

		Manitoba	Saskatchewan	Newfoundland	Ontario
Main legislation		<p><i>Personal Care Homes Standards Regulation</i>, Man. Reg. 30/2005 (PCHR)</p> <p><i>Personal Care Services Insurance and Administrative Regulation</i>, Man. Reg. 52/93 (PCR)</p>	<p><i>Personal Care Homes Act</i>, S.S. 1989-90, c. P-6.01</p> <p><i>Personal Care Homes Regulations</i>, 1996, R.R.S., c. P-6.01 Reg. 2</p>	<p><i>Health and Community Services Act</i>, S.N.L. 1995, c. P-37.1 (HCSA)</p> <p><i>Personal Care Home Regulations</i>, N.L.R. 15/01 (PCHR) – note these regulations don't apply to homes w/ 4 or fewer residents</p>	<p><i>Homes for the Aged and Rest Homes Act</i>, R.S.O. 1990, c. H.13 (HARA)</p> <p><i>Charitable Institutions Act</i>, R.S.O. 1990, c. 9 (these two acts are essentially the same and cover profit/non-profit homes¹)</p> <p><i>Long-Term Care Act, 1994</i>, S.O. 1994, c. 26</p> <p><i>Nursing Homes Act</i>, R.S.O. 1990, c. N.7</p> <p>NOTE: All 4 of these acts will be repealed and replaced by "<i>Long-Term Care Homes Act, 2007</i>, S.O. 2007, c. 8 – which has been passed but not yet proclaimed.</p>
Ancillary Legislation		<p><i>Protection for Persons in Care Act</i>, C.C.S.M., c. P144</p> <p><i>Social Services Administration Act</i>, C.C.S.M., c. S165</p> <p><i>Residential Care Facilities Licensing Regulations</i>, Man. Reg. 484/88 R</p>	<p><i>Housing and Special-Care Homes Act</i>, R.S.S. 1978, c. H-13</p> <p><i>Special-care Homes Rates Regulations</i>, R.R.S., c. H-13 Reg. 2</p> <p><i>Housing and Special-care Homes Regulations</i>, Sask. Reg. 34/66</p>		<p><i>Provision of Community Services</i>, O.Reg. 386/99. (PCSR)</p> <p><i>Residential Tenancies Act, 2006</i>, S.O. 2006, c. 17 (RTA)– Note: this act repealed the <i>Tenant Protection Act</i>)</p>
Discrete Assisted Living or Supported living legislation?		No	No	No	No
Lexicon/ parameters of care	Lesser care	<p><u>Manitoba Housing Authority 55 Plus Apartments:</u>² Studios and one-bedroom apartments. Support varies among facilities – may include meals, housekeeping, transport, and rec. For low-income seniors (55+) only. Rent based on income.³</p> <p><u>Assisted Living Facilities:</u> independent living with a service package that may include meals, housekeeping, laundry, transportation, and other services. Unlicensed, and unsubsidized by the government, but resident may be given MB Shelter Benefit Program⁹</p>	<p><u>Saskatchewan Assisted Living Services:</u> Offers 5 options: up to one meal a day, laundry, housekeeping, personal response service for unscheduled needs, co-ordination of services and activities.</p> <p>This program run in subsidized housing for those with low incomes.⁴ This is run by local housing authorities. ie one such program has the cost of meals as \$7.50/meal and housekeeping and laundry for \$11.50^{5,6}</p>	<p><u>Home Care:</u> provides in home services such as bathing, dressing, grooming, and light household tasks.⁷</p>	<p><u>Home Care:</u> 4 types:</p> <ul style="list-style-type: none"> a) Visiting Health Professional Service – health care services b) Personal Care and Support – daily living ie bathing, eating, dressing c) Housemaking services – meal prep, shopping, light housekeeping d) Community Support program – services such as meal delivery, transport, social and re services etc. <p>These services are allocated based on need and regional availability, many seniors will need to augment this service with privately funded care⁸</p> <p>(PCSR sets out the legislative framework for this provision.)</p>

