2. 90 days from the day this section comes into force.
3. The date the Minister decides. O. Reg. 79/10, s. 302 (9).

(10) When deciding whether to take control of a municipal home or joint home under section 137 or 138 of the Act, the Director may consider the licensee’s failure to comply with requirements in the Homes for the Aged and Rest Homes Act, the regulations under that Act and a service agreement required under that Act that arose before this section came into force. O. Reg. 79/10, s. 302 (10).
(11) The requirement under section 143 of the Act that a long-term care home shall be inspected at least once a year shall be considered to have been met with respect to the 2010 and 2011 calendar years if the home is inspected at least once on or after the day this section comes into force and before January 1, 2012. O. Reg. 79/10, s. 302 (11).

(12) In this section, “requirement under a previous Act” means a requirement contained in the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act, in the regulations under one of those Acts, or in an order or agreement made under one of those Acts, or the Health Facilities Special Orders Act, and includes a condition of a licence or an approval and a condition to which funding was subject under one of those Acts. O. Reg. 79/10, s. 302 (12).

PART X
ADMINISTRATION, MISCELLANEOUS AND TRANSITION
SERVICE AND NOTICE

Service and notice

303. (1) Where, under the Act or this Regulation, any document is to be served by the Minister, the Director, an inspector or other employee of the Ministry, it is sufficiently served if it is,

(a) served personally;

(b) sent by registered mail addressed to the person who is to be served, at the latest address for the person appearing on the records of the Ministry; or

(c) sent by fax to the person who is to be served, at the last number for the person appearing on the records of the Ministry. O. Reg. 79/10, s. 303 (1).

(2) Where, under the Act or this Regulation, a notice or a copy of a report, a decision or anything similar is to be given by the Minister, the Director, an inspector or other employee of the Ministry, or by a person acting under section 137 of the Act, it may be served as provided for in subsection (1). O. Reg. 79/10, s. 303 (2).

(3) For the purposes of clause (1) (a), a document may be served personally in accordance with the following:

1. Where service is on an individual, by delivering a copy of the document personally to the individual.

2. Where service is on a sole proprietorship, by delivering a copy of the document personally to the sole proprietor or to a person apparently authorized to accept the delivery in an office of the sole proprietor.

3. Where service is on a partnership, by delivering a copy of the document personally to a partner or to a person apparently authorized to accept the delivery in an office of the partnership.

4. Where service is on a corporation other than a municipality, board of management or local health integration network, by delivering a copy of the document personally to an officer of the corporation or to a person apparently authorized to accept the delivery in an office of the corporation.

5. Where service is on a municipality, by delivering a copy of the document personally to the mayor, warden, reeve or other chief officer of the municipality, to the clerk of the municipality or to a person apparently authorized to accept the delivery in the head office of the municipality.

6. Where service is on a board of management, by delivering a copy of the document personally to the chair of the board.

7. Where service is on a local health integration network, by delivering a copy of the document personally to the chief executive officer of the local health integration network, to an officer of the local health integration network, or to a person apparently authorized to accept the delivery in the head office of the local health integration network. O. Reg. 79/10, s. 303 (3).

(4) A person effecting personal service under subsection (3) need not provide the original document or have it in his or her possession. O. Reg. 79/10, s. 303 (4).

(5) In addition to the other methods of service provided for in this section, service under sections 104, 153, 154, 155, 156, 157, subsection 163 (6) and section 187 of the Act, or delivery of a copy of a report or notice under section 137 or 138 of the Act may be effected by delivering a copy of the order, notice or report personally to the Administrator or to a person apparently in charge of the long-term care home that is the subject of the order, decision, report or notice. O. Reg. 79/10, s. 303 (5).

(6) Where, under the Act or this Regulation, any document is to be served on the Director, it is sufficiently served if it is,

(a) served personally on the Director who is to be served;

(b) sent by registered mail to the address of the Director who is to be served;

(c) sent by fax to the fax number of the Director who is to be served; or
(d) served by any other method authorized by the Director. O. Reg. 79/10, s. 303 (6).

(7) Where, under the Act or this Regulation, a notice or a copy of a report or anything similar is to be given to the Director, it shall be served as provided for in subsection (6). O. Reg. 79/10, s. 303 (7).

(8) Where, under the Act or this Regulation, anything is to be served on or notice is to be provided to the Minister, it is sufficiently served or provided if it is served on the Director as provided for in subsection (6). O. Reg. 79/10, s. 303 (8).

(9) For the purposes of clause (6) (a), a document may be served personally by delivering a copy to the Director or to a person apparently authorized to accept the delivery in the Director’s office. O. Reg. 79/10, s. 303 (9).

(10) Despite subsection (6), a request for review under subsection 163 (2) of the Act shall be served in the manner provided for in the order that is to be reviewed. O. Reg. 79/10, s. 303 (10).

(11) If service is made by registered mail, the service shall be deemed to be made on the fifth day after the day of mailing. O. Reg. 79/10, s. 303 (11).

(12) If service is made by fax, the service shall be deemed to be made on the first business day after the day the fax is sent. O. Reg. 79/10, s. 303 (12).

(13) This section does not apply to the service of a certificate under subsection 150 (2) of the Act. O. Reg. 79/10, s. 303 (13).

NOTICE OF INDIRECT COLLECTION

Notice of indirect collection

304. Where the Director provides the licensee of a home with a notice of indirect collection containing the information described in subsection 39 (2) of the Freedom of Information and Protection of Privacy Act, the licensee shall post the notice in a conspicuous place in the home where it is likely to come to the attention of the staff. O. Reg. 79/10, s. 304.

CONSTRUCTION, RENOVATION, ETC., OF HOMES

305. (1) A licensee of a long-term care home shall not commence operation of the home under a new licence or approval until the Director has approved the home and its equipment. O. Reg. 79/10, s. 305 (1).

(2) A licensee shall not allow alterations, additions, renovations, maintenance or repairs to be made to the home or its equipment that do not maintain or improve upon the functional aspects of the home or equipment. O. Reg. 79/10, s. 305 (2).

(3) A licensee may not commence any of the following work without first receiving the approval of the Director:

1. Alterations, additions or renovations to the home.
2. Other work on the home or work on its equipment, if doing the work may significantly disturb or significantly inconvenience residents. O. Reg. 79/10, s. 305 (3).

