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Parliamentary Notice
Avis parlementaire

Royal Assent

THE PROVINCE OF ONTARIO

Toronto, Thursday, March 31, 2022, 3:31 p.m.

In the name of Her Majesty the Queen, Her Honour the Lieutenant Governor, assented to the following bills in her office:-

Bill 105	An Act to proclaim the month of May as Armenian Heritage Month. [S.O. 2022, Chapter 4]
Bill Pr54	An Act to revive 2492725 Ontario Inc. [S.O. 2022, Chapter Pr1]
Bill Pr62	An Act respecting Groves Memorial Community Hospital. [S.O. 2022, Chapter Pr2]
Bill Pr64	An Act to revive Navigation Project Management Inc. [S.O. 2022, Chapter Pr3]
Bill Pr66	An Act to revive 2704395 Ontario Inc. [S.O. 2022, Chapter Pr4]
Bill Pr67	An Act to revive Frolander Island Resort (2003) Ltd. [S.O. 2022, Chapter Pr5]

TODD DECKER
Clerk of the Legislative Assembly

(155-G087E)

Sanction royale

PROVINCE DE L'ONTARIO

Toronto, jeudi, 31 mars, 2022, 15 h 31

Au nom de Sa Majesté la Reine, Son Honneur la lieutenante-gouverneure, a accordé la sanction royale aux projets de loi suivant, dans son bureau:-

Projet de loi 105	Loi proclamant le mois de mai Mois du patrimoine arménien. [L.O. 2022, Chapitre 4]
Bill Pr54	An Act to revive 2492725 Ontario Inc. [S.O. 2022, Chapter Pr1]
Bill Pr62	An Act respecting Groves Memorial Community Hospital. [S.O. 2022, Chapter Pr2]
Bill Pr64	An Act to revive Navigation Project Management Inc. [S.O. 2022, Chapter Pr3]
Bill Pr66	An Act to revive 2704395 Ontario Inc. [S.O. 2022, Chapter Pr4]
Bill Pr67	An Act to revive Frolander Island Resort (2003) Ltd. [S.O. 2022, Chapter Pr5]

Le Greffier de l'Assemblée législative
TODD DECKER

(155-G087F)

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Proclamation

ELIZABETH THE SECOND, by the Grace of God of the United Kingdom, Canada and Her other Realms and Territories Queen, Head of the Commonwealth, Defender of the Faith.

PROCLAMATION

BETTER FOR PEOPLE, SMARTER FOR BUSINESS ACT, 2019

We, by and with the advice of the Executive Council of Ontario, name,

(a) April 7, 2022 as the day on which the following provisions of the *Better for People, Smarter for Business Act, 2019*, c. 14, being the *Foreign Cultural Objects Immunity from Seizure Act, 2019*, come into force:

Schedule 1, s. 1-4.

(b) April 7, 2022 as the day on which the following provision of the *Better for People, Smarter for Business Act, 2019*, c. 14, which repeals the *Foreign Cultural Objects Immunity from Seizure Act*, comes into force:

Schedule 1, s. 5.

WITNESS:

THE HONOURABLE
V. ELIZABETH DOWDESWELL
LIEUTENANT GOVERNOR OF OUR PROVINCE OF ONTARIO

GIVEN at Toronto, Ontario, on March 31, 2022.

BY COMMAND

Rosario Romano
Minister of Government and Consumer Services

(155-G088E)

ELIZABETH DEUX, par la grâce de Dieu, Reine du Royaume-Uni, du Canada et de ses autres royaumes et territoires, Chef du Commonwealth, Défenseur de la Foi.

PROCLAMATION

LOI DE 2019 POUR MIEUX SERVIR LA POPULATION ET FACILITER LES AFFAIRES

Sur l'avis du Conseil exécutif de l'Ontario, nous fixons :

a) le 7 avril 2022 comme jour d'entrée en vigueur des dispositions suivantes de la *Loi de 2019 pour mieux servir la population et faciliter les affaires*, chap. 14, qui constituent la *Loi de 2019 sur l'insaisissabilité des biens culturels étrangers* :

Annexe 1, art. 1-4.

b) le 7 avril 2022 comme jour d'entrée en vigueur de la disposition suivante de la *Loi de 2019 pour mieux servir la population et faciliter les affaires*, chap. 14, qui abroge la *Loi sur l'insaisissabilité des biens culturels étrangers* :

Annexe 1, art. 5.

TÉMOIN:

L'HONORABLE
V. ELIZABETH DOWDESWELL
LIEUTENANTE-GOUVERNEURE DE NOTRE PROVINCE DE L'ONTARIO

FAIT à Toronto (Ontario) le 31 mars 2022.

PAR ORDRE

Rosario Romano
ministre des Services gouvernementaux et des Services aux consommateurs

(155-G088F)

ELIZABETH THE SECOND, by the Grace of God of the United Kingdom, Canada and Her other Realms and Territories Queen, Head of the Commonwealth, Defender of the Faith.

PROCLAMATION

BETTER FOR PEOPLE, SMARTER FOR BUSINESS ACT, 2020

We, by and with the advice of the Executive Council of Ontario, name,

July 1, 2022 as the day on which the following provisions of the *Better for People, Smarter for Business Act, 2020*, c. 34, which amend the *Insurance Act*, come into force:

Schedule 7, s. 3, 6-13.

WITNESS:

THE HONOURABLE
V. ELIZABETH DOWDESWELL
LIEUTENANT GOVERNOR OF OUR PROVINCE OF ONTARIO

GIVEN at Toronto, Ontario, on March 31, 2022.

BY COMMAND

Rosario Romano
Minister of Government and Consumer Services

(155-G089E)

ELIZABETH DEUX, par la grâce de Dieu, Reine du Royaume-Uni, du Canada et de ses autres royaumes et territoires, Chef du Commonwealth, Défenseur de la Foi.

PROCLAMATION

LOI DE 2020 POUR MIEUX SERVIR LA POPULATION ET FACILITER LES AFFAIRES

Sur l'avis du Conseil exécutif de l'Ontario, nous fixons :

le 1er juillet 2022 comme jour d'entrée en vigueur des dispositions suivantes de la *Loi de 2020 pour mieux servir la population et faciliter les affaires*, chap. 34, qui modifient la *Loi sur les assurances* :

Annexe 7, art. 3, 6-13.

TÉMOIN:

L'HONORABLE
V. ELIZABETH DOWDESWELL
LIEUTENANTE-GOUVERNEURE DE NOTRE PROVINCE DE L'ONTARIO

FAIT à Toronto (Ontario) le 31 mars 2022.

PAR ORDRE

Rosario Romano
ministre des Services gouvernementaux et des Services aux consommateurs

(155-G089F)

ELIZABETH THE SECOND, by the Grace of God of the United Kingdom, Canada and Her other Realms and Territories Queen, Head of the Commonwealth, Defender of the Faith.

PROCLAMATION

BUILD ONTARIO ACT (BUDGET MEASURES), 2021

We, by and with the advice of the Executive Council of Ontario, name,

January 1, 2024 as the day on which the following provision of the *Build Ontario Act (Budget Measures), 2021*, c. 40, which amends the *Insurance Act*, comes into force:

Schedule 14, s. 4.

WITNESS:

THE HONOURABLE
V. ELIZABETH DOWDESWELL
LIEUTENANT GOVERNOR OF OUR PROVINCE OF ONTARIO

GIVEN at Toronto, Ontario, on March 31, 2022.

BY COMMAND

Rosario Romano
Minister of Government and Consumer Services

(155-G090E)

ELIZABETH DEUX, par la grâce de Dieu, Reine du Royaume-Uni, du Canada et de ses autres royaumes et territoires, Chef du Commonwealth, Défenseur de la Foi.

PROCLAMATION

LOI DE 2021 VISANT À PROTÉGER NOS PROGRÈS ET À BÂTIR L'ONTARIO (MESURES BUDGÉTAIRES)

Sur l'avis du Conseil exécutif de l'Ontario, nous fixons :

le 1er janvier 2024 comme jour d'entrée en vigueur de la disposition suivante de la *Loi de 2021 visant à protéger nos progrès et à bâtir l'Ontario (mesures budgétaires)*, chap. 40, qui modifie la *Loi sur les assurances* :

Annexe 14, art. 4.

TÉMOIN:

L'HONORABLE
V. ELIZABETH DOWDESWELL
LIEUTENANTE-GOUVERNEURE DE NOTRE PROVINCE DE L'ONTARIO

FAIT à Toronto (Ontario) le 31 mars 2022.

PAR ORDRE

Rosario Romano
ministre des Services gouvernementaux et des Services aux consommateurs

(155-G090F)

ELIZABETH THE SECOND, by the Grace of God of the United Kingdom, Canada and Her other Realms and Territories Queen, Head of the Commonwealth, Defender of the Faith.

PROCLAMATION

FEWER FEES, BETTER SERVICES ACT, 2022

We, by and with the advice of the Executive Council of Ontario, name,

April 12, 2022 as the day on which the following provisions of the *Fewer Fees, Better Services Act, 2022*, c. 2, which amend the *The Laurentian University of Sudbury Act, 1960*, come into force:

Schedule 7, s. 1-4.

WITNESS:

THE HONOURABLE
V. ELIZABETH DOWDESWELL
LIEUTENANT GOVERNOR OF OUR PROVINCE OF ONTARIO

GIVEN at Toronto, Ontario, on March 31, 2022.

BY COMMAND

Rosario Romano
Minister of Government and Consumer Services

(155-G091E)

ELIZABETH DEUX, par la grâce de Dieu, Reine du Royaume-Uni, du Canada et de ses autres royaumes et territoires, Chef du Commonwealth, Défenseur de la Foi.

PROCLAMATION

LOI DE 2022 POUR DE MEILLEURS SERVICES ET MOINS DE FRAIS

Sur l'avis du Conseil exécutif de l'Ontario, nous fixons :

le 12 avril 2022 comme jour d'entrée en vigueur des dispositions suivantes de la *Loi de 2022 pour de meilleurs services et moins de frais*, chap. 2, qui modifient la *The Laurentian University of Sudbury Act, 1960* :

Annexe 7, art. 1-4.

TÉMOIN:

L'HONORABLE
V. ELIZABETH DOWDESWELL
LIEUTENANTE-GOUVERNEURE DE NOTRE PROVINCE DE L'ONTARIO

FAIT à Toronto (Ontario) le 31 mars 2022.

PAR ORDRE

Rosario Romano
ministre des Services gouvernementaux et des Services aux consommateurs

(155-G091F)

ELIZABETH THE SECOND, by the Grace of God of the United Kingdom, Canada and Her other Realms and Territories Queen, Head of the Commonwealth, Defender of the Faith.

PROCLAMATION

PROTECT, SUPPORT AND RECOVER FROM COVID-19 ACT (BUDGET MEASURES), 2020

We, by and with the advice of the Executive Council of Ontario, name,

January 1, 2024 as the day on which the following provisions of the *Protect, Support and Recover from COVID-19 Act (Budget Measures), 2020*, c. 36, which amend the *Insurance Act*, come into force:

Schedule 22, s. 2 (2), 7 (1).

WITNESS:

THE HONOURABLE
V. ELIZABETH DOWDESWELL
LIEUTENANT GOVERNOR OF OUR PROVINCE OF ONTARIO

GIVEN at Toronto, Ontario, on March 31, 2022.

BY COMMAND

Rosario Romano
Minister of Government and Consumer Services

(155-G092E)

ELIZABETH DEUX, par la grâce de Dieu, Reine du Royaume-Uni, du Canada et de ses autres royaumes et territoires, Chef du Commonwealth, Défenseur de la Foi.

PROCLAMATION

LOI DE 2020 SUR LA PROTECTION, LE SOUTIEN ET LA RELANCE FACE À LA COVID-19 (MESURES BUDGÉTAIRES)

Sur l'avis du Conseil exécutif de l'Ontario, nous fixons :

le 1er janvier 2024 comme jour d'entrée en vigueur des dispositions suivantes de la *Loi de 2020 sur la protection, le soutien et la relance face à la COVID-19 (mesures budgétaires)*, chap. 36, qui modifient la *Loi sur les assurances* :

Annexe 22, art. 2 (2), 7 (1).

TÉMOIN:

L'HONORABLE
V. ELIZABETH DOWDESWELL
LIEUTENANTE-GOUVERNEURE DE NOTRE PROVINCE DE L'ONTARIO

FAIT à Toronto (Ontario) le 31 mars 2022.

PAR ORDRE

Rosario Romano
ministre des Services gouvernementaux et des Services aux consommateurs

(155-G092F)

ELIZABETH THE SECOND, by the Grace of God of the United Kingdom, Canada and Her other Realms and Territories Queen, Head of the Commonwealth, Defender of the Faith.

PROCLAMATION

PROVIDING MORE CARE, PROTECTING SENIORS, AND BUILDING MORE BEDS ACT, 2021

We, by and with the advice of the Executive Council of Ontario, name,

(a) April 11, 2022 as the day on which the following provisions of the *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021*, c. 39, being the *Fixing Long-Term Care Act, 2021*, come into force:

Schedule 1, s. 1-38, 39 (1)-(4), 40, 41 (1), (2), except clause (t), 42-118, 120 (1), (2), except clause (h), 121-202.

(b) April 11, 2022 as the day on which the following provision of the *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021*, c. 39, which repeals the *Long-Term Care Homes Act, 2007*, comes into force:

Schedule 1, s. 204.

(c) April 11, 2022 as the day on which the following provisions of the *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021*, c. 39, which amend various Acts, come into force:

Schedule 2, s. 1-3, 4 (1)-(5), 5-8, 9 (1), (2), 10-13, 15-20, 22, 23 (1), 24-28.

WITNESS:

THE HONOURABLE
V. ELIZABETH DOWDESWELL
LIEUTENANT GOVERNOR OF OUR PROVINCE OF ONTARIO

GIVEN at Toronto, Ontario, on March 31, 2022.

BY COMMAND

ROSARIO ROMANO
Minister of Government and Consumer Services

(155-G093E)

ELIZABETH DEUX, par la grâce de Dieu, Reine du Royaume-Uni, du Canada et de ses autres royaumes et territoires, Chef du Commonwealth, Défenseur de la Foi.

PROCLAMATION

LOI DE 2021 VISANT À OFFRIR DAVANTAGE DE SOINS, À PROTÉGER LES PERSONNES ÂGÉES ET À OUVRIR PLUS DE LITS

Sur l'avis du Conseil exécutif de l'Ontario, nous fixons :

a) le 11 avril 2022 comme jour d'entrée en vigueur des dispositions suivantes de la *Loi de 2021 visant à offrir davantage de soins, à protéger les personnes âgées et à ouvrir plus de lits*, chap. 39, qui constituent la *Loi de 2021 sur le redressement des soins de longue durée* :

Annexe 1, art. 1-38, 39 (1)-(4), 40, 41 (1), (2), à l'exception d'alinéa t), 42-118, 120 (1), (2), à l'exception d'alinéa h), 121-202.

b) le 11 avril 2022 comme jour d'entrée en vigueur de la disposition suivante de la *Loi de 2021 visant à offrir davantage de soins, à protéger les personnes âgées et à ouvrir plus de lits*, chap. 39, qui abroge la *Loi de 2007 sur les foyers de soins de longue durée* :

Annexe 1, art. 204.

c) le 11 avril 2022 comme jour d'entrée en vigueur des dispositions suivantes de la *Loi de 2021 visant à offrir davantage de soins, à protéger les personnes âgées et à ouvrir plus de lits*, chap. 39, qui modifient divers lois :

Annexe 2, art. 1-3, 4 (1)-(5), 5-8, 9 (1), (2), 10-13, 15-20, 22, 23 (1), 24-28.

TÉMOIN:

L'HONORABLE
V. ELIZABETH DOWDESWELL
LIEUTENANTE-GOUVERNEURE DE NOTRE PROVINCE DE L'ONTARIO

FAIT à Toronto (Ontario) le 31 mars 2022.

PAR ORDRE

ROSARIO ROMANO
ministre des Services gouvernementaux et des Services aux consommateurs

(155-G093F)

ELIZABETH THE SECOND, by the Grace of God of the United Kingdom, Canada and Her other Realms and Territories Queen, Head of the Commonwealth, Defender of the Faith.

PROCLAMATION

SAFER ONTARIO ACT, 2018

We, by and with the advice of the Executive Council of Ontario, name,

January 1, 2024 as the day on which the following provisions of the *Safer Ontario Act, 2018*, c. 3, being the *Forensic Laboratories Act, 2018*, come into force:

Schedule 8, s. 1-11.

WITNESS:

THE HONOURABLE
V. ELIZABETH DOWDESWELL
LIEUTENANT GOVERNOR OF OUR PROVINCE OF ONTARIO

GIVEN at Toronto, Ontario, on March 31, 2022.

