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# **RESIDENTS' RIGHTS UNDER THE NEW *FIXING LONG-TERM CARE ACT***

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# Disclaimer

- This presentation and any material provided for this presentation is not legal advice but is only legal information for educational purposes
- Legal issues are **FACT SPECIFIC** and require factual information in order to provide legal advice to resolve an issue/problem/determine your rights
- If you require legal advice, please consult your own lawyer or legal advisor

# Overview of Long-Term Care Homes

## RESIDENT CHARACTERISTICS



**78,787** LTC residents  
across the province  
(September 2019)



**39,513** people on the LTC  
wait list (October 2020)

## RESIDENT DEMOGRAPHICS

**83** years old is the average age

**57%** are 85 year or older

**69%** are female

**85%** speak primarily English or  
French

**7%** (4,980) are under the age of 65

**24%** are married at admission

## ACTIVE CONDITIONS

**64%** of residents (65,000) have dementia or  
Alzheimer's disease (the most prevalent active  
condition amongst LTC home residents)

**90%** residents with 3 or more active conditions

**43%** aggressive behaviour

**80%** bladder incontinence

## SECTOR CHARACTERISTICS

**12** specialized units (225 beds) targeted to  
behaviours, dialysis and veterans' care



**321** beds are allocated for respite

**3** Centres for Learning, Research and  
Innovation



**626 homes**

Over 78.000 beds

Employs over **52,000** staff who provide interdisciplinary  
care to over **100,000** residents annually.

**40%** of homes have 96 or fewer beds

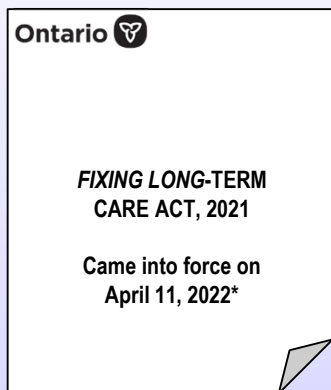


# ***Fixing Long-Term Care Act, 2021 (FLTCA)***

- Was part of a larger piece of legislation called the *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021*
- This legislation was introduced on October 28, 2021
- Debate was held from November 5 – November 18 (see Hansard for Transcripts)
- Was sent to the Standing Committee on the Legislative Assembly on November 18
- Standing Committee on the Legislative Assembly received written and oral submissions
- Oral submissions were held from November 23 – 25 (see Hansard for Transcripts)
- Minister of Long-Term Care presented first
- There were 12 other oral submissions
- Committee reviewed submissions and made any amendments
- Went back to House for 2 days of debate and received Royal Assent on December 9
- January 18, 2022 – draft regulations were released for 30 day consultation
- *FLTCA* was enacted April 11, 2022

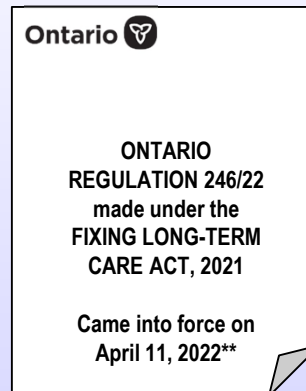
# How to Read and Find the FLTCA and Regulation

## *Fixing Long-Term Care Act, 2021*



Replaces the *Long-Term  
Care Homes Act, 2017*

## *Regulation under the FLTCA*



Replaces O. Reg. 79/10  
made under the *Long-  
Term Care Homes Act,  
2017*

Read the FLTCA and Regulation online: [www.ontario.ca/laws](http://www.ontario.ca/laws)

# Confinement Sections – No Date for Enacting

- Sections related to confinement – passed but not enacted
  - Section 33 – Amendment will be needed to require a policy for restraining **and** confining
  - Section 34 – Protecting from restraining and confining
    - adding confining to the protections
  - Section 34.1 – Confining of resident
    - Requirements as to when can confine
    - Required as cannot legally confine without due process
  - Section 51
    - Process to be used when admitting to confinement
  - Section 82 – Training
    - Adding confinement to staff on confinement, minimizing of confinement
  - Section 84 – Information for residents, etc.
    - Adding notification of confinement policy to information for residents on admission
  - Section 85 – Posting of Information
    - Adding notification of confinement policy to posted information

# Review by Minister – No Date for Enactment

- Section 115 - Request for Minister review – passed but no date for enacting confinement
- This section would allow any person to request the Minister review
  - Whether or not a license should be issued
  - Whether to approve a transfer of license or beds under a license
  - Whether an undertaking should be given to issue a license