	More care	<u>Supportive Housing:</u> ¹⁰ 24 hour personal support and supervision, <u>Companion Care (Winnipeg Only):</u> Seniors move into Care providers homes and given the same types of services as supportive housing. ¹¹	<u>Personal Care homes;</u> provide assistance or supervision with personal care, but do not offer the heavy health services of SCH (see below) ¹² Activities of daily living: eating, bathing, dressing, grooming, participating in social and recreational activities (PCHR, s. 2)	<u>Community Care Residences</u> These homes provide some assistance with daily living activities and supervised care. ¹³	<u>Retirement Homes/ Supportive Housing:</u> Provide assisted living services. Many facilities are a member of a self regulating (but non-mandatory) Ontario Retirement Communities Association (ORCA). ORCA has accreditation standards that cover services, staff training, care services, safety control etc. ¹⁴
	Most Care	<u>Residential Care Facilities/ Personal Care home:</u> ¹⁵ “provides nursing and personal care services for people who can no longer live independently” ¹⁶ This includes: meals, help with daily living (bathing, dressing, and using the bathroom), nursing care, basic medical supplies and prescription drugs, occupational therapy and physio (depending on facility), housekeeping / laundry, activities ¹⁷ (see also PCR, Schedule A for legislative list of personal care services)	<u>Special Care Homes:</u> for people with heavy care needs. (not just seniors)	<u>Nursing Homes:</u> “provides accommodation, supervisory care, personal care, and nursing and medical services on a 24-hour basis” ¹⁸	<u>Nursing/LTC Homes:</u> offer 24 hour nursing care and supervision (LTCA, s. 2 sets out what community services, community support services, housemaking services, personal support services, professional services contain)
Covered by Residential Tenancy Legislation?		No (although Margaret Hall suggested that it might in her report ¹⁹ –supportive housing might be covered). Section 3(1)(f) <i>Residential Tenancy Act</i> , C.C.S.M., c. R119 specifically excludes residential care facilities and personal care homes	Section 5(d)(ii) of the <i>Residential Tenancies Act</i> excludes personal care homes, but it will apply to SALS, because in effect it is just subsidized low-income housing with a few additional services. ²⁰	Section 3(2)(e) of the <i>Residential Tenancies Act</i> , S.N.L. 2000, c. R-14.1 excludes: “living accommodation provided in a hospital, nursing home or a home established to provide personal care for the aged”	Retirement homes covered by the RTA in Part IX, ss. 139-151 (RTA) There must be a tenancy agreement in place (RTA, s. 139),
Consumer Protection?		No specific consumer protection rights or coverage.	No specific consumer protection rights or coverage.	No specific consumer protection rights or coverage.	The ORCA runs a CRIS complaint hotline for all residential seniors’ homes in the province. They handle issues such as food quality. However, they have no real power – they can forward concerns, contact operators, and publicly ‘name and shame’ homes. ²¹ (HARA, s. 1.1, CIA, s. 3.1) contains the fundamental principle, resident’s rights)
Funding		In 55 plus apartments, rental rates for a studio apartment are 25% gross income, and 1 bedroom apartments are 27% gross income ²² In SH resident pays for rent and service package, Regional Health Authority pays for health staff. (resident may be eligible for MB Shelter benefit program to help pay) In PCH Manitoba health subsidizes costs – rate will depend on income ²³ rates are between \$20.70 and \$60.70 as of Aug	SALS is in subsidized housing only, where resident pay rent based on a percentage of the annual income of all individuals living in the suite. Residents must pay for cost of services used, although the coordination is free, and the services are all optional. ²⁴ In January 2006, the sliding scale of rent was between 25% and 29%. ²⁵ PCHs are funded privately and the related costs vary ²⁶	Housing and Accommodation costs “unbundled” HC – there are no fees for home care, but it is only available for the most needy. Private care can be purchased ²⁸ NH - Residents unable to pay the full cost of service (\$2800/month as of 11/07) must be financially assessed. The government will pay the difference between the income of the client and the cost of the nursing home leaving \$115-125/month to the	Home Care – CCAC services are provided at no cost, but it is often inadequate and seniors may need to purchase additional services privately –see footnote for schedule of approximate fees ³⁰ Retirement Residences – privately funded with no government subsidies available ³¹