BY COMMAND

Rosario Romano
Minister of Government and Consumer Services

(155-G094E)

ELIZABETH DEUX, par la grâce de Dieu, Reine du Royaume-Uni, du Canada et de ses autres royaumes et territoires, Chef du Commonwealth, Défenseur de la Foi.

PROCLAMATION

LOI DE 2018 POUR PLUS DE SÉCURITÉ EN ONTARIO

Sur l'avis du Conseil exécutif de l'Ontario, nous fixons :

le 1er janvier 2024 comme jour d'entrée en vigueur des dispositions suivantes de la *Loi de 2018 pour plus de sécurité en Ontario*, chap. 3, qui constituent la *Loi de 2018 sur les laboratoires médico-légaux* :

Annexe 8, art. 1-11.

TÉMOIN:

L'HONORABLE
V. ELIZABETH DOWDESWELL
LIEUTENANTE-GOUVERNEURE DE NOTRE PROVINCE DE L'ONTARIO

FAIT à Toronto (Ontario) le 31 mars 2022.

PAR ORDRE

Rosario Romano
ministre des Services gouvernementaux et des Services aux consommateurs

(155-G094F)

ELIZABETH THE SECOND, by the Grace of God of the United Kingdom, Canada and Her other Realms and Territories Queen, Head of the Commonwealth, Defender of the Faith.

PROCLAMATION

SUPPORTING PEOPLE AND BUSINESSES ACT, 2021

We, by and with the advice of the Executive Council of Ontario, name,

July 1, 2022 as the day on which the following provision of the *Supporting People and Businesses Act, 2021*, c. 34, which amends the *Public Lands Act*, comes into force:

Schedule 23, s. 14.

WITNESS:

THE HONOURABLE
V. ELIZABETH DOWDESWELL
LIEUTENANT GOVERNOR OF OUR PROVINCE OF ONTARIO

GIVEN at Toronto, Ontario, on March 31, 2022.

BY COMMAND

Rosario Romano
Minister of Government and Consumer Services

(155-G095E)

ELIZABETH DEUX, par la grâce de Dieu, Reine du Royaume-Uni, du Canada et de ses autres royaumes et territoires, Chef du Commonwealth, Défenseur de la Foi.

PROCLAMATION

LOI DE 2021 VISANT À SOUTENIR LA POPULATION ET LES ENTREPRISES

Sur l'avis du Conseil exécutif de l'Ontario, nous fixons :

le 1er juillet 2022 comme jour d'entrée en vigueur de la disposition suivante de la *Loi de 2021 visant à soutenir la population et les entreprises*, chap. 34, qui modifie la *Loi sur les terres publiques* :

Annexe 23, art. 14.

TÉMOIN:

L'HONORABLE
V. ELIZABETH DOWDESWELL
LIEUTENANTE-GOUVERNEURE DE NOTRE PROVINCE DE L'ONTARIO

FAIT à Toronto (Ontario) le 31 mars 2022.

PAR ORDRE

Rosario Romano
ministre des Services gouvernementaux et des Services aux consommateurs

(155-G095F)

ELIZABETH THE SECOND, by the Grace of God of the United Kingdom, Canada and Her other Realms and Territories Queen, Head of the Commonwealth, Defender of the Faith.

PROCLAMATION

TRUST IN REAL ESTATE SERVICES ACT, 2020

We, by and with the advice of the Executive Council of Ontario, name,

(a) April 4, 2022 as the day on which the following provisions of the *Trust in Real Estate Services Act, 2020*, c. 1, which amend the *Real Estate and Business Brokers Act, 2002*, come into force:

s. 32 (3), (4), (12), (13).

(b) April 1, 2023 as the day on which the following provisions of the *Trust in Real Estate Services Act, 2020*, c. 1, which amend the *Real Estate and Business Brokers Act, 2002*, come into force:

s. 1, 2 (4), 4 (1), (2), 8, 10-13, 16 (1), (2), (4), 17 (2), (3), 18 (2), 19, 22 (1), 23, 25, 27-29, 31, 32 (1), (2), (5)-(8), (11), (14), (15).

(c) April 1, 2023 as the day on which the following provision of the *Trust in Real Estate Services Act, 2020*, c. 1, which amends the *Collection and Debt Settlement Services Act*, comes into force:

s. 33.

(d) April 1, 2023 as the day on which the following provision of the *Trust in Real Estate Services Act, 2020*, c. 1, which amends the *Licence Appeal Tribunal Act, 1999*, comes into force:

s. 34.

(e) April 1, 2023 as the day on which the following provision of the *Trust in Real Estate Services Act, 2020*, c. 1, which amends the *Ontario Labour Mobility Act, 2009*, comes into force:

s. 35.

(f) April 1, 2023 as the day on which the following provision of the *Trust in Real Estate Services Act, 2020*, c. 1, which amends the *Residential Tenancies Act, 2006*, comes into force:

s. 36.

(g) April 1, 2023 as the day on which the following provision of the *Trust in Real Estate Services Act, 2020*, c. 1, which amends the *Safety and Consumer Statutes Administration Act, 1996*, comes into force:

s. 37.

(h) April 1, 2023 as the day on which the following provision of the *Trust in Real Estate Services Act, 2020*, c. 1, which amends the *Toronto Islands Residential Community Stewardship Act, 1993*, comes into force:

s. 38.

ELIZABETH DEUX, par la grâce de Dieu, Reine du Royaume-Uni, du Canada et de ses autres royaumes et territoires, Chef du Commonwealth, Défenseur de la Foi.

PROCLAMATION

LOI DE 2020 SUR LA CONFIANCE ENVERS LES SERVICES IMMOBILIERS

Sur l'avis du Conseil exécutif de l'Ontario, nous fixons :

a) le 4 avril 2022 comme jour d'entrée en vigueur des dispositions suivantes de la *Loi de 2020 sur la confiance envers les services immobiliers*, chap. 1, qui modifient la *Loi de 2002 sur le courtage commercial et immobilier* :

art. 32 (3), (4), (12), (13).

b) le 1er avril 2023 comme jour d'entrée en vigueur des dispositions suivantes de la *Loi de 2020 sur la confiance envers les services immobiliers*, chap. 1, qui modifient la *Loi de 2002 sur le courtage commercial et immobilier* :

art. 1, 2 (4), 4 (1), (2), 8, 10-13, 16 (1), (2), (4), 17 (2), (3), 18 (2), 19, 22 (1), 23, 25, 27-29, 31, 32 (1), (2), (5)-(8), (11), (14), (15).

c) le 1er avril 2023 comme jour d'entrée en vigueur de la disposition suivante de la *Loi de 2020 sur la confiance envers les services immobiliers*, chap. 1, qui modifie la *Loi sur les services de recouvrement et de règlement de dette* :

art. 33.

d) le 1er avril 2023 comme jour d'entrée en vigueur de la disposition suivante de la *Loi de 2020 sur la confiance envers les services immobiliers*, chap. 1, qui modifie la *Loi de 1999 sur le Tribunal d'appel en matière de permis* :

art. 34.

e) le 1er avril 2023 comme jour d'entrée en vigueur de la disposition suivante de la *Loi de 2020 sur la confiance envers les services immobiliers*, chap. 1, qui modifie la *Loi ontarienne de 2009 sur la mobilité de la main-d'oeuvre* :

art. 35.

f) le 1er avril 2023 comme jour d'entrée en vigueur de la disposition suivante de la *Loi de 2020 sur la confiance envers les services immobiliers*, chap. 1, qui modifie la *Loi de 2006 sur la location à usage d'habitation* :

art. 36.

g) le 1er avril 2023 comme jour d'entrée en vigueur de la disposition suivante de la *Loi de 2020 sur la confiance envers les services immobiliers*, chap. 1, qui modifie la *Loi de 1996 sur l'application de certaines lois traitant de sécurité et de services aux consommateurs* :

art. 37.

h) le 1er avril 2023 comme jour d'entrée en vigueur de la disposition suivante de la *Loi de 2020 sur la confiance envers les services immobiliers*, chap. 1, qui modifie la *Loi de 1993 sur l'administration de la zone résidentielle des îles de Toronto* :

art. 38.

WITNESS:

THE HONOURABLE
V. ELIZABETH DOWDESWELL
LIEUTENANT GOVERNOR OF OUR PROVINCE OF ONTARIO

GIVEN at Toronto, Ontario, on March 31, 2022.

BY COMMAND

ROSARIO ROMANO
Minister of Government and Consumer Services

(155-G096E)

TÉMOIN:

L'HONORABLE
V. ELIZABETH DOWDESWELL
LIEUTENANTE-GOUVERNEURE DE NOTRE PROVINCE DE L'ONTARIO

FAIT à Toronto (Ontario) le 31 mars 2022.

PAR ORDRE

ROSARIO ROMANO
ministre des Services gouvernementaux et des Services aux consommateurs

(155-G096F)

Criminal Code
Code Criminel

Designation of Qualified Technicians (Breath Samples)
Désignation de techniciens qualifiés (Les échantillons d'haleine)

NOTICE IS HEREBY GIVEN that pursuant to subsection 320.4(a) of the Criminal Code (Canada), the Honourable Sylvia Jones, Solicitor General, on the 9th day of February 2022, designated the following persons as being qualified to operate the approved instrument known as the Intoxilyzer® 8000C.

L'AVIS PRESENT est donné qu'en vertu du paragraphe 320.4(a) du Code Criminel du Canada, l'honourable Sylvia Jones, Solliciteur général, le 9 février 2022, désigna les personnes suivantes comme étant qualifiées pour manipuler les alcootest approuvé connu sous de nom de Intoxilyzer® 8000C.

Noor Al-Jamal	Peel Regional Police Service
Chelsey Blanchard	Halton Regional Police Service
Dori Chabab	Peel Regional Police Service
Jesse Danchuk	Halton Regional Police Service
Aaron Grainger	Durham Regional Police Service
Spencer Hill	Durham Regional Police Service
Patrick Laincy	Canadian Pacific Police Service
Pascal Li	Durham Regional Police Service
Khushnoor Madpuri	Toronto Police Service
Joseph Mate	Toronto Police Service
Russ Moyer	North Bay Police Service
Daniel Pinheiro	North Bay Police Service
Trevor Smith	Canadian Pacific Police Service
Paul Thompson	Toronto Police Service

(155-G097)

Government Notices — Other
Avis du gouvernement — Autres

Financial Services Regulatory Authority of Ontario
Autorite ontarienne de reglementation des services financiers

COMING INTO FORCE OF: THE UNFAIR OR DECEPTIVE ACTS OR PRACTICES RULE, RULE 2021-001 SOUND BUSINESS AND FINANCIAL PRACTICES, RULE 2021-002 CAPITAL ADEQUACY REQUIREMENTS FOR CREDIT UNIONS AND CAISSES POPULAIRES, RULE 2021-003 LIQUIDITY ADEQUACY REQUIREMENTS FOR CREDIT UNIONS AND CAISSES POPULAIRES, RULE 2020-001 FINANCIAL PROFESSIONALS TITLE PROTECTION AND AMENDMENT 1 TO RULE 2019-001 ASSESSMENTS AND FEES (COLLECTIVELY REFERRED TO AS THE "RULES").

The Unfair or Deceptive Acts or Practices Rule ("**UDAP Rule**") came into force on April 1, 2022. The UDAP Rule was created by the Financial Services Regulatory Authority of Ontario ("**FSRA**") pursuant to clause (67) of s. 121.0.1(1) of the *Insurance Act* to prescribe activities or failures to act which constitute an unfair or deceptive act or practice under s. 438 of the *Insurance Act*, and to prescribe requirements that, if not complied with, constitute an unfair or deceptive act or practice. Rule 2021-001 Sound Business and Financial Practices ("**SBFP Rule**"), came into force on March 1, 2022. The SBFP Rule was created by FSRA pursuant to clause (1) of s. 285(1) of the *Credit Unions and Caisses Populaires Act, 2020* to make a rule establishing standards of sound business and financial practices for credit unions. Rule 2021-002 Capital Adequacy Requirements for Credit Unions and Caisses Populaires ("**CAR Rule**"), came into force on March 1, 2022. The CAR Rule was created by FSRA pursuant to clauses (10) and (11) of s. 285(1) of the *Credit Unions and Caisses Populaires Act, 2020* to make a rule regulating the maintenance, by credit unions, of adequate capital and adequate forms of liquidity, and

respecting regulatory capital, and the total assets of a credit union. Rule 2021-003 Liquidity Adequacy Requirements for Credit Unions and Caisses Populaires ("**LAR Rule**"), came into force on March 1, 2022. The LAR Rule was created by FSRA pursuant to clause (10) of s. 285(1) of the *Credit Unions and Caisses Populaires Act, 2020* to make a rule regulating the maintenance, by credit unions, of adequate capital and adequate and appropriate forms of liquidity. Rule 2020-001 Financial Professionals Title Protection Rule ("**FPTP Rule**"), came into force on March 28, 2022. The FPTP Rule was made by FSRA pursuant to clauses (1)-(7) of s. 15(1) of the *Financial Professionals Title Protection Act, 2019* ("**FPTPA**"). Amendment 1 to Rule 2019-001 Assessments and Fees ("**Amendment 1**") came into force on March 28, 2022. Amendment 1 was created by FSRA pursuant to s. 21(2) of the *Financial Services Regulatory Authority of Ontario Act, 2016* to make a rule governing fees, levies, sector assessments and other charges FSRA may impose in relation to the FPTPA.

The full text of the Rules is available on FSRA's website at https://www.fsrao.ca/

(155-G098)

2022 Proportions of Enrolment for purposes of the Education Act, subsections 238(2) and 257.8(3)

Algoma, District of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Blind River	64.374%	30.178%	0.962%	4.486%
Bruce Mines	100.000%	N/A	0.000%	N/A
Dubreuilville	64.374%	30.178%	0.962%	4.486%
Elliot Lake	64.374%	30.178%	0.962%	4.486%
Hilton	100.000%	N/A	0.000%	N/A
Hilton Beach	100.000%	N/A	0.000%	N/A
Hornepayne	74.074%	14.815%	0.000%	11.111%
Huron Shores	64.374%	30.178%	0.962%	4.486%
Jocelyn	100.000%	N/A	0.000%	N/A
Johnson	64.374%	30.178%	0.962%	4.486%
Laird	64.374%	30.178%	0.962%	4.486%
MacDonald, Meredith and Aberdeen Additional	64.374%	30.178%	0.962%	4.486%
Plummer Additional	100.000%	N/A	0.000%	N/A
Prince	64.374%	30.178%	0.962%	4.486%
Sault Ste. Marie	64.374%	30.178%	0.962%	4.486%
Spanish	64.374%	30.178%	0.962%	4.486%
St. Joseph	100.000%	N/A	0.000%	N/A
Tarbutt and Tarbutt Additional	64.374%	30.178%	0.962%	4.486%
The North Shore	64.374%	30.178%	0.962%	4.486%
Thessalon	100.000%	N/A	0.000%	N/A
Wawa	64.374%	30.178%	0.962%	4.486%
White River	64.374%	30.178%	0.962%	4.486%

Algoma, Unorganized Areas

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Algoma Locality Education–Central Algoma	100.000%	N/A	0.000%	N/A
Algoma Locality Education–Remainder	64.374%	30.178%	0.962%	4.486%
Missarenda DSA Locality Education	100.000%	N/A	0.000%	N/A

Brant, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
County of Brant	70.476%	28.342%	0.323%	0.859%

Brantford

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Brantford	70.476%	28.342%	0.323%	0.859%

Bruce, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Arran-Elderslie	77.146%	21.079%	0.528%	1.247%
Brockton	77.146%	21.079%	0.528%	1.247%
Huron-Kinloss	77.146%	21.079%	0.528%	1.247%
Kincardine	77.146%	21.079%	0.528%	1.247%
Northern Bruce Peninsula	77.146%	21.079%	0.528%	1.247%
Saugeen Shores	77.146%	21.079%	0.528%	1.247%
South Bruce	77.146%	21.079%	0.528%	1.247%
South Bruce Peninsula	77.146%	21.079%	0.528%	1.247%

Chatham-Kent, Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Chatham-Kent	66.904%	27.580%	0.994%	4.522%

Cochrane, District of

Municipality	District School Area Board	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board	James Bay Lowlands Secondary School Board
Black River-Matheson	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Cochrane	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Fauquier-Strickland	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Hearst	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Iroquois Falls	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Kapuskasing	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Mattice-Val Côté	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Moonbeam	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Moose Factory Island	72.699%	N/A	N/A	N/A	N/A	27.301%

