



Alzheimer Society
ONTARIO

Long-term Care Admissions and Visitation Guide

January 2022

This document is intended to provide staff, clients, and families of the Alzheimer Society with clear, easy-to-understand information around long-term care policies during COVID-19, including admissions and visitation. Over the course of the pandemic policies and practices have evolved rapidly; while we hope this document is a helpful guide for you, we encourage you to regularly check with your local public health unit, long-term care home, and Government of Ontario sources to ensure you have the most up-to-date information. This document does not constitute legal advice.

We have heard heartbreaking stories over the past year, from care partners refused access to their supported person to people living with dementia being repeatedly denied admission to multiple long-term care homes on the basis of their cognitive impairment. The Alzheimer Society strongly believes that care partners are not visitors, but an essential part of the care team for long-term care residents. This document contains practical advice for how you can advocate for your rights as an essential care partner, or support someone in doing so. As well, with over two-thirds of residents in long-term care having dementia, we recognize that in Ontario, dementia is long-term care: it is unacceptable for anyone to be denied a long-term care bed for which they are otherwise eligible based solely on their diagnosis of dementia and related behaviours.

If you have not already done so, we encourage you to reach out to your local Alzheimer Society for support. You can find an office near you here: <https://alzheimer.ca/on/en/about-us/find-your-local-alzheimer-society>

Who is an essential visitor?

Essential visitors are those performing essential support services (such as food delivery, inspectors, maintenance, or health services), or a person visiting a very ill or palliative resident. Essential visitors also include care partners and support workers, or anyone who meets the definition of an essential visitor.

Support worker:

- A support worker is a type of essential visitor who is visiting to perform essential support services for the home or for residents living in the home (e.g., physicians, nurse practitioners, maintenance workers, food delivery).

Care partners:

- A care partner is a type of essential visitor who is designated by the resident or their substitute decision maker and is visiting to provide direct care to the resident, such as supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, and assistance in decision making. Care partners must be at least 18 years of age.

What are the requirements for essential visitors?

Essential Visitor – Vaccination Status

- Currently designated care partners must provide proof of a first dose of vaccine as of December 20, 2021, to enter a home. As of February 21, 2022, all care partners must be fully vaccinated to enter the home. Care partners may be exempt from this requirement if they have a valid medical exemption or are visiting a resident receiving end-of-life care.
- A third (booster) dose will be mandatory for all staff, students, volunteers, support workers and care partners in order to enter a home. Those who are eligible on or before December 31st for a third dose must provide proof of having received their third dose by January 28, 2022. The remainder of staff, students, volunteers and support workers have until March 14, 2022, to show proof of their third dose, as their previous deadline to be fully vaccinated was December 13, 2021. The remainder of care partners will have until May 23, 2022, to show proof of their third dose, as they were recently given until February 21, 2022, to become fully vaccinated with two doses. These timelines reflect the three-month time interval between second and third doses.
- Until fully vaccinated, care partners are limited to visiting their loved ones in their room.
- Vaccination requirements do not apply to outdoor visits for any visitor.

Designating a care partner:

- Effective immediately, a maximum of two care partners can be designated by a resident. Any newly designated care partners must be fully vaccinated to enter the home.
- If the resident has more than two designated care partners prior to December 15, 2021, they may continue to be a designated care partner even if this means the resident exceeds more than the two-person maximum.
- All long-term care homes must have a policy for designating one or more essential care partners, which will include procedures for residents to follow when making a written designation. A resident or their substitute decision maker may change a designation in response to a change in the resident's care needs or based on the availability of a designated care partner (either temporary or permanent). Some homes have designation forms available online, and may sometimes take one to two business days to process. For these reasons, it is important to check with your long-term care home ahead of time to avoid issues when designating care partners.

Care partners - Verbal Attestation:

- Before allowing entry to the home, the homes must ask care partners to verbally attest to the home that, in the last 14 days, they have not visited another resident who is self-isolating or symptomatic, nor have they visited another home in outbreak where the care partner was in an area of the home affected by the outbreak.