Funding	<p>-rates are between \$29.70 and \$69.70 as of Aug 1/08 (PCR, s. 6)</p> <p>Home may charge an extra \$2.50/day for a semi-private room, or \$5.00 for a private room (PCR, s. 7)</p>	<p>SCH – “residents pay an income-tested charge based on annual income, plus earned interest. Personal assets such as land, houses, bank accounts etc are not taken into account... Fees range from \$888 to \$1, 683/month” note that was the fee in Jan/2006²⁷</p>	<p>nursing home leaving \$115-125/month to the client²⁹</p>	<p>Home Care – CCAC services are provided at no cost, but it is often inadequate and seniors may need to purchase additional services privately –see footnote for schedule of approximate fees³⁰</p> <p>Retirement Residences – privately funded with no government subsidies available³¹</p> <p>LTC home fees in ON are set by the Ontario Ministry of Health and Long-Term Care³²</p> <p>A co-pay system is in place. If an individual is unable to pay accommodation fees, the total monthly income of resident minus \$100 will be put towards the cost, and the ON gov will kick in the rest.³³</p>
Complaint/ Dispute Resolution	<p>SH – regional health authority monitors facility or make sure they meet standards, and covers health staff cost.</p> <p>PCH – regional health authority co-ordinates application, assessment, and admission³⁸</p> <p>PCH operator must develop a residents’ bill of rights in consultation with residents and posted prominently (PCHR, ss. 2 - 4).</p> <p>All PCHs must have resident council to raise and discuss issues of concern including services provided in the care home Operator must respond, or prepare a preliminary response to the council’s concerns before its next meeting (PCHR, ss. 5-6).</p>	<p>PCH can be inspected, and if there are reasonable grounds that the Act has been offended the inspector has increased investigatory power (PCHA, s. 11)</p> <p>Rights and privileges of residents are laid out in policy and procedures manual.³⁴</p>	<p>Inspector may inspect homes to ensure compliance w/ the act (PCHR, s. 11)</p> <p>Complainants must receive an initial response within 2 business days, and a post-investigation reply within 1 month.³⁵</p>	<p>ORCA has a Complaints Response and Information Service toll free hotline funded by the ON gov. This accepts complaints in relation to all retirement residences in ON, not just ORCA members. Information officers help with concerns over food quality, cleanliness, security, and the attitude and behaviour of staff.³⁶</p> <p>Residents in LTC homes can complain if a home is non-compliant with standards and regulations. Residents must be provided with a “Bill of Rights”³⁷</p> <p>Inspector may inspect homes to ensure compliance (HARA, s. 21), (CIA, s. 10.1)</p> <p>Residents’ council can be created if requested by 3 persons, and the council may only be made up of residents (HARA, s. 30.6), (CIA, s. 9.19), NHA, s. 30</p> <p>-the council can review financial statements, inspection reports, operation of home, and can attempt to mediate disputes and report concerns to the minister (CIA, s. 9.21)</p>
	A physician needs to be designated responsible	In PCHs , the licensee must “provide the care to	Supposed to be set in guidelines, but none have	ORCA requires a written orientation program