(4) A licensee who is applying for the Director’s approval under subsection (3) shall provide the Director with,

(a) plans or specifications relating to the work to be done; and

(b) a work plan describing how the work will be carried out, including how residents will be affected and what steps will be taken to address any adverse effects on residents. O. Reg. 79/10, s. 305 (4).

(5) A licensee who has received the Director’s approval under subsection (3) shall ensure that the work is carried out in accordance with the plan or specifications and work plan provided under subsection (4). O. Reg. 79/10, s. 305 (5).

(6) The Director may make it a condition of an approval under subsection (3) that the licensee obtain the Director’s further approval before beginning to use any addition to the home or any part of the home on which work was done. O. Reg. 79/10, s. 305 (6).

CLOSURE OF BEDS

Closure of beds

306. (1) A licensee of a long-term care home shall give notice when one or more beds in the home are to be closed,

(a) with the written permission of the Director under subsection 104 (3) of the Act for the beds not to be available for occupancy;

(b) because the beds are being transferred to another location under section 105 of the Act; or

(c) because the term of the licence for those beds is due to expire. O. Reg. 79/10, s. 306 (1).

(2) Notice is not required under this section with respect to,
(a) beds that need to be closed suddenly because of an event that could not have reasonably been predicted by the licensee;
(b) beds under a temporary licence under clause 111 (1) (b) of the Act with a term of 16 weeks or less;
(c) beds under a temporary emergency licence under clause 112 (1) (b) of the Act;
(d) beds authorized under section 113 of the Act; or
(e) beds that are being closed because the home is being closed. O. Reg. 79/10, s. 306 (2).

(3) A notice under this section must be given to,
(a) the resident occupying the bed, his or her substitute decision-maker, if any, and any other person either of them may direct;
(b) the appropriate placement co-ordinator; and
(c) the Director. O. Reg. 79/10, s. 306 (3).

(4) Subject to subsection (5), a notice under this section given to a person referred to in clause (3) (a) must state,
(a) that the licensee intends to close the bed; and
(b) that the resident may be subject to discharge if he or she is still occupying the bed at the time it closes. O. Reg. 79/10, s. 306 (4).

(5) The notice shall not contain the information provided for in clause (4) (b) if, because of when the notice is given, the resident cannot be discharged under section 147. O. Reg. 79/10, s. 306 (5).

(6) A notice under this section must be given at least 16 weeks before the bed is to be closed. O. Reg. 79/10, s. 306 (6).

(7) The Director may agree to a shorter notice period than the one required under subsection (6), or to dispensing with notice. O. Reg. 79/10, s. 306 (7).

Transfer, closed beds

307. (1) This section applies with respect to a transfer to a bed that is to be closed in a long-term care home,
(a) if notice was required under section 306 and given or dispensed with; or
(b) if clause 306 (2) (b) or (c) applies. O. Reg. 79/10, s. 307 (1).

(2) Before a resident is transferred into the bed, the licensee shall give notice to the resident, and to his or her substitute decision-maker, if any, and any other person either of them may direct. O. Reg. 79/10, s. 307 (2).

(3) A notice under subsection (2) must state,
(a) that the licensee intends to close the bed; and
(b) that the resident may be subject to discharge if he or she is still occupying the bed at the time it closes. O. Reg. 79/10, s. 307 (3).

(4) The resident may refuse to be transferred into the bed. O. Reg. 79/10, s. 307 (4).

Closure of homes, notice to Director

308. (1) A licensee of a long-term care home shall not close the home without giving notice as provided for in this section. O. Reg. 79/10, s. 308 (1).

(2) This section does not apply,
(a) if the term of the licence expires;
(b) if the licence is revoked; or
(c) if the licence is a temporary emergency licence under clause 112 (1) (a) of the Act. O. Reg. 79/10, s. 308 (2).

(3) A licensee who intends to close a home shall give the Director written notice of the intended closure. O. Reg. 79/10, s. 308 (3).

(4) The notice must,
(a) set out the date of the intended closure; and
(b) be given to the Director at least,
   (i) five years before the date of the intended closure, or
(ii) in the case of a temporary licence under clause 111 (1) (a) of the Act, three years before the intended closure date. O. Reg. 79/10, s. 308 (4).

(5) The licensee may withdraw the notice with the written consent of the Director. O. Reg. 79/10, s. 308 (5).

(6) The licensee may change the closure date with the written consent of the Director. O. Reg. 79/10, s. 308 (6).

(7) The licence or approval for the home is deemed to be surrendered on the closure date. O. Reg. 79/10, s. 308 (7).

Closure of home, notice to residents and applicants

309. (1) The licensee of a home that is to be closed shall give notice of the closure to every resident of the home, to his or her substitute decision-maker, if any, and to any other person either of them may direct. O. Reg. 79/10, s. 309 (1).

(2) This section does not apply,

(a) if the licence is revoked; or

(b) if the licence is a temporary emergency licence under clause 112 (1) (a) of the Act. O. Reg. 79/10, s. 309 (2).

(3) A notice under subsection (1) must be given at least 16 weeks before the home is to be closed, except in the case of a temporary licence under clause 111 (1) (a) of the Act with a term of less than 16 weeks, in which case the notice must be given within the time provided for in the temporary licence. O. Reg. 79/10, s. 309 (3).

Closure plans and closure agreements

310. (1) This section applies when a home is closed, except,

(a) when a licence is revoked under section 157 of the Act; and

(b) in the case of a temporary emergency licence under clause 112 (1) (a) of the Act. O. Reg. 79/10, s. 310 (1).

(2) The licensee shall, in consultation with the Director, the appropriate placement co-ordinator and the local health integration network for the geographic area where the home is located, develop a closure plan for the home that the Director determines is sufficient to adequately provide for,

(a) the relocation of the residents;

(b) the closure of the home; and

(c) the satisfaction of the requirements the licensee is required to meet with regard to the home. O. Reg. 79/10, s. 310 (2).

(3) The closure plan must be given to the Director,

(a) at least 14 months before the closure date; or

(b) in the case of a temporary licence under clause 111 (1) (a) of the Act that is revoked under paragraph 1 of subsection 111 (2) of the Act, on or before the date set out in the revocation order. O. Reg. 79/10, s. 310 (3).

(4) The licensee shall comply with the closure plan. O. Reg. 79/10, s. 310 (4).