Municipality	District School Area Board	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board	James Bay Lowlands Secondary School Board
Moosonee	96.820%	N/A	3.180%	N/A	0.000%	0.000%
Opasatika	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Smooth Rock Falls	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Timmins	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Val Rita-Harty	N/A	41.798%	14.317%	6.890%	36.995%	N/A

Cochrane, Unorganized Areas

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Cochrane Iroquois Falls Black River Matheson Locality Education	41.798%	14.317%	6.890%	36.995%
Hearst Locality Education	41.798%	14.317%	6.890%	36.995%
Kapuskasing Smooth Rock Falls and District Locality Education	41.798%	14.317%	6.890%	36.995%

Dufferin, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Amaranth	79.459%	17.753%	2.532%	0.256%
East Garafraxa	79.459%	17.753%	2.532%	0.256%
Grand Valley	79.459%	17.753%	2.532%	0.256%
Melancthon	79.459%	17.753%	2.532%	0.256%
Mono	79.459%	17.753%	2.532%	0.256%
Mulmur	79.459%	17.753%	2.532%	0.256%
Orangeville	79.459%	17.753%	2.532%	0.256%
Shelburne	79.459%	17.753%	2.532%	0.256%

Durham, Regional Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Ajax	75.429%	22.602%	0.692%	1.277%
Brock	75.429%	22.602%	0.692%	1.277%
Clarington	69.256%	28.471%	1.298%	0.975%
Oshawa	75.429%	22.602%	0.692%	1.277%
Pickering	75.429%	22.602%	0.692%	1.277%
Scugog	75.429%	22.602%	0.692%	1.277%
Uxbridge	75.429%	22.602%	0.692%	1.277%
Whitby	75.429%	22.602%	0.692%	1.277%

Elgin, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Aylmer	76.806%	20.692%	0.921%	1.581%
Bayham	76.806%	20.692%	0.921%	1.581%
Central Elgin	76.806%	20.692%	0.921%	1.581%
Dutton/Dunwich	76.806%	20.692%	0.921%	1.581%
Malahide	76.806%	20.692%	0.921%	1.581%
Southwold	76.806%	20.692%	0.921%	1.581%

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
St. Thomas	76.806%	20.692%	0.921%	1.581%
West Elgin	76.806%	20.692%	0.921%	1.581%

Essex, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Amherstburg	56.204%	31.712%	1.631%	10.453%
Essex	56.204%	31.712%	1.631%	10.453%
Kingsville	56.204%	31.712%	1.631%	10.453%
Lakeshore	56.204%	31.712%	1.631%	10.453%
LaSalle	56.204%	31.712%	1.631%	10.453%
Leamington	56.204%	31.712%	1.631%	10.453%
Pelee	56.204%	31.712%	1.631%	10.453%
Tecumseh	56.204%	31.712%	1.631%	10.453%
Windsor	56.204%	31.712%	1.631%	10.453%

Frontenac, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Central Frontenac	68.784%	27.177%	2.069%	1.970%
Frontenac Islands	68.784%	27.177%	2.069%	1.970%
Kingston	68.784%	27.177%	2.069%	1.970%
North Frontenac	68.784%	27.177%	2.069%	1.970%
South Frontenac	68.784%	27.177%	2.069%	1.970%

Greater Sudbury, Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Greater Sudbury	43.759%	24.055%	9.237%	22.949%

Grey, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Chatsworth	77.146%	21.079%	0.528%	1.247%
Georgian Bluffs	77.146%	21.079%	0.528%	1.247%
Grey Highlands	77.146%	21.079%	0.528%	1.247%
Hanover	77.146%	21.079%	0.528%	1.247%
Meaford	77.146%	21.079%	0.528%	1.247%
Owen Sound	77.146%	21.079%	0.528%	1.247%
Southgate	77.146%	21.079%	0.528%	1.247%
The Blue Mountains	77.146%	21.079%	0.528%	1.247%
West Grey	77.146%	21.079%	0.528%	1.247%

Haldimand County, Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Haldimand County	70.476%	28.342%	0.323%	0.859%

Haliburton, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Algonquin Highlands	100.000%	N/A	0.000%	N/A
Dysart Etc	100.000%	N/A	0.000%	N/A
Highlands East	92.020%	7.980%	0.000%	0.000%
Minden Hills	100.000%	N/A	0.000%	N/A

Halton, Regional Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Burlington	62.300%	35.010%	0.843%	1.847%
Halton Hills	62.300%	35.010%	0.843%	1.847%
Milton	62.300%	35.010%	0.843%	1.847%
Oakville	62.300%	35.010%	0.843%	1.847%

Hamilton, Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Hamilton	61.841%	36.429%	0.318%	1.412%

Hastings, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Bancroft	77.137%	20.139%	1.856%	0.868%
Belleville	77.137%	20.139%	1.856%	0.868%
Carlow/Mayo	77.137%	20.139%	1.856%	0.868%
Centre Hastings	77.137%	20.139%	1.856%	0.868%
Deseronto	77.137%	20.139%	1.856%	0.868%
Faraday	77.137%	20.139%	1.856%	0.868%
Hastings Highlands	77.137%	20.139%	1.856%	0.868%
Limerick	77.137%	20.139%	1.856%	0.868%
Madoc	77.137%	20.139%	1.856%	0.868%
Marmora and Lake	77.137%	20.139%	1.856%	0.868%
Quinte West–Remainder	77.137%	20.139%	1.856%	0.868%
Stirling-Rawdon	77.137%	20.139%	1.856%	0.868%
Tudor and Cashel	77.137%	20.139%	1.856%	0.868%
Tweed	77.137%	20.139%	1.856%	0.868%
Tyendinaga	77.137%	20.139%	1.856%	0.868%
Wollaston	77.137%	20.139%	1.856%	0.868%

Huron, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Ashfield-Colborne-Wawanosh	76.348%	23.494%	0.158%	0.000%
Bluewater	76.348%	23.494%	0.158%	0.000%
Central Huron	76.348%	23.494%	0.158%	0.000%
Goderich	76.348%	23.494%	0.158%	0.000%
Howick	76.348%	23.494%	0.158%	0.000%
Huron East	76.348%	23.494%	0.158%	0.000%
Morris-Turnberry	76.348%	23.494%	0.158%	0.000%
North Huron	76.348%	23.494%	0.158%	0.000%
South Huron	76.348%	23.494%	0.158%	0.000%

Kawartha Lakes, Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Kawartha Lakes	82.531%	16.800%	0.365%	0.304%

Kenora, District of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Dryden	72.829%	26.157%	0.000%	1.014%
Ear Falls	61.438%	36.903%	0.000%	1.659%
Ignace	72.829%	26.157%	0.000%	1.014%
Kenora	61.438%	36.903%	0.000%	1.659%
Machin	72.829%	26.157%	0.000%	1.014%
Pickle Lake	100.000%	N/A	0.000%	N/A
Red Lake	61.438%	36.903%	0.000%	1.659%
Sioux Lookout	72.829%	26.157%	0.000%	1.014%
Sioux Narrows-Nestor Falls–Keewatin-Patricia part	61.438%	36.903%	0.000%	1.659%
Sioux Narrows-Nestor Falls–Rainy River part	83.391%	16.609%	0.000%	0.000%

Kenora, Unorganized Areas

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Dryden Locality Education	72.829%	26.157%	0.000%	1.014%
Dryden Locality Education–Isley TSA	72.829%	26.157%	0.000%	1.014%
Dryden Locality Education–Machin TSA	72.829%	26.157%	0.000%	1.014%
Dryden Locality Education–Van Horne and Wainwright	72.829%	26.157%	0.000%	1.014%
Kenora Locality Education	61.438%	36.903%	0.000%	1.659%
Red Lake Locality Education–Baird portion	61.438%	36.903%	0.000%	1.659%
Red Lake Locality Education–Remainder	100.000%	N/A	0.000%	N/A
Sturgeon Lake Locality Education	100.000%	N/A	0.000%	N/A

Lambton, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Brooke-Alvinston	66.904%	27.580%	0.994%	4.522%
Dawn-Euphemia	66.904%	27.580%	0.994%	4.522%

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Enniskillen	66.904%	27.580%	0.994%	4.522%
Lambton Shores	66.904%	27.580%	0.994%	4.522%
Oil Springs	66.904%	27.580%	0.994%	4.522%
Petrolia	66.904%	27.580%	0.994%	4.522%
Plympton-Wyoming	66.904%	27.580%	0.994%	4.522%
Point Edward	66.904%	27.580%	0.994%	4.522%
Sarnia	66.904%	27.580%	0.994%	4.522%
St. Clair	66.904%	27.580%	0.994%	4.522%
Warwick	66.904%	27.580%	0.994%	4.522%

Lanark, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Beckwith	68.994%	26.488%	0.872%	3.646%
Carleton Place	68.994%	26.488%	0.872%	3.646%
Drummond/North Elmsley	68.994%	26.488%	0.872%	3.646%
Lanark Highlands	68.994%	26.488%	0.872%	3.646%
Mississippi Mills	68.994%	26.488%	0.872%	3.646%
Montague	68.994%	26.488%	0.872%	3.646%
Perth	68.994%	26.488%	0.872%	3.646%
Smiths Falls	68.994%	26.488%	0.872%	3.646%
Tay Valley	68.994%	26.488%	0.872%	3.646%

Leeds and Grenville, United Counties of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Athens	68.994%	26.488%	0.872%	3.646%
Augusta	68.994%	26.488%	0.872%	3.646%
Brockville	68.994%	26.488%	0.872%	3.646%
Edwardsburgh/Cardinal	68.994%	26.488%	0.872%	3.646%
Elizabethtown-Kitley	68.994%	26.488%	0.872%	3.646%
Front of Yonge	68.994%	26.488%	0.872%	3.646%
Gananoque	68.994%	26.488%	0.872%	3.646%
Leeds and the Thousand Islands	68.994%	26.488%	0.872%	3.646%
Merrickville-Wolford	68.994%	26.488%	0.872%	3.646%
North Grenville	68.994%	26.488%	0.872%	3.646%
Prescott	68.994%	26.488%	0.872%	3.646%
Rideau Lakes	68.994%	26.488%	0.872%	3.646%
Westport	68.994%	26.488%	0.872%	3.646%

Lennox and Addington, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Addington Highlands	68.784%	27.177%	2.069%	1.970%
Greater Napanee	68.784%	27.177%	2.069%	1.970%
Loyalist	68.784%	27.177%	2.069%	1.970%
Stone Mills	68.784%	27.177%	2.069%	1.970%

Manitoulin, District of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Assiginack	100.000%	N/A	0.000%	N/A
Billings	100.000%	N/A	0.000%	N/A
Burpee and Mills	100.000%	N/A	0.000%	N/A
Central Manitoulin	100.000%	N/A	0.000%	N/A
Cockburn Island	100.000%	N/A	0.000%	N/A
Gordon/Barrie Island	100.000%	N/A	0.000%	N/A
Gore Bay	100.000%	N/A	0.000%	N/A
Northeastern Manitoulin and the Islands (Little Current portion)	65.679%	26.327%	0.000%	7.994%
Northeastern Manitoulin and the Islands (Remainder)	100.000%	N/A	0.000%	N/A
Tehkummah	100.000%	N/A	0.000%	N/A

Manitoulin, Unorganized Areas

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Manitoulin Locality Education	100.000%	N/A	0.000%	N/A

Middlesex, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Adelaide-Metcalfe	76.806%	20.692%	0.921%	1.581%
London	76.806%	20.692%	0.921%	1.581%
Lucan Biddulph	76.806%	20.692%	0.921%	1.581%
Middlesex Centre	76.806%	20.692%	0.921%	1.581%
Newbury	76.806%	20.692%	0.921%	1.581%
North Middlesex	76.806%	20.692%	0.921%	1.581%
Southwest Middlesex	76.806%	20.692%	0.921%	1.581%
Strathroy-Caradoc	76.806%	20.692%	0.921%	1.581%
Thames Centre	76.806%	20.692%	0.921%	1.581%

Muskoka, District Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Bracebridge	92.543%	7.457%	0.000%	0.000%
Georgian Bay–Freeman Ward	87.074%	12.926%	0.000%	0.000%
Georgian Bay–Gibson and Baxter Wards	92.543%	7.457%	0.000%	0.000%
Gravenhurst	92.543%	7.457%	0.000%	0.000%
Huntsville	92.543%	7.457%	0.000%	0.000%
Lake of Bays	92.543%	7.457%	0.000%	0.000%
Muskoka Lakes	92.543%	7.457%	0.000%	0.000%

Niagara, Regional Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Fort Erie	62.092%	33.871%	0.973%	3.064%
Grimsby	62.092%	33.871%	0.973%	3.064%
Lincoln	62.092%	33.871%	0.973%	3.064%

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Niagara Falls	62.092%	33.871%	0.973%	3.064%
Niagara-on-the-Lake	62.092%	33.871%	0.973%	3.064%
Pelham	62.092%	33.871%	0.973%	3.064%
Port Colborne	62.092%	33.871%	0.973%	3.064%
St. Catharines	62.092%	33.871%	0.973%	3.064%
Thorold	62.092%	33.871%	0.973%	3.064%
Wainfleet	62.092%	33.871%	0.973%	3.064%
Welland	62.092%	33.871%	0.973%	3.064%
West Lincoln	62.092%	33.871%	0.973%	3.064%

Nipissing, District of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Bonfield	54.035%	18.746%	7.820%	19.399%
Calvin	54.035%	18.746%	7.820%	19.399%
Chisholm	54.035%	18.746%	7.820%	19.399%
East Ferris	54.035%	18.746%	7.820%	19.399%
Mattawa	54.035%	18.746%	7.820%	19.399%
Mattawan	54.035%	18.746%	7.820%	19.399%
North Bay	54.035%	18.746%	7.820%	19.399%
Papineau-Cameron	54.035%	18.746%	7.820%	19.399%
South Algonquin	80.000%	20.000%	0.000%	0.000%
Temagami	41.798%	14.317%	6.890%	36.995%
West Nipissing	54.035%	18.746%	7.820%	19.399%

Nipissing, Unorganized Areas

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Nipissing Combined School Boards	54.035%	18.746%	7.820%	19.399%
Timiskaming Board of Education	41.798%	14.317%	6.890%	36.995%

Norfolk County, Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Norfolk County	70.476%	28.342%	0.323%	0.859%

Northumberland, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Alnwick/Haldimand	69.256%	28.471%	1.298%	0.975%
Brighton	69.256%	28.471%	1.298%	0.975%
Cobourg	69.256%	28.471%	1.298%	0.975%
Cramahe	69.256%	28.471%	1.298%	0.975%
Hamilton	69.256%	28.471%	1.298%	0.975%
Port Hope	69.256%	28.471%	1.298%	0.975%
Quinte West–Murray portion	69.256%	28.471%	1.298%	0.975%
Trent Hills	69.256%	28.471%	1.298%	0.975%

Ottawa, Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Ottawa	48.055%	28.859%	7.951%	15.135%

Oxford, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Blandford-Blenheim	76.806%	20.692%	0.921%	1.581%
East Zorra-Tavistock	76.806%	20.692%	0.921%	1.581%
Ingersoll	76.806%	20.692%	0.921%	1.581%
Norwich	76.806%	20.692%	0.921%	1.581%
South-West Oxford	76.806%	20.692%	0.921%	1.581%
Tillsonburg	76.806%	20.692%	0.921%	1.581%
Woodstock	76.806%	20.692%	0.921%	1.581%
Zorra	76.806%	20.692%	0.921%	1.581%

Parry Sound, District of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Armour	54.035%	18.746%	7.820%	19.399%
Burk's Falls	54.035%	18.746%	7.820%	19.399%
Callander	54.035%	18.746%	7.820%	19.399%
Carling	87.074%	12.926%	0.000%	0.000%
Joly	54.035%	18.746%	7.820%	19.399%
Kearney	54.035%	18.746%	7.820%	19.399%
Machar	54.035%	18.746%	7.820%	19.399%
Magnetawan–Croft, Spence	100.000%	N/A	0.000%	N/A
Magnetawan–Remainder	54.035%	18.746%	7.820%	19.399%
McDougall	87.074%	12.926%	0.000%	0.000%
McKellar	87.074%	12.926%	0.000%	0.000%
McMurrich-Monteith	54.035%	18.746%	7.820%	19.399%
Nipissing	54.035%	18.746%	7.820%	19.399%
Parry Sound	87.074%	12.926%	0.000%	0.000%
Perry	54.035%	18.746%	7.820%	19.399%
Powassan	54.035%	18.746%	7.820%	19.399%
Ryerson	54.035%	18.746%	7.820%	19.399%
Seguin	87.074%	12.926%	0.000%	0.000%
South River	54.035%	18.746%	7.820%	19.399%
Strong	54.035%	18.746%	7.820%	19.399%
Sundridge	54.035%	18.746%	7.820%	19.399%
The Archipelago	100.000%	N/A	0.000%	N/A
Whitestone	100.000%	N/A	0.000%	N/A