<p>Staffing indicators (credentials, ratios)</p>	<p>A physician needs to be designated responsible for the overall condition of medical services for a PCH. Professional staff and residents must have access to a physical 24 hours a day to provide emergency care and consultation (PCHR, s. 19 – 20).</p> <p>Nursing services must be “organized and available to meet residents’ nursing care needs in accordance with guidelines approved by the minister” (PCHR, ss. 21 – 23)</p> <p>Operators of PCHs must have an orientation and education program for the staff (PCHR, ss. 39-42).</p>	<p>In PCHs , the licensee must “provide the care to residents that is required to meet the individual needs of each resident”. Where specialized care is required the care must be provided by a health care professional (LPN, RN, or Dr.) or be provided by a person <i>trained</i> by a health care professional. (PCHR, s. 22)</p> <p>IN PCHs there needs to be ‘sufficient care staff’. Between 21 and 30 residents needs one or more care aides not less that 5 days/week. PCHs with over 31 residents need one or more health care professional (LPN, RN, or Dr.) at least 5 days/week. (PCHR, s. 24)</p> <p>In PCHs with <11 residents licensees must have someone on call at night, with 12 or more residents – someone must be awake and present at night³⁹</p> <p>In SCHs, an RN or R.PsychN. must be hired full time. Must have a 1:7 nurse to ancillary staff ratio. (HSCR, s. 4)</p>	<p>Supposed to be set in guidelines, but none have been made.</p> <p>Long-term homes must have minimal staffing hours, skill mixes, and must attempt to maintain some form of stability and continuity for residents.⁴⁰</p>	<p>ORCA requires a written orientation program for new staff, a staff development program and continuing education program, etc.⁴¹</p> <p>Homes must have a physician hired responsible for medical, paramedical, and nursing care (HARA, s. 12(4))</p>
<p>Entry/Exit Criteria</p>	<p>SH, and PCH must come via long term care/home care case coordinator of regional health authority⁴² A committee of Regional Health Authority professionals will decide the appropriate facility for a person after reviewing their application⁴³</p> <p>On entry operator must give resident the bill of rights, philosophy and mission, ways in which the resident can participate in assessing, planning, providing, monitoring, and evaluating the resident’s care, info on policies relating to complaints, abuse and restraints, financial info, orientation (PCHR, s. 8)</p>	<p>Residents entering into the special-care system are assessed by their local regional health authority. The RHA will place applicants based on their needs.⁴⁴</p> <p>In PCHs residents must be reassessed every 2 years (PCHR, s. 14). Also a care plan must be created in the first 7 days resident is in home (PCHR, s. 15) See also policy documents.⁴⁵</p> <p>At entry, in PCHs the resident must have a detailed admittance agreement that lays out details of the care, payments, terms and conditions of residency (PCHR, s. 17)</p>	<p>First bed policy in place⁴⁶</p> <p>HC – The RHA conducts a phone consultation and in-home needs assessments. Depending on assessment and regional availability hours of subsidized care will be allotted, The rough maximum is 8 hours/day.⁴⁷</p> <p>NH - Regional Health Authorities (RHAs) perform in home needs assessments and place residents accordingly⁴⁸ It is argued that the resources are limited and many people are forced to hire private home care.⁴⁹</p>	<p>Community Care Access Centre coordinate all applications to LTC homes – they conduct an assessment, and provide lists and information on homes in ON.⁵⁰</p> <p>For LTC there is a single point of access for all information that is well advertised. (LTCA, s. 12 (2).</p> <p>Placement coordinators place residents in homes (NHA, s. 20)</p>
	<p>No specific legislative framework.</p>	<p>In PCHs the operator must give 30 days notice for monthly residency, and 7 days for daily. A needs assessment must be done (PCHR, s. 19)</p> <p>The licences handbook has detailed information</p>	<p>A person who requires constant, daily, on site professional care of an RN or Dr. must move into a hospital (PCHR, s. 13)</p>	<p>An operator may transfer a resident from a retirement home if a tenant’s care needs are too high or too low to be provided by landlord (RTA, s. 148)</p>

