

REGION OF OTTAWA-CARLETON  
RÉGION D'OTTAWA-CARLETON

REPORT  
RAPPORT

Our File/N/Réf.                    03-07-00-0127  
Your File/V/Réf.

DATE                                    8 June 2000

TO/DEST.                            Chair and Members, Community Services Committee

FROM/EXP.                         A/Committee Co-ordinator

SUBJECT/OBJET                    **COMMUNITY FORUM REPORT ON THE REGULATION OF  
RETIREMENT RESIDENCES**

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Attached is a report entitled "Proceedings from the Community Forum on the Regulation of Retirement Residences." The Committee Chair, Alex Munter has requested that the following recommendations from the Community Forum, be considered by Committee and Council:

**THAT the Region of Ottawa-Carleton receive the Report of Proceedings of the April 29, 2000 Community Forum on the Regulation of Retirement Residences; and,**

- 1.     Distribute the Report of Proceedings of the April 29, 2000 Community Forum on the Regulation of Retirement Residences (Appendix C) to the Minister Responsible for Seniors, the Minister of Health & Long Term Care, Opposition Party Critics, and to local M.P.P.s;**
- 2.     Request the Minister Responsible for Seniors to release the results of the public consultation conducted by M.P.P. Brenda Elliott, Parliamentary Assistant to the Minister Responsible for Seniors, on the issue of regulating retirement residences; and,**
- 3.     Establish a Task Force to develop recommendations for Committee and Council approval concerning the establishment and enforcement of care standards for retirement residences, including the role of municipalities, with membership of the Task Force as set out in Appendix E of this report.**

*Approved by*  
*Anu Kumar for*  
*Stephani Roy*

**The Council on Aging - Ottawa-Carleton**  
**Le Conseil sur le vieillissement - Ottawa-Carleton**  
*A community voice for seniors/Un porte parole des aîné(e)s dans la communauté*  
Ste. 299-1, 75 rue Bruyère Street, Ottawa ON K1N 5C7  
Tel. (613) 789-3577 Fax (613) 789-4406 E-Mail: coa@scohs.on.ca

DATE May 26, 2000

TO/DEST. Regional Councillor Alex Munter  
Chair, Community Services Committee

FROM/EXP. Alex Cullen, Executive Director, Council on Aging

SUBJECT/OBJET **PROCEEDINGS FROM THE COMMUNITY FORUM ON  
THE REGULATION OF RETIREMENT RESIDENCES**

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**REPORT RECOMMENDATIONS:**

**THAT the Region of Ottawa-Carleton receive the Report of Proceedings of the April 29, 2000 Community Forum on the Regulation of Retirement Residences;**

**AND THAT the Region of Ottawa-Carleton take the following actions:**

- 1. Distribute the Report of Proceedings of the April 29, 2000 Community Forum on the Regulation of Retirement Residences (Appendix C) to the Minister Responsible for Seniors, the Minister of Health & Long Term Care, Opposition Party Critics, and to local M.P.P.s;**
- 2. Request the Minister Responsible for Seniors to release the results of the public consultation conducted by M.P.P. Brenda Elliott, Parliamentary Assistant to the Minister Responsible for Seniors, on the issue of regulating retirement residences; and**
- 3. Establish a Task Force to develop recommendations for Committee and Council approval concerning the establishment and enforcement of care standards for retirement residences, including the role of municipalities, with membership of the Task Force as set out in Appendix E of this report.**

## BACKGROUND

On March 2, 2000 Community Services Committee approved the recommendations of a report to Committee entitled *Senior Citizens Living in Unregulated Residential Care* from Councillors Alex Munter and Clive Doucet (Appendix D), where the Region would co-sponsor with the Council on Aging a one-day community forum to bring together seniors, stakeholders and interested citizens to focus on the issue of seniors living in unregulated residential care, and that a report from the forum be submitted to Community Services Committee.

This initiative was prompted by an earlier City of Toronto Task Force which examined problems in the unregulated retirement home sector in Toronto, the round of public consultations on this issue conducted by M.P.P. Brenda Elliott, Parliamentary Assistant to the Minister Responsible for Seniors (which included the possibility of municipal regulation and enforcement), the fact that approximately 4,000 seniors in Ottawa-Carleton live in unregulated retirement homes (estimated 50 residences in Ottawa-Carleton), and the waiting list (approx. 2,000) for long term care beds in Ottawa-Carleton. The initiative was supported by the Council on Aging, whose own membership had identified the issue of the regulation of retirement residences as one of its two priorities for this year. The Council on Aging agreed to co-sponsor the Community Forum with the Region, and organize it.

On April 29, 2000 the Council on Aging held the Community Forum on the Regulation of Retirement Residences at Regional Government Headquarters. The 120 participants at the Forum included seniors, representatives from the Ontario Residential Care Association (ORCA - representing 55% of retirement homes in Ontario), from the Ontario Association of Non-Profit Homes & Services for Seniors (OANHSS), other un-affiliated service providers, staff from the Region's Homes for the Aged Department, and the public. Participants heard from a panel composed of Homes for Aged Commissioner Garry Armstrong, ORCA representative David Porter (owner/operator of Blackburn Lodge in Gloucester), OANHSS representative Christina O'Neill (Director of Care at Unitarian House in Ottawa), Lynne Landry (Compliance Consultant, Ministry of Health & Long Term Care), and Jim Lumsden (a senior and member of the Council on Aging). The Seniors Secretariat (part of the Ontario Ministry of Citizenship, Culture & Recreation and responsible for the public consultations on the issue) had been invited to participate in the Forum, but unfortunately withdrew their participation.

Following the panel presentation, participants broke into 5 discussion groups (English and French) to develop responses to the Forum's 4 questions:

1. Should retirement residences be regulated?
2. Who should regulate?
3. What standards should be set?
4. Who should enforce them?

Participants also heard from noon-time speaker Dr. Bill Dalziel, A/Chief of the Regional Geriatric Assessment Program, on the topic of *Components for Successful Aging*.

## FORUM RESULTS:

The response of participants to the Forum's 4 questions can be summarized as follows:

1. Should retirement residences be regulated?

There was consensus on this question: all 5 discussion groups said "yes" to regulating retirement residences. This includes licensing and inspections.

2. Who should regulate?

All discussion groups agreed that the Provincial Government should be the primary regulator of retirement residences in order to provide uniform standards. Additional suggestions voiced included using ORCA's self-regulation model (based on ORCA licensing and standards); others suggested establishing an independent agency with representatives from consumers, retirement home operators, professionals from geriatrics, seniors advocacy groups, and other agencies such as municipalities, public health agencies, and community care access centres, to license and inspect retirement homes.

3. What standards should be set?

There was consensus that there needs to be different standards of care to reflect different needs of seniors. Other concerns raised included developing a Residents Bill of Rights for retirement home residents (similar to what exists under long term care legislation); and the need for some public funding to assist low income seniors in accessing the care required in these residences.