Parry Sound, Unorganized Areas

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
East Parry Sound Board of Education	54.035%	18.746%	7.820%	19.399%
South River Township School Area	54.035%	18.746%	7.820%	19.399%
West Parry Sound Board of Education–Henvey and Walbridge Portion	67.442%	32.558%	0.000%	0.000%
West Parry Sound Board of Education–Other geographic townships	100.000%	N/A	0.000%	N/A

Peel, Regional Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Brampton	65.906%	32.479%	0.545%	1.070%
Caledon	65.906%	32.479%	0.545%	1.070%
Mississauga	65.906%	32.479%	0.545%	1.070%

Perth, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
North Perth	76.348%	23.494%	0.158%	0.000%
Perth East	76.348%	23.494%	0.158%	0.000%
Perth South	76.348%	23.494%	0.158%	0.000%
Stratford	76.348%	23.494%	0.158%	0.000%
St. Marys	76.348%	23.494%	0.158%	0.000%
West Perth	76.348%	23.494%	0.158%	0.000%

Peterborough, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Asphodel-Norwood	69.256%	28.471%	1.298%	0.975%
Cavan Monaghan	69.256%	28.471%	1.298%	0.975%
Douro-Dummer	69.256%	28.471%	1.298%	0.975%
Trent Lakes	69.256%	28.471%	1.298%	0.975%
Havelock-Belmont-Methuen	69.256%	28.471%	1.298%	0.975%
North Kawartha	69.256%	28.471%	1.298%	0.975%
Otonabee-South Monaghan	69.256%	28.471%	1.298%	0.975%
Peterborough	69.256%	28.471%	1.298%	0.975%
Selwyn	69.256%	28.471%	1.298%	0.975%

Prescott and Rusell, United Counties of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Alfred and Plantagenet	35.525%	23.462%	8.885%	32.128%
Casselman	35.525%	23.462%	8.885%	32.128%
Champlain	35.525%	23.462%	8.885%	32.128%
Clarence-Rockland	35.525%	23.462%	8.885%	32.128%
East Hawkesbury	35.525%	23.462%	8.885%	32.128%
Hawkesbury	35.525%	23.462%	8.885%	32.128%
Russell	35.525%	23.462%	8.885%	32.128%
The Nation	35.525%	23.462%	8.885%	32.128%

Price Edward County, Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Prince Edward County	77.137%	20.139%	1.856%	0.868%

Rainy River, District of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Alberton	83.391%	16.609%	0.000%	0.000%
Atikokan	83.391%	16.609%	0.000%	0.000%
Chapple	83.391%	16.609%	0.000%	0.000%
Dawson	83.391%	16.609%	0.000%	0.000%
Emo	83.391%	16.609%	0.000%	0.000%
Fort Frances	83.391%	16.609%	0.000%	0.000%
La Vallee	83.391%	16.609%	0.000%	0.000%
Lake Of The Woods	83.391%	16.609%	0.000%	0.000%
Morley	83.391%	16.609%	0.000%	0.000%
Rainy River	83.391%	16.609%	0.000%	0.000%

Rainy River, Unorganized Areas

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Atikokan Locality Education	100.000%	N/A	0.000%	N/A
Fort Frances Rainy River Locality Education	83.391%	16.609%	0.000%	0.000%
Fort Frances Rainy River Locality Education–Nestor Falls TSA	83.391%	16.609%	0.000%	0.000%
Mine Centre DSA Locality Education	100.000%	N/A	0.000%	N/A

Renfrew, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Admaston/Bromley	58.900%	32.685%	2.639%	5.776%
Arnprior	58.900%	32.685%	2.639%	5.776%
Bonnechere Valley	58.900%	32.685%	2.639%	5.776%
Brudenell, Lyndoch and Raglan	58.900%	32.685%	2.639%	5.776%
Deep River	58.900%	32.685%	2.639%	5.776%
Greater Madawaska	58.900%	32.685%	2.639%	5.776%
Head, Clara and Maria	58.900%	32.685%	2.639%	5.776%
Horton	58.900%	32.685%	2.639%	5.776%
Killaloe, Hagarty and Richards	58.900%	32.685%	2.639%	5.776%
Laurentian Hills	58.900%	32.685%	2.639%	5.776%
Laurentian Valley	58.900%	32.685%	2.639%	5.776%
Madawaska Valley	58.900%	32.685%	2.639%	5.776%
McNab/Braeside	58.900%	32.685%	2.639%	5.776%
North Algona Wilberforce	58.900%	32.685%	2.639%	5.776%
Pembroke	58.900%	32.685%	2.639%	5.776%
Petawawa	58.900%	32.685%	2.639%	5.776%
Renfrew	58.900%	32.685%	2.639%	5.776%
Whitewater Region	58.900%	32.685%	2.639%	5.776%

Simcoe, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board	Protestant Separate School Board
Adjala-Tosorontio	68.951%	27.406%	1.916%	1.727%	N/A
Barrie	68.951%	27.406%	1.916%	1.727%	N/A
Bradford West Gwillimbury	68.951%	27.406%	1.916%	1.727%	N/A
Clearview	68.951%	27.406%	1.916%	1.727%	N/A

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board	Protestant Separate School Board
Collingwood	68.951%	27.406%	1.916%	1.727%	N/A
Essa	68.951%	27.406%	1.916%	1.727%	N/A
Innisfil	68.951%	27.406%	1.916%	1.727%	N/A
Midland	68.951%	27.406%	1.916%	1.727%	N/A
New Tecumseth	68.951%	27.406%	1.916%	1.727%	N/A
Orillia	68.951%	27.406%	1.916%	1.727%	N/A
Oro-Medonte	68.951%	27.406%	1.916%	1.727%	N/A
Penetanguishene	42.076%	19.101%	7.747%	6.478%	24.598%
Ramara	68.951%	27.406%	1.916%	1.727%	N/A
Severn	68.951%	27.406%	1.916%	1.727%	N/A
Springwater	68.951%	27.406%	1.916%	1.727%	N/A
Tay	68.951%	27.406%	1.916%	1.727%	N/A
Tiny	68.951%	27.406%	1.916%	1.727%	N/A
Wasaga Beach	68.951%	27.406%	1.916%	1.727%	N/A

Stormont, Dundas and Glengarry, United Counties of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Cornwall	35.525%	23.462%	8.885%	32.128%
North Dundas	35.525%	23.462%	8.885%	32.128%
North Glengarry	35.525%	23.462%	8.885%	32.128%
North Stormont	35.525%	23.462%	8.885%	32.128%
South Dundas	35.525%	23.462%	8.885%	32.128%
South Glengarry	35.525%	23.462%	8.885%	32.128%
South Stormont	35.525%	23.462%	8.885%	32.128%

Sudbury, District of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Baldwin	65.679%	26.327%	0.000%	7.994%
Chapleau	64.374%	30.178%	0.962%	4.486%
Espanola	65.679%	26.327%	0.000%	7.994%
French River	43.759%	24.055%	9.237%	22.949%
Killarney	43.759%	24.055%	9.237%	22.949%
Markstay-Warren	43.759%	24.055%	9.237%	22.949%
Nairn & Hyman	65.679%	26.327%	0.000%	7.994%
Sables-Spanish Rivers	65.679%	26.327%	0.000%	7.994%
St.-Charles	43.759%	24.055%	9.237%	22.949%

Sudbury, Unorganized Areas

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Asquith Garvey DSA Locality Education	100.000%	N/A	0.000%	N/A
Chapleau Locality Education	64.374%	30.178%	0.962%	4.486%
Espanola Locality Education	65.679%	26.327%	0.000%	7.994%
Foleyet DSA Locality Education	41.798%	14.317%	6.890%	36.995%
Gogama DSA Locality Education	41.798%	14.317%	6.890%	36.995%
Missarenda DSA Locality Education	100.000%	N/A	0.000%	N/A
Sudbury Locality Education	43.759%	24.055%	9.237%	22.949%

Thunder Bay, District of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Conmee	51.261%	45.023%	0.457%	3.259%
Dorion	58.696%	27.410%	2.977%	10.917%
Gillies	51.261%	45.023%	0.457%	3.259%
Greenstone	58.696%	27.410%	2.977%	10.917%
Manitouwadge	58.696%	27.410%	2.977%	10.917%
Marathon	58.696%	27.410%	2.977%	10.917%
Neebing	51.261%	45.023%	0.457%	3.259%
Nipigon	58.696%	27.410%	2.977%	10.917%
O'Connor	51.261%	45.023%	0.457%	3.259%
Oliver Paipoonge	51.261%	45.023%	0.457%	3.259%
Red Rock	58.696%	27.410%	2.977%	10.917%
Schreiber	58.696%	27.410%	2.977%	10.917%
Shuniah	51.261%	45.023%	0.457%	3.259%
Terrace Bay	58.696%	27.410%	2.977%	10.917%
Thunder Bay	51.261%	45.023%	0.457%	3.259%

Thunder Bay, Unorganized Areas

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Allanwater DSA Locality Education	100.000%	N/A	0.000%	N/A
Armstrong DSA Locality Education	100.000%	N/A	0.000%	N/A
Auden DSA Locality Education	100.000%	N/A	0.000%	N/A
Collins DSA Locality Education	100.000%	N/A	0.000%	N/A
Ferland DSA Locality Education	100.000%	N/A	0.000%	N/A
Kashabowie DSA Locality Education	100.000%	N/A	0.000%	N/A
Kilkenny DSA Locality Education	100.000%	N/A	0.000%	N/A
Lake Superior Locality Education	58.696%	27.410%	2.977%	10.917%
Lakehead Locality Education	51.261%	45.023%	0.457%	3.259%
Nipigon Red Rock Locality Education	58.696%	27.410%	2.977%	10.917%
Savant Lake DSA Locality Education	100.000%	N/A	0.000%	N/A
Upsala DSA Locality Education	100.000%	N/A	0.000%	N/A

Timiskaming, District of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Armstrong	41.798%	14.317%	6.890%	36.995%
Brethour	41.798%	14.317%	6.890%	36.995%
Casey	41.798%	14.317%	6.890%	36.995%
Chamberlain	41.798%	14.317%	6.890%	36.995%
Charlton and Dack	41.798%	14.317%	6.890%	36.995%
Cobalt	41.798%	14.317%	6.890%	36.995%
Coleman	41.798%	14.317%	6.890%	36.995%
Englehart	41.798%	14.317%	6.890%	36.995%
Evanturel	41.798%	14.317%	6.890%	36.995%
Gauthier	41.798%	14.317%	6.890%	36.995%
Harley	41.798%	14.317%	6.890%	36.995%
Harris	41.798%	14.317%	6.890%	36.995%
Hilliard	41.798%	14.317%	6.890%	36.995%
Hudson	41.798%	14.317%	6.890%	36.995%
James	41.798%	14.317%	6.890%	36.995%

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Kerns	41.798%	14.317%	6.890%	36.995%
Kirkland Lake	41.798%	14.317%	6.890%	36.995%
Larder Lake	41.798%	14.317%	6.890%	36.995%
Latchford	41.798%	14.317%	6.890%	36.995%
Matachewan	41.798%	14.317%	6.890%	36.995%
McGarry	41.798%	14.317%	6.890%	36.995%
Temiskaming Shores	41.798%	14.317%	6.890%	36.995%
Thornloe	41.798%	14.317%	6.890%	36.995%

Timiskaming, Unorganized Areas

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Kirkland Lake Locality Education	41.798%	14.317%	6.890%	36.995%
Timiskaming Locality Education	41.798%	14.317%	6.890%	36.995%

Toronto, Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Toronto	71.848%	26.537%	0.775%	0.840%

Waterloo, Regional Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Cambridge	71.700%	26.303%	0.618%	1.379%
Kitchener	71.700%	26.303%	0.618%	1.379%
North Dumfries	71.700%	26.303%	0.618%	1.379%
Waterloo	71.700%	26.303%	0.618%	1.379%
Wellesley	71.700%	26.303%	0.618%	1.379%
Wilmot	71.700%	26.303%	0.618%	1.379%
Woolwich	71.700%	26.303%	0.618%	1.379%

Wellington, County of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Centre Wellington	75.633%	22.513%	0.993%	0.861%
Erin	75.633%	22.513%	0.993%	0.861%
Guelph	75.633%	22.513%	0.993%	0.861%
Guelph/Eramosa	75.633%	22.513%	0.993%	0.861%
Mapleton	75.633%	22.513%	0.993%	0.861%
Minto	75.633%	22.513%	0.993%	0.861%
Puslinch	75.633%	22.513%	0.993%	0.861%
Wellington North	75.633%	22.513%	0.993%	0.861%

York, Regional Municipality of

Municipality	English-Language Public Board	English-Language Roman Catholic Board	French-Language Public District School Board	French-Language Separate District School Board
Aurora	69.736%	28.821%	0.383%	1.060%
East Gwillimbury	69.736%	28.821%	0.383%	1.060%
Georgina	69.736%	28.821%	0.383%	1.060%
King	69.736%	28.821%	0.383%	1.060%
Markham	69.736%	28.821%	0.383%	1.060%
Newmarket	69.736%	28.821%	0.383%	1.060%
Richmond Hill	69.736%	28.821%	0.383%	1.060%
Vaughan	69.736%	28.821%	0.383%	1.060%
Whitchurch-Stouffville	69.736%	28.821%	0.383%	1.060%

(155-G099E)

Proportions des effectifs de 2022 pour l'application des paragraphes 238(2) et 257.8(3) de la Loi sur l'éducation

Algoma, District d'

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Blind River	64.374%	30.178%	0.962%	4.486%
Bruce Mines	100.000%	N/A	0.000%	N/A
Dubreuilville	64.374%	30.178%	0.962%	4.486%
Elliot Lake	64.374%	30.178%	0.962%	4.486%
Hilton	100.000%	N/A	0.000%	N/A
Hilton Beach	100.000%	N/A	0.000%	N/A
Hornepayne	74.074%	14.815%	0.000%	11.111%
Huron Shores	64.374%	30.178%	0.962%	4.486%
Jocelyn	100.000%	N/A	0.000%	N/A
Johnson	64.374%	30.178%	0.962%	4.486%
Laird	64.374%	30.178%	0.962%	4.486%
MacDonald, Meredith et Aberdeen Additional	64.374%	30.178%	0.962%	4.486%
Plummer Additional	100.000%	N/A	0.000%	N/A
Prince	64.374%	30.178%	0.962%	4.486%
Sault Ste. Marie	64.374%	30.178%	0.962%	4.486%
Shedden	64.374%	30.178%	0.962%	4.486%
St. Joseph	100.000%	N/A	0.000%	N/A
Tarbutt et Tarbutt Additional	64.374%	30.178%	0.962%	4.486%
The North Shore	64.374%	30.178%	0.962%	4.486%
Thessalon	100.000%	N/A	0.000%	N/A
Wawa	64.374%	30.178%	0.962%	4.486%
White River	64.374%	30.178%	0.962%	4.486%

Algoma, Territoires non érigés en municipalité

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Algoma Locality Education – Centre	100.000%	N/A	0.000%	N/A
Algoma Locality Education – Autre	64.374%	30.178%	0.962%	4.486%
Missarenda DSA Locality Education	100.000%	N/A	0.000%	N/A

Brant, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Comté de Brant	70.476%	28.342%	0.323%	0.859%

Brantford

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Brantford	70.476%	28.342%	0.323%	0.859%

Bruce, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Arran-Elderslie	77.146%	21.079%	0.528%	1.247%
Brockton	77.146%	21.079%	0.528%	1.247%
Huron-Kinloss	77.146%	21.079%	0.528%	1.247%
Kincardine	77.146%	21.079%	0.528%	1.247%
Péninsule de Bruce Nord	77.146%	21.079%	0.528%	1.247%
Saugeen Shores	77.146%	21.079%	0.528%	1.247%
Bruce Sud	77.146%	21.079%	0.528%	1.247%
Péninsule de Bruce Sud	77.146%	21.079%	0.528%	1.247%

Chatham-Kent, Municipalité de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Chatham-Kent	66.904%	27.580%	0.994%	4.522%

Cochrane, District de

Municipalité	District School Area Board	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française	James Bay Lowlands Secondary School Board
Black River-Matheson	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Cochrane	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Fauquier-Strickland	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Hearst	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Île Moose Factory	72.699%	N/A	N/A	N/A	N/A	27.301%
Iroquois Falls	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Kapuskasing	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Mattice-Val Côté	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Moonbeam	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Moosonee	96.820%	N/A	3.180%	N/A	0.000%	0.000%
Opasatika	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Smooth Rock Falls	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Timmins	N/A	41.798%	14.317%	6.890%	36.995%	N/A
Val Rita-Harty	N/A	41.798%	14.317%	6.890%	36.995%	N/A