Care partners - Education and Training:

- Before visiting any resident for the first time, the home must provide education and training to care partners at the outset of the visit that addresses how to safely provide direct care, including putting on and taking off required PPE and hand hygiene. They must also confirm they have read the home's visitor policy. Retraining must also be provided by the home to care partners based on the frequency of retraining indicated in the home's visitor policy. Training is provided using the following resources:
 - The home's visitor policy;
 - Public Health Ontario document entitled: [Recommended Steps: Putting on Personal Protective Equipment \(PPE\)](#);
 - Public Health Ontario video: [Putting on Full PPE](#);
 - Public Health Ontario video: [Taking off full PPE](#); and
 - Public Health Ontario video: [How to Hand Wash](#) and [How to Hand Rub](#)

Care partners - Scheduling and Length of Visits:

- Homes may not require scheduling or restrict the length or frequency of visits by care partners.
- If the resident resides in an area of the home in an outbreak, is symptomatic, or is isolating, then only one care partner may visit at a time.

- Where the care partner is not fully vaccinated, the visit should be restricted to the resident's room. This provision is only applicable until February 21, 2022, when all care partners will be required to be fully vaccinated unless they have a valid medical exemption.

Essential Visitors - Masking:

- All essential visitors must wear masks for the entire duration of their shift or visit, both indoors and outdoors, regardless of their immunization status, unless exceptions in Directive #3 apply. For indoor visits, visitors must wear a medical-grade mask provided by the home; for outdoor visits, visitors will be expected to provide and wear their own mask, which does not need to be medical-grade. The home licensee should ensure that they have adequate stock levels, as per the requirements outlined in Directive #5, of all PPE to ensure that staff and visitors are following the COVID-19 guidance document for long-term care homes in Ontario.
- Essential visitors (care partners) may still accompany residents for meals; however, they may no longer eat with the resident, and must have their mask on for the entire duration of their visit, including in the resident's room.

Who is a general visitor?

- General visitors include all other types of visitors who do not meet the definition of an essential visitor as defined in the section above. All general visitors younger than 14 years of age must be accompanied by an adult and must follow all applicable public health measures that are in place at the home.

What are the requirements for general visitors?

In response to the increase of COVID-19 cases by the Omicron variant, general visitors are temporarily excluded from indoor and outdoor visits with residents at all long-term care homes in Ontario as of December 30, 2021, with the exception of visiting residents receiving end-of-life care. When this temporary exclusion is lifted, the following rules will apply:

General Visitor – Vaccination Status:

- Effective December 15, 2021, all general visitors must be fully vaccinated to enter homes. A person is considered fully vaccinated against COVID-19 if:
 - They have received the full series of a COVID-19 vaccine or combination of COVID-19 vaccines approved by Health Canada (e.g., two doses of a two-dose vaccine series, or one dose of a single-dose vaccine series); and
 - They received their final dose of the COVID-19 vaccine at least 14 days ago.

- The following exemptions apply to those individuals who:
 - have a valid medical exemption from a COVID-19 vaccination; or
 - are visiting a resident receiving end-of-life care; or
 - are an infant under one year of age, who are not considered visitors, and may enter the home without being subject to surveillance testing or vaccination requirements.
- As part of the screening process, homes must ensure that all general visitors provide proof of being fully vaccinated before being permitted entry into the home.
- Vaccination requirements do not apply to outdoor visits.

General Visitor – Masking:

- The home's visitor policy must specify that general visitors wear a mask or face covering for the duration of their visit. If indoors, the general visitor must wear a **medical mask** such as a surgical, medical procedure, or N95 mask. If the visit takes place outdoors, a non-medical mask, such as a cloth mask, is permitted. This requirement applies to all general visitors regardless of their vaccination status, except for those who are younger than two years of age or those who are being accommodated in accordance with the Accessibility for Ontarians with Disabilities Act, 2005 and/or the Human Rights Code.
- General visitors may still accompany residents for meals; however, they may no longer eat with the resident, and must have their mask on for the entire duration of their visit, including in the resident's room.

General Visitor – Physical Distancing:

- General visitors are not permitted indoors or outdoors if the resident is symptomatic or in isolation under droplet and contact precautions, or if they reside in an area of the home that is in an outbreak.

General Visitor – Scheduling, Length, and Frequency of Visits

- General visitors are not permitted to enter the home:
 - when a home or area of the home is in outbreak; or
 - to visit an isolating resident; or
 - when direction from the local public health unit restricts general visitors.
- Unlike essential visitors, homes have the discretion to require general visitors to:
 - Schedule their visits in advance.
 - Limit the length of the visit, however each visit should be at least 30 minutes.
 - Limit the frequency of visits, however homes should allow at least one visit per resident per week. Are there any other restrictions/requirements for both essential and general visitors?