4. Who should enforce them?

All groups agreed that the Provincial Government had primary responsibility to set standards and direct enforcement. However, different suggestions were made regarding actual enforcement, such as municipalities, an independent agency (with statutory powers and broad representation from providers, seniors, etc.), ORCA, the community care access centres, or a provincially-appointed Ombudsman with a 1-800 number.

## NEXT STEPS:

The Council on Aging proposes that a Task Force be established to review the Community Forum's proceedings and develop recommendations for Committee and Council approval on the regulation of retirement residences, including the role of municipalities. Considerable interest was demonstrated by Community Forum participants in the notion of a follow-up Task Force to develop recommendations. The Council on Aging is prepared to support the activities of such a Task Force. Membership would include seniors, Regional Government staff, representatives from ORCA and OANHSS, Ministry of Health & Long Term Care, other service providers, and the public (see Appendix E). The Task Force is expected to report to Committee and Council by the fall of this year.

## RECOMMENDATIONS:

It is recommended that Regional Council proceed with the establishment of a Task Force on the Regulation of Retirement Residences to develop recommendations to Council on this issue. It is clear from the Community Forum that there is consensus among seniors and service providers that retirement residences should be regulated in terms of licensing and inspections to enforce standards of care.

As well, from the discussions that M.P.P. Brenda Elliott (Parliamentary Assistant to the Minister Responsible for Seniors) had with seniors groups, local service providers and regional government officials in February this year, it is clear that the Provincial Government is examining models of regulation that include significant roles for municipalities. The City of Toronto report from its Task Force also identifies (but does not recommend) roles for municipalities in setting and enforcing standards for retirement homes. It would be prudent to develop recommendations on this issue in advance of legislation.

To further this objective, the results of the Community Forum's proceedings should be forwarded to the Provincial Government and Opposition Critics, and distributed to local M.P.P.s.

As well, as the Provincial Seniors Secretariat has indicated that there is no public report on M.P.P. Elliott's public consultation across Ontario on the issue of regulating retirement residences, and as it would be useful for both the public and stakeholders to know what was said on this issue across Ontario, then the Minister Responsible for Seniors (to whom Ms. Elliott reported) should be asked to release the results of the public consultation.

**THAT the Region of Ottawa-Carleton receive the Report of Proceedings of the April 29, 2000 Community Forum on the Regulation of Retirement Residences;**

**AND THAT the Region of Ottawa-Carleton take the following actions:**

- 1. Distribute the Report of Proceedings of the April 29, 2000 Community Forum on the Regulation of Retirement Residences (Appendix C) to the Minister Responsible for Seniors, the Minister of Health & Long Term Care, Opposition Party Critics, and to local M.P.P.s;**
- 2. Request the Minister Responsible for Seniors to release the results of the public consultation conducted by M.P.P. Brenda Elliott, Parliamentary Assistant to the Minister Responsible for Seniors, on the issue of regulating retirement residences; and**
- 3. Establish a Task Force to develop recommendations for Committee and Council approval concerning the establishment and enforcement of care standards for retirement residences, including the role of municipalities, with membership of the Task Force as set out in Appendix E of this report.**

Submitted by Alex Cullen, Executive Director, Council on Aging.

## List of Appendices

- Appendix A - Notice of Community Forum on Regulating Retirement Residences
- Appendix B - Agenda for Community Forum
- Appendix C - Report of Proceedings from the Community Forum
- Appendix D - Feb. 22, 2000 Report to Community Services Committee: *Senior Citizens Living in Unregulated Residential Care*
- Appendix E - Membership of Task Force on the Regulation of Retirement Residences

## **Appendix E**

*The Council on Aging - Ottawa-Carleton - Le Conseil sur le vieillissement  
and - et  
The Region of Ottawa-Carleton/La Région d'Ottawa-Carleton  
presents - présentent*

**A Community Forum - Un forum communautaire  
on / sur**

**The Regulation of Retirement Residences  
La réglementation des maisons de retraite**

*Should retirement residences be regulated? Who should  
regulate?*

*What standards should be set? Who should enforce them?*

*Les maisons de retraite devraient-elles être réglementées?  
Qui devrait s'en charger? Quelles normes devrait-on établir?  
Qui devrait être chargé de leur application?*

**Saturday April 29, 2000  
8:45 am to 2:30 pm  
RMOC Headquarters  
111 Lisgar St., Ottawa**

**Le samedi 29 avril 2000  
8 h 45 à 14 h 30  
Siège de la Région d'Ottawa-Carleton  
111 rue Lisgar, Ottawa**

**- Presentations by - Présentations par -**

*Ontario Ministry of Health (Long Term Care)  
Ontario Ministry of Citizenship, Culture & Recreation (Seniors' Secretariat)  
Ontario Residential Care Association  
RMOC Homes for the Aged  
City of Toronto Task Force on Retirement Residences*

*Ministère de la Santé et des Soins de longue durée de l'Ontario  
Secrétariat aux affaires des personnes âgées du ministère  
des Affaires civiques, de la Culture et des Loisirs de l'Ontario  
Ontario Residential Care Association  
Foyers pour personnes âgées de la Région d'Ottawa-Carleton  
Groupe de travail de la Ville de Toronto sur les maisons de retraite*

***For more information or to pre-register, call the Council on Aging at 789-3577 x21  
Renseignements ou préinscription : Conseil sur le vieillissement, 789-3577 x21***

**COUNCIL ON AGING - OTTAWA-CARLETON - CONSEIL SUR LE VIEILLISSEMENT  
REGION OF OTTAWA-CARLETON/RÉGION D'OTTAWA CARLETON**

**COMMUNITY FORUM ON  
REGULATION OF RETIREMENT RESIDENCES**

Saturday April 29, 2000

8:45 a.m. to 2:30 p.m.