(5) The licensee shall enter into a closure agreement with the Director providing for requirements the licensee must meet at or around the time the home closes and after. O. Reg. 79/10, s. 310 (5).

(6) The licensee shall enter into the closure agreement,

(a) at least six months before the closure date; or

(b) in the case of a temporary licence under clause 111 (1) (a) of the Act that is revoked under paragraph 1 of subsection 111 (2) of the Act, on or before the date set out in the revocation order. O. Reg. 79/10, s. 310 (6).

Shorter notice periods and deadlines

311. (1) Where, under section 308, 309 or 310, a licensee is required to give notice by a certain date, or submit a closure plan or enter into a closure agreement by a certain date, the Director may agree to a shorter notice period or to a plan being submitted or an agreement entered into by a later date. O. Reg. 79/10, s. 311 (1).

(2) Without limiting the generality of subsection (1), a temporary licence under clause 111 (1) (a) of the Act may provide for a shorter notice period or to a plan being submitted or an agreement entered into by a later date. O. Reg. 79/10, s. 311 (2).

Closure of home under temporary emergency licence

312. (1) This section applies to a licensee of a home with a temporary emergency licence under clause 112 (1) (a) of the Act. O. Reg. 79/10, s. 312 (1).

(2) The licensee shall not close the home except as provided for in the licence or as agreed to by the Director. O. Reg. 79/10, s. 312 (2).

(3) Subsection (2) does not apply if,
(a) the term of the licence expires; or
(b) the licence is revoked. O. Reg. 79/10, s. 312 (3).

(4) The licensee shall co-operate with the Director, the appropriate placement co-ordinator and the local health integration network for the geographic area where the home is located with respect to closing the home and relocating its residents. O. Reg. 79/10, s. 312 (4).

**Special rules re Part VIII homes**

**313.** The following additional rules apply respecting the closing of homes established under Part VIII of the Act:

1. A southern municipality shall not close a home that it is required to maintain under section 119 of the Act.
2. The notice of closure under section 308 for a home maintained under section 125 of the Act shall include certified copies of by-laws agreeing to the closure passed by a majority of municipalities in the territorial district. O. Reg. 79/10, s. 313.

**FEES**

**314.** (1) Fees are payable to the Director for each of the following:

1. The transfer of a licence or beds under a licence under section 105 of the Act.
2. The approval of the gaining of a controlling interest in a licensee under section 109 of the Act.
3. The approval of a management contract under section 110 of the Act, including the approval of a material amendment to a management contract under subsection 110 (6) of the Act.
4. The amendment of a licence under section 114 of the Act. O. Reg. 79/10, s. 314 (1).

(2) The fee under this section is payable at the time application is made to the Director for the transfer, approval or amendment. O. Reg. 79/10, s. 314 (2).

(3) The fee is not refundable if the Director’s approval is not given. O. Reg. 79/10, s. 314 (3).

(4) Subject to subsections (5) to (7), the total fee shall be determined by adding each of the following amounts payable:

1. An amount of $750 for processing the application.
2. An amount of $750 for making a determination if required under section 96 of the Act.
3. An amount of $750 for taking anything into account under clause 97 (a) of the Act if the transfer, approval or amendment is subject to any restriction under section 97 of the Act.
4. An amount of $750 for taking anything into account under clause 97 (b) of the Act if the transfer, approval or amendment is subject to any restriction under section 97 of the Act.
5. An amount of $1,500 if the transfer, approval or amendment is subject to section 98 of the Act.
6. An amount of $1,800 for each public meeting that is required if public consultation is required under clause 106 (1) (d) or (e) of the Act.
7. An amount of $75 per licence for each licence to be issued, reissued or amended.
8. An amount of $3,000 for each pre-sale inspection that the Ministry conducts at the applicant’s request.
9. An amount of $750 for reviewing a management contract if the application is for the approval of the management contract.
10. An amount of $750 for reviewing an amendment of a licence if the application is for the amendment of a licence. O. Reg. 79/10, s. 314 (4).

(5) The Director may reduce a fee if an amount was included in the fee for something that was not done. O. Reg. 79/10, s. 314 (5).

(6) The fee for the amendment of a licence shall be reduced by 50 per cent if the only change is a change in the name of the licensee or the long-term care home. O. Reg. 79/10, s. 314 (6).

(7) The Director may reduce a fee if, because of the following circumstances listed below, the fee would otherwise be excessive in relation to what is required to process the application or applications:

1. Amounts were included in the fee under paragraph 3 of subsection (4) more than once in respect of the application of clause 97 (a) of the Act to the same person under one application or under two or more applications made at or around the same time.
2. Amounts were included in the fee under paragraph 4 of subsection (4) more than once in respect of the application of clause 97 (b) of the Act to the same person under one application or under two or more applications made at or around the same time.

3. An amount was included in the fee under paragraph 3 or 4 of subsection (4) in respect of the application of clause 97 (a) or (b) of the Act and the application of the clause was, as a result of the particular circumstances involved, very simple.

4. Amounts were included in the fee under paragraph 5 of subsection (4) more than once in respect of the application of section 98 of the Act to the same person under one application or under two or more applications made at or around the same time. O. Reg. 79/10, s. 314 (7).

(8) For the purposes of this section, “application” includes a request for approval of a proposed transfer under subsection 105 (5) of the Act. O. Reg. 79/10, s. 314 (8).

Fees for audits and financial reviews

315. (1) The Director may require a licensee to pay a fee, in an amount that the Director determines to be reasonable considering all the circumstances, where,

(a) an inspector has, under clause 147 (1) (i) of the Act, called upon an expert who is not an employee of the Ministry to conduct an audit or a financial review; and

(b) the audit or review was necessary because of a failure on the part of the licensee to comply with a requirement under the Act, or the audit or review revealed a failure to comply with a requirement under the Act. O. Reg. 79/10, s. 315 (1).

(2) The fee under subsection (1) shall not exceed the costs incurred by the Ministry in retaining the expert. O. Reg. 79/10, s. 315 (2).

EXEMPTIONS

Exemptions, certain homes

316. (1) Subject to subsection (2), the long-term care homes set out in the Table to this section are exempt from Part III of the Act. O. Reg. 79/10, s. 316 (1).