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Number of Visitors in the Home:

- A maximum of two people (including both care partners and general visitors) per resident at any given time for indoor visits is allowed. For outdoor visits, a maximum of four people (including both care partners and general visitors) per resident at any given time is allowed. These visitor capacities include children over the age of one as they are also considered general visitors and must be fully vaccinated to enter a home. Children under the age of one do not count towards visitation limits and are not subject to vaccination requirements, while children aged 1-4 are not currently permitted to enter long-term care homes as no vaccine has been approved for use in this age group.

Active Screening:

- Homes must ensure that all individuals are actively screened for symptoms and exposure history for COVID-19 prior to being allowed entry to the home, including outdoor visits. Staff and visitors must be actively screened once per day at the beginning of their shift or visit.
- Residents returning to the home following an absence who fail active screening must be permitted entry but isolated under Droplet and Contact Precautions and tested for COVID-19 as per the COVID-19: Provincial Testing Requirement Updates.
- If any staff or visitor fails active screening, they must not be allowed to enter the home. There are two exceptions where individuals who fail screening may be permitted:
 - Fully immunized staff and essential visitors.
 - Visitors for residents receiving end-of-life care who fail screening must be permitted entry, but homes must ensure that they wear a medical mask and maintain physical distance from other residents and staff.

Surveillance Testing and Access to Homes

- **Antigen test:** also referred to as a point-of-care rapid antigen test for COVID-19, as they typically provide results in less than an hour.
- **PCR test:** A polymerase chain reaction (PCR) test is performed to detect whether you are infected with COVID-19 at the time of taking the test. This is the most accurate and reliable test for diagnosing COVID-19, compared to other tests such as an antigen test.
- **Every long-term care home will ensure:**
- **Care partners:**
 - Care partners can take one PCR test and one antigen test on separate days within a seven-day time frame.
 - If the care partner is fully vaccinated against COVID-19, they may take an antigen test at a frequency of two times per week, at a minimum, on separate days.

- If the care partner is not fully vaccinated, they must take an antigen test at a frequency of three times per week, at a minimum, on separate days.
- For occasional entry to the home that is fewer than the number of time a care partner is required to be tested (outlined above), the care partner must take an antigen test on each day they enter the home.
- For occasional entry to the home on two consecutive days, the care partner must take an antigen test the first day and will not be required to take a test the second day.
- **Support workers:** All support workers, regardless of vaccination status, must demonstrate they have received a negative COVID-19 test result from an antigen test on the day of the visit or demonstrate proof that they received a negative antigen test that was taken on the previous day before granting full entry into a home. Support workers who are regulated health professionals may be granted entry to the home pending antigen test results, as long as they have the appropriate PPE as per Directive #3 and are following IPAC practices, unless they have travelled outside of Canada in the 14 days prior to entering the home, in which they will be required to demonstrate a negative antigen test result.
- **General Visitors:** All general visitors, regardless of vaccination status, both indoors and outdoors, must demonstrate that they have received a negative antigen test on the day of the visit or demonstrate proof that they received a negative antigen test that was taken on the previous day before granting them entry to the home.
- **Previous COVID-19 up to 30 days:** Where an individual has had a prior laboratory-confirmed COVID-19 infection in the past 30 days from the date of the confirmed positive PCR result, the individual should not be re-tested except:
 - with new onset of signs or symptoms of COVID-19, and
 - can be considered:
 - ◆ if there is exposure to a confirmed case of COVID-19; or
 - ◆ if there is a COVID-19 outbreak in the home; or
 - ◆ at the direction of the local public health unit.
- **Palliative and emergency situations:** Despite the requirements outlined above, the requirements for support workers, care partners, and general visitors do not need to be followed in emergency or palliative situations.

Personal Protective Equipment (PPE)

- A long-term care home's visitor policy must specify that visitors must wear PPE.
 - Regardless of immunization status, appropriate eye protection (e.g., goggles or face shield) is required for all staff and essential visitors when providing care to residents with suspected or confirmed COVID-19 and in the provision of direct care within two metres of residents in an outbreak area. For all other circumstances, eye protection is based on point-of-care risk assessment when being within two metres of a resident.
 - General visitors must maintain physical distancing of two metres from residents at all times, however brief hugs are permitted.
 - Fully immunized general visitors may have close contact (e.g., holding hands) with residents.