Champlain Room - RMOC Headquarters - 111 Lisgar St., Ottawa

**A G E N D A**

- 8:45 - 9:00                      Registration (Champlain Room)
- 9:00 - 9:05                      Introduction - *David Bernhardt*, President COA
- 9:05 - 9:15                      Remarks - *Alex Munter, Clive Doucet*, Regional Councillors
- 9:15 - 9:20                      Overview & Purpose - *Alex Cullen*, Executive Director, COA
- 9:20 - 10:10                    Panel Presentations:
- Garry Armstrong* - Commissioner, RMOC Homes for the Aged  
   *David Porter* - Ontario Residential Care Association  
   *Christina O'Neill* - Ontario Association of Non-Profit Homes & Seniors Services  
   *Lyn Landry* - Ontario Ministry of Health (Long Term Care)  
   *Jim Lumsden* - Council On Aging
- 10:10 - 10:45                    Questions & Answers
- 10:45 - 11:00                    Refreshment Break (Caucus Room)
- 11:00 - 12:00                    Discussion Groups (Champlain, Billings, Honeywell & Richmond Rooms)  
Discussion Guide:            - Should retirement residences be regulated?  
   - Who should regulate?  
   - What standards should be set?  
   - Who should enforce them?
- 12:00 - 12:30                    Lunch (Jean Pigott Place - Rotunda)
- 12:30 - 1:00                      Speaker: *Dr. Bill Dalziel*, Chief, Regional Geriatric Assessment Program  
   Assoc. Professor, Division of Geriatric Medicine, U. of Ottawa  
   "*Components of Successful Aging*"
- 1:00 - 2:00                      Reports from Discussion Groups (Champlain Room)



2:00 - 2:30

Next Steps - Regulation of Retirement Residences Task Force

**COUNCIL ON AGING - OTTAWA-CARLETON - CONSEIL SUR LE VIEILLISSEMENT  
REGION OF OTTAWA-CARLETON/RÉGION D'OTTAWA-CARLETON**

**COMMUNITY FORUM ON  
REGULATION OF RETIREMENT RESIDENCES**

Saturday April 29, 2000  
8:45 a.m. to 2:30 p.m.  
RMOH Headquarters - 111 Lisgar St., Ottawa

***LOGISTICS:***

Media release Friday April 28, 2000

Main assembly area - Champlain Room (Heritage Building, 2<sup>nd</sup> floor, RMOH HQ, 111 Lisgar St.)

Registration table (registration forms, name tags for discussion groups, discussion group guide, feed-back form) (8:45 a.m.)

Information table materials - *Guide for Selecting a Retirement Residence*, *Guide for Selecting a Long Term Care Facility* (COA), other COA material, COA display

Panel speakers: microphones; 10 minutes each; water; overhead projector (9:20 a.m.)

Coffee, fruit drinks in Caucus Room (10:30 am)

Discussion Groups: Champlain Room, Honeywell, Billings, Richmond Rooms (11:00)  
Facilitator, recorder, rapporteur (x5) incl. Francophone discussion group  
Questions/guide for discussion  
Flip-chart paper + stands+ markers

Lunch: Sandwiches, fruit drinks, coffee in Jean Pigott Place (Rotunda); tables & chairs (12:00)

Speaker: in Council Chambers (Hayden Hall); 20 minutes; microphone; podium; water (12:30)

**Council on Aging - Ottawa-Carleton - Conseil sur le vieillissement  
and/et  
The Region of Ottawa-Carleton- La Région d'Ottawa-Carleton**

## **Community Forum on the Regulation of Retirement Residences**

**April 29, 2000  
RMOC HQ, 111 Lisgar St., Ottawa**

**Registered Participants:** 121 participants

9:00 am Champlain Room:

**Introduction:** David Bernhardt, President, Council on Aging

Welcome to the Council on Aging's Community Forum on the Regulation of Retirement Residences. This is our second community forum this spring, the earlier being on Home Care. I would like to thank the Region of Ottawa-Carleton for their financial support of this forum and Regional Councillors Alex Munter and Clive Doucet for their support.

The Council on Aging is a non-profit, bilingual United Way agency dedicated to enhancing the quality of life for all seniors in Ottawa-Carleton. Now celebrating its 25<sup>th</sup> year, the Council works with and for seniors to voice issues and concerns to all levels of government and to the general public. One of these issues is the regulation of retirement residences.

The regulation of retirement residences has been an issue of interest to the Council on Aging for many years. In 1990 we made presentations to the provincial government on its public consultation paper *Redirection of Long Term Care and Support Services*, in 1993 to the Lightman Commission Report *A Community of Interests*, in 1994 to Bill 173 *An Act Respecting Long Term Care*. Recently we participated in MPP Brenda Elliott's public consultation on the regulation of retirement residences, conducted on behalf of the Minister Responsible for Seniors (the Honourable Helen Johns).

We are interested because retirement homes provide care for seniors who cannot or do not wish to live independently, but who do not qualify for nursing homes or homes for the aged. It is, however, care that is unregulated, meets no provincial standards, by institutions that are unlicensed and un-inspected. Indeed, restaurants are better regulated, receive more inspections, meet more standards, than retirement residences.

Here in Ottawa-Carleton there are 18 licensed nursing homes and homes for the aged, home to 3,047 seniors. These are long term care facilities that are provincially regulated, that must meet standards of care, and that are inspected. In Ottawa-Carleton we have 2,000 residents on the waiting list for long term care - many are currently housed in retirement residences.

The Bill of Rights for residents in Ontario's nursing homes - which has been law since 1987 - contains 19 rights for seniors in terms of care and treatment. These are guaranteed by law. Unfortunately there are no such guarantees for residents of retirement residences. Outside of municipal building codes, health and safety regulations, and elements of the Tenant Protection Act, there are no regulations regarding the standard of care required in retirement residences, nor any licensing requirements.

The RMOC's Directory of Housing and Residences for Seniors in Ottawa-Carleton lists 48 retirement residences, housing about 3,700 seniors. The monthly costs vary from \$670 a month to \$6,100 a month. Not all provide nursing care, and the level of nursing care varies widely.

It is disturbing to realize that nearly 30% of seniors do not have family available to support them, or look in on them, or speak to management about their care. This makes an already vulnerable population even more vulnerable. Experiences in Toronto and elsewhere, even here in Ottawa, of people being left unattended in their own urine, begs for some form of regulation, some definition of standards of care. We don't allow this in nursing homes, why would we allow it in retirement residences?

On a personal note, over the past 20 years I have spent a great deal of time in a seniors' retirement residence where my mother lived. During this period, as she aged from 78 to 96 I saw the average age of the residents go up from about 75 to around 85 with the number of frail seniors in the residence increasing significantly. I saw the conversion of two floors into areas for assisted living to meet the needs of the aging population of the residence. During the last 5 years of my mother's life I spent an average of 3 days a month living in this Toronto retirement residence and observed first hand the problems that even a well-run unregulated retirement residence can have as it tries to operate as a pseudo nursing home.

Ms. Elliott, in her consultation with us and other seniors on this issue, asked us 3 questions: Is the regulation of retirement residences needed? Who should do it? How should complaints be handled? The unanimous response to the first question by all who participated in our group - seniors from across the region - was yes, regulation is necessary. Answers to the second question varied, from provincial regulation to municipal regulation to industry self-regulation. Answers to the third question about how to handle complaints ranged from a provincial Ombudsman to local municipal authorities to a Bill of Rights for residents.

These are the issues that we hope to address in this public forum today. As our population ages, the issue of appropriate care for those who cannot look after themselves will become increasingly important, not only to the seniors who need such care, but to their families as well.

In 30 years time the number of seniors in our region will nearly triple, from 80,000 to 239,000, from one-in-ten residents today to one-in-five by 2031. The issue of care, and care standards, will become increasingly important.

