



# Addendum: Some comments and suggestions on the Residential Care Regulations (Long Term Care)

Effective: 01 October 2009

Section	Comments	Suggestions
<b>Part 3 FACILITY REQUIREMENTS</b>		
<b>Division 2 – Bedrooms</b>		
<p>25(1) A licensee must ensure that each person in care has a separate bedroom</p> <p>(2) Despite subsection (1), a licensee may accommodate 2 persons in care in a bedroom if</p> <p>a) fewer than 5% of the maximum number of persons in care that the community care facility is licensed to accommodate share a bedroom</p> <p>b) the bedroom is screened in a manner that is sufficient to ensure the privacy and dignity of each occupant</p> <p>c) measures are in place to protect the health, safety, personal comfort and dignity of each occupant, and</p>	<p>This provision does not provide for couples, siblings or good friends to be housed together should they so wish. Although single bedrooms are often desirable, they can also be isolating and lonely. There are many anecdotal examples of those who are initially adamant about having a single room, having a change of mind once settled in and forming a friendship with their roommate.</p> <p>It is noted that presently, the number of 'double' suites for couples are inadequate in most locales. And, it would be desirable if couples with different care need levels be accommodated together if that is their wish.</p> <p><b>The separation of couples, who wish to remain together, in care, has been one of the most egregious care issues to hit the media in the last few years. Surely, this response has confirmed that there is indeed a need for facilities to provide some 'double' suites.</b></p> <p>It's all about recognizing that 'differences' exist and 'person-focused' care requires</p>	<p>25(1)</p> <p>A licensee must ensure that each person in care has a separate bedroom</p> <p>(2) Despite subsection (1), a licensee must ensure that one bedroom, for every 25 persons in care that the community cares facility is licensed to accommodate, be able to accommodate 2 persons in care.</p> <p>a) the bedroom is screened in a manner that is sufficient to ensure the privacy and dignity of each occupant</p> <p>b) measures are in place to protect the health, safety, personal comfort and dignity of each occupant, and</p> <p>c) a plan has been made for the transfer of one or both occupants, to a separate bedroom, if that is what they desire.</p> <p>d) access to natural light and fresh air for each of the occupants of a bedroom</p>

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<p>d) a plan has been made for the transfer of one or both occupants, to a separate bedroom</p>	<p>flexibility.</p> <p><b>Furthermore, it's noted that pediatric care units and maternity units provide 'co-housing' flexibility that allows for Moms and babies, children and their parent(s) to be together.</b></p>	
<p><b>Part 5 – Operations</b></p>		
<p><b>Admission Screening</b></p>		
<p><b>Division 1 – Admission and Continuing Accommodation</b> (pg 18)</p>		
<p><b>Prohibited Service</b></p> <p><b>Section 46</b>            (1) A licensee may accommodate only those persons who will receive both safe and <u>adequate</u> care in the community care facility</p> <p>and,</p>	<p>adequate care' has the connotation of 'barely sufficient' and in an edition of the Oxford Dictionary is so defined. Surely those admitted to care should have a reasonable expectation of 'appropriate' care, for which the dictionary definition includes the notion of 'suitable and proper' care, which takes into consideration the particular care needs of the person - inclusive of the care specific to their diagnosis(es) /disability.</p> <p>Appropriate care requires that care be provided that is consistent with the</p>	<p>Section 46</p> <p>(1) A licensee may accommodate only those persons who will receive both safe and <b>appropriate</b> care in the community care facility</p> <p>and,</p>

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<p><b>Admission screening</b></p> <p><b>Section 47</b>            (1) Before admitting a person... a licensee must screen the person to ensure the person will receive both safe and <u>adequate</u> care....</p>	<p>nature and manifestation of the particular disease(s), disability, individual and standards of care that may apply.</p> <p>Provision of ‘appropriate’ care has implications on the qualifications (e.g. education, registration or certification, knowledge, character, skills, work history, etc.) of care providers and the diverse knowledge/skill sets required to provide ‘appropriate’ care. And, through extension, to the entrance criteria and curriculum content of education/training programs, particularly of residential care aids, who provide the lion’s share of the daily care with the least education/training.</p> <p>Such a change would strengthen the criteria to be considered in the ‘screening process’ delineated under Section 47(2) and ideally help ensure better – more ‘appropriate’ care within resourcing levels.</p>	<p>Section 47</p> <p>(1) Before admitting a person... a licensee must screen the person to ensure the person will receive both safe and <b>appropriate</b> care....</p>

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<b>Division 2 – General Care Requirements</b>		
<p><b>Harmful actions not permitted</b></p> <p>Section 52 (pg. 20)</p> <p>(1) A licensee must ensure that a person in care is not, while under the care or supervision of the licensee, subjected to</p> <p>a) financial abuse, emotional abuse, physical abuse, sexual abuse or neglect as those terms are defined in section 1 of Schedule D, or</p> <p>b) deprivation of food or fluids as a</p>	<p>Harmful actions can (and do) encompass much more than has been delineated in this section:</p> <ul style="list-style-type: none"> <li>-verbal abuse</li> <li>-mockery</li> <li>-isolation (e.g. 'sent to their room' or placed in a location that is uncomfortable, unpleasant or away from others)</li> <li>-exclusion from programs and activities, as punishment for behavior,</li> <li>-'delay' in providing meals or not allowing sufficient time to provide feeding assistance safely and without pressure to 'hurry up'</li> <li>-putting residents 'to bed' as punishment or for the convenience/preference of staff. (N.B. too much time in bed can lead to loss</li> </ul>	<p>Section 52</p> <p>(1) A licensee must ensure that a person in care is not, while under the care or supervision of the licensee subjected to</p> <p>a) financial abuse, emotional abuse, *verbal abuse, physical abuse, sexual abuse, *punishment, *mockery, neglect or *exclusion as those terms are defined in Schedule D.</p> <p><b><i>*Schedule D (Reportable Incidents) needs to be revised to include these references and/or expand definitions for those already defined to reflect them.</i></b></p>