Supervising Visits

- Homes are not required to supervise visits. Where homes need to supervise visits, the supervision should be implemented in a manner that respects the resident's right to communicate in confidence, receive visitors of their choice, and consult in private with any person without interference in accordance with the Long-Term Care Homes Act, 2007.

Ending a Visit

- Homes have the discretion to end a visit by any visitor who repeatedly fails to comply with the home's visitor policy, provided:
 - The home has explained the applicable requirement(s) to the visitor.
 - The visitor has the resources to adhere to the requirement(s).
 - The visitor has been given sufficient time to adhere to the requirement(s).

Temporarily Prohibiting a Visitor

- A home has the discretion to temporarily prohibit a visitor in response to repeated and flagrant non-compliance with the home's visitor policy.
- Any decision to temporarily prohibit a visitor can only be made after all other reasonable efforts to maintain safety during visits have been exhausted and must specify a reasonable length of prohibiting the visitor, clearly identify what requirements the visitor should meet before visits can be resumed, and be documented by the home.

The following information outlines the standard admissions approval process to long-term care in Ontario and any changes that have been made since the COVID-19 pandemic. As previously mentioned, some homes have been denying admission to people living with dementia on the basis of “wandering” or “exit seeking” due to their perceived inability to self-isolate if required. These reasons for refusal are unacceptable, morally wrong, and contravene Ontario’s Long-Term Care Homes Act. Information on your rights when admission is withheld is included in the section below.

How does a person arrange care?

All applications and admissions to long-term care homes are arranged by Home and Community Care Support Services organizations (HCCSS), previously known as Local Health Integration Networks (LHINs). When a person has decided to move to long-term care, they must call their local HCCSS organization who will facilitate the application process. The staff at the local HCCSS will determine the person’s eligibility, provide information on homes in the area and their associated costs, and help the person to apply.

Eligibility

Once your local HCCS organization has determined that you are eligible, you can apply to a maximum of five long-term care homes where your local HCCSS will coordinate your application for you. The following is a list of eligibility criteria for long-term care:

- The individual must be 18 years of age and older;
- Have a valid OHIP card;
- Have care needs including:
 - 24-hour nursing and personal care
 - Frequent assistance with activities of daily living
 - On-site supervision or monitoring to ensure the individual’s safety or well being
- Have care needs which cannot be safely met in the community through publicly funded community-based services and other caregiving support; and
- Have care needs which can be met in a long-term care home.

What happens if I am denied eligibility to long-term care?

The placement coordinator will determine whether or not an applicant is eligible for long-term care home admission only if the placement coordinator has the following:

1. An assessment of the applicant's physical and mental health, and the applicant's requirements for medical treatment and health care.
2. An assessment of the applicant's functional capacity, requirements for personal care, current behaviour, and behaviour during the year preceding the assessment.
3. Any other necessary assessments or information that may be relevant to the determination of eligibility.

If the placement coordinator determines that the applicant is not eligible for long-term care home admission, the placement coordinator must:

1. Suggest alternative services and make appropriate referrals on behalf of the applicant; and
2. Ensure that the applicant is notified in writing of the determination of ineligibility, the reason for the determination, and the applicant's right to apply to the Health Services Review and Appeal Board for a review of the determination (see Section 4 for the appeal and complaints process).

What happens if I am eligible, but my application is denied by the home?

Once your application is completed and HCCSS staff have determined you are eligible for long-term care, your application will be sent to each of the five homes you have selected. Each home licensee will review the assessments and information provided in the application, then notify the HCCSS staff if your application is accepted or denied. The licensee shall approve the applicant's admission to the home unless:

1. The home lacks the physical facilities necessary to meet the applicant's care requirements; or
2. The staff of the home lack the nursing expertise necessary to meet the applicant's care requirements.

If your application is denied by the home, s. 44(9) of the Long-Term Care Homes Act, 2007 states that the licensee must notify the applicant and the placement coordinator with a detailed written notice. As a result of the COVID-19 pandemic, some requirements under the Act and Regulations have been modified. Ontario Regulation 83/20 under the Long-Term Care Homes Act, 2007 states that homes are no longer required to provide written notice and may provide the reasons for refusal orally. The licensee will inform the appropriate placement coordinator of their decision to withhold approval, but is not required to notify

the applicant directly. The coordinator will then inform the applicant, who is still entitled to all the information about the refusal, just not in a letter format. This notice must include:

1. The grounds on which the licensee is withholding approval;
2. A detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care;
3. An explanation of how the supporting facts justify the decision to withhold approval; and
4. Contact information for the Director of the Inspections Branch at the Ministry of Long-Term Care (see section four of this document for more details on the Director's role).