# Regulatory Amendments Not Yet in Place

- Section 77 – Menu Planning (effective July 11, 2022)
- Among the changes
  - No longer requires alternate choices
  - Includes choice of other available entrees and side dishes at all three meals to meet residents' specific needs and food preferences
  - Removes references to Canada Food Act
  - Whether an undertaking should be given to issue a license
- Section 242 – Special Circumstances, Pandemic, Hospital Admission (effective October 11, 2022)

# Complementary Legislation

- *Health Care Consent Act*
- *Substitute Decisions Act*
- *Personal Health Information and Protection Act*
- *Fire Code*
- *Occupational Health and Safety Act*
- *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*
- Many others

# **RESIDENTS' BILL OF RIGHTS**

# LTCHA Fundamental Principle

The fundamental principle to be applied in the interpretation of this Act and anything required or permitted under this Act is that a long-term care home is primarily the home of its residents and is to be operated so that it is a place where they may live with dignity and in security, safety and comfort and have their physical, psychological, social, spiritual and cultural needs adequately met.

# Preamble

- The Preamble sets out the purpose and goals of the legislation
- *FLTCA* has increased what is in the Preamble

# FLTCA Preamble (part 1)

- Recognize that long-term care services and care must **respect resident diversity and diversity** in communities;
- Respect the requirements of the *French Language Services Act* in the planning, design, delivery and evaluation of **long-term care services for Ontario's French-speaking communities**;
- Recognize the **role of Indigenous peoples** in the planning, design, delivery, and evaluation of culturally safe long-term care services and care in their communities;
- Acknowledge that long-term care residents have **diverse and complex physical and mental health needs** that require individual, proactive, efficient, and effective supports;

## FLTCA Preamble (part 2)

- Are committed to **resident-directed, safe, quality care** that responds to a resident's physical, psychological, emotional, social, spiritual and cultural goals and needs and is respectful of every resident's individual identity and history;
- Are committed to providing and promoting **high quality accommodation** in a safe, comfortable, home-like environment where every long-term care resident has an ability to **enjoy life, and pursue the relationships, activities and interests** that are meaningful to them;
- Acknowledge that a resident's **health and quality of life** depend on **integration and collaboration** between an ecosystem of people, including fellow residents, family members, caregivers, long-term care home staff, volunteers, service providers, community and government;

## FLTCA Preamble (part 3)

- Recognize **the importance of caregivers** in supporting a resident's physical, mental, social and emotional well-being and quality of life;
- Are committed to having a **diverse, qualified, and empowered workforce** that is respected and supported by effective leadership to meet the individual and diverse needs of residents;
- Share a vision for a province where **excellent long-term care services and care** are available to all Ontarians who require it and where residents and their families have **trust and confidence** in their long-term care home;
- Affirm their belief that long-term care homes must be **governed and operated in a way that reflects the interest of the public**, and promote effective and efficient **delivery of high-quality care and services** to all residents;



## FLTCA Preamble (part 4)

- Are committed to **improving public accountability and transparency**, through robust and regular inspections and progressive enforcement actions;
- Affirm our responsibility to **take action where standards or requirements under this Act are not being met**, or where the **care, safety, security and rights of residents might be or are compromised**;
- Recognize the importance of fostering an environment that supports **continuous quality improvement and innovation**;
- Recognize the **value of transparency** from government, long-term care home licensees, staff and service providers with residents and their families;

## FLTCA Preamble (part 5)

- Acknowledge that **relevant information and data about long-term care homes should be accessible to the public** in a timely manner;
- Recognize the principle that **access** to long-term care homes is **based on prospective residents' assessed needs**;
- Are committed to the promotion of the delivery of long-term care home services by **not-for-profit and mission-driven organizations**; and
- Are committed to **all long-term care homes operating as mission-driven organizations** that have resident-directed, safe, quality care as the primary goal.

# Residents' Bill of Rights

- Residents Rights can be enforced as a contract in Court
- Guides interpretation of:
  - The Act and regulations
  - Agreements between the licensee and Crown/agent
  - Agreements between the licensee and resident/SDM
- Just because a “right” does not appear in the Residents’ Bill of Rights – does not mean that the resident does not have that “right”
- Residents do not “lose” rights that all others have just because they move into a long-term care home

# Changes to the Residents' Bill of Rights

- Twenty-nine (29) rights
  - Was 27 under the *LTCHA*
- Two brand new rights
  - #20 – Caregiver Support
  - #25 – Palliative Care Philosophy
- Amendment to wording
- Grouped rights together under headings
- Amended to have gender neutral language
  - Removed “his or her” and replaced with “their”