Our mandate at the Council on Aging is clear - to work to enhance the quality of life for all seniors in our community. Our membership has identified this issue as one of our priorities. Today we will find out what you, today's participants, think

Alex Munter, Regional Councillor:

Thank you all for coming out today to discuss this important issue. Given the considerable turn-out we have today, it underscores the importance of this issue in our community.

As the number of vulnerable seniors increase through population aging, we need to ensure that standards are in place to protect vulnerable seniors. There is consensus in our community and across Ontario that there should be consistent, province-wide standards, and that there should be regulation to enforce those standards. However, there is apparently little consensus on who should enforce them. These are questions for this Community Forum to decide.

This issue comes about through the changing nature of the clientele of retirement residences. There is today a crisis in long term care in Ontario and here in Ottawa-Carleton. Currently there are 2,000 people on the waiting list in Ottawa-Carleton for long term care beds; the provincial government plans to build 1,313 long term care beds by the year 2004 - only two-thirds of today's waiting list. Most of the waiting list are living in retirement residences, and their needs need to be considered by the system. The vast majority of retirement home operators are doing a great job, are very responsible. But if only 10% of the homes have problems, then 400 seniors are at risk.

The Region wants to be able to provide confidence to families about the care being provided to vulnerable seniors. Today's Forum will look at the issues, and hopefully come up with some ideas, some actions, to ensure that this can happen: is a "hot line" a good idea? If regulation is a good idea, then how, or by who (particularly if the provincial government is not participating)? And what role should ORCA (Ontario Residential Care Association) play? I look forward to hearing your answers.

9:30 a.m., Champlain Room:

**Panel Presentation:**

Garry Armstrong, Commissioner, Homes for the Aged, RMOC:

Regional Government operates 3 homes for the aged, which are regulated under provincial legislation. The province is now examining whether retirement residences should also be regulated. Provincial policy seems to be following a 30-year cycle: in the 1960's-70's concerns were being raised about nursing homes, which then led to provincial legislation. For the past one-and-a-half years we have been hearing that there will be a new Long Term Care Act. The province has promised 20,000 long term care beds over the next 15 years. Ottawa-Carleton has been allocated 320 LTC beds to date, and 480 more are expected to be announced soon.

The Region provides a Directory of Housing & Residences for Seniors (a Council on Aging initiative). The new city will have a new model for housing, the result of existing services (3 municipal homes for the aged, plus the 800-bed domiciliary hostel program), plus the downloading of social housing from the province, plus the integration of these services with Regional Social Services, Public Health, and Urban Planning. Each of these have their provincial counterpart: Ministry of Municipal Affairs & Housing, Ministry of Community & Social Services, Ministry of Health, and Ministry of Citizenship, Culture & Recreation.

The provincial government is developing a working definition of a retirement residence: 5 or more un-related persons living together; care is sold directly to the consumers; residence not funded by the province. Some 33,000 beds in about 600 facilities fit this definition in Ontario.

The provincial government is asking 3 questions regarding regulating retirement residences:

1. Should the Province establish care standards?
2. What should they be?
3. Who should enforce them?

However, this government is moving out of providing housing, and is not looking to take on new health responsibilities.

There are six options for the government:

1. create self-regulation through legislation;
2. ORCA given authority to license & regulate;
3. require municipalities to pass by-laws to develop and enforce care standards;
4. establish a new public health program (municipally-based) to set and enforce standards;
5. Province to establish, maintain and enforce standards; or
6. status quo.

Best guess: Province to off-load responsibility onto municipalities, or establish self-regulated agency(ies) (with municipal & operator representatives) to set and enforce standards.  
In the U.S., “skilled facilities” (i.e. nursing homes) are under pressure in terms standards and enforcement. However, 37 states now regulate “assisted facilities” (i.e. retirement homes), and 32 have applied for Medicaid funding (federal health care funding).

#### David Porter, Ontario Residential Care Association:

David Porter is the owner/operator a 50-bed residence in Ottawa-Carleton and is a member of the Ontario Residential Care Association (ORCA). ORCA is the largest retirement home organization in Canada, representing just over half (55%) of the homes in Ontario: 18,000 beds in 250 facilities. The range is from 8-bed to over 200-bed facility, both urban and rural. In Ottawa-Carleton 60% of 50 facilities (representing 4,400 beds) are ORCA members.

Members of ORCA must qualify to join; must agree to ORCA code of ethics; must follow ORCA procedure model to provide high quality service in each area; and must submit to a compulsory standards inspection (at least every 3 years). ORCA’s system is well-developed, mature.

For non-members, outside of fire, health, and building code, there are no standards of care for non-ORCA residential care facilities.

People with money have lots of choices; however, those with less have fewer choices. Operators have little room to cover additional costs. GWA (welfare assistance) provides \$38 a day for domiciliary hostels; long term care subsidies come to about \$100 a day.

ORCA’s position regarding the Province’s questions:

1. Yes, there should be minimum standards for residential care facilities;
2. If there are to be standards for residential care facilities, they should be province-wide;
3. there will need to be provincial funding to support these province-wide standards.

ORCA’s proposal for self-regulation has been cited as conflict-of-interest. However, ORCA’s inspection system is independent, with strict rules and inspections. Members must comply, or lose standing. ORCA’s system does not need provincial regulation, as ORCA would exceed minimum standards.

#### Christina O’Neill, Ontario Association of Non-Profit Homes & Services for Seniors:

Christina O’Neill, director of care at Unitarian House (a member of the Ontario Association of Non-Profit Homes & Services for Seniors (OANSS)), presented the OANSS position paper on the issue of regulating retirement residences. OANSS would support a system of provincial standards where there is clear accountability, which has checks and balances. OANSS would participate in such a system if:

1. If the standards set increased the level of care, then subsidies will be needed to support low-income clients;
2. Provincial legislation must also place retirement residences in the continuum of care for the elderly;
3. Provincial government must clearly define care homes and care services;
4. Care services must be regulated on a consistent and province-wide basis;
5. Regulations and inspections should be conducted by an independent agency. The agency should include representation from seniors, advocates, operators (both profit & non-profit), municipalities, and the province;
6. Regulation should be both proactive (ability to initiate own inspections) and reactive;
7. The regulatory environment must balance the rights of operators vs. the rights of the individual consumer. While the regulatory authority should have the power to license, revoke licenses, and fine, for example, the operator should have a right to a hearing, and time to repair the fault;
8. There should be a toll-free telephone number to handle complaints; there should be compliance standards; and the agency's activities should be co-ordinated with the municipality;
9. The provincial government must financially support the development of regulations (although there could be some cost recovery through license fees and fines).

In sum, OANSS supports the government's direction to regulate retirement homes, through the use of an independent regulatory agency.