Have there been any changes to the admissions process during the pandemic?

As a result of the COVID-19 pandemic, some requirements under the Long-Term Care Homes Act, 2007 and its regulations have been modified. Ontario Regulation 83/20 under the Long-Term Care Homes Act, 2007 sets out special circumstances for hospital admissions and community admissions to long-term care during the pandemic. When a person from hospital or the community requires admission to a long-term care home, placement coordinators and home licensees are exempt from complying with certain requirements under Part III of the Long-Term Care Homes Act, 2007 to the extent necessary to effect admission.

For reference, admissions from hospital to long-term care include all individuals who are currently occupying a bed in hospital and are on the waitlist for admission to long-term care. Admissions from the community to long-term care include all individuals who are living at home and may be using home and community support services and are currently on waitlist for admission to long-term care.

The following modifications are made to admissions from hospital or community to long-term care:

- A coordinator will determine eligibility for admission to a long-term care home based on as much information that is available in the circumstances about the person's:
 - Physical and mental health
 - Requirements for medical treatment and health care
 - Functional capacity
 - Requirements for personal care
 - Behaviour
- The home must approve or withhold approval for the admission in accordance with subsections 44 (7) to (9) of the Act, either orally or in writing, within five days of receiving

information on the applicant. If approval is withheld, the licensee must notify the coordinator, either orally or in writing, of the grounds on which they are withholding approval and a brief explanation of why, but they are not required to notify the person directly.

The following modifications are made to admissions from hospital to long-term care:

- Once the person is determined to be eligible for admission, the placement coordinator may, as a last resort, select the home for the person, regardless of whether or not they are already on a waiting list for other homes. Those who are not placed in their first choice of long-term care will retain their priority on the long-term care waitlist for their first-choice home.
- While selecting a home, the coordinator should take into consideration the following factors:
 - The person's condition and circumstances.
 - The person's preferences including preferences related to the proximity of the home to the applicant's family, home, and community and support networks.
 - The class of accommodation requested by the person.

The following modifications are made to admissions from community to long-term care:

- Prior to the pandemic, a placement coordinator was required to remove an applicant from all waiting lists for admission to long-term care as a long-stay resident if the placement coordinator offered to authorize the applicant's admission and the applicant refused consent to the admission, refused to enter into the agreement, or failed to move into the home on or before the fifth day following the day they were informed of the availability of accommodation. However, if the applicant was/is uncomfortable moving in to long-term care due to concerns related to the spread of COVID-19, they can refuse a bed and still retain their position on the waitlist.

Do I have to self-isolate once admitted/transferred?

The requirement to self-isolate upon admission to long-term care is noted in Directive #3 and within the COVID-19 Guidance Document for Long-Term Care Homes in Ontario, where it outlines requirements for testing and isolation for new admissions and transfers into long-term care. The most recent requirements for admissions and transfers are as follows:

- Enhanced symptom screening for all admissions and transfers, and twice daily symptom screening for 10 days following an admission or transfer.
- For admissions and transfers from another healthcare facility that is not in outbreak, a PCR test prior to admission or on arrival is required and the resident must isolate until a

negative test result is received. This applies to individuals who are asymptomatic, fully vaccinated and have no known exposure to a case.

- For all other admissions and transfers, a PCR test prior to admission or upon arrival, and on day seven after admission or transfer is required. The resident must isolate until a negative test result from day seven is confirmed.

Other important information to note for admissions and transfers:

- Admissions/transfers to a home in an outbreak or those involving a resident who is on Droplet and Contact Precautions may take place only if approved by the local public health unit, and there is an agreement between the home, the local public health unit, and the hospital. The resident is not asked to consent to being admitted/transferred to a home in active outbreak, and should seek legal advice (see section four) if they wish to withhold consent on the basis of the home's active outbreak and keep their position on the waitlist.
- Any resident being admitted/transferred who is identified as having symptoms, exposure, or a diagnosis of COVID-19, regardless of their immunization status, must be placed on Droplet and Contact Precautions at the home.
- Stated under Directive #3, individuals who may have challenges with isolation due to a health condition, such as dementia, must not be denied admission or transfer on this basis alone. Long-term care homes must take all precautions to ensure the completion of the required isolation period for new or transferred residents to the best of the home's ability.