Cochrane, Territoires non érigés en municipalité

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Cochrane Iroquois Falls Black River Matheson Locality Education	41.798%	14.317%	6.890%	36.995%
Hearst Locality Education	41.798%	14.317%	6.890%	36.995%
Kapuskasing Smooth Rock Falls et District Locality Education	41.798%	14.317%	6.890%	36.995%

Dufferin, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Amaranth	79.459%	17.753%	2.532%	0.256%
Garafraxa Est	79.459%	17.753%	2.532%	0.256%
Grand Valley	79.459%	17.753%	2.532%	0.256%
Melancthon	79.459%	17.753%	2.532%	0.256%
Mono	79.459%	17.753%	2.532%	0.256%
Mulmur	79.459%	17.753%	2.532%	0.256%
Orangeville	79.459%	17.753%	2.532%	0.256%
Shelburne	79.459%	17.753%	2.532%	0.256%

Durham, Municipalité régionale de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Ajax	75.429%	22.602%	0.692%	1.277%
Brock	75.429%	22.602%	0.692%	1.277%
Clarington	69.256%	28.471%	1.298%	0.975%
Oshawa	75.429%	22.602%	0.692%	1.277%
Pickering	75.429%	22.602%	0.692%	1.277%
Scugog	75.429%	22.602%	0.692%	1.277%
Uxbridge	75.429%	22.602%	0.692%	1.277%
Whitby	75.429%	22.602%	0.692%	1.277%

Elgin, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Aylmer	76.806%	20.692%	0.921%	1.581%
Bayham	76.806%	20.692%	0.921%	1.581%
Central Elgin	76.806%	20.692%	0.921%	1.581%
Dutton/Dunwich	76.806%	20.692%	0.921%	1.581%
Malahide	76.806%	20.692%	0.921%	1.581%
Southwold	76.806%	20.692%	0.921%	1.581%
St. Thomas	76.806%	20.692%	0.921%	1.581%
Elgin Ouest	76.806%	20.692%	0.921%	1.581%

Essex, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Amherstburg	56.204%	31.712%	1.631%	10.453%
Essex	56.204%	31.712%	1.631%	10.453%
Kingsville	56.204%	31.712%	1.631%	10.453%
Lakeshore	56.204%	31.712%	1.631%	10.453%
LaSalle	56.204%	31.712%	1.631%	10.453%
Leamington	56.204%	31.712%	1.631%	10.453%
Pelee	56.204%	31.712%	1.631%	10.453%
Tecumseh	56.204%	31.712%	1.631%	10.453%
Windsor	56.204%	31.712%	1.631%	10.453%

Frontenac, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Central Frontenac	68.784%	27.177%	2.069%	1.970%
Frontenac Islands	68.784%	27.177%	2.069%	1.970%
Kingston	68.784%	27.177%	2.069%	1.970%
Frontenac Nord	68.784%	27.177%	2.069%	1.970%
Frontenac Sud	68.784%	27.177%	2.069%	1.970%

Grand Sudbury, Municipalité de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Grand Sudbury	43.759%	24.055%	9.237%	22.949%

Grey, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Chatsworth	77.146%	21.079%	0.528%	1.247%
Georgian Bluffs	77.146%	21.079%	0.528%	1.247%
Grey Highlands	77.146%	21.079%	0.528%	1.247%
Hanover	77.146%	21.079%	0.528%	1.247%
Meaford	77.146%	21.079%	0.528%	1.247%
Owen Sound	77.146%	21.079%	0.528%	1.247%
Southgate	77.146%	21.079%	0.528%	1.247%
The Blue Mountains	77.146%	21.079%	0.528%	1.247%
Grey Ouest	77.146%	21.079%	0.528%	1.247%

Haldiman Comte, Municipalité de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Comté de Haldimand	70.476%	28.342%	0.323%	0.859%

Haliburton, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Algonquin Highlands	100.000%	N/A	0.000%	N/A
Dysart Etc	100.000%	N/A	0.000%	N/A
Highlands Est	92.020%	7.980%	0.000%	0.000%
Minden Mills	100.000%	N/A	0.000%	N/A

Halton, Municipalité régionale de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Burlington	62.300%	35.010%	0.843%	1.847%
Halton Hills	62.300%	35.010%	0.843%	1.847%
Milton	62.300%	35.010%	0.843%	1.847%
Oakville	62.300%	35.010%	0.843%	1.847%

Hamilton, Municipalité de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Hamilton	61.841%	36.429%	0.318%	1.412%

Hastings, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Bancroft	77.137%	20.139%	1.856%	0.868%
Belleville	77.137%	20.139%	1.856%	0.868%
Carlow/Mayo	77.137%	20.139%	1.856%	0.868%
Centre Hastings	77.137%	20.139%	1.856%	0.868%
Deseronto	77.137%	20.139%	1.856%	0.868%
Faraday	77.137%	20.139%	1.856%	0.868%
Hastings Highlands	77.137%	20.139%	1.856%	0.868%
Limerick	77.137%	20.139%	1.856%	0.868%
Madoc	77.137%	20.139%	1.856%	0.868%
Marmora et Lake	77.137%	20.139%	1.856%	0.868%
Quinte West–Remainder	77.137%	20.139%	1.856%	0.868%
Stirling-Rawdon	77.137%	20.139%	1.856%	0.868%
Tudor and Cashel	77.137%	20.139%	1.856%	0.868%
Tweed	77.137%	20.139%	1.856%	0.868%
Tyendinaga	77.137%	20.139%	1.856%	0.868%
Wollaston	77.137%	20.139%	1.856%	0.868%

Huron, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Ashfield-Colborne-Wawanosh	76.348%	23.494%	0.158%	0.000%
Bluewater	76.348%	23.494%	0.158%	0.000%
Central Huron	76.348%	23.494%	0.158%	0.000%
Goderich	76.348%	23.494%	0.158%	0.000%
Howick	76.348%	23.494%	0.158%	0.000%

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Huron Est	76.348%	23.494%	0.158%	0.000%
Morris Turnberry	76.348%	23.494%	0.158%	0.000%
Huron Nord	76.348%	23.494%	0.158%	0.000%
Huron Sud	76.348%	23.494%	0.158%	0.000%

Kawartha Lakes, Municipalité de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Kawartha Lakes	82.531%	16.800%	0.365%	0.304%

Kenora, District de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Dryden	72.829%	26.157%	0.000%	1.014%
Ear Falls	61.438%	36.903%	0.000%	1.659%
Ignace	72.829%	26.157%	0.000%	1.014%
Kenora	61.438%	36.903%	0.000%	1.659%
Machin	72.829%	26.157%	0.000%	1.014%
Lac Pickle	100.000%	N/A	0.000%	N/A
Red Lake	61.438%	36.903%	0.000%	1.659%
Sioux Lookout	72.829%	26.157%	0.000%	1.014%
Sioux Narrows Nestor Falls – Partie de Keewatin-Patricia	61.438%	36.903%	0.000%	1.659%
Sioux Narrows Nestor Falls –Partie de Rainy River	83.391%	16.609%	0.000%	0.000%

Kenora, Territoires non érigés en municipalité

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Dryden Locality Education	72.829%	26.157%	0.000%	1.014%
Dryden Locality Education–Isley TSA	72.829%	26.157%	0.000%	1.014%
Dryden Locality Education–Machin TSA	72.829%	26.157%	0.000%	1.014%
Dryden Locality Education–Van Horne et Wainwright	72.829%	26.157%	0.000%	1.014%
Kenora Locality Education	61.438%	36.903%	0.000%	1.659%
Red Lake Locality Education–Partie de Baird	61.438%	36.903%	0.000%	1.659%
Red Lake Locality Education–Autre	100.000%	N/A	0.000%	N/A
Sturgeon Lake Locality Education	100.000%	N/A	0.000%	N/A

Lambton, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Brooke-Alvinston	66.904%	27.580%	0.994%	4.522%
Dawn-Euphemia	66.904%	27.580%	0.994%	4.522%
Enniskillen	66.904%	27.580%	0.994%	4.522%
Lambton Shores	66.904%	27.580%	0.994%	4.522%
Oil Springs	66.904%	27.580%	0.994%	4.522%
Petrolia	66.904%	27.580%	0.994%	4.522%
Plympton-Wyoming	66.904%	27.580%	0.994%	4.522%
Point Edward	66.904%	27.580%	0.994%	4.522%

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Sarnia	66.904%	27.580%	0.994%	4.522%
St. Clair	66.904%	27.580%	0.994%	4.522%
Warwick	66.904%	27.580%	0.994%	4.522%

Lanark, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Beckwith	68.994%	26.488%	0.872%	3.646%
Carleton Place	68.994%	26.488%	0.872%	3.646%
Drummond/Elmsley Nord	68.994%	26.488%	0.872%	3.646%
Lanark Highlands	68.994%	26.488%	0.872%	3.646%
Mississippi Mills	68.994%	26.488%	0.872%	3.646%
Montague	68.994%	26.488%	0.872%	3.646%
Perth	68.994%	26.488%	0.872%	3.646%
Smiths Falls	68.994%	26.488%	0.872%	3.646%
Tay Valley	68.994%	26.488%	0.872%	3.646%

Leeds et Grenville, Comtés unis de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Athens	68.994%	26.488%	0.872%	3.646%
Augusta	68.994%	26.488%	0.872%	3.646%
Brockville	68.994%	26.488%	0.872%	3.646%
Edwardsburgh/Cardinal	68.994%	26.488%	0.872%	3.646%
Elizabethtown-Kitley	68.994%	26.488%	0.872%	3.646%
Front of Yonge	68.994%	26.488%	0.872%	3.646%
Gananoque	68.994%	26.488%	0.872%	3.646%
Leeds et les Mille Îles	68.994%	26.488%	0.872%	3.646%
Merrickville et Wolford	68.994%	26.488%	0.872%	3.646%
Grenville Nord	68.994%	26.488%	0.872%	3.646%
Prescott	68.994%	26.488%	0.872%	3.646%
Rideau Lakes	68.994%	26.488%	0.872%	3.646%
Westport	68.994%	26.488%	0.872%	3.646%

Lennox et Addington, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Addington Highlands	68.784%	27.177%	2.069%	1.970%
Greater Napanee	68.784%	27.177%	2.069%	1.970%
Loyalist	68.784%	27.177%	2.069%	1.970%
Stone Mills	68.784%	27.177%	2.069%	1.970%

Manitoulin, District de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Assiginack	100.000%	N/A	0.000%	N/A
Billings	100.000%	N/A	0.000%	N/A
Burpee et Mills	100.000%	N/A	0.000%	N/A

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Central Manitoulin	100.000%	N/A	0.000%	N/A
Cockburn Île	100.000%	N/A	0.000%	N/A
Gordon/Barrie Île	100.000%	N/A	0.000%	N/A
Gore Bay	100.000%	N/A	0.000%	N/A
Manitoulin du Nord-Est et les Îles (Partie de Little Current)	65.679%	26.327%	0.000%	7.994%
Manitoulin du Nord-Est et les Îles (Autre)	100.000%	N/A	0.000%	N/A
Tehkummah	100.000%	N/A	0.000%	N/A

Manitoulin, Territoires non érigés en municipalité

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Manitoulin Locality Education	100.000%	N/A	0.000%	N/A

Middlesex, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Adelaide-Metcalfe	76.806%	20.692%	0.921%	1.581%
London	76.806%	20.692%	0.921%	1.581%
Lucan Biddulph	76.806%	20.692%	0.921%	1.581%
Middlesex Centre	76.806%	20.692%	0.921%	1.581%
Newbury	76.806%	20.692%	0.921%	1.581%
Middlesex Nord	76.806%	20.692%	0.921%	1.581%
Middlesex Sud-Ouest	76.806%	20.692%	0.921%	1.581%
Strathroy-Caradoc	76.806%	20.692%	0.921%	1.581%
Thames Centre	76.806%	20.692%	0.921%	1.581%

Muskoka, Municipalité du district de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Bracebridge	92.543%	7.457%	0.000%	0.000%
Georgian Bay – Quartier Freeman	87.074%	12.926%	0.000%	0.000%
Georgian Bay – Quartiers Gibson et Baxter	92.543%	7.457%	0.000%	0.000%
Gravenhurst	92.543%	7.457%	0.000%	0.000%
Huntsville	92.543%	7.457%	0.000%	0.000%
Lake of Bays	92.543%	7.457%	0.000%	0.000%
Muskoka Lakes	92.543%	7.457%	0.000%	0.000%

Niagara, Municipalité régionale de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Fort Erie	62.092%	33.871%	0.973%	3.064%
Grimsby	62.092%	33.871%	0.973%	3.064%
Lincoln	62.092%	33.871%	0.973%	3.064%
Niagara Falls	62.092%	33.871%	0.973%	3.064%
Niagara-on-the-Lake	62.092%	33.871%	0.973%	3.064%
Pelham	62.092%	33.871%	0.973%	3.064%
Port Colborne	62.092%	33.871%	0.973%	3.064%

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
St. Catharines	62.092%	33.871%	0.973%	3.064%
Thorold	62.092%	33.871%	0.973%	3.064%
Wainfleet	62.092%	33.871%	0.973%	3.064%
Welland	62.092%	33.871%	0.973%	3.064%
Lincoln Ouest	62.092%	33.871%	0.973%	3.064%

Nipissing, District de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Bonfield	54.035%	18.746%	7.820%	19.399%
Calvin	54.035%	18.746%	7.820%	19.399%
Chisholm	54.035%	18.746%	7.820%	19.399%
Ferris Est	54.035%	18.746%	7.820%	19.399%
Mattawa	54.035%	18.746%	7.820%	19.399%
Mattawan	54.035%	18.746%	7.820%	19.399%
North Bay	54.035%	18.746%	7.820%	19.399%
Papineau-Cameron	54.035%	18.746%	7.820%	19.399%
Algonquin Sud	80.000%	20.000%	0.000%	0.000%
Temagami	41.798%	14.317%	6.890%	36.995%
Nipissing Ouest	54.035%	18.746%	7.820%	19.399%

Nipissing, Territoires non érigés en municipalité

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Conseils scolaires combinés de Nipissing	54.035%	18.746%	7.820%	19.399%
Conseil scolaire de Timiskaming	41.798%	14.317%	6.890%	36.995%

Norfolk Comte, Municipalité de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Comté de Norfolk	70.476%	28.342%	0.323%	0.859%

Northumberland, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Alnwick/Haldimand	69.256%	28.471%	1.298%	0.975%
Brighton	69.256%	28.471%	1.298%	0.975%
Cobourg	69.256%	28.471%	1.298%	0.975%
Cramahe	69.256%	28.471%	1.298%	0.975%
Hamilton	69.256%	28.471%	1.298%	0.975%
Port Hope	69.256%	28.471%	1.298%	0.975%
Quinte Ouest – Partie de Murray	69.256%	28.471%	1.298%	0.975%
Trent Hills	69.256%	28.471%	1.298%	0.975%

Ottawa, Municipalité de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Ottawa	48.055%	28.859%	7.951%	15.135%

Oxford, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Blandford-Blenheim	76.806%	20.692%	0.921%	1.581%
Zorra-Tavistock Est	76.806%	20.692%	0.921%	1.581%
Ingersoll	76.806%	20.692%	0.921%	1.581%
Norwich	76.806%	20.692%	0.921%	1.581%
Oxford Sud-Ouest	76.806%	20.692%	0.921%	1.581%
Tillsonburg	76.806%	20.692%	0.921%	1.581%
Woodstock	76.806%	20.692%	0.921%	1.581%
Zorra	76.806%	20.692%	0.921%	1.581%

Parry Sound, District de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Armour	54.035%	18.746%	7.820%	19.399%
Burk's Falls	54.035%	18.746%	7.820%	19.399%
Callander	54.035%	18.746%	7.820%	19.399%
Carling	87.074%	12.926%	0.000%	0.000%
Joly	54.035%	18.746%	7.820%	19.399%
Kearney	54.035%	18.746%	7.820%	19.399%
Machar	54.035%	18.746%	7.820%	19.399%
Magnetawan–Croft, Spence	100.000%	N/A	0.000%	N/A
Magnetawan – Autre	54.035%	18.746%	7.820%	19.399%
McDougall	87.074%	12.926%	0.000%	0.000%
McKellar	87.074%	12.926%	0.000%	0.000%
McMurrich-Monteith	54.035%	18.746%	7.820%	19.399%
Nipissing	54.035%	18.746%	7.820%	19.399%
Parry Sound	87.074%	12.926%	0.000%	0.000%
Perry	54.035%	18.746%	7.820%	19.399%
Powassan	54.035%	18.746%	7.820%	19.399%
Ryerson	54.035%	18.746%	7.820%	19.399%
Seguin	87.074%	12.926%	0.000%	0.000%
South River	54.035%	18.746%	7.820%	19.399%
Strong	54.035%	18.746%	7.820%	19.399%
Sundridge	54.035%	18.746%	7.820%	19.399%
The Archipelago	100.000%	N/A	0.000%	N/A
Whitestone	100.000%	N/A	0.000%	N/A