#### Lynne Landry, Long Term Care Division, Ministry of Health:

Provincial legislation covers long term care (LTC) facilities through the Nursing Homes Act, the Municipal Homes for the Aged Act, and the Charitable Institutions Act. Long term care facilities are operated by both non-profit organizations (10%) and for-profit organizations (90%). The Ministry receives many calls from people interested in opening a long term care facility; this can only be done through either taking over or buying long term care beds from an existing institution, or through an RFP (Request For Proposal) process when the Ministry is granting/providing new LTC beds. Ottawa-Carleton is expected to receive 1,313 new LTC beds: 320 have already been granted in 1998; 498 are expected to be granted in 2000.

For an individual to be able to use/get a LTC bed, he or she must now apply to the local Community Care Access Centre. The individual must be 18 years of age or older, and must have a valid OHIP card. In Ottawa-Carleton the current waiting list for LTC beds is 2,000.

There are safeguards to protect individuals in the LTC system: there is a signed admission agreement between the individual and the facility, which includes a written listing of programs available at the facility; there is a legislated bill of rights for LTC residents; there are specific regulations regarding the use of restraints; there is formal recognition of residents' councils; there is a formal process to raise issues/concerns/complaints with the facility.



The LTC system includes accountability and monitoring: the Ministry of Health has a signed service agreement with each LTC facility; there is a LTC facility program manual which defines care standards (37 standards, 426 criteria); there are also Ministry policies and directions; Ministry of Health staff (a.k.a. “compliance advisors”) are registered nurses.

The per diem rate as of April 1, 2000 for a LTC bed is \$49.99 a day a resident for basic nursing care, \$5 a day a resident for program and service support, \$4.38 a day a resident for raw food, and \$37.12 a day a resident for other accommodation costs, to a total of \$96.46 a day a resident.

Residents co-pay for LTC care - provincial subsidies exist to help low-income individuals pay for a basic room. The resident co-payment rates are:

	<u>Daily</u>	<u>Monthly</u>
Long Stay - basic	\$42.01	\$1,277.95
Semi-private	\$50.01	\$1,521.28
Private	\$60.01	\$1,825.49

The daily short-stay rate is \$28.63.

### Jim Lumsden, Council on Aging:

Care for the elderly should be seen as part of a continuum of care: community care, residential care, long term care. Jim Lumsden has had two personal experiences - with an 85-year-old resident of a retirement home, and a male resident who moved from a retirement residence to a long term care facility (was on a waiting list, was on medication). These represent two types of care consumers: one who is in generally good state of health with little or no cognitive impairment; and one who requires support for some or all of the activities of daily living and cannot receive this through community care.

This is an issue of growing demand: Ottawa-Carleton had 2,300 residential care beds in 1994; now at 3,700 beds today.

Funding to support low-income seniors in care facilities should not be tied to regulations; regulations are required whether system is funded or not. The Tenant Protection Act was the last legislation to touch on this - did not define care standards; issue more complex than standard tenant-landlord relationship. MPP Lyn McLeod has tabled a private member’s bill setting out care standards. ORCA standards should be validated by the Canadian Health Services accreditation process.

The important point here is that with respect to care for seniors - whether residential home or long term care facility - the care issues are the same! Therefore both should have regulated care standards.

Therefore there is a need to define nursing care provincially. There is a need for a focal point for inspections and standards - health, safety, care, etc.

The number one recommendation has to be the staffing ratio - from a healthcare perspective and a safety perspective. There should be common definitions to describe services; need for resident’s bill of rights, with

formal complaint mechanism; independent accreditation system required; money issues must be clarified (no power of attorneys from seniors to operators or employees).

### Questions & Answers to Panel:

Q: How do you establish residents' councils in non-LTC facilities (i.e. retirement residences)?

A: ORCA recognizes and supports residents' councils; not required by law.

Q: Can family and friends participate on residents' councils?

A: Yes, to a limit (LTC, ORCA only). There is a provincial association of residents' councils.

Q: Standards should reflect frailty - are there definitions of frailty?

A: LTC has 7 categories (A to G). The Community Care Access Centre (CCAC) does the assessment of the client to qualify for LTC.

Q: How independent is ORCA's inspection process?

A: There is an independent inspection team hired. Owner/operators are involved in process. Q: There is a need to better co-ordinate services. How does one intervene when people aging in place puts more demand for care than can be provided?

A: It is an issue of informed choice, threshold of care, right to intervene. This is a difficult area. Q: Long Term Care Residents' Bill of Rights #17 re. management of financial affairs - how can this be enforced?

A: This may be a role for Public Guardian & Trustee.

Q: What does ORCA do when rising care needs require more resources?

A: ORCA members are not quick to evict clients, will take advantage of home care, other services.

Q: How does ORCA deal with rising care requirements and inability of client to pay?

A: At some point client is referred to CCAC for long term care assessment and placement.

12:30 p.m., RMO Council Chambers:

### **Keynote Speaker:**

## Dr. Bill Dalziel, Regional Geriatric Assessment Program:

The context of today's Forum is the Age Wave - the aging Baby Boom. Aging is normal, but it is also the biggest risk factor for disease. Age decreases a person's reserves, therefore prompt health checks are important for remediation. Geriatric assessment (which includes physical, psychological, and other factors) is holistic in its approach, and focused on remediation.

What is happening in residential care? It is based on the economics of aging. This is great for seniors who can afford it, but for others there is a need for lower-cost options.

The aging process - help for seniors is needed beginning on an intermittent basis (i.e. "interval of need"), then perhaps leading to a CCAC assessment, then the family providing the bulk of the care, then the nursing home. In the continuum of care, retirement residences are alternatives to nursing homes. The issue today is the ability of retirement residences to provide health care to seniors (again, in the context of remediability).

Frailty is the new "senility": support needs go up as ability goes down. But there is the opportunity to "un-frail" through appropriate treatment and re-habilitation.

What can you do to age successfully? This depends on such factors as attitude, diet, smoking, flue shots (age 65+), strength training, exercise, health promotion, medication. All these factors can add to quality of life.

Questions from the audience: What is the biggest health issue for the next decade?

Dr. Dalziel: Alzheimer's disease - the cause of 70% of institutionalization of seniors for the next decade.

Dr. Dalziel also announced, on behalf of the Regional Geriatric Assessment Program, free geriatric assessments for entrants to retirement residences.

1:00 p.m., Champlain Room:

## **Reports from Discussion Groups:**

There were altogether 5 discussion groups, 4 English and 1 French. Facilitators for the English groups were: Alex Cullen (Council on Aging), Luc Legault (RMOC Social Services), Graeme Roderick (Island Lodge), Riitta Vaissi Nagy (COA); and Jacynthe Mayer (COA) for the Francophone group. Each group had approximately 15 - 20 participants.

The following provides a summary of the issues raised in the groups, followed by a point-form listing. As a guideline for discussion each group had four questions to answer regarding the regulation of retirement residences.