What is required for resident placement under the Droplet and Contact Precautions in long-term care homes?

All homes are required to have rooms identified and set aside for isolation purposes. Individuals requiring isolation must be placed in a single room on Droplet and Contact Precautions. In situations where a single room is not available or possible, individuals may be placed in a room with no more than one other resident who must also be placed under Droplet and Contact Precautions. There should not be more than two residents placed per room, including homes that still have three- and four-bed rooms—though this applies only to new admissions/transfers.

Further information on what is included under Droplet and Contact Precautions, such as hand hygiene and proper PPE, can be found here: <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ipac-additional-precautions-non-acute-care.pdf?la=en>

Homes Denying Admissions on the Basis of Wandering/Exit-Seeking

Since long-term care admissions resumed, the Alzheimer Society has learned of several cases from clients being denied admission to long-term care on the basis of wandering, exit-seeking, and perceived inability to isolate. These applicants, who have met all of the criteria set out in the Long-Term Care Homes Act, 2007 and its regulations and have come to the top of the waiting list for one of their desired homes, are being "bypassed" due to their diagnosis of dementia or other cognitive health conditions. Alongside this, some beds designated internally by homes for residents with a diagnosis of dementia are being assigned to residents without a diagnosis of dementia due to capacity constraints. This has further limited the home's capacity to admit and care for people living with dementia.

Neither the eligibility criteria for long-term care under the Long-Term Care Homes Act, 2007 nor the home's ability to care for individuals with high care needs has changed since the COVID-19 pandemic, therefore these individuals are eligible to be admitted to the home. There is nothing in the Long-Term Care Homes Act, 2007 or its regulations that allows for an application to be refused on the basis of wandering or perceived inability to self-isolate. The refusal of an application on the basis of cognitive impairment is also discriminatory pursuant to the Human Rights code under s.1, where:

"Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability."

Furthermore, Directive #3 states that individuals who may have challenges with isolation due to a health condition, such as dementia, must not be denied admission or transfer on this basis alone. Long-term care homes must have a plan to isolate residents and take all precautions and necessary steps to assist the resident in isolating, and not place this responsibility on the resident. For example, this may require extra staff, up to and including one-to-one care depending on the care needs of the resident. As long-term care is part of Ontario's health care system, requiring payment for this additional care while self-isolating is not permitted under s.245 of the regulations in the Long-Term Care Homes Act, 2007.

There is not and has never been a legal basis for refusing to admit an otherwise eligible applicant due to a diagnosis of dementia, other form of cognitive impairment, or past recorded behaviour of wandering/exit-seeking. A home's staffing shortages or other capacity constraints must not factor in to admissions decisions: an applicant cannot be refused because a home feels they could accept another applicant more easily.

Complaints

If a person is found to be eligible for long-term care but denied admission to the home on the basis of a diagnosis of dementia or capacity constraints, or experiences barriers and restrictions to visitor policies, options are available to help investigate such complaints. The following section is to provide information to help guide a person through the appeal and complaint process. Further options include contacting your local MPP, media outlets, and the Alzheimer Society or Advocacy Centre for the Elderly (ACE).

Discuss with Placement Coordinator

The Home and Community Care Support Services (HCCSS) placement coordinator can be a resource for mediating disputes in applications. If your application is denied you have the right to know why, and can ask the placement coordinator for the home's provided reason. You also have the right under the Personal Health Information Protection Act (PHIPA) to view any documents sent to the home by the placement coordinator in support of your application. Asking to see these documents is a good first step: sometimes they may contain errors about your care needs that resulted in your application being refused.

Contacting the Ministry of Long-Term Care Action Line

The Long-Term Care Action Line is a service provided by the Ministry of Long-Term Care Inspections Branch that can assist in the resolution of your concerns. They will take your information and pass along the complaint to the appropriate inspector who will then contact you and determine whether it is appropriate to begin the inspection process.

Contact Information for the Long-Term Care Action Line:

Phone toll free: 1-866-434-0144

Hours of Operation: 8:30 AM – 7:00 PM, seven days a week

The Ministry of Long-Term Care streams complaints into two categories:

- 1. Urgent complaints:** these complaints include cases of harm, neglect, or danger to residents. The Ministry will respond more quickly to urgent complaints, sometimes on the same day where there is imminent risk to safety—though some urgent complaints can still take over a month to resolve.
- 2. Non-urgent complaints:** these complaints include less serious complaints related to diet, activities, or care.