Parry Sound, Territoires non érigés en municipalité

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Conseil scolaire de Parry Sound Est	54.035%	18.746%	7.820%	19.399%
Conseil de secteur scolaire du canton de South River	54.035%	18.746%	7.820%	19.399%
Conseil scolaire de Parry Sound Ouest – Partie de Henvey et Walbridge	67.442%	32.558%	0.000%	0.000%

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Conseil scolaire de Parry Sound Ouest – Autres cantons géographiques	100.000%	N/A	0.000%	N/A

Peel, Municipalité régionale de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Brampton	65.906%	32.479%	0.545%	1.070%
Caledon	65.906%	32.479%	0.545%	1.070%
Mississauga	65.906%	32.479%	0.545%	1.070%

Perth, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Perth Nord	76.348%	23.494%	0.158%	0.000%
Perth Est	76.348%	23.494%	0.158%	0.000%
Perth Sud	76.348%	23.494%	0.158%	0.000%
Stratford	76.348%	23.494%	0.158%	0.000%
St. Marys	76.348%	23.494%	0.158%	0.000%
Perth Ouest	76.348%	23.494%	0.158%	0.000%

Peterborough, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Asphodel-Norwood	69.256%	28.471%	1.298%	0.975%
Cavan Monaghan	69.256%	28.471%	1.298%	0.975%
Douro-Dummer	69.256%	28.471%	1.298%	0.975%
Trent Lacs	69.256%	28.471%	1.298%	0.975%
Havelock-Belmont-Methuen	69.256%	28.471%	1.298%	0.975%
Kawartha Nord	69.256%	28.471%	1.298%	0.975%
Otonabee-Monaghan Sud	69.256%	28.471%	1.298%	0.975%
Peterborough	69.256%	28.471%	1.298%	0.975%
Selwyn	69.256%	28.471%	1.298%	0.975%

Prescott et Russell, Comtés unis de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Alfred et Plantagenet	35.525%	23.462%	8.885%	32.128%
Casselman	35.525%	23.462%	8.885%	32.128%
Champlain	35.525%	23.462%	8.885%	32.128%
Clarence-Rockland	35.525%	23.462%	8.885%	32.128%
Hawkesbury Est	35.525%	23.462%	8.885%	32.128%
Hawkesbury	35.525%	23.462%	8.885%	32.128%
Russell	35.525%	23.462%	8.885%	32.128%
La Nation	35.525%	23.462%	8.885%	32.128%

Prince Edward Comte, Municipalité de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Comté de Prince Edward	77.137%	20.139%	1.856%	0.868%

Rainy River, District de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Alberton	83.391%	16.609%	0.000%	0.000%
Atikokan	83.391%	16.609%	0.000%	0.000%
Chapple	83.391%	16.609%	0.000%	0.000%
Dawson	83.391%	16.609%	0.000%	0.000%
Emo	83.391%	16.609%	0.000%	0.000%
Fort Frances	83.391%	16.609%	0.000%	0.000%
La Vallée	83.391%	16.609%	0.000%	0.000%
Lac des Bois	83.391%	16.609%	0.000%	0.000%
Morley	83.391%	16.609%	0.000%	0.000%
Rainy River	83.391%	16.609%	0.000%	0.000%

Rainy River, Territoires non érigés en municipalité

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Atikokan Locality Education	100.000%	N/A	0.000%	N/A
Fort Frances Rainy River Locality Education	83.391%	16.609%	0.000%	0.000%
Fort Frances Rainy River Locality Education–Nestor Falls TSA	83.391%	16.609%	0.000%	0.000%
Mine Centre DSA Locality Education	100.000%	N/A	0.000%	N/A

Renfrew, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Admaston/Bromley	58.900%	32.685%	2.639%	5.776%
Arnprior	58.900%	32.685%	2.639%	5.776%
Bonnechère Valley	58.900%	32.685%	2.639%	5.776%
Brudenell Lyndoch et Raglan	58.900%	32.685%	2.639%	5.776%
Deep River	58.900%	32.685%	2.639%	5.776%
Greater Madawaska	58.900%	32.685%	2.639%	5.776%
Head, Clara et Maria	58.900%	32.685%	2.639%	5.776%
Horton	58.900%	32.685%	2.639%	5.776%
Killaloe, Hagarty et Richards	58.900%	32.685%	2.639%	5.776%
Laurentian Hills	58.900%	32.685%	2.639%	5.776%
Laurentian Valley	58.900%	32.685%	2.639%	5.776%
Madawaska Valley	58.900%	32.685%	2.639%	5.776%
McNab/Braeside	58.900%	32.685%	2.639%	5.776%
Algona Nord Wilberforce	58.900%	32.685%	2.639%	5.776%
Pembroke	58.900%	32.685%	2.639%	5.776%
Petawawa	58.900%	32.685%	2.639%	5.776%
Renfrew	58.900%	32.685%	2.639%	5.776%
Whitewater Region	58.900%	32.685%	2.639%	5.776%

Simcoe, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française	Conseil scolaire protestant
Adjala-Tosorontio	68.951%	27.406%	1.916%	1.727%	N/A
Barrie	68.951%	27.406%	1.916%	1.727%	N/A
Bradford West Gwillimbury	68.951%	27.406%	1.916%	1.727%	N/A
Clearview	68.951%	27.406%	1.916%	1.727%	N/A
Collingwood	68.951%	27.406%	1.916%	1.727%	N/A
Essa	68.951%	27.406%	1.916%	1.727%	N/A
Innisfil	68.951%	27.406%	1.916%	1.727%	N/A
Midland	68.951%	27.406%	1.916%	1.727%	N/A
New Tecumseth	68.951%	27.406%	1.916%	1.727%	N/A
Orillia	68.951%	27.406%	1.916%	1.727%	N/A
Oro-Medonte	68.951%	27.406%	1.916%	1.727%	N/A
Penetanguishene	42.076%	19.101%	7.747%	6.478%	24.598%
Ramara	68.951%	27.406%	1.916%	1.727%	N/A
Severn	68.951%	27.406%	1.916%	1.727%	N/A
Springwater	68.951%	27.406%	1.916%	1.727%	N/A
Tay	68.951%	27.406%	1.916%	1.727%	N/A
Tiny	68.951%	27.406%	1.916%	1.727%	N/A
Wasaga Beach	68.951%	27.406%	1.916%	1.727%	N/A

Stormont, Dundas et Glengarry, Comtés unis de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Cornwall	35.525%	23.462%	8.885%	32.128%
Dundas Nord	35.525%	23.462%	8.885%	32.128%
Glengarry Nord	35.525%	23.462%	8.885%	32.128%
Stormont Nord	35.525%	23.462%	8.885%	32.128%
Dundas Sud	35.525%	23.462%	8.885%	32.128%
Glengarry Sud	35.525%	23.462%	8.885%	32.128%
Stormont Sud	35.525%	23.462%	8.885%	32.128%

Sudbury, District de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Baldwin	65.679%	26.327%	0.000%	7.994%
Chapleau	64.374%	30.178%	0.962%	4.486%
Espanola	65.679%	26.327%	0.000%	7.994%
French River	43.759%	24.055%	9.237%	22.949%
Killarney	43.759%	24.055%	9.237%	22.949%
Markstay-Warren	43.759%	24.055%	9.237%	22.949%
Nairn et Hyman	65.679%	26.327%	0.000%	7.994%
Sables-Spanish Rivers	65.679%	26.327%	0.000%	7.994%
St.-Charles	43.759%	24.055%	9.237%	22.949%

Sudbury, Territoires non érigés en municipalité

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Asquith Garvey DSA Locality Education	100.000%	N/A	0.000%	N/A
Chapleau Locality Education	64.374%	30.178%	0.962%	4.486%

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Espanola Locality Education	65.679%	26.327%	0.000%	7.994%
Foleyet DSA Locality Education	41.798%	14.317%	6.890%	36.995%
Gogama DSA Locality Education	41.798%	14.317%	6.890%	36.995%
Missarenda DSA Locality Education	100.000%	N/A	0.000%	N/A
Sudbury Locality Education	43.759%	24.055%	9.237%	22.949%

Thunder Bay, District de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Conmee	51.261%	45.023%	0.457%	3.259%
Dorion	58.696%	27.410%	2.977%	10.917%
Gillies	51.261%	45.023%	0.457%	3.259%
Greenstone	58.696%	27.410%	2.977%	10.917%
Manitouwadge	58.696%	27.410%	2.977%	10.917%
Marathon	58.696%	27.410%	2.977%	10.917%
Neebing	51.261%	45.023%	0.457%	3.259%
Nipigon	58.696%	27.410%	2.977%	10.917%
O'Connor	51.261%	45.023%	0.457%	3.259%
Oliver Paipoonge	51.261%	45.023%	0.457%	3.259%
Red Rock	58.696%	27.410%	2.977%	10.917%
Schreiber	58.696%	27.410%	2.977%	10.917%
Shuniah	51.261%	45.023%	0.457%	3.259%
Terrace Bay	58.696%	27.410%	2.977%	10.917%
Thunder Bay	51.261%	45.023%	0.457%	3.259%

Thunder Bay, Territoires non érigés en municipalité

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Allanwater DSA Locality Education	100.000%	N/A	0.000%	N/A
Armstrong DSA Locality Education	100.000%	N/A	0.000%	N/A
Auden DSA Locality Education	100.000%	N/A	0.000%	N/A
Collins DSA Locality Education	100.000%	N/A	0.000%	N/A
Ferland DSA Locality Education	100.000%	N/A	0.000%	N/A
Kashabowie DSA Locality Education	100.000%	N/A	0.000%	N/A
Kilkenny DSA Locality Education	100.000%	N/A	0.000%	N/A
Lake Superior Locality Education	58.696%	27.410%	2.977%	10.917%
Lakehead Locality Education	51.261%	45.023%	0.457%	3.259%
Nipigon Red Rock Locality Education	58.696%	27.410%	2.977%	10.917%
Savant Lake DSA Locality Education	100.000%	N/A	0.000%	N/A
Upsala DSA Locality Education	100.000%	N/A	0.000%	N/A

Timiskaming, District de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Armstrong	41.798%	14.317%	6.890%	36.995%
Brethour	41.798%	14.317%	6.890%	36.995%
Casey	41.798%	14.317%	6.890%	36.995%
Chamberlain	41.798%	14.317%	6.890%	36.995%
Charlton et Dack	41.798%	14.317%	6.890%	36.995%

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Cobalt	41.798%	14.317%	6.890%	36.995%
Coleman	41.798%	14.317%	6.890%	36.995%
Englehart	41.798%	14.317%	6.890%	36.995%
Evanturel	41.798%	14.317%	6.890%	36.995%
Gauthier	41.798%	14.317%	6.890%	36.995%
Harley	41.798%	14.317%	6.890%	36.995%
Harris	41.798%	14.317%	6.890%	36.995%
Hilliard	41.798%	14.317%	6.890%	36.995%
Hudson	41.798%	14.317%	6.890%	36.995%
James	41.798%	14.317%	6.890%	36.995%
Kerns	41.798%	14.317%	6.890%	36.995%
Kirkland Lake	41.798%	14.317%	6.890%	36.995%
Larder Lake	41.798%	14.317%	6.890%	36.995%
Latchford	41.798%	14.317%	6.890%	36.995%
Matachewan	41.798%	14.317%	6.890%	36.995%
McGarry	41.798%	14.317%	6.890%	36.995%
Temiskaming Shores	41.798%	14.317%	6.890%	36.995%
Thornloe	41.798%	14.317%	6.890%	36.995%

Timiskaming, Territoires non érigés en municipalité

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Kirkland Lake Locality Education	41.798%	14.317%	6.890%	36.995%
Timiskaming Locality Education	41.798%	14.317%	6.890%	36.995%

Toronto, Municipalité de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Toronto	71.848%	26.537%	0.775%	0.840%

Waterloo, Municipalité régionale de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Cambridge	71.700%	26.303%	0.618%	1.379%
Kitchener	71.700%	26.303%	0.618%	1.379%
Dumfries Nord	71.700%	26.303%	0.618%	1.379%
Waterloo	71.700%	26.303%	0.618%	1.379%
Wellesley	71.700%	26.303%	0.618%	1.379%
Wilmot	71.700%	26.303%	0.618%	1.379%
Woolwich	71.700%	26.303%	0.618%	1.379%

Wellington, Comté de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Centre Wellington	75.633%	22.513%	0.993%	0.861%
Erin	75.633%	22.513%	0.993%	0.861%
Guelph	75.633%	22.513%	0.993%	0.861%

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Guelph/Eramosa	75.633%	22.513%	0.993%	0.861%
Mapleton	75.633%	22.513%	0.993%	0.861%
Minto	75.633%	22.513%	0.993%	0.861%
Puslinch	75.633%	22.513%	0.993%	0.861%
Wellington Nord	75.633%	22.513%	0.993%	0.861%

York, Municipalité régionale de

Municipalité	Conseil public de langue anglaise	Conseil catholique de langue anglaise	Conseil scolaire de district public de langue française	Conseil scolaire de district catholique de langue française
Aurora	69.736%	28.821%	0.383%	1.060%
Gwillimbury Est	69.736%	28.821%	0.383%	1.060%
Georgina	69.736%	28.821%	0.383%	1.060%
King	69.736%	28.821%	0.383%	1.060%
Markham	69.736%	28.821%	0.383%	1.060%
Newmarket	69.736%	28.821%	0.383%	1.060%
Richmond Hill	69.736%	28.821%	0.383%	1.060%
Vaughan	69.736%	28.821%	0.383%	1.060%
Whitchurch-Stouffville	69.736%	28.821%	0.383%	1.060%

(155-G099F)

Marriage Act
Loi sur le mariage

CERTIFICATE OF PERMANENT REGISTRATION as a person authorized to solemnize marriage in Ontario have been issued to the following:

LES CERTIFICATS D'ENREGISTREMENT PERMANENT autorisant à célébrer des mariages en Ontario ont été délivrés aux suivants :

March 28, 2022 to April 03, 2022

Name Nom	Location Lieu	Effective Date Date d'Entrée en Vigueur
Blake-Newell, Kenesha Kaydian	Toronto, ON, CA	30-Mar-2022
Calero, Jose Alberto	Hamilton, ON, CA	30-Mar-2022
Elliott, Sharon Marie	Ridgeway, ON, CA	30-Mar-2022
Goy-Flint, Lynda Diane	Fergus, ON, CA	30-Mar-2022
Henriksen, Ivy Sharron	Jackson's Point, ON, CA	30-Mar-2022
Martin, Gregg Michael	Ottawa, ON, CA	30-Mar-2022
Neufeld, Peter	Wheatley, ON, CA	30-Mar-2022
O'Brien, Jeff	Braeside, ON, CA	30-Mar-2022
Onwunjiogu, Valentine Obinna	Hamilton, ON, CA	30-Mar-2022
Pifer, Nathan Andrew Wayne	Huntsville, ON, CA	30-Mar-2022
Pukhaev, Andrey	Maple, ON, CA	30-Mar-2022
Reardon, Michael Martin Chester	Toronto, ON, CA	30-Mar-2022
Simons, Paul Douglas George	Barrie, ON, CA	30-Mar-2022
Son, Jung Hun	North York, ON, CA	30-Mar-2022

Re-Registrations

Name Nom	Location Lieu	Effective Date Date d'Entrée en Vigueur
Di Santo, Gloria	Toronto Etobicoke, ON, CA	30-Mar-2022
Drost, Brenda Jean	St Catharines, ON, CA	30-Mar-2022
Hoare, Annette May	Lincoln, ON, CA	30-Mar-2022
Jean Pierre, Georgiana Marie	North York, ON, CA	30-Mar-2022
Park, Kathryn Ruth	Port Hope, ON, CA	30-Mar-2022
Piercy, Mary Elizabeth	Nottawa, ON, CA	30-Mar-2022

CERTIFICATES OF TEMPORARY REGISTRATION as person authorized to solemnize marriage in Ontario have been issued to the following:

LES CERTIFICATS D'ENREGISTREMENT TEMPORAIRE autorisant à célébrer des mariages en Ontario ont été délivrés aux suivants :

March 28, 2022 to April 03, 2022

Date	Name Nom	Location Lieu	Effective Date Date d'Entrée en Vigueur
04-May-2022 to 08-May-2022	Austin, Barry	Bridgeport, NL, CA	30-Mar-2022
29-Jun-2022 to 03-Jul-2022	D'Mello, Bosco Angelo	Salmiya, , Kuwait	30-Mar-2022
06-Jul-2022 to 10-Jul-2022	Halferty, Patrick John	New Maryland, NB, CA	30-Mar-2022
30-Jun-2022 to 04-Jul-2022	MacDonald, Ronnie Kenneth	Redcliff, AB, CA	30-Mar-2022
07-Apr-2022 to 11-Apr-2022	Robinson, Paul Walter	Tillsonburg, ON, CA	30-Mar-2022

CERTIFICATE OF CANCELLATION OF REGISTRATION as a person authorized to solemnize marriage in Ontario have been issued to the following:

LES AVIS DE RADIATION de personnes autorisées à célébrer des mariages en Ontario ont été envoyés à :

March 28, 2022 to April 03, 2022

Name Nom	Location Lieu	Effective Date Date d'Entrée en Vigueur
Dunwell, Marvia Sandra	Toronto, ON, CA	28-Mar-2022
Giblett, Peter Brian	Niagara Falls, ON, CA	28-Mar-2022
Irvine, Mary	Port Perry, ON, CA	28-Mar-2022
Palmer, Janet	Simcoe, ON, CA	28-Mar-2022
Ross-Thistel, Bonnie Christina	Waterdown, ON, CA	28-Mar-2022
Siegrist, Anthony	Russell, ON, CA	28-Mar-2022

Alexandra Schmidt
Deputy Registrar General
Registraire générale adjointe de l'état civil

(155-G100)

Change of Name Act
Loi sur le Changement de Nom

NOTICE IS HEREBY GIVEN that the following changes of name were granted during the period from March 28, 2022 to April 03, 2022, under the authority of the *Change of Name Act*, R.S.O. 1990, c.c.7 and the following Regulation RRO 1990, Reg 68). The listing below shows the previous name followed by the new name.