### **Summary of Discussion Groups:**

#### **Question # 1: Should there be regulation of retirement residences?**

There was consensus on this question: all five groups said “yes” to regulating retirement residences. Two out of the five groups expressed a need to define the term “retirement residence”.

#### **Question # 2: Who should regulate retirement residences?**

All groups agreed that the province should be the main regulator in order to provide uniform service.

Two of the five groups saw the provincial involvement in the form of an umbrella organization under which there would be a “neutral” or “independent” coalition with representatives from all stake holders, such as the retirement residence industry, consumers, professionals working in the geriatric field, members of seniors’ advocacy groups, community agencies (such as the CCAC), etc. Establishing residents’ councils and ensuring consumer participation was seen as particularly important in making sure that residents’ needs are met.

Three out of five groups saw the municipality having a role in the regulation process, by enhancing existing by-laws and developing new ones establishing care standards.

Concerns regarding industry self-regulation were expressed by two of the groups, as they saw for-profit motivation as a possible danger to the quality of care provided. However, it was also stated that the valuable experience of ORCA should not be over-looked, but used to benefit the regulation and inspection process through a coalition of agencies.

Four out of five groups expressed a need for a complaints process, in the form of an Ombudsman or a 1-800 number.

#### **Question # 3: What standards should be set?**

All five groups addressed the need to provide flexible standards of care which would reflect the changing needs of the residents. There were concerns of admissions standards as well as a discharge policy to ensure access to levels of care as needed. There was also a call for definitions for the different levels of care.

Two out of five of the groups saw the development of a Residents Bill of Rights, similar to the one stipulated by the *Nursing Homes Act* and in use in long term care residences.

For two of the four groups, staff/resident ratio was also an issue of concern and three groups expressed a need for adequate staff qualifications and education.

Nutritional needs of residents were discussed in two of the four groups. These needs included the ability to take into consideration individual preferences of residents.

Two groups voiced concerns over the standards of care being affected by profit-motivated operation of homes, as opposed to homes directed mainly by the needs of the residents. These groups also addressed the need for improved access to retirement residences by increasing subsidies. Funding was seen as an issue underlying most concerns.

The fear of over-regulation was also expressed by one group along with the desire to keep the environment as home-like as possible for residents.

Broad continuing consultation across the province leading to the establishment of province-wide standards was requested.

#### **Question # 4: Who should enforce these standards?**

All five groups agreed that the provincial government should take charge of the overall regulation process, and to establish uniform standards.

Municipalities were seen in the role of surveyors and inspectors enforcing the standards. One group also saw the municipality as the source of funding.

All groups would like to see a neutral administrative body, comprised of representatives of the various stakeholders, involved in the enforcement of the regulations. This body would ensure that residents of retirement homes, their representatives, as well as related community organizations (e.g. CCAC) and service providers would have a voice in the decision making processes. One of the groups suggested establishing an accreditation body to ensure quality of care provided.

One group suggested broadening the mandate of the CCAC to ensure community participation. Another group also stated that the existing ORCA model service evaluation should be explored when designing guidelines for regulation and enforcement.

All groups, again, emphasized the importance of establishing an effective complaints procedure, either in the form of an Ombudsman`s office or a 1-800 number.

### **Point-form listing of Issues by Discussion Group:**

#### **Question # 1: Should retirement residences be regulated?**

**Group # 1:** YES - 100 % consensus. Retirement residences should be regulated.

**Group # 2:** YES - consensus.

**Group # 3:** The term “retirement homes” (care homes) must be clearly defined.  
Consensus that retirement residences be regulated.

**Group # 4:** Consensus from all: “yes” to regulation.

**Group # 5:** (Francophone) YES - consensus.  
The term “retirement residence” needs to be defined (to determine what types of facilities are included).

#### **Question # 2: Who should regulate?**

**Group # 1:** i) Ministry of Health. The province for uniformity.

ii) Provincial Board (an agency with provincial supervision) mandated to establish regulations; participants of board to consist of: consumers, taxpayers, providers, professionals, government representatives (provincial & municipal), members of advocacy groups, “experts”, seniors` organizations.

iii) Establish a clear process of complaints: ombudsman.

iv) Self-regulation - profit-oriented. Is this good? What about those outside of ORCA? What about profit-motivated companies?

v) Should be client driven.

vi) Collaboration with Ministry of Health and Ministry of Community & Social Services.

**Group # 2:** i) Unannounced inspections required.

- ii) Balance between province-wide standards and arms-length local inspection.
- iii) Practicality of municipal enforcement questioned.
- iv) Suggestion of sub-committee under existing Ministry.
- v) Municipalities need more authority to regulate these institutions.
- vi) Ombudsman to regulate standards.
- vii) Similar to public health law for restaurants.
- viii) What happens to those institutions which fall below set standards?
- ix) What municipal sector will inspect?

**Group # 3:**

- i) Self-regulation with legislation (for all)
- ii) ORCA - voluntary.
- iii) Municipality passing by-laws.
- iv) Public health regulation and enforcement.
- v) CONSENSUS: Provincial regulation standards.
- vi) Consumers/providers - should be a regulating body to enforce standards,  
- ORCA good model but VOLUNTARY.

**Group # 4:**

Overwhelming majority of the group supported the idea of provincial regulation. Only 2 people (out of 19) supported the ORCA model of self-regulation.

**Group # 5:**

- i) Provincial government.
- ii) Uniform basis for essential services.
- iii) Process of consultation with all the stakeholders: the elderly, health professionals, owners, interest groups, residents/resident councils
- iv) Importance of involving the municipalities.
- v) Additional finances are required to apply standards (to assist retirement

residences without having to raise prices).

**Question # 3: What standards should be set?**

**Group # 1:** Basic: fire, Health Department regulations, Building Code, Tenant Protection Act (existing regulation - all municipal).

- i) Nursing standards getting lost.
- ii) Increasing care staff.
- iii) Standards and qualifications of staff. Registered staff.
- iv) Nutrition standards.
- v) Discharge policy.
- vi) Bill of Rights for residents
- vii) Dementia care.
- viii) Staff/resident ratio.
- ix) Funding standards for subsidy.

**Group # 2:** i) No “Cadillac” set of regulations.

- ii) Poverty a basic condition, thus public subsidies necessary for people in this category.
- iii) Different levels of standards.
- iv) How does corporation ownership affect standards of care?
- v) Different standards needed for different levels of care.
- vi) Protection - provincial - needed for low income persons in seniors’ residences.
- vii) Ottawa-Carleton standards enforceable within Regional Municipality of Ottawa-Carleton; but similar standards not universal within province of Ontario.



viii) Patient with voluntary care-giver does not have priority in long term care.

ix) Where do standards stop? What about palliative care?

x) Balance between freedom of individual, standards for retirement residences and long term care.

xi) Input on standards from: seniors, industry and advocates.