(2) Clause 44 (11) (d) and sections 46 and 50 of the Act apply to the long-term care homes set out in the Table to this section, except that references to the placement co-ordinator shall be read as references to the licensee of the home. O. Reg. 79/10, s. 316 (2).

<table>
<thead>
<tr>
<th>Item</th>
<th>Long-Term Care Home</th>
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<tbody>
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<tr>
<td>2.</td>
<td>Wikwemikong Nursing Home, Wikwemikong</td>
</tr>
<tr>
<td>3.</td>
<td>Akwesasne Adult Care Centre, Cornwall</td>
</tr>
<tr>
<td>4.</td>
<td>Oneida Nation of the Thames Long-Term Care Home, Southwold</td>
</tr>
</tbody>
</table>

O. Reg. 79/10, s. 316, Table.

Exemptions, homes with EldCap beds

317. (1) In this section, “hospital” means,

(a) the Sioux Lookout Meno Ya Win Health Centre in the case of the home with EldCap beds within the meaning of clause (o) of the definition of “home with EldCap beds” in subsection 187 (18) of the Act,

(b) the hospital site where the EldCap beds are located, in the case of homes with EldCap beds within the meaning of clauses (a), (b), (c), (e), (g), (h), (j), (k), (l), (m) and (n) of the definition of “home with EldCap beds” in subsection 187 (18) of the Act. O. Reg. 79/10, s. 317 (1).

(2) The following apply with respect to homes with EldCap beds within the meaning of clauses (a), (b), (c), (e), (g), (h), (j), (k), (l), (m), (n) and (o) of the definition of “home with EldCap beds” in subsection 187 (18) of the Act:

1. The licensee is exempt from sections 4, 16 and 72, clause 92 (a) and section 93 of the Act.

2. The licensee is exempt from subsections 8 (3) and (4) of the Act, as long as a registered nurse is on duty and present anywhere on the site, including the hospital.
3. The references in section 107, subsection 108 (3) and section 110 of the Act and sections 274 and 276 of this Regulation to the “long-term care home” or “home” shall be read as references to parts of the hospital site that are used only by or for residents of the long-term care home.

4. The licensee is exempt from the following provisions of this Regulation:
   i. clauses 17 (1) (c) and (e),
   ii. section 18,
   iii. subsection 64 (2),
   iv. subsection 66 (2),
   v. section 67,
   vi. subsection 72 (5),
   vii. section 75,
   viii. section 76,
   ix. section 77,
   x. section 78, as long as the licensee ensures that all food service workers hired after this section comes into force have completed the food handler training program referred to in subsections 78 (3) and (6) before being hired,
   xi. subsection 85 (4),
   xii. subsection 92 (2),
   xiii. section 214,
   xiv. sections 243 and 244,
   xv. clauses 262 (a), (b) and (h).

5. The licensee is exempt from section 263, except as it applies to clauses 262 (c), (d), (e), (f) and (g).

6. The licensee is exempt from the requirement that physiotherapy services be on site under clause 59 (a).

7. The licensee is exempt from the requirements in subsection 60 (1) unless therapy services are provided in the home or the hospital.

8. The licensee is exempt from section 61 if the therapy services are not provided in the home or the hospital.

9. The licensee may meet the requirements or measures provided for in the following provisions through the hospital:
   i. sections 70 and 71, subsections 72 (1), (2), (3), (4), (6) and (7), sections 73, 74, 86, 87, 88, 89, 90 and 91,
   ii. sections 114, 115, 116, 132 and 136.

10. The licensee is exempt from subsection 212 (1), but must have an Administrator who is either a member of staff of the licensee or the hospital and who is on duty anywhere on the site, including the hospital.

11. The licensee is exempt from subsection 212 (4) as long as the Administrator meets one of the requirements set out in that subsection.

12. In meeting the requirements of section 230, the licensee may use the emergency plan of the hospital.

13. The licensee is exempt from section 234 as long as staff records are kept in the hospital and the records contain all the information required under that section and are accessible to an inspector.

14. The licensee is exempt from section 235 as long as the records are kept by the hospital and the records are kept for the period set out in section 236.

15. The licensee is exempt from subsection 305 (2) except that provision shall apply to alterations, additions or renovations to the area or equipment that is used only by or for residents of the long-term care home.

16. The licensee is exempt from subsection 305 (3) except that,
   i. subject to subparagraph ii, paragraphs 1 and 2 of that subsection apply to the area or equipment that is used only by or for residents of the home,
   ii. the approval of the Director is also required before the licensee commences any alterations, additions, renovations, maintenance or repairs to any part of the hospital if doing the work may significantly disturb or significantly inconvenience residents of the home.
17. For greater certainty, the closure of all the EldCap beds is the closure of the home for the purposes of sections 306 to 312. O. Reg. 79/10, s. 317 (2); O. Reg. 246/13, s. 25.

(3) The following apply with respect to homes with EldCap beds within the meaning of clauses (a), (b), (c), (e), (g), (h), (j), (k), (l), (m) and (n) of the definition of “home with EldCap beds” in subsection 187 (18) of the Act:

1. The licensee is exempt from the following provisions of this Regulation:
   i. subparagraph 1 ii of subsection 9 (1),
   ii. paragraph 2 of subsection 9 (1),
   iii. section 10.
2. The licensee is exempt from subparagraph 1 iii of subsection 9 (1) except that the doors shall be equipped with an audible door alarm system.
3. The licensee is exempt from subsection 20 (2) if there is a cooling area, that meets the requirements under that subsection, in the hospital and the cooling area is used for the residents of the home.
4. The licensee may meet the requirements or measures provided for in sections 129 and 130 through the hospital. O. Reg. 79/10, s. 317 (3); O. Reg. 363/11, s. 12 (1-3).