AVIS EST PAR LA PRÉSENTE donné que les changements de noms mentionnés ci-après ont été accordés au cours de la période du 28 mars 2022 au 03 avril 2022, en vertu de la *Loi sur le changement de nom*, L.R.O. 1990, chap. C.7, et du Règlement 68, R.R.O. 1990, s'y rapportant. La liste indique l'ancien nom suivi du nouveau nom.

Date	Previous Name Ancien Nom	New Name Nouveau Nom
March 28, 2022 to April 03, 2022	ABRAHAM, NAMITHA.ANNA.	ABRAHAM, ANNA.
March 28, 2022 to April 03, 2022	AHAMD, JANNAT.	AHMAD, JANNAT.
March 28, 2022 to April 03, 2022	AKANWA, ADRIAN.UCHENNA.	UBANI, ADRIAN.UCHENNA.
March 28, 2022 to April 03, 2022	AL-JUNAIDI, AHMED.RASMI.KAMEL.	AL-JUNAIDI, AHMED.
March 28, 2022 to April 03, 2022	ALEENA ANNA JAMES,	JAMES, ALEENA.ANNA.
March 28, 2022 to April 03, 2022	ALENYU, ROYÈ.RHANI.	ALENYU, ROYÈ.SUNJO.
March 28, 2022 to April 03, 2022	ALENYU NGEH, CALEB.	ALENYU, CALEB.JOY.
March 28, 2022 to April 03, 2022	ALOY, MUKADDER.	KIRMIZI, MUKADDER.
March 28, 2022 to April 03, 2022	ALSOULIMAN, LENA.	SOLIMAN, LENA.
March 28, 2022 to April 03, 2022	ALTARSHAN, OMAR.HUSSAIN.	ALTARSHAN, OMAR.
March 28, 2022 to April 03, 2022	ALVAREZ, LUCIA.	ALVAREZ, LUCIA.MARTINA.
March 28, 2022 to April 03, 2022	AMANPREET SINGH,	BHANGU, AMANPREET.SINGH.
March 28, 2022 to April 03, 2022	AMTESHWAR SINGH,	SINGH, AMTESHWAR.
March 28, 2022 to April 03, 2022	APONSO, GONIYAMALIMAGE.AKILA. NIROSH.	APONSO, AKILA.NIROSH.
March 28, 2022 to April 03, 2022	ARMSTRONG, ZOE.ELIZABETH.SPRUNG.	ARMSTRONG, ISAAC.ARTHUR.SPRUNG.
March 28, 2022 to April 03, 2022	ARSCOTT, ANIYAH.ELIZABETH.REAYA.	ARSCOTT-MCCALLA, ANIYAH.ELIZABETH. REAYA.
March 28, 2022 to April 03, 2022	ASLAMZADA, ARYAS.	ASLAMZADA, ARIUS.

Date	Previous Name Ancien Nom	New Name Nouveau Nom
March 28, 2022 to April 03, 2022	ATHAWALE, ARKIN.ARPIT.	ATHAWALE, AARIN.ARPIT.
March 28, 2022 to April 03, 2022	ATIF RAOOF, TALHA.	ATIF, TALHA.MOHAMMED.
March 28, 2022 to April 03, 2022	ATIF RAOOF,	RAOOF, ATIF.
March 28, 2022 to April 03, 2022	ATIKA AFREEN,	ATIF, ATIKA.AFREEN.
March 28, 2022 to April 03, 2022	AU-YEUNG, TRUMAN.KHUU.	KHUU, TRUMAN.
March 28, 2022 to April 03, 2022	AYOUB GHANEM, KINDA.	AYOUB GHANEM, KENDA.
March 28, 2022 to April 03, 2022	BACHEWICH, DEBORAH.LEONA.	BACHEWICH, DEBORA.LEONA.
March 28, 2022 to April 03, 2022	BARNES, JENNIFER.ANN.PEGGY.	CHANT, JESSE.PEGGY.
March 28, 2022 to April 03, 2022	BAZDAR, ALI.	BAZDAR, ALI.YOUSEF.
March 28, 2022 to April 03, 2022	BECHARD, ERIANA.ROSALEE.	EVERARD, ERIANA.ROSALEE.
March 28, 2022 to April 03, 2022	BEECHAM-MONTOYA, CHARLIE.	MONTOYA-BEECHAM, CHARLIE.
March 28, 2022 to April 03, 2022	BEREKET, ELIAJH.	BEREKET, ELIJAH.
March 28, 2022 to April 03, 2022	BHALLA, EISHA.BHUTANI.	BHUTANI, EISHA.
March 28, 2022 to April 03, 2022	BIAN, TONY.	BIAN, GEORGE.
March 28, 2022 to April 03, 2022	BISHOP, HEATHER.ALISON.	BISHOP, BLAZE.
March 28, 2022 to April 03, 2022	BOCHENEK, MONIKA.EMILY.	BOSCH, MONIKA.EMILY.
March 28, 2022 to April 03, 2022	BONIN, ZACKARY.ALFONSO.	BONIN, ZACHARY.ALFONSO.
March 28, 2022 to April 03, 2022	BOOTH, BEATRICE.ANNE.MARIE.	BOOTH, ANNE.MARIE.
March 28, 2022 to April 03, 2022	CALDARELLI, CHRISTINA.ANNE.	CALDARELLI, CHRIS.T.ANDE.
March 28, 2022 to April 03, 2022	CAMPBELL, LAURA.LYNN.	SOUTH, GREYSON.DAIMIAN.DALTON.
March 28, 2022 to April 03, 2022	CAMPOS, FERNANDO.CARLOS.	SIGNORE, FERNANDO.CARLOS.CAMPOS.
March 28, 2022 to April 03, 2022	CARRIGNAN, AMANDA.SHERRI-LYNN.	THOMPSON, AMANDA.SHERRI-LYNN.
March 28, 2022 to April 03, 2022	CARRIGNAN, BENTLEY.LOGAN.	THOMPSON, BENTLEY.LOGAN.
March 28, 2022 to April 03, 2022	CARRIGNAN, SEBASTIAN.JOSEPH.	THOMPSON, SEBASTIAN.JOSEPH.
March 28, 2022 to April 03, 2022	CASTELLANOS ESPIN, ALEXANDER.RENE.	CASTELLANOS, ALEXANDER.RENE.
March 28, 2022 to April 03, 2022	CHBAT, CHARLOTTE.ROSE.	CHBAT, ROSE.VICTORIA.
March 28, 2022 to April 03, 2022	CHOI, YOONJAE.	CHOI, EDWARD.YOONJAE.
March 28, 2022 to April 03, 2022	CHOW, KWAN.HO.	CHOW, ROBSON.KWAN.HO.
March 28, 2022 to April 03, 2022	CHOWDHURY, TANIA.	HALDAR, TANIA.
March 28, 2022 to April 03, 2022	CLARK, KAITLYN.MARIE.	CLARK, ASHER.RIVER.
March 28, 2022 to April 03, 2022	CLOSE, BENTLEY.ALLAN.	MULHOLLAND, BENTLEY.ALLAN.
March 28, 2022 to April 03, 2022	CONRON, KENDRA.EILEEN.MAE.	DARLING, KENDRA.EILEEN.MAE.
March 28, 2022 to April 03, 2022	CORDOBA-HERNANDEZ, ABRIL.	CÓRDOBA-HERNÁNDEZ, ABRIL.AMANDA.
March 28, 2022 to April 03, 2022	COUPERTHWAITE, JUSTINE.TYLER.	COUPERTHWAITE, JUSTIN.TYLER.
March 28, 2022 to April 03, 2022	CROCKATT, MACKENSIE.HOPE.	ARSENEAULT, MACKENSIE.HOPE.
March 28, 2022 to April 03, 2022	DAVIDS, JOANNA.ELIZABETH.	DAVIDS, BATSHEVA.
March 28, 2022 to April 03, 2022	DE LEON-BARRY, CALEB.JOSHUA.ARTHUR.	DE LEON KELLY, CALEB.JOSHUA.
March 28, 2022 to April 03, 2022	DEHMIWAL, KRIVAM.	DEHMIWAL, KRIVAM.B.
March 28, 2022 to April 03, 2022	DEHMIWAL, VAMEYA.	DEHMIWAL, VAMEYA.B.
March 28, 2022 to April 03, 2022	DENEAULT, VERNON.STUART.	DENEAULT, VERNE.
March 28, 2022 to April 03, 2022	DOUCETTE, KATHERINE.GLADYS.	PENDER, ROBERT.WILLIAM.
March 28, 2022 to April 03, 2022	DOUGLAS-ALLIGOOD, LYRIC.REA.	DOUGLAS, LYRIC.
March 28, 2022 to April 03, 2022	DOWDALL, AMY.NICOLE.	DOWDALL, AMIE.NICOLE.
March 28, 2022 to April 03, 2022	EASTERBROOK, RILEY.BLAIR.CALBERT.	GRAYBROOK, RILEY.BLAIR.CALBERT.
March 28, 2022 to April 03, 2022	EDELIST, CHAYA.BROOKE.	EDELIST, EZRA.BROOKE.
March 28, 2022 to April 03, 2022	EDWARDS, HAYLEY.RENEE.	EDWARDS, AVERY.RENÉE.
March 28, 2022 to April 03, 2022	ELHAC, MUHAMMED.BERA.	ALHAJ, MUHAMMED.BARA.
March 28, 2022 to April 03, 2022	FAULKNER-JANES, LILY.ELIZABETH.	ASMUNDSON-JANES, LILY.ELIZABETH.
March 28, 2022 to April 03, 2022	FERNANDO APONSO, HANGAMAGE. DARSHANI.PESHALA.	FERNANDO, DARSHANI.PESHALA.
March 28, 2022 to April 03, 2022	FERRARA, ALESSIA.MARIA.	FERRARA-MASSARIA, ALESSIA.MARIA.
March 28, 2022 to April 03, 2022	FINDLAY, CHARLOTTE.ALICIA.	FINDLAY, CHARLIE.ALICIA.
March 28, 2022 to April 03, 2022	FRAME-LEARN, RYAN.WILLIAM.	LEARN, RYAN.WILLIAM.FRAME.
March 28, 2022 to April 03, 2022	FRASER-MORRISON, JACOB-PAUL-DAVID.	FRASER, JACOB.PAUL.DAVID.
March 28, 2022 to April 03, 2022	FURLAN, MARGARET.PENELOPE.	FURLAN, MARGARET.PENELOPE.SIXTA.
March 28, 2022 to April 03, 2022	GALLAGHER, LANCE.EDWARD.	BILODEAU, LANCE.

Date	Previous Name Ancien Nom	New Name Nouveau Nom
March 28, 2022 to April 03, 2022	GBOLERU, DAVID.UZOMA.ADEJUMO.	ONUMA, DAVID.UZOMA.CHUKWUEBUKA.
March 28, 2022 to April 03, 2022	GERMEDHIN, KISANET.MERHAWI.	GEREMEDHIN, KISANET.MERHAWI.
March 28, 2022 to April 03, 2022	GILL, KAREN.DEEP-KAUR.	DADWAN, KARENDEEP.KAUR.
March 28, 2022 to April 03, 2022	GOLYAK, ADRIANA.KATHLEEN.	GOLYAK, ADRIANA.
March 28, 2022 to April 03, 2022	GOULD, ASHELY.LYNN.	GOULD, JAYYSON.DAVID.
March 28, 2022 to April 03, 2022	GRAY, STUART.SIDNEY.	GRAY, SAMANTHA.OLIVIA.
March 28, 2022 to April 03, 2022	GRENIER, BRANDON.LEE.	BOSCH, BRANDON.LEE.
March 28, 2022 to April 03, 2022	GRENIER, LOGAN.CARTER.	BOSCH, LOGAN.CARTER.
March 28, 2022 to April 03, 2022	GURPREET KAUR,	KAUR, GURPREET.
March 28, 2022 to April 03, 2022	GURPREET SINGH,	SIDHU, GURPREET.SINGH.
March 28, 2022 to April 03, 2022	HARRY, KOLTON.GORDON.JOSEPH.	TAUS-HARRY, KOLTON.JOSEPH.
March 28, 2022 to April 03, 2022	HILFI, YAMAM.ABDULKAREEM.YAQOOB.	HILFI, YAMA.
March 28, 2022 to April 03, 2022	HILOWLE, LAILAH-SHAHEEN.LAWSON.	ROSE, LAILAH.JANE.
March 28, 2022 to April 03, 2022	HO, LYNN.MY.	HO, LINH.
March 28, 2022 to April 03, 2022	HOBEN, TIMOTHY.GERALD.	HOBEN-DUPUIS, JAMES.WESLEY.
March 28, 2022 to April 03, 2022	HUTCHINSON, RACHEL.LEE.ANNE.	HUTCHINSON, RAE.ANNE.LEE.
March 28, 2022 to April 03, 2022	HUYNH, LYNH.	XAVIUS, LYNH.
March 28, 2022 to April 03, 2022	INDERVEER SINGH PANDHER,	PANDHER, INDDER.
March 28, 2022 to April 03, 2022	IRFAN, SALAR.	KHAN, SALAR.
March 28, 2022 to April 03, 2022	ISMAIL, NARIMAN.	ISSA, NARIMAN.
March 28, 2022 to April 03, 2022	JAHANBANIARDAKANI, ALIREZA.	JAHANBANI, ALIREZA.
March 28, 2022 to April 03, 2022	JAIPAL SINGH,	SYAN, JAIPAL.SINGH.
March 28, 2022 to April 03, 2022	JOAKIM, ANDREW.ALEXANDER.	JOAKIM, GABRIEL.ANDREW.ALEXANDER.
March 28, 2022 to April 03, 2022	JUBA, JADE.MONLETTE-ANNE.	JUBA, JADE.JAGGER.
March 28, 2022 to April 03, 2022	KALSANG YOUDON,	YOUDON, KALSANG.
March 28, 2022 to April 03, 2022	KAMPHOF, JOEL.NATHAN.	KAMPHOF, HANNAH.JOELLE.
March 28, 2022 to April 03, 2022	KATAQUAPIT, BROOKE.MADELEINE. ALEXANDRA.	KATAQUAPIT, KIERAN.EZRA.
March 28, 2022 to April 03, 2022	KAZI ZINNA, ABEDA.JALAL.	ABEDA, ZINNA.KAZI.JALAL.
March 28, 2022 to April 03, 2022	KHANNA BANGIA, DEEPA.	KHURANA, DEEPA.
March 28, 2022 to April 03, 2022	KHATRI, KINNARI.RAJESHKUMAR.	KHATRI, KINNARI.
March 28, 2022 to April 03, 2022	KHORASANIZADEH, MOHADDESEH.	KHORASANI, NIKI.
March 28, 2022 to April 03, 2022	KHROAD, SARBJEET.KAUR.	GREWAL, SARBJEET.KAUR.
March 28, 2022 to April 03, 2022	KIM, MI.HEE.	YOON, INA.
March 28, 2022 to April 03, 2022	KONVAITIS, ROBERT.PATRICK.	DOYLE, EMILY.MOONE.
March 28, 2022 to April 03, 2022	KOVACAJ, WENDY.	KOVAC, WENDY.
March 28, 2022 to April 03, 2022	KRANENDONK, AUGUST.MOON.	KRANENDONK, RAYLAN.MURDOCK.
March 28, 2022 to April 03, 2022	KUNDUP,	KUNDUP, KUNDUP.
March 28, 2022 to April 03, 2022	LACASSE, FERNAND.LUC.	LACASSE, LUC.FERNAND.
March 28, 2022 to April 03, 2022	LANCTOT, SAVANNA.GABRIELE.SHIRLEY.	LANCTOT, ZANE.RORY.
March 28, 2022 to April 03, 2022	LARMOND, ANGELIA.SARAH.FAITH.	DAVIS, ANGELIA.SARAH.
March 28, 2022 to April 03, 2022	LAYNE, AUBREE.ROWEN.	LAYNE, AUBREE.ROWAN.
March 28, 2022 to April 03, 2022	LEE, SEOUNG.MIN.	LEE, SEUNGMIN.RACHEL.
March 28, 2022 to April 03, 2022	LEUNG, ELSON.TSUN-YAN.	LEUNG, CHRISTINA.TSUN-YAN.
March 28, 2022 to April 03, 2022	LI, YAN.	LI-HAN, LEO.YAN.
March 28, 2022 to April 03, 2022	LIZOTTE, CLAIRE.JANELL.	LIZOTTE, ALEX.TAYLOR.
March 28, 2022 to April 03, 2022	LOPES-SCREPNEK, ODET.	LOPES, ODETE.LUISA.
March 28, 2022 to April 03, 2022	MAC LEOD, JOHN.TYLER.	MACLEOD, TYLER.JOHN.
March 28, 2022 to April 03, 2022	MACFARLANE, EMMA.MARIE.	MACFARLANE, CAELUM.EVERETT.
March 28, 2022 to April 03, 2022	MAECK, RILEY-JAMES.MORGAN.	PERRY, RILEY-JAMES.MORGAN.
March 28, 2022 to April 03, 2022	MALOO, ARPIT.MANOJ.	JAIN, ARPIT.
March 28, 2022 to April 03, 2022	MANBIR KAUR,	KAUR, MANBIR.
March 28, 2022 to April 03, 2022	MANDEEP KAUR,	KAUR, MANDEEP.
March 28, 2022 to April 03, 2022	MARTIN, STEPHANIE.MARIE.	BELL, STEPHANIE.MARIE.
March 28, 2022 to April 03, 2022	MARTINEAU-RODRIGUEZ, CURTIS. TERRENCE.	RODRIGUEZ, CURTIS.TERRENCE.