# **New: Rights Headings and Groupings**

- Right to be Treated with Respect
- Right to Freedom from Abuse and Neglect
- Right to an Optimal Quality of Life
- Right to Quality Care and Self-Determination
- Right to be Informed, Participate, and Make a Complaint

# **RIGHT TO BE TREATED WITH RESPECT**

# Right #1

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's **inherent dignity, worth** and individuality, **regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.**

- Amended to reflect wording of under the *Ontario Human Rights Code*
- Long-term care homes were already, and continue to be, subject to the *Ontario Human Rights Code*

## Right #2

2. Every resident has the right to have their lifestyle and choices respected.

- This is the resident's home: they do not have to change to live there
- Staff may not impose their own opinions on lifestyle, morals, etc., on residents



## Right #3

3. Every resident has the right to have their participation in decision-making respected.

- Care meetings should always include the resident whether or not they are competent, unless they refuse or cannot attend (for example they are ill)

# **RIGHT TO FREEDOM FROM ABUSE AND NEGLECT**

# Rights #4 and #5

4. Every resident has the right **to freedom** from abuse.
5. Every resident has the right **to freedom** from neglect by the licensee and staff.
  - These rights previously stated residents were “protected from” neglect and abuse
  - Are tied to the abuse sections in the Act and Regulation

# Legislative Components: Abuse Prevention in LTCHs

- Definitions of Abuse
- Residents' Bill of Rights
- Licensee obligation to protect residents (“Duty to Protect”)
- Reporting to Director by anyone
- Licensee obligations r/t reporting, investigations, action
- Policies
- Staff Orientation and Mandatory Training
- Screening measures

# Physical Abuse

- the use of physical force by anyone other than a resident that causes physical injury or pain,
- administering or withholding a drug for an inappropriate purpose, or
- the use of physical force by a resident that causes physical injury to another resident.

# Sexual Abuse

- 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
- 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

But does not include:

- 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
- 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.

# Verbal Abuse

- 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
- 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.

# Financial Abuse

- any misappropriation or misuse of a resident's money or property
  - Can include taking away the resident's property (i.e. wheelchair)
  - Homes do not have authority to "confiscate" items from a resident



# Emotional Abuse

- 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
- 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.

# Neglect

- 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.

# No Retaliation Against Residents

- A resident shall not be discharged from a long-term care home, threatened with discharge, or in any way be subjected to discriminatory treatment even if the resident or another person acted maliciously or in bad faith, and no family member of a resident, substitute decision-maker of a resident, or person of importance to a resident shall be threatened with the possibility of any of those being done to the resident.

# Obligations on Licensee

- Must protect residents from **abuse by anyone** and to ensure that residents are not **neglected by the licensee or staff.**
- Must immediately investigate alleged, suspected or witnessed incidents of abuse or neglect that they are aware of
- Must take appropriate action in response
- Must report the results of every investigation undertaken and every action taken, to the Director

# Duty to Report

- Certain things must be reported to the Director immediately by anyone **except** a resident or legal counsel
  - **Improper or incompetent treatment or care** of a resident that resulted in harm or a risk of harm to the resident.
  - **Abuse of a resident by anyone** or **neglect** of a resident **by the licensee or staff** that resulted in harm or a risk of harm to the resident.
  - **Unlawful conduct** that resulted in harm or a risk of harm to a resident.
  - Misuse or misappropriation **of a resident's money**.
  - 5. Misuse or misappropriation **of funding** provided to a licensee

# Failure to Report

- It is an offence for the following individuals to fail to report anything required under the Duty to Report
  - Licensee
  - Management (including owners, board members, etc.)
  - Staff
  - Anyone providing a professional service to the resident or licensee in the areas of health, social work, or social services work

# Mandatory Policy to Promote Zero Tolerance

- All homes must have a policy to promote zero tolerance of abuse and neglect of residents
- Must ensure that the policy is complied with
- Mandatory information to be contained in policy
- Policy must be communicated to staff, residents and residents' SDMs where applicable
- Staff, volunteers must be trained on policy

# Mandatory Police Reporting

- All homes must immediately notify the police of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence.
- If the incident does not meet these definitions, a home may still report the incident to police - it is just not **REQUIRED**



**RIGHT TO AN  
OPTIMAL QUALITY OF LIFE**

## Right #6

6. Every resident has the right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference.
- New regulations related to homes having “visitor policies” ostensibly to ensure that visitors are allowed in, may conflict with this section if they “interfere” with visitors, by limiting where and when can visit, barring them, serving with Trespass Notices, etc.