(4) The following apply with respect to homes with EldCap beds within the meaning of clauses (d), (f) and (i) of the definition of “home with EldCap beds” in subsection 187 (18) of the Act:

0.1 The licensee is exempt from subsection 9 (2) of this Regulation if it relies on the policy of the adjoining long-term care home.
1. The licensee is exempt from clause 92 (a) and section 93 of the Act.
2. The licensee is exempt from the following sections of the Act, subject to the following conditions:
   i. the licensee is exempt from section 4 if it relies on the mission statement of the adjoining long-term care home,
   ii. the licensee is exempt from section 16 if its organized volunteer program is part of the organized volunteer program of the adjoining long-term care home,
   iii. the licensee is exempt from section 84 if its quality improvement and utilization review system is part of the system of the adjoining long-term care home.
3. The licensee is exempt from the following provisions of this Regulation, subject to the following conditions:
   i. the licensee is exempt from the requirements in section 19 if the adjoining long-term care home meets the requirements under section 19 that apply to the adjoining long-term care home and the generator can maintain those requirements with respect to the licensee’s home,
   ii. the licensee is exempt from subsection 20 (2) if there is a cooling area that meets the requirements under that subsection in the adjoining long-term care home and the cooling area is used for the residents of the licensee’s home,
   iii. the licensee is exempt from the requirements under section 30 if it relies on the measures that are in place in the adjoining long-term care home and those measures meet the requirements under section 30,
   iv. the licensee is exempt from the requirement that physiotherapy services be on site under clause 59 (a) if the services are on site in the adjoining long-term care home,
   v. the licensee is exempt from the requirement under subsection 60 (1) if the therapy services are provided on site in the adjoining long-term care home,
   vi. the licensee is exempt from the requirements under sections 64, 66, 92 and 95 if the designated lead for the adjoining long-term care home is the designated lead with respect to the licensee’s home and the lead meets the requirements under the relevant section.
4. The licensee is exempt from sections 243 and 244 and clauses 262 (a), (b) and (h).
5. The licensee is exempt from section 263, except as it applies to clauses 262 (c), (d), (e), (f) and (g).
6. The licensee may meet the requirements or measures provided for in the following provisions of this Regulation through the adjoining long-term care home:
   i. sections 65, 70, 71, 72, 73, 74, subsection 75 (1), sections 76, 77 and 78, subsections 85 (2), (3) and (4) and sections 86, 87, 88, 89, 90 and 94,
   ii. sections 114, 115, 116, 119, 121, 129, 130, 132, 133, subsection 135 (3) and section 136,
iii. sections 216, 217, 218, 219 and 221,
iv. section 223.

7. The licensee may meet the requirements provided for in the following provisions of this Regulation if the measures required under those provisions are in place in the adjoining long-term care home and are used for the licensee’s home:
   i. sections 100, 101, 102, 103 and 104,
   ii. sections 224 and 225.

8. In meeting the requirements of subsection 212 (1), the number of hours worked by the Administrator may be calculated based on the total number of EldCap beds and the number of beds in the adjoining home, and the Administrator may be on duty on site either in the home with the EldCap beds or the adjoining home.

9. In meeting the requirements of section 213, the number of hours worked by the Director of Nursing and Personal Care may be calculated based on the total number of EldCap beds and the number of beds in the adjoining long-term care home.

10. In meeting the requirements of section 228, the licensee may integrate its quality improvement and utilization review system with that of the adjoining long-term care home.

11. In meeting the requirements of section 230, the licensee may integrate its emergency plan with that of the adjoining long-term care home.

12. The licensee is exempt from the requirements of section 233 if resident records are retained in the adjoining long-term care home and meet the requirements of that section.

13. The licensee is exempt from section 234 if staff records are kept in the adjoining long-term care home and the records contain all the information required under that section.

14. The licensee is exempt from section 235 if the staff records are kept by the licensee of the adjoining long-term care home and the records are kept for the period set out in section 236.

15. The licensee may meet the requirements under section 241 through the measures that are in place in the adjoining long-term care home. O. Reg. 79/10, s. 317 (4); O. Reg. 363/11, s. 12 (4, 5).

5) The following apply with respect to homes with EldCap beds within the meaning of clause (d) of the definition of “home with EldCap beds” in subsection 187 (18) of the Act:
   1. The licensee is exempt from subsections 8 (3) and (4) of the Act, as long as a registered nurse is on duty and present anywhere on the site, including the site of the adjoining long-term care home.
   2. The placement co-ordinator is exempt from subsection 165 (1) with respect to the EldCap beds and shall keep one waiting list for the EldCap beds and the beds in the adjoining long-term care home. O. Reg. 79/10, s. 317 (5); O. Reg. 417/12, s. 2 (1).

6) The following apply with respect to homes with EldCap beds within the meaning of clause (i) of the definition of “home with EldCap beds” in subsection 187 (18) of the Act:
   1. The licensee is exempt from subsection 8 (3) of the Act, as long as a registered nurse is on duty and present anywhere on the site, including the site of the adjoining long-term care home.
   2. If there is a management contract under section 110 of the Act under which the licensee of the adjoining home manages the EldCap beds, the placement co-ordinator is exempt from subsection 165 (1) with respect to the EldCap beds and shall keep one waiting list for the EldCap beds and the beds in the adjoining long-term care home. O. Reg. 79/10, s. 317 (6).

7) The following applies with respect to homes with EldCap beds within the meaning of clause (f) of the definition of “home with EldCap beds” in subsection 187 (18) of the Act:
   1. The licensee is exempt from subsections 8 (3) and (4) of the Act, as long as a registered nurse is on duty and present anywhere on the site, including the site of the adjoining long-term care home or the adjoining hospital.
   2. The placement co-ordinator is exempt from subsection 165 (1) with respect to the EldCap beds and shall keep one waiting list for the EldCap beds and the beds in the adjoining long-term care home. O. Reg. 417/12, s. 2 (2).

Exemptions, alternative settings

318. (1) The following apply to a place that has short-stay program beds but no long-stay program beds and that also has beds for people who are not long-term care home residents:
   1. The licensee is exempt from sections 4, 16 and 84 and subsection 85 (3) of the Act.
2. The licensee is exempt from subsections 8 (3) and (4) of the Act, as long as a registered nurse is on duty and present anywhere at the place where the beds are located.

3. The licensee is exempt from sections 56 and 58 of the Act unless a resident of the home wishes to form a Residents’ Council.

4. The licensee is exempt from section 72 of the Act if there are fewer than 23 long-term care beds.

5. The licensee is exempt from clause 78 (2) (o) and clause 79 (3) (n) of the Act if there is no Residents’ Council at the place where the beds are located.

6. The licensee is exempt from the requirement in subsection 85 (1) of the Act to ensure that at least once in every year the survey mentioned in that subsection is taken, but shall ensure that an opportunity is provided to each resident and the resident’s family to complete the survey when the resident is being discharged from the home.