**Group # 3:** i) There be a comprehensive range of standards. Needs to be a balance between comprehensive and yet flexible standards - reflecting the setting.

ii) Do not over-regulate. It should retain a home-like environment.

**Group # 4:** i) Standards should be intelligible for frail/elderly persons.

ii) More specific definitions of levels of care and where they are available.

iii) Residential committees in place to ensure meeting cultural/social needs.

iv) Educational standards for all staff (including social/cultural needs).

v) Front-line workers included in process of regulation development.

vi) Classification of residents (definition needed).

vii) "How to meet the care needs of persons admitted to retirement residences but actually needing the level of care provided in a long term care facility."

viii) Information needed by consumers what a retirement residence is and what levels of care are available.

ix) How to deal with changing care needs in a retirement residence.

x) Continuum of care - a desire to receive care in the same place all the way to palliative care level.

xi) How to access care (including palliative) when in a retirement residence.

xii) Different standards for different types of facilities - separate out domiciliary hostels from retirement residences.

xiii) Proper funding needed to provide levels of care required.

xiv) Accreditation mechanism needed for indicating where facilities exceeded the minimum required.

xv) Legislation - with regulations - needed to cover continuum of care.

xvi) Do not lose the good elements of the ORCA and OANHSS proposals for standards.

xvii) Humane and compassionate approach to the residents in facilities that do not meet the standards.

**Group # 5:** i) Building standards should be similar as within long term care - safety.

ii) Staff/resident ratio. Quality of life.

iii) Admission standards to be specified (levels of care).

iv) Service standards.

v) Develop a Resident Bill of Rights.

vi) Confidential process for complaints i.e. Ombudsman with a 1-800 number.

vii) Education and training for all of the staff.

viii) Minimum expenditure for nutrition (also considering their wishes).

**Question # 4: Who should enforce them?**

**Group # 1:** i) Provincial government.

ii) Municipality.

iii) Self-regulated - ORCA model.

iv) An independent body of representatives from all stakeholders.

v) Other Issues Not Addressed: FUNDING - subsidies not available.  
Also, multiculturalism issues.

**Group # 2:** i) Outsider (ombudsman/Ministry of Health/municipality).

- ii) Outside review board, provincial 1-800 phone.
- iii) Independent professional organization.
- iv) Consumers should participate in regulating-body to ensure reasonable standards.

- Group # 3:**
- i) Provincial government should establish standards.
  - ii) Need effective procedure with an ombudsman.
  - iii) Neutral body i.e. Public Health Department (expertise?)
  - iv) Municipality if provided funding
  - v) Independent body to enforce, i.e. an accreditation body.
  - vi) Be an open, unbiased process.

- Group # 4:**
- i) “The nature of the regulations and the manner that the regulations would be brought into effect should respect principles developed in a collaborative fashion involving the Province, operators, residents, relatives, municipalities, and community agencies.”
  - ii) The majority of the group supported municipal enforcement of regulations, but the ORCA model was favoured by 2 group members.

- Group # 5:**
- i) Independent provincial body (umbrella organization). Local community administrative board.
  - ii) Broaden the mandate of CCAC (to ensure participation from the community).
  - iii) Inspection by the municipality.

REGION OF OTTAWA-CARLETON  
RÉGION D'OTTAWA-CARLETON

REPORT  
RAPPORT

DATE 22 February 2000

TO/DEST. Co-ordinator, Community Services Committee

FROM/EXP. Councillors Alex Munter and Clive Doucet

SUBJECT/OBJET **SENIOR CITIZENS LIVING IN UNREGULATED  
RESIDENTIAL CARE**

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**REPORT RECOMMENDATIONS**

**THAT the Region of Ottawa-Carleton contribute \$6,000 towards the cost of a one-day community forum, co-sponsored and organized by the Ottawa-Carleton Council on Aging, to bring together seniors, stakeholders and interested citizens to focus on the issue of seniors living in unregulated residential care; and**

**FURTHER THAT a report from the forum be submitted to Community Services Committee with recommendations on what actions could be taken locally.**

**BACKGROUND**

An estimated 4,000 Ottawa-Carleton senior citizens live in unregulated retirement homes, where they pay monthly rents ranging from \$1,000 to \$6,100 that include food, lodging and varying levels of personal care.

These are not nursing homes or regional homes for the aged. Such facilities are subsidized by the provincial government and subject to regulation, inspection and licensing. About 3,000 people live in such homes, the majority of whom suffer from dementia and require constant and intensive care.

Nor are these retirement homes like seniors' rental apartment buildings, where residents live independently in their own units. While many residents of such buildings, including Ottawa-Carleton Housing and City Living seniors' complexes, enjoy various support services, they do not receive ongoing medical care or meal preparation as part of their rent.

Retirement homes fall between the two. They are often confused with nursing homes. Meals are provided, residents live in rooms or suites that often have no kitchen amenities and care is offered, usually by registered practical nurses or health care aides.

But, unlike nursing homes, there are no rules regulating how such homes should operate. Only general legislation applicable to almost all kinds of rental housing applies here -- like the Ontario Building Code, Ontario Fire Code, the Tenant Protection Act or the Public Health Act. Retirement homes can be divided into two categories: those that belong to the Ontario Residential Care Association (ORCA) and those that don't. About 55% of retirement homes in Ontario are members of ORCA. ORCA has a set of voluntary standards that its retirement homes must meet in order to be granted membership. These include areas such as quality of resident care, safety and security, building and property maintenance, food and meal services, housekeeping and laundry and compliance with the Tenant Protection Act. This offers, at the very least, a minimum standard for care and accommodation.

The provincial government has repeatedly stated that it is up to local governments to make sure that seniors receiving care in such homes are protected. "Protecting seniors in...retirement homes doesn't hinge on more provincial legislation, but a commitment by city council to enforce what's already on the books," said Seniors Issues Minister Helen Johns in October, 1999.

More recently, the provincial government has been conducting a province-wide consultation on whether there should be regulation and, if so, what kind of regulation makes most sense. MPP Brenda Elliott, Parliamentary Assistant to the Ontario Minister responsible for Seniors, was in Ottawa Feb. 7 as part of that consultation and met with retirement home operators, seniors' advocates and a regional government delegation (which included Health, Housing and Social Services staff and the chair of the Community Services Committee).

At the municipal level in Ontario, there is a wide degree of variance. While some municipalities have by-laws governing the registration, licencing, inspection, certification and/or administration of retirement homes, others offer no legislative guidelines in this area. The result of this is that standards vary across municipalities even within our own region. Clearly, the lack of provincial regulation means that there is, at best, a piece-meal approach, done through municipal by-laws, to try and regulate the situation.

Anecdotal evidence suggests that most retirement home operators are committed to providing their residents with quality accommodation. However, since there are no standards, it is impossible to tell how many, if any, seniors in our community are at risk in homes that would not meet basic community expectations of care.