# Visitor Policy

## O. Reg. 246/22, s. 267

- Must have a visitor policy which includes
  - Process for access during outbreaks and non-outbreaks
  - Process for designating and documenting caregivers
  - Complies with all applicable laws, directives, orders, guidance or recommendations in accordance with the *Health Protection and Promotion Act*
  - Requires visitor logs
  - Policy must be provided to the Residents' Council and Family Council, if any

# Essential Visitors

- A caregiver
- A support worker who visits a home to provide support to the critical operations of the home or to provide essential services to residents
- A person visiting a very ill resident for compassionate reasons including, but not limited to, hospice services or end-of-life care
- A government inspector with a statutory right to enter a long-term care home to carry out their duties

# Visitors - Issues

- First time we have legislated requirement for home to have visitor policy
- We are already seeing policies where homes are placing limitations on visitors in contravention of Resident Right #6 which indicates that the **home cannot** interfere with visitors
- Ministry is allowing homes to create policy but instructing homes to “seek their own legal counsel” when creating these policies – thus distancing themselves from any policy which may not be legal
- While other authorities, such as Public Health, may have authority to restrict visitors where legislation allows, ACE does not believe that homes can do it under their own policy – as it contravenes the Residents’ Rights

# ***Trespass to Property Act***

- Homes continue to issue “Trespass Notices” against visitors
- Often against caregivers who complain about the care within the home
- Is this retaliation and thus contravenes whistle-blowing protection?
- Cannot use *Trespass to Property Act* if the person is a legal visitor – as the resident has a right to have visitors conferred by law – and therefore the *Trespass to Property Act* does not apply
- Visitors who receive Trespass Notices should seek legal advice from the private bar

## Right #7

7. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.

## Right #8

8. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
- Newly built homes often do not have any shared rooms, which makes this right impossible to meet, and is problematic for spouses/partners who want to continue to be together



## Right #9

9. Every resident has the right to meet privately with their spouse or another person in a room that assures privacy.
- Residents are entitled to intimacy
  - Residents are entitled to meet with someone without being overheard by roommates, staff, etc.

## **Right #10**

10. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop their potential and to be given reasonable assistance by the licensee to pursue these interests and to develop their potential.

## **Right #11**

11. Every resident has the right to live in a safe and clean environment.

## Right #12

12. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

- This is to ensure that residents who may wander have a safe place to enjoy the outdoors
- This does not replace residents ability to leave the home

## Right #13

13. Every resident has the right to keep and display personal possessions, pictures and furnishings in their room subject to safety requirements and the rights of other residents.

- This right is limited by space, Fire Code, safety issues, etc.
- Residents can ask for locked drawers to keep personal items in
- Some items may require to be locked in a separate area – such as tobacco, cannabis, alcohol
- Home must allow access to these items at resident's request

## Right #14

14. Every resident has the right to manage their own financial affairs unless the resident lacks the legal capacity to do so.

- Even if a resident has given someone a “Continuing Power of Attorney for Property” – they retain their right to manage their affairs until they become incapable
- Documents provided by the home to “appoint” someone to manage/be responsible for your financial affairs are not legal
- If a resident becomes incapable of managing their property and has not given someone a Continuing Power of Attorney for Property – there are legal processes to have statutory guardians, trustees of property appointed

## Right #15

15. Every resident has the right to exercise the rights of a citizen.

- You do not lose your legal rights just because you move into a long-term care home

# **RIGHT TO QUALITY CARE AND SELF- DETERMINATION**



## Right #16

16. Every resident has the right to **proper accommodation, nutrition, care and services consistent with their needs.**

- Previous wording was right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

## Right #17

17. Every resident has the right to be told both who is responsible for and who is providing the resident's direct care.

➤ Staff do not have the right of privacy

## Right #18

18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.

- Use of privacy curtains,
- Making sure doors are closed
- Not giving care or treatment in public spaces such as hallways

## **Right #19 (i) & (ii)**

19. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of their plan of care,

ii. give or refuse consent to any treatment, care or services for which their consent is required by law and to be informed of the consequences of giving or refusing consent,

## Right #19 (iii) & (iv)

19. Every resident has the right to,

iii. participate fully in making any decision concerning any aspect of their care, including any decision concerning their admission, discharge or transfer to or from a long-term care home and to obtain an independent opinion with regard to any of those matters, and

iv. have their personal health information within the meaning of the *Personal Health Information Protection Act, 2004* kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

- List is not exclusive – any change in care plan requires participation
- Most often see this in room transfers within a facility where resident/SDM not consulted

# Right #20

**20. Every resident has a right to ongoing and safe support from their caregivers to support their physical, mental, social and emotional wellbeing and their quality of life and to assistance in contacting a caregiver or other person to support their needs.**