7. The licensee is exempt from the requirements in subsection 85 (4) of the Act unless there is a Residents’ Council or Family Council in the home.

8. The references in section 107, subsection 108 (3) and section 110 of the Act and sections 274 and 276 of this Regulation to the “long-term care home” or “home” shall be read as references to parts of the place that are used only by or for residents of the long-term care home.

9. The licensee is exempt from the following provisions of this Regulation:
   i. subparagraph 1 ii of subsection 9 (1),
   ii. paragraph 2 of subsection 9 (1),
   iii. section 10,
   iv. clause 11 (a),
   v. clauses 17 (1) (c) and (e),
   vi. section 18,
   vii. subsection 60 (1),
   viii. subsection 64 (2),
   ix. subsection 66 (2),
   x. section 67,
   xi. section 75,
   xii. section 76,
   xiii. section 78, as long as the licensee ensures that all food service workers hired after this section comes into force have completed the food service handler training program referred to in subsections 78 (3) and (6) before being hired,
   xiv. subsection 92 (2).

10. The licensee is exempt from subparagraph 1 iii of subsection 9 (1) except that the doors shall be equipped with an audible door alarm system.

11. The licensee is exempt from section 16, except for the requirement to have a screen.

12. The licensee is exempt from the requirements in subsection 19 (1) if the licensee has guaranteed access to a generator for the home that can be operational within three hours of a power outage and the generator can maintain everything required under clauses 19 (1) (a), (b) and (c).

13. The licensee is exempt from the requirement that physiotherapy services be on site under clause 59 (a).

14. The licensee is exempt from section 61 if the therapy services are not provided at the place where the beds are located.

15. The licensee is exempt from clause 71 (1) (f) unless there is a Residents’ Council for the home.

16. REVOKED: O. Reg. 89/16, s. 5.

17. The licensee is exempt from subsection 212 (4) as long as the Administrator meets one of the requirements set out in that subsection.

18. The licensee is exempt from subsection 305 (2) except that provision shall apply to alterations, additions or renovations to the area or equipment that is used only by or for residents of the long-term care home.

19. The licensee is exempt from subsection 305 (3) except that,
i. subject to subparagraph ii, paragraphs 1 and 2 of that subsection apply to the area or equipment that is used only by or for residents of the long-term care home,

ii. the approval of the Director is also required before the licensee commences any alterations, additions, renovations, maintenance or repairs to any part of the place if doing the work may significantly disturb or significantly inconvenience residents of the home.

20. For greater certainty, the closure of all the long-term care beds is the closure of the home for the purposes of sections 306 to 312. O. Reg. 79/10, s. 318 (1); O. Reg. 363/11, s. 13; O. Reg. 246/13, s. 26; O. Reg. 89/16, s. 5.

(2) Despite subsection 44 (7) of the Act, the licensee shall not approve for admission an applicant who requires the safety and security features from which the licensee is exempt under this section. O. Reg. 79/10, s. 318 (2).

TRANSITION

One home, one replacement licence

319. For the purposes of subsection 187 (2) of the Act, where both a licence under the Nursing Homes Act and an approval under the Charitable Institutions Act existed for the same home immediately before the coming into force of this section, only one replacement licence shall be deemed to be issued with respect to the home. O. Reg. 79/10, s. 319.

Request for classification review

320. A request for a review under subsection 187 (13) of the Act,

(a) must be in writing; and

(b) must be served on the Director within 28 days after the day the licensee was served with the documentation issued by the Director under subsection 187 (12) of the Act. O. Reg. 79/10, s. 320.

Development and redevelopment agreements

321. (1) The following apply with respect to development agreements and redevelopment agreements that were in existence immediately before the coming into force of this section:

1. If a licence is issued under Part VII of the Act for the home that is the subject of the agreement, the term of the licence shall be in accordance with subsection 187 (5) of the Act and the term shall commence on the day the first resident is admitted to the home.

2. If the public was consulted before the development agreement or redevelopment agreement was entered into, the Director is not required to consult the public again under section 106 of the Act before issuing a licence or granting an approval for the home.

3. In the case of a redevelopment agreement, the following are deemed to be terms of the agreement,

   i. that a licence may not be issued or an approval granted for a redeveloped home unless the licence or approval for the home that is being redeveloped is surrendered,

   ii. where a licence must be surrendered under subparagraph i, no beds may be transferred from that licence. O. Reg. 79/10, s. 321 (1).

(2) In this section, “development agreement” means any of the following agreements, and includes any undertakings associated with the agreement:

1. An agreement with the Minister to develop a new nursing home under the Nursing Homes Act.

2. An agreement with the Minister to develop a new home for the aged under the Homes for the Aged and Rest Homes Act.

3. An agreement with the Minister to develop a new charitable home under the Charitable Institutions Act.

4. An agreement with the Minister to develop a new long-term care home under the Act; (“accord d’aménagement”) “redevelopment agreement” means an agreement with the Minister to redevelop an existing home under the Nursing Homes Act, the Homes for the Aged and Rest Homes Act or the Charitable Institutions Act, and includes any undertakings associated with the agreement. (“accord de réaménagement”) O. Reg. 79/10, s. 321 (2).

Licensee obligations under service agreements

322. Despite section 101 of the Act, where, immediately before the coming into force of this section, a licensee was subject to an obligation under a service agreement between the licensee and the Ministry, the Director may make it a condition of the licensee’s licence or approval that the licensee comply with the obligation. O. Reg. 79/10, s. 322.

Transitional, interim beds
323. (1) Subject to subsection (3), where, immediately before the coming into force of this section, there were interim beds in a home to which the Nursing Homes Act or the Charitable Institutions Act applied, the following rules apply:

1. The interim beds shall not be included in the number of beds under the licence that is deemed to exist under section 187 of the Act.

2. A temporary licence under clause 111 (1) (b) of the Act shall be deemed to have been issued to the licensee for the beds. The term of the temporary licence shall be for the remainder of the time for which the interim beds are authorized under the service agreement for the beds. O. Reg. 79/10, s. 323 (1).

(2) Subject to subsection (3), where, immediately before the coming into force of this section, there were interim beds in a home to which the Homes for the Aged and Rest Homes Act applied, the following rules apply:

1. The interim beds shall not be included in the number of beds under the approval that is deemed to exist under section 191 of the Act.