Indeed the situation is further complicated by Ottawa-Carleton's long-term care crisis. There are nearly 2,000 people on the waiting list for a nursing home bed in this region. The government plans to open 1,313 new beds here by 2004.

That means more and more people who need a fairly intensive level of ongoing nursing home care are destined to end up in unregulated settings, according to the Community Care Access Centre. This will change the complexion of those housed in retirement homes.

### THE OTTAWA-CARLETON SITUATION

In Ottawa-Carleton there is no consistent approach to ensuring the health and safety of residents in unregulated accommodation. It is piece-meal and sporadic. There exist no by-laws in any of the region's municipalities which would provide for the protection of seniors living in retirement homes. The only enforcement which occurs are irregular and occasional inspections to ensure compliance with the previously mentioned provincial acts (Building Code, Fire Marshal, Public Health, etc.). Enforcement would fall both to municipal by-law officials and regional health inspectors.

The by-laws that do exist within the region are inadequate to provide for the needs of seniors. In most area municipalities, the only by-laws that are even applicable are the zoning by-laws and the property standards by-laws. These contain within them, no provisions for the regulating retirement homes.

### THE SITUATION IN OTHER MUNICIPALITIES

The former Etobicoke has in place a by-law (By-law 166) which deals with unregulated residences. Through its broad definition of a lodging house, it ensures that all homes are covered under the by-law. The city also issues one-year licences which allow it to know exactly how many homes exist and it gives them a means to enforce standards through inspections and the threat of withholding licences. Contained within the by-law are standards that govern the following sections: sleeping arrangements, health considerations, kitchens, sanitary facilities, fire and physical safety, living standards, and food. The by-law also contains provisions for a residents' council which would allow residents a chance to express many of their concerns to the operator of their home.

### THE NEW CITY OF TORONTO TAKES ACTION

The city of Toronto is currently looking at the situation of retirement and lodging homes. It decided to examine this issue after the Toronto Star uncovered startling conditions in an unregulated retirement home. Originally the retirement home was known as Van Del Manor and it was a nursing home subject to provincial regulations. Van Del Manor became the only home in the last decade to have its nursing home license suspended. It re-opened as the Birch Cliff Retirement Home six months later, run by the same owner with many of the same residents. Because it is no longer a retirement home, it no longer faces provincial inspections, regulations or the minimum standards of care - the kind it failed to meet while operating as a nursing home. Among the complaints at the new Birch Cliff home are:

- Staff forget to give residents medication.
- Patients in wheelchairs are left alone for hours at a time, sometimes all day.
- The same food is often served several days in a row.
- The building is dimly lit and smells of urine.

As a result of the Toronto Star investigation, the city of Toronto has recently struck up an action team to look at the issue. Their first course of action was to establish a retirement and lodging

homes hotline. Experienced inspectors answer calls and determine which calls should result in the inspections of homes and which calls should go to other city services. If inspections are warranted, a multi-disciplinary inspection team consisting of personnel from the Buildings, Fire and Health Departments will go together to identified facilities. Inspections of premises will be headed by the Health Department based on the complaints received. The officers and inspectors will be come from the appropriate district and will engage themselves in the issues concerning inspection and enforcement of current legislation.

Within a week and a half of the hot-line opening up, there were 136 calls concerning retirement homes detailing a wide range of complaints. The hotline in Toronto has given residents an avenue of complaint that was not previously opened to them. The fact that there were 136 calls in the first week and a half shows that the problem, while hidden, is widespread. The following is a list of the general categories of complaints.

- Sanitation Issues - general cleaning is not being done, dining area is not clean, there is an odour in the building
- Poor Quality of Food - too much canned food served, lack of special diets, menus not changed regularly, nutrition concerns, food not properly cooked
- Personal Care Issues - residents not changed (soiled or wet clothing), lack of staff to look after residents, meals not served on time, lack of assistance to residents, rough handling of residents
- Medication Issues - Inadequate staff to handle medication, staff not familiar with medication handling, medication not properly distributed
- Environmental Issues - Smoking complaints, lack of housekeeping, lack of staff to clean premises
- Other Issues - Concerns of staff/resident ration - especially at night, some residents in retirement homes need nursing home care, lack of supervision of residents, missing personal items and physical abuse

#### PURPOSE OF THE COMMUNITY FORUM

The purpose of the community forum will be to bring the stakeholders together, discuss the local situation and come up with recommendations on what action could or should be taken. By the spring, it should be known in what direction the provincial government is heading with regard to regulation.

This is an important and growing local issue. The forum will be a valuable opportunity to bring the community together to work for local solutions. A report would be forthcoming to the Community Services Committee and Regional Council to summarize the conclusions of the event.

The Council on Aging - Ottawa-Carleton is a bilingual, non-profit, voluntary organization that has been working on seniors' issues in the region for the past 25 years. It has considerable expertise and interest in this area, having published in the past guides to the selection of both long term care facilities and retirement residences, and making presentations to governments. It participated in the recent consultation held by MPP Brenda Elliott.

The Council has identified the area of regulating retirement residences as one of its priorities for the year 2000. The Council has a considerable track record of successfully organizing community forums, making use of its extensive network of service providers and allied seniors' groups.

#### FINANCIAL IMPLICATIONS

The regional contribution of \$6,000 towards this forum would be shared equally by the four regional departments which are impacted by unregulated residential care – the Social Services, Health, Housing and Homes for the Aged Departments. Commissioners of these four departments have concurred with this funding request.

*Approved by  
Alex Munter and Clive Doucet*



# Task Force on the Regulation of Retirement Residences

## Terms of Reference:

To examine the proceedings of the April 29, 2000 Community Forum on the Regulation of Retirement Residences and develop recommendations consistent with the proceedings on the regulation of retirement residences, including the role of municipalities, to be presented to Community Services Committee by October 2000.

(The Task Force may wish to consult with representatives from the Ministry of Health & Long Term Care, as well as municipal by-law enforcement officials regarding property standards, health & safety, and fire regulations, as part of its deliberations.)

## Membership:

Member of Regional Council (Chair)  
Commissioner, RMOH Homes for the Aged  
Representative, RMOH Public Health  
Representative, RMOH Social Services

2 representatives from the Council on Aging  
2 seniors, resident in Ottawa-Carleton (1 anglophone, 1 francophone)  
2 residents of Ottawa-Carleton who are or whose family members are in a retirement residence

Representative from the Ontario Residential Care Association (operating in Ottawa-Carleton)  
Representative from the Ontario Association of Non-Profit Housing & Services to Seniors (operating in Ottawa-Carleton)  
Representative from a domiciliary hostel (non-ORCA member, operating in Ottawa-Carleton)

Representative from the Community Care Access Centre of Ottawa-Carleton