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- ¹ Canada Mortgage and Housing Corporation External Research Program, *A Legal Framework for Supportive Housing for Seniors: Options for Canadian Policy Makers, Final Report* by Margaret Hall, (March 2005) at 31 [Hall].
- ² Manitoba Seniors and Healthy Aging Secretariat, *Senior Access Resource Manual – Housing Module* (March 2007) online: Province of Manitoba <<http://www.gov.mb.ca/shas/publications/index.html>> at 29 [Housing Module].
- ³ *Ibid.*
- ⁴ *Saskatchewan Assisted Living Services (SALS)*, online: Social Services <<http://www.socialservices.gov.sk.ca/Default.aspx?DN=b9bed0e1-12cd-4027-b7c1-9539fe66da8c>> [About SALS].
- ⁵ *Adults 55 Years and Over*, online: Moose Jaw Housing Authority <<http://www.moosejawhousingauthority.com/AdultHousing.htm>>.
- ⁶ Provincial Advisory Committee of Older Persons, *Housing Options for Saskatchewan Seniors* (Saskatchewan Health, January 2006) at 8 [Housing options for SK seniors].
- ⁷ Best in Care, *Long Term Care in Newfoundland and Labrador*, online: Manulife Financial <[https://hermes.manulife.com/canada/repsrcfm-dir.nsf/Public/ThecostoflongtermcareinNewfoundland/\\$File/NEWFOUNDLAND_LTC_CostReport.pdf](https://hermes.manulife.com/canada/repsrcfm-dir.nsf/Public/ThecostoflongtermcareinNewfoundland/$File/NEWFOUNDLAND_LTC_CostReport.pdf)> [Best in Care, Newfoundland] at 2.
- ⁸ Best in Care, *Long Term Care in Ontario*, online: Manulife Financial <[https://hermes.manulife.com/canada/repsrcfm-dir.nsf/Public/ThecostoflongtermcareinOntario/\\$File/ONTARIO_LTC_CostReport.pdf](https://hermes.manulife.com/canada/repsrcfm-dir.nsf/Public/ThecostoflongtermcareinOntario/$File/ONTARIO_LTC_CostReport.pdf)> at 3 [Best in Care ON].
- ⁹ Housing Module, *supra* note 2.
- ¹⁰ *Ibid.* at 30.
- ¹¹ *Ibid.* at 6 and 31.
- ¹² Housing options for SK seniors, *supra* note 6 at 7.
- ¹³ Health Canada, *Canada Health Act Annual Report 2006 – 2007*, online: Government of Canada <http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/chaar-ralcs-0607/chaar-ralcs-0607-eng.pdf> at 28.
- ¹⁴ *Accreditations Requirements* (March 2007) online: Ontario Retirement Communities Association <http://www.orca-homes.com/intranet/ORCAjunk/documents/AccreditationDocument_Public_March2007.pdf> [ORCA Accreditation].
- ¹⁵ Housing Module, *supra* note 2 at 32.
- ¹⁶ *Ibid.*
- ¹⁷ *Ibid.*
- ¹⁸ Best in Care, Newfoundland, *supra* note 7 at 1.
- ¹⁹ Hall, *supra* note 1 at 26.
- ²⁰ *Ibid.* at 30.
- ²¹ “Complaints Response and Information Service (CRIS) FAQs and information online: Ontario Retirement Communities Association <http://www.orcahomes.com/cris_faq.html> [ORCA].
- ²² *Senior 55+ Accommodation and Support Services*, online: Manitoba Housing Authority <http://www.gov.mb.ca/fs/housing/mha_seniors.html#accommodations>.
- ²³ Housing Module, *supra* note 2.
- ²⁴ About SALS, *supra* note 4.
- ²⁵ Housing options for SK seniors, *supra* note 6 at 3.
- ²⁶ *Ibid.*
- ²⁷ *Ibid.* at 5.
- ²⁸ Best in Care, Newfoundland, *supra* note 7 at 3.
- ²⁹ *Ibid.* at 1.
- ³⁰ Best in Care ON, *supra* note 8.
- ³¹ *Ibid.*
- ³² *Ibid.*
- ³³ *Ibid.*
- ³⁴ Community Care Branch, *Personal Care Homes Licensees’ Handbook* (January 2005) online: <<http://www.health.gov.sk.ca/adx/asp/adxGetMedia.aspx?DocID=549,94,88,Documents&MediaID=1515&Filename=personal-care-home-licencees-handbook.pdf>> at 84 [Licencees’ Handbook].
- ³⁵ Department of Health and Community Services *Long Term Care Facilities in Newfoundland and Labrador Operational Standards* (November 2005) online: Province of Newfoundland and Labrador <<http://www.health.gov.nl.ca/health/publications/pdffiles/longtermcarestandard.pdf>> at 59 [LTC OS].
- ³⁶ ORCA, *supra* note 21.

³⁷ *Seniors' Care: Maintaining Standards of Care in Long-Term Care Homes*, online: Ministry of Health and Long-Term Care <http://www.health.gov.on.ca/english/public/program/ltc/25_standards.html#5>.

³⁸ Housing Module, *supra* note 2.

³⁹ *Personal Care Homes Licensees' Handbook* (January 2005) online: Saskatchewan Community Care Branch <<http://www.health.gov.sk.ca/personal-care-homes>> at 23.

⁴⁰ LTC OS, *supra* note at 35 10.

⁴¹ ORCA Accreditation, *supra* note 14.

⁴² Housing Module, *supra* note 2.

⁴³ *Ibid.* at 34-35.

⁴⁴ Housing options for SK seniors, *supra* note 6 at 5.

⁴⁵ Licensees' Handbook, *supra* note 34 at 29.

⁴⁶ Charmaine Spencer, "Canadian Care and Protection Laws and Regulations: Newfoundland and Labrador" a part of *A Way Forward: Promoting Promising Approaches to Abuse Prevention in Institutional Settings* online: <<http://elderabuse.aging.utoronto.ca/>> at 9.

⁴⁷ Best in Care, Newfoundland, *supra* note 7 at 2.

⁴⁸ *Ibid.* at 1.

⁴⁹ Best in Care, Newfoundland, *supra* note 7 at 3.

⁵⁰ Best in Care ON, *supra* note 8.

⁵¹ Licensees' Handbook, *supra* note 34 at 33-36.