2. A temporary licence under clause 111 (1) (b) of the Act shall be deemed to have been issued to the licensee for the beds. The term of the temporary licence shall be for the remainder of the time for which the interim beds are authorized under the service agreement for the beds. O. Reg. 79/10, s. 323 (2).

(3) Where, immediately before the coming into force of this section, a home existed that consisted only of interim beds, the following rules apply:

1. Despite sections 187 and 191 of the Act, no licence or approval for the home shall be deemed to exist under those sections.

2. A temporary licence under clause 111 (1) (a) of the Act shall be deemed to have been issued to the licensee for the beds. The term of the temporary licence shall be for the remainder of the time for which the interim beds are authorized under the service agreement for the beds. O. Reg. 79/10, s. 323 (3).

(4) Nothing in this section prevents a temporary licence that is deemed to have been issued under subsection (1), (2) or (3) from being amended to extend its term but the term may not extend more than five years after the temporary licence was deemed to be issued. O. Reg. 79/10, s. 323 (4).

(5) In this section, “interim beds” mean beds existing in a home for a temporary time under the terms of a service agreement for interim beds. O. Reg. 79/10, s. 323 (5).

Transitional, short-term authorizations

324. Where, immediately before the coming into force of this section, there was an additional bed authorized at a home to facilitate the admission to the home of a person who required immediate admission as a result of a crisis arising from the person’s condition or circumstances, the following rules apply:

1. The bed shall not be included in the number of beds under the licence or approval that is deemed to exist under section 187 or 191 of the Act.

2. The Director shall be deemed to have authorized the bed as a temporary additional bed under section 113 of the Act. The term of the authorization shall be for the remainder of the time for which the bed was originally authorized, and the 30-day limit on authorizations under section 113 of the Act does not apply. O. Reg. 79/10, s. 324.

Transitional, transfer applications

325. Where, at the time of the coming into force of this section, an application for the surrender and issue of a licence under section 7 of the Nursing Homes Act had been made and not yet dealt with, the application shall be dealt with as it would have been dealt with under the Nursing Homes Act. O. Reg. 79/10, s. 325.

Transitional, share transfers

326. (1) Where, at the time of the coming into force of this section, an application for the approval of the issue or transfer of shares under section 8 of the Nursing Homes Act had been made and not yet dealt with, the application shall be dealt with as it would have been dealt with under the Nursing Homes Act, and any approval that is given shall be deemed to be an approval under section 109 of the Act. O. Reg. 79/10, s. 326 (1).

(2) Where, at the time of the coming into force of this section, an approval had been given for the issue or transfer of shares under section 8 of the Nursing Homes Act but the issue or transfer had not yet occurred, the approval shall be deemed to be an approval under section 109 of the Act. O. Reg. 79/10, s. 326 (2).

Transitional, management contracts

327. (1) Where, immediately before the coming into force of this section, a written management contract that had been approved by the Director was in effect respecting a home under the Nursing Homes Act, the Charitable Institutions Act or the
Homes for the Aged and Rest Homes Act, the Director’s approval continues and is deemed to be an approval under section 110 of the Act, subject to the following:

1. The approval shall be deemed to have been withdrawn,
   i. if the management of the home is subcontracted or assigned,
   ii. if there is a change in who has a controlling interest in the manager unless the Director has approved the change under subsection 110 (6) of the Act as though the change were a deemed amendment under clause 276 (1) (b) of this Regulation, or
   iii. if the manager does not keep the licensee adequately informed about the operation of the home, including promptly giving the licensee any document served on or notice given to the licensee by being delivered to the home.

2. The approval may be withdrawn under subsection 110 (5) of the Act at any time without liability, despite anything in any agreement under which the initial approval was given. O. Reg. 79/10, s. 327 (1).

(2) Where, before the coming into force of this section, an application had been made for the approval of a management contract respecting a home under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act, and the application had not yet been dealt with, the application shall be dealt with as it would have been before the coming into force of section 110 of the Act, and subsection (1) applies to any approval that is given. O. Reg. 79/10, s. 327 (2).

Transitional, beds in abeyance

328. Any written approval to place beds at a home in abeyance that was in force immediately before the coming into force of this section under an agreement with the Ministry shall be deemed to be a written permission of the Director for the purposes of subsection 104 (3) of the Act, subject to any conditions that the approval was subject to. O. Reg. 79/10, s. 328.

Transitional, closing of homes and beds

329. (1) The following rules apply where a notice of intention to permanently close all of the beds authorized under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act was given by a licensee before the coming into force of this section but the beds were not yet closed at the time of the coming into force:

   1. The notice shall be deemed to be a notice given under section 308 and sections 310, 311 and 313 apply to the closure as may be applicable, except that the Director may waive the requirement under section 310 to develop a closure plan.
   2. Despite sections 187 and 191 of the Act, no licence or approval for the home shall be deemed to exist under those sections.
   3. A temporary licence under clause 111 (1) (a) of the Act shall be issued to the licensee for the beds. O. Reg. 79/10, s. 329 (1).

(2) The following rules apply where a notice of intention to permanently close some of the beds authorized under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act was given by a licensee before the coming into force of this section but the beds were not yet closed at the time of the coming into force of this section:

   1. The beds to be closed shall not be included in the number of beds under the licence that is deemed to exist under section 187 of the Act or the approval that is deemed to exist under section 191 of the Act.
   2. A temporary licence under clause 111 (1) (b) of the Act shall be issued to the licensee for the beds. O. Reg. 79/10, s. 329 (2).

Transitional, certain HARHA agreements

330. The following rules apply concerning certain agreements under the Homes for the Aged and Rest Homes Act that were in force immediately before the coming into force of this section:

   1. Agreements entered into with the Minister’s approval under subsection 3 (2) of the Homes for the Aged and Rest Homes Act shall be deemed to have been entered into with the Minister’s approval under section 120 of the Act.
   2. Agreements entered into with the Minister’s approval under subsection 4 (1) of the Homes for the Aged and Rest Homes Act shall be deemed to have been entered into with the Minister’s approval under section 123 of the Act.
   3. Agreements entered into with the Minister’s approval under section 7 of the Homes for the Aged and Rest Homes Act shall be deemed to have been entered into with the Minister’s approval under section 121 or 124 of the Act, as the case may be. O. Reg. 79/10, s. 330.