The people answering the Action Line are not inspectors, so they will not be able to answer any detailed questions or give advice. The person who answers your call will:

- Take down your contact information and information about the home (name of home and address).

- Ask questions about the call – this is when you will provide details of what happened and whether it is an ongoing issue.
- Provide your information to an inspector for follow up (name and phone number).
- Give you a reference number. It is very important that you write down and keep this number, as you will need it for any future communication.

Your complaint will be passed to a “triage inspector” who will call you within two business days. If the inspector suspects that the home is violating the rules or your rights, they will have an inspector for the area inspect the home.

You can also send a written letter to the Ministry of Long-Term Care Inspections Branch by mail. You will receive a reply to let you know that the Ministry has received your complaint, and your complaint will be passed on to an inspector. The address for mailing in your written letter is listed below:

Director

Long Term Care Inspections Branch
Long-Term Care Homes Division
Central Intake, Assessment and Triage Team (CIATT)
119 King St. W, 11th Floor
Hamilton ON L8P4YZ

Contacting the Patient Ombudsman

The Patient Ombudsman is an office of last resort. If you have already contacted the home directly and the Long-Term Care Action Line, and are unable to reach a satisfactory resolution, you may also contact the Patient Ombudsman. They work to resolve complaints and ensure fairness in Ontario’s health system. Both English and French service options are available. There is also an option to have the office arrange a language interpretation service as needed.

Your complaint can be submitted online to the Patient Ombudsman through the following website link, with step-by-step instructions to walk you through the process: <https://www.patientombudsman.ca/Complaints/Make-a-complaint/Submit-Complaint>.

You may also contact the Patient Ombudsman office by phone:

Phone: 1-888-321-0339 (toll free) or 416-597-0339 (Toronto)

TTY: 416-597-5371

Municipal Home Oversight

Some long-term care homes operated by your local town, city, or region may have additional complaint procedures that apply only in your area. If your dispute is with a municipal home, check with your local government to see if there is a local oversight office: your City or Regional Councillor, or Mayor’s Office, is a good place to start.

Contacting your local MPP

Reaching out to your local MPP's office is an important advocacy method of effecting change. Below are tips and advice for reaching out to your MPP's constituency office regarding the rights of residents, care partners and families regarding the admissions process and visitations in long-term care during the pandemic.

When contacting your local MPP's office, a phone call is one of the most effective ways to get in touch with them and is usually the preferred primary method of contact over emailing. Try and first call your MPP's constituency office before reaching out to their Queen's Park office. You can find a regularly updated list of all MPP constituency office contact information through the following link: <https://www.ola.org/en/members/current/contact-information/constituency>

When speaking with a constituency office, it is important to identify yourself as a constituent. Your MPP is there to serve you and to help you navigate situations of concern, where their constituency offices have staff on hand to help. You will likely receive a response from a case manager, whose job is to help people like you resolve a dispute with a government-funded or overseen institution, such as a long-term care home.

Media Contact

After you have exhausted all other options to receive help with your experiences and concerns regarding admissions and visitation in long-term care, it can be beneficial to reach out to your local news media. Local news outlets report on stories that are relevant to their specific city or region, making this a good place to share your experiences if a home is treating you unfairly. Most local news outlets have their contact information listed on their website along with a step-by-step process of how you can submit your story.

ASO Contact

While the Alzheimer Society of Ontario cannot act to regulate long-term care or force a home to accept a person for admission, we continue to listen and offer our support and services to our clients, care partners, and their families. If you would like to share your experiences of how you have been treated unfairly by a long-term care home, you can get in touch with us through the following contact information: policy@alzon.ca

Advocacy Centre for the Elderly (ACE)

The Advocacy Centre for the Elderly (ACE) is a legal clinical for low income seniors. It focusses on areas of law that are of special importance to seniors. If you have questions about the law relating to long-term care, go to the ACE website at www.ancelaw.ca or call (416) 598-2656 (Toronto): or 1-855-598-2656 (toll-free).

The ongoing pandemic has been deeply challenging and traumatic for residents, staff, families, and care partners in and around Ontario's long-term care system. With rapidly changing regulations and variation across the province, many families have found themselves feeling neglected by a system that acts as a last resort to support and care for Ontario's most vulnerable residents. The Alzheimer Society of Ontario hopes that this document has been helpful in furthering your understanding of your rights as a resident, family member, or care partner.