- New – direct result of barring of caregivers during the pandemic

# Informed Consent

- *Health Care Consent Act (HCCA)* applies to all treatment, personal assistance services, in a long-term care home
- Except for in emergency situations – no treatment can be given unless the health practitioner gets informed consent first
- Informed consent must be obtained from the resident, if they are mentally capable of giving consent, or their substitute decision-maker if they are not
- Everyone who is incapable have a substitute decision-maker for treatment – set out in the *HCCA* hierarchy – with the Public Guardian and Trustee as decision-maker of last resort
- *HCCA* sets out what informed consent is, what information has to be provided by the health practitioner prior to consent
- If a resident is found to be incapable of making a treatment or personal assistance service decision, they have a right to challenge this at the Consent and Capacity Board

# Access to Resident Health Records

- *Personal Health Information Protection Act (PHIPA)* regulates access to personal health information
- Residents and their substitute decision-maker (where applicable) have right of access to the resident's health records
- If information required to make a decision – it should be provided forthwith
- If want access, copies of records for other purposes – the request should be in writing and the home has 30 days to provide access
- The home may, but is not required to, charge a fee for copies, etc.



# Right #21

21. Every resident has the right to have any friend, family member, caregiver or other person of importance to the resident attend any meeting with the licensee or the staff of the home.

➤ This right includes advocates, legal counsel

## Right #22

22. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

- This is **not** designation of a substitute decision-maker
- This is to ensure that if the resident wishes, a person of importance to them will be notified in the case of transfer or hospitalization

## **Right #23**

23. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

## Right #24

24. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

- At a future date, this will be amended to read “restrained or confined” in conjunction with the enacting of *FLTCA* s. 34. & 34.1
- Confinement sections was also written into the *LTCHA* but never enacted – thus making ongoing confinement (detention) in LTCHs illegal

## Right #25

### **25. Every resident has the right to be provided with care and services based on a palliative care philosophy.**

- New – in conjunction with section 12 of the *FLTCA*
- Palliative – does not mean “end-of-life” (see Palliative Care Information Sheet)
- however – it is not clear what this means – many advocates do not agree with this inclusion
- Palliative Care Philosophy will be the subject of a separate webinar on June 14 conducted by Dr. Fred Mather

## Right #26

26. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

- No definition of what “very ill” means
- Nothing that limits numbers of persons who can be present

**RIGHT TO BE INFORMED,  
PARTICIPATE, AND MAKE A  
COMPLAINT**

## Right #27

27. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

- Residents/SDMs must be provided with the following policies:
  - Duty of home to promote zero tolerance of abuse and neglect of residents
  - Written procedure for making complaints to the Director
  
- Residents/SDM must be notified of the policy to minimize restraint and how to get a copy of that policy
  
- Despite the right to access any policy that affects them – it is common for residents to be refused access to other policies



## Right #28

28. Every resident has the right to participate in the Residents' Council.

- Not just “capable” residents
- Homes should assist residents in attending Residents' Council meetings should they wish to do so
- Substitute decision-makers/family members/essential caregivers, etc. **cannot** attend on the residents' behalf

## Right #29

29. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else:

- i. the Residents' Council.
- ii. the Family Council.
- iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part IX, a member of the committee of management for the home under section 135 or of the board of management for the home under section 128 or 132.
- iv. staff members.
- v. government officials.
- vi. any other person inside or outside the long-term care home.

# ACE

Advocacy Centre  
for the Elderly



## Every Resident

Bill of Rights for people who live  
in Ontario long-term care homes

April 2021

# Residents' Bill of Rights

## “Every Resident”

- As the Residents' Bill of Rights has undergone substantial changes, resources must be updated
- “Every Resident”
  - written collaboratively by the Advocacy Centre for the Elderly (ACE) and Community Legal Education Ontario (CLEO)
  - must be re-written and republished
  - In the interim, an insert is being prepared and will be included with the “old” version as most of the rights have not changed
  - Once the new version is written, hard copies will be available for free from CLEO
  - Will also be available electronically on their website, [www. Cleo.on.ca](http://www.Cleo.on.ca) – under “Health and Disability”
  - French version will come at a later date following translation

# Residents' Bill of Rights

## Other Resources

- Other versions – different languages, for aphasics, etc.
  - OARC has translated the Resident Bill of Rights into over 20 languages and is available on their website
  - Created by other organizations – will work with them if they wish
  
- Residents' Bill of Rights must be posted by home
  - Ministry of Long-Term Care used to provide a copy to the home for posting
  - At present, they are not doing so
  - Homes are still required to post the Residents' Bill of Rights so will have to use their own resources to do so



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