Transitional, security interests

331. (1) Section 107 of the Act applies to a person who, at the time that section came into force, already had control over the operation of a long-term care home through the exercise of a security interest. O. Reg. 79/10, s. 331 (1).
(2) This section applies, with necessary modifications, to a receiver or trustee in bankruptcy as though the receiver or trustee was a person exercising a security interest. O. Reg. 79/10, s. 331 (2).

(3) For a person to whom this section applies, the one-year period under subsection 274 (2) of this Regulation commences at the time this section comes into force. O. Reg. 79/10, s. 331 (3).

Transitional, notice

332. (1) Subject to subsection (2), a licensee is only required to give a notification required under section 108 of the Act with respect to events that occur on or after the day this section comes into force. O. Reg. 79/10, s. 332 (1).

(2) A licensee is required to give a notification required under section 108 of the Act with respect to an event that occurred before the day this section comes into force if the licensee was required to give notification with respect to the event under the Nursing Homes Act, the Charitable Institutions Act or the Homes for the Aged and Rest Homes Act but had not done so. O. Reg. 79/10, s. 332 (2).

Transitional, committees of management

333. A committee of management appointed under section 8 of the Homes for the Aged and Rest Homes Act continues as a committee of management under section 132 of the Act. O. Reg. 79/10, s. 333.

334. OMITTED (PROVIDES FOR AMENDMENTS TO THIS REGULATION). O. Reg. 79/10, s. 334.

335. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION). O. Reg. 79/10, s. 335.

SCHEDULE 1 REVOKED: O. Reg. 89/16, s. 6.

SCHEDULE 2
THE BOARD OF MANAGEMENT FOR THE DISTRICT OF KENORA

The board of management for the District of Kenora shall consist of nine members and the areas they represent and the manner of their appointment shall be as follows:

1. Three members at large to be appointed by the Lieutenant Governor in Council.

2. Area 1, represented by three members to be appointed jointly by the municipal councils of,
   i. the City of Kenora, and
   ii. the Township of Sioux Narrows-Nestor Falls.

3. Area 2, represented by two members to be appointed jointly by the municipal councils of,
   i. the City of Dryden,
   ii. the Township of Machin,
   iii. the Township of Ignace,
   iv. the Municipality of Sioux Lookout, and
   v. the Township of Pickle Lake.

4. Area 3, represented by one member to be appointed jointly by the municipal councils of,
   i. the Township of Ear Falls, and
   ii. the Municipality of Red Lake.

O. Reg. 79/10, Sched. 2.

SCHEDULE 3
THE BOARD OF MANAGEMENT FOR THE DISTRICT OF MANITOULIN

The board of management for the District of Manitoulin shall consist of seven members and the areas they represent and the manner of their appointment shall be as follows:

1. Two members at large to be appointed by the Lieutenant Governor in Council.

2. Area 1, represented by two members to be appointed jointly by the municipal councils of,
   i. the Town of Northeastern Manitoulin and The Islands, and
   ii. the Township of Assiginack.

3. Area 2, represented by one member to be appointed jointly by the municipal councils of,
1. Two members at large to be appointed by the Lieutenant Governor in Council.
2. Area 1, represented by three members to be appointed by the municipal council of the City of North Bay.
3. Area 2, represented by one member to be appointed jointly by the municipal councils of,
   i. the Town of Mattawa,
   ii. the Township of South Algonguin,
   iii. the Township of Calvin, and
   iv. the Township of Papineau-Cameron.
4. Area 3, represented by one member to be appointed jointly by the municipal councils of,
   i. the Township of Bonfield,
   ii. the Township of Chisholm,
   iii. the Township of East Ferris, and
   iv. the Township of Mattawan.

SCHEDULE 5
THE BOARD OF MANAGEMENT FOR THE DISTRICT OF NIPISSING WEST

The board of management for the District of Nipissing West shall consist of seven members and the areas they represent
and the manner of their appointment shall be as follows:
1. Two members at large to be appointed by the Lieutenant Governor in Council.
2. Area 1, represented by four members to be appointed by the municipal council of the Municipality of West Nipissing.
3. Area 2, represented by one member to be appointed by the municipal council of the Municipality of Temagami.

O. Reg. 79/10, Sched. 5.

SCHEDULE 6
THE BOARD OF MANAGEMENT FOR THE DISTRICT OF PARRY SOUND EAST

The board of management for the District of Parry Sound East shall consist of seven members and the areas they represent
and the manner of their appointment shall be as follows:
1. Two members at large to be appointed by the Lieutenant Governor in Council.
2. Area 1, represented by two members to be appointed jointly by the municipal councils of,
   i. the Municipality of Powassan,
ii. the Township of Nipissing, and
iii. the Municipality of Callander.

3. Area 2, represented by one member to be appointed jointly by the municipal councils of,
   i. the Village of South River,
   ii. the Village of Sundridge, and
   iii. the Township of Machar.

4. Area 3, represented by one member to be appointed jointly by the municipal councils of,
   i. the Municipality of Magnetawan,
   ii. the Township of Joly,
   iii. the Township of Strong, and
   iv. the Village of Burk’s Falls.

5. Area 4, represented by one member to be appointed jointly by the municipal councils of,
   i. the Township of Armour,
   ii. the Town of Kearney,
   iii. the Township of Perry, and
   iv. the Township of Ryerson.

O. Reg. 79/10, Sched. 6.

SCHEDULE 7
THE BOARD OF MANAGEMENT FOR THE DISTRICT OF PARRY SOUND WEST

The board of management for the District of Parry Sound West shall consist of seven members and the areas they represent and the manner of their appointment shall be as follows:

1. Two members at large to be appointed by the Lieutenant Governor in Council.

2. Area 1, represented by two members to be appointed by the municipal council of the Town of Parry Sound.

3. Area 2, represented by one member to be appointed jointly by the municipal councils of,
   i. the Township of The Archipelago,
   ii. the Township of Carling, and
   iii. the Municipality of McDougall.

4. Area 3, represented by one member to be appointed by the municipal council of the Township of Seguin.

5. Area 4, represented by one member to be appointed jointly by the municipal councils of,
   i. the Municipality of Whitestone,
   ii. the Township of McKellar, and
   iii. the Township of McMurrich/Monteith.

O. Reg. 79/10, Sched. 7.

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