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<p>form of punishment</p> <p>(2) A licensee must ensure that food or fluids are not used as a form of reward to persons in care.</p>	<p>of muscle tone, decline in functioning, depression and skin breakdown)</p> <p>-failing to ensure eyeglasses and hearing aids are provided, fit properly and are clean; hearing aids also need to have a operating battery and be inserted properly (these items tend to get short shrift, are often 'forgotten' by staff; hearing aids are often inserted incorrectly (including being placed in the wrong ear!) and batteries are not checked to see if a) they are 'in' and b) they 'work').</p>	
<p><b>Family and resident council</b> (pg 22)</p>		
<p>Section 59 A licensee must provide an opportunity, at least annually, for persons in care and their parents or representatives, family members and contact</p>	<p>It is important that Family councils be inclusive and welcoming to 'friends' of those in care. In long term care, many residents have no family and certainly, no parents. Family that may exist, can live far away, or be unable to participate in a family council.</p>	<p>The Ontario approach of 'inclusiveness' of those welcomed to family councils, stated independence of the family council , clarity on the role of management and licensee and requirements of support from facility management is recommended.</p> <p>Ref: Ontario legislation (Bill 140: Long-Term Care Homes Act; Sections 59-68 Family Council) which provides strong support for Family Councils.</p> <p>Bill 140 received Royal Assent on June 4, 2007 and it is expected to be proclaimed as law once the Long-Term Care regulations have been developed, undergone public consultation and passed by cabinet.</p>

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persons to....		<p>The link to the legislation is:</p> <p><a href="http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_07108_e.htm#BK74">http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_07108_e.htm#BK74</a></p>
<b>Dispute Resolution</b> (pg 22)		
<p>Section 60 A licensee must</p> <p>(a) establish a fair, prompt and effective process for persons in care....</p> <p>(b) ensure that there is no retaliation against a person in care as a result of anyone expressing a concern or making</p>	<p>1. It would be advisable to include in this section that information on the Dispute Resolution process be made readily available and accessible.... and it's unfortunate that it needs to be stated, but it does.</p> <p>2. The fear of retaliation is alive and well in residential care in BC. Because retaliation is of significant concern to residents in care and their families, a 'definition' in Part 1 (1) Definitions, is warranted. It's time to name and address this serious matter; referencing it in Section 1 (Definitions) will help bring it out of the shadows. And, for the prohibition of retaliation to</p>	<p>1. Dispute Resolution</p> <p>Section 60 A licensee must</p> <p>(a)... see note to the left</p> <p>(b) ensure that there is no retaliation against a person in care <b>or any other person</b>, as a result of anyone expressing a concern or making a complaint, and</p> <p>(c)...</p> <p>2. As the opportunities for 'retaliation' are varied and significant, it's essential that a definition of 'retaliation' be provided. Retaliation can be subtle or overt and may include:</p> <ul style="list-style-type: none"> <li>-any or all of those matters identified in Section 52 (pg 5 above), as well as:</li> <li>-limiting access by family/friends who have made a complaint, to their person in care and/or the facility</li> <li>-mockery, verbal abuse of those who have raised the care concern, made the complaint</li> <li>-harassment of the family/friends of the person in care (e.g. ignoring</li> </ul>

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<p>a complaint, and (c)....</p>	<p>be meaningful it must have some teeth. As a start, it should be included in Schedule D Reportable incidents</p> <p>3. Retaliation can also occur against a family member, contact person or friend of a person in care, who may raise a care concern or make a complaint. (see also Section 59 comment above regarding residents without 'family'). Also, reference to #2 Suggestion re definition of retaliation – pg 7 above)</p> <p>Such possibilities need to be recognized and included in the 'protection' from retaliation in this section.</p>	<p>them, not providing information or 'delays' in doing so, not taking phone calls, complaining about them to the person in care, other staff , other family/residents, or to the physician of the person in care). -threatening family/friends of person in care (e.g. evicting the person in care)</p> <p><i>NB. These examples reflect actual examples experienced in residential care facilities in BC.</i></p> <p><b>3. Include incidents of retaliation as Reportable Incidents as per, Schedule D.</b></p>
<p><b>Part 5 Operations</b></p>		
<p><b>Division 5 – Use of Restraints</b></p>	<p>Please see our previous comments and suggestions on “restraints” (above – pg 1) under <b>Part 1 – Definitions</b> ...</p>	
<p><b>Schedule D Reportable Incidents</b></p>	<p>In the interest of achieving quality care outcomes, we recommend that both <b>Retaliation</b> and <b>Skin breakdown</b> be included among 'reportable incidents' :</p> <p><b>Retaliation</b> - as per previous comments and suggestions (see section 60 Dispute Resolution , subsection b)</p>	

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	<p>– pg 7)</p> <p><b>Skin breakdown</b> - Although in some circumstances skin breakdown may be inevitable (due to illness/disability) it can also be attributable to inappropriate care. Skin breakdown can be very painful and lead to a host of detrimental and costly consequences. Therefore, we recommend that all occurrences of skin breakdown be 'reportable incidents' for timely review and treatment in accordance with standards of care.</p>	