Date	Previous Name Ancien Nom	New Name Nouveau Nom
March 28, 2022 to April 03, 2022	MATER, RYAN.CRAIG.	MATER, ESMÉ.DANGER.
March 28, 2022 to April 03, 2022	MATHEW GEORGE,	GEORGE, MATHEW.
March 28, 2022 to April 03, 2022	MAYHEW, KIMBERLY.MARGARET.	BEAN, KAYSON.CHEDDER.FRANK.
March 28, 2022 to April 03, 2022	MCCART, CILLIAN.TERRY.	MCCART, CILLIAN.TERRY.MCKAY.
March 28, 2022 to April 03, 2022	MCCLINTOCK, MAKAYLA.MARION.	CARRIGAN, MAKAYLA.MARION.
March 28, 2022 to April 03, 2022	MCCUE, ALEXUS.	BODUNDE, ALEXUS.
March 28, 2022 to April 03, 2022	MCDONALD, JAXON.CRU.	MCDONALD, KARSON.CRU.
March 28, 2022 to April 03, 2022	MCGREGOR, JUSTIN.PAUL.GARY. MCGREGOR.	MCGREGOR-DELARGE, JUSTIN.PAUL.GARY.
March 28, 2022 to April 03, 2022	MCLANE, JESSICA.ANNE.	MCLANE, CHRISTOPHER.JAMES.
March 28, 2022 to April 03, 2022	MCMILLAN, TRACEY.ANN.	MCMILLAN, JEFFREE.DEAN.
March 28, 2022 to April 03, 2022	MEDINA, RAQUEL.BALTAZAR.	ACOSTA, RAQUEL.BALTAZAR.
March 28, 2022 to April 03, 2022	MEHARI, ANDEMESKEL.EYOBELL.	ANDEMESKEL, EYOBELL.MEHARI.
March 28, 2022 to April 03, 2022	MEIC, MICA.	MEIC, MARIJA.
March 28, 2022 to April 03, 2022	MELANSON, KENDALL.ROSE.	MELANSON, AUSTIN.DAMIEN.KALIEGH. ROSE.
March 28, 2022 to April 03, 2022	MELLES, ADONAY.ZECHARIAS.	LOCKEMELLES, ADONAY.ZION.
March 28, 2022 to April 03, 2022	MISSAEL, DELINA.BRHANE.	MISAEL, DELINA.BRHANE.
March 28, 2022 to April 03, 2022	MODAK, TIANA.MOHIL.	MODAK, RIMAAYA.MOHIL.
March 28, 2022 to April 03, 2022	MOORE, DESIREÉ.JADE.	TANNER, JADE.AURORA.CALISTA.
March 28, 2022 to April 03, 2022	MORRIS, DOUGLAS.JOHN.	BERGERON, DOUGLAS.JOHN.
March 28, 2022 to April 03, 2022	MORSI, GUILIANO.CARLO.	MORSI, GIULIANO.CARLO.
March 28, 2022 to April 03, 2022	MURCHISON, DANA.ASHLEY.	ALBRIGHT, DANA.QUINN.
March 28, 2022 to April 03, 2022	MUSZ, CAITLIN.AIMEE.	MUSZ, KASIA.EWA.
March 28, 2022 to April 03, 2022	MUTTER, IAN.THOMAS.	NICHOLLS MUTTER, IAN.THOMAS.
March 28, 2022 to April 03, 2022	NARINE, SARA.	COHEN, SARA.MARIAM.
March 28, 2022 to April 03, 2022	NEAGLE, KAITLYN.RICHELLE.	FOX, KAITLYN.RICHELLE.
March 28, 2022 to April 03, 2022	NEBYO, MOHAMMAD.	KARAM, SHIRAZ.
March 28, 2022 to April 03, 2022	NEWMAN-THODY, DEAN.DUNCAN.	CAREY, DEAN.DUNCAN.
March 28, 2022 to April 03, 2022	NGO, KARRA.	NGO, KARA.
March 28, 2022 to April 03, 2022	NGUYEN, GARY-TUAN.	XAVIUS, GARY.
March 28, 2022 to April 03, 2022	NICHOLLS, ANNYCKA.FAITH.LILLIAN.	LANGILLE, ANNYCKA.FAITH.LILLIAN.
March 28, 2022 to April 03, 2022	NICHOLLS, DIANA.CHRISTINE.	NICHOLLS MUTTER, DIANA.CHRISTINE.
March 28, 2022 to April 03, 2022	NICOL, CHANDLER.MONTGOMERY.	NICOLUCCI, CHANDLER.MONTGOMERY.
March 28, 2022 to April 03, 2022	NICOLUCCI, KRISTINA.	CRISTOFOLI, KRISTINA.
March 28, 2022 to April 03, 2022	NIJP, ANGELA.MARY.	CAMPBELL, ANGELA.MARY.
March 28, 2022 to April 03, 2022	O'HANDLEY, JAYNA.RACHEL.MAY.	COOPER, JAYNA.RACHEL.MAY.
March 28, 2022 to April 03, 2022	O'HANDLEY, MYLA.EMMA.GRACE.	COOPER, MYLA.EMMA.GRACE.
March 28, 2022 to April 03, 2022	O'MEARA, AVIYAH.JODI.	RAIC, AVIYAH.JODI.
March 28, 2022 to April 03, 2022	ODORIZZI, ANNA.HILDA.	ODORIZZI, JACQUELINE.HILDA.
March 28, 2022 to April 03, 2022	OLUSINA, IKEOLUWA.RUBY.	OLUSINA, IKEOLUWA.MERCYGOLD.
March 28, 2022 to April 03, 2022	ONG, HANNA.	ONG, HANNA.SONG-EN.
March 28, 2022 to April 03, 2022	OU, TECK.YIE.	OU, STEVEN.TECK-YIE.
March 28, 2022 to April 03, 2022	PAHUL KAUR,	GHUMAN, PAHUL.KAUR.
March 28, 2022 to April 03, 2022	PANWAR, YUGANSH.	PANWAR, YUGRAJ.
March 28, 2022 to April 03, 2022	PARHIZGAR, VERONICA.DOLLESIN.	PAR, VERONICA.
March 28, 2022 to April 03, 2022	PATEL, PARTH.	PATEL, PARTH.JIGMESH.
March 28, 2022 to April 03, 2022	PATEL, PAYAL.URVISHKUMAR.	PATEL, PAYAL.
March 28, 2022 to April 03, 2022	PATTERSON-MORNEAU, NOLAN.JOSEF.	MACHAN, NOLAN.JOSEF.
March 28, 2022 to April 03, 2022	PERKINS, HANNAH.ISABELLA.	ROSE, HANNAH.ISABELLA.
March 28, 2022 to April 03, 2022	PERRY, MARTINE.ESMÉE.	LACEY, MARTINE.ESMÉE.
March 28, 2022 to April 03, 2022	PESCANTE, GENALYN.BABATUAN.	NESSEL, GENALYN.PESCANTE.
March 28, 2022 to April 03, 2022	PHOMMAVANH, WILLIAM.	LEE, WILLIAM.
March 28, 2022 to April 03, 2022	POLLOCK, GARRETT.HARRISSON. HARNICK.	DADOUN, GARRETT.HARRISSON. HARNICK.
March 28, 2022 to April 03, 2022	POOJA RANI ALIAS NEHA,	BADHAN, NEHA.

Date	Previous Name Ancien Nom	New Name Nouveau Nom
March 28, 2022 to April 03, 2022	POON, JACOB.ZHEN.BANG.	POON, JACOB.ZI.CHEN.
March 28, 2022 to April 03, 2022	POURMAHDAVI PARASHKOUHI, MARYAM.	MAHDAVI, MARYAM.
March 28, 2022 to April 03, 2022	PRASHANT,	CHANDNA, PRASHANT.
March 28, 2022 to April 03, 2022	PUROHIT, AVYUKT.	PUROHIT, ADVAY.
March 28, 2022 to April 03, 2022	QAMILI, BRIKENA.	ROCHETTE, BRIKENA.GJINA.
March 28, 2022 to April 03, 2022	QUINLAN, AUSTIN.GEOFFREY.CHARLES. JOHN.	RAKOWSKI, AUSTIN.GEOFFREY.CHARLES. JOHN.
March 28, 2022 to April 03, 2022	RANDALL, AYNN.	CASSIDY, LAURA.
March 28, 2022 to April 03, 2022	RANDHAWA, NIHALVIR.SINGH.	RAHIMI, REHAN.MOHAMMAD.
March 28, 2022 to April 03, 2022	RAVENHUNT, DENISE.ANN.	CUNNINGHAM, DECLAN.
March 28, 2022 to April 03, 2022	RAYNA,	SINGH, RAYNA.
March 28, 2022 to April 03, 2022	RAZANICK, SAM.AHMAD.	RAZANICK, SAM.A.
March 28, 2022 to April 03, 2022	REHORST, ELIANA.JANE.	BASSETT-REHORST, ELIANA.JANE.
March 28, 2022 to April 03, 2022	REHORST, IVY.VICTORIA.	BASSETT-REHORST, IVY.VICTORIA.
March 28, 2022 to April 03, 2022	RICHARDSON, AMBER.MAY.	MAY, AMBER.
March 28, 2022 to April 03, 2022	RICHARDSON, LESLEY.JAN.	PARKER, LESLEY.J.
March 28, 2022 to April 03, 2022	RICHTER, BRITTNEY.KATHERINA.RIBEIRO.	RICHTER, KASSIAN.BENNETT.RIBEIRO.
March 28, 2022 to April 03, 2022	RILEY, QUINN.CASSIDY.	LINDSAY, QUINN.CASSIDY.
March 28, 2022 to April 03, 2022	RILEY, SADIE.ELISABETH.	LINDSAY, SADIE.ELISABETH.
March 28, 2022 to April 03, 2022	RIVADENEIRA BARAHONA, VALERIA. ANAHI.	ARIAS RIVADENEIRA, VALERIA.ANAHI.
March 28, 2022 to April 03, 2022	RODRIGUEZ DEL ROSAL, OLGA.LIDIA.	DOIRON, OLGA.LIDIA.
March 28, 2022 to April 03, 2022	ROMERO, NORLINDA.AGSAOAY.	AGSAOAY, NORLINDA.GONZALES.
March 28, 2022 to April 03, 2022	ROSS, EMMA.JANE.	ROSS, EMBER.EMMA.JANE.
March 28, 2022 to April 03, 2022	ROSS SABUM, MFONYAM.AMBE.	AMBE, ROSS.SABUM.MFONYAM.
March 28, 2022 to April 03, 2022	SAFARIBALSINI, MOHAMMADNAGHI.	SAFARI, MOHAMMAD.
March 28, 2022 to April 03, 2022	SAIKALEY, PETER.DANIEL.	SAIKALY, PETER.DANIEL.
March 28, 2022 to April 03, 2022	SAMRA, AMRITPAL.KAUR.	KAUR, AMRITPAL.
March 28, 2022 to April 03, 2022	SANTAANA, STEPHEN.HOPE.	SANTA ANA, STEPHEN.HOPE.
March 28, 2022 to April 03, 2022	SCANLON, RACHEL.KATHLEEN.	NYRAN SCANLON, RACHEL.KATHLEEN.
March 28, 2022 to April 03, 2022	SCOBIE, KAITLYN.HEATHER.	SCOBIE, WARREN.JAMES.
March 28, 2022 to April 03, 2022	SEGUIN, MARIE.JACQUELINE.NATALIE.	SEGUIN, NATALIE.
March 28, 2022 to April 03, 2022	SHARIFIBANROOD, HOOMAN.	HUDSON, ZACK.
March 28, 2022 to April 03, 2022	SHEINFELD, GABRIELLA.FAYE.	SHEINFELD, GABRIELLA.FAYE.BERGER.
March 28, 2022 to April 03, 2022	SHEINFELD, JOEL.HAYDEN.	SHEINFELD, JOEL.HAYDEN.BERGER.
March 28, 2022 to April 03, 2022	SHOWLER, ARIANNA.VICTORIA.	COLLVER, ARIANNA.VICTORIA.
March 28, 2022 to April 03, 2022	SIMONE-NEUFELD, ELLA.ANGELEE.	SIMONE, ELLA.ANGELEE.
March 28, 2022 to April 03, 2022	SIMPSON, LEIGH.ANN.	SIMPSON-AHWANAQUOT, LEIGH.EARLY. DAWN.
March 28, 2022 to April 03, 2022	SINGH, GURJOT.	MANN, GURJOT.SINGH.
March 28, 2022 to April 03, 2022	SINGH, KARMSUJHAN.SINGH.	SINGH, KARMSUJHAN.
March 28, 2022 to April 03, 2022	SIVARAJAH, RUKSHAN.	RUKSHAN, GLORIAN.
March 28, 2022 to April 03, 2022	SKIBINSKI, STEPHEN.HOLT.	WATKINS, STEVEN.DAVID.
March 28, 2022 to April 03, 2022	SMUK, NENNETH.JOYCE.	SMUK, NANETTE.JOYCE.
March 28, 2022 to April 03, 2022	SOOSAIPILLAI, NABIL.	SOOSAI, AARON.DEVAS.
March 28, 2022 to April 03, 2022	SRAY EDDIN, LAITH.	SRAYEDDIN, LEO.
March 28, 2022 to April 03, 2022	ST-ONGE, JUSTINE.	VIGÉE, JUSTINE.
March 28, 2022 to April 03, 2022	STA ANA, ROMEL.DUCO.	SANTA ANA, ROMEL.DUCO.
March 28, 2022 to April 03, 2022	STEPANISHCHEVA, EKATERINA.	LOGUNOV, EKATERINA.
March 28, 2022 to April 03, 2022	STEWART, CRICHTON.GARY.CHRISTOPHER.	DOLSON, CRICHTON.GARY.CHRISTOPHER.
March 28, 2022 to April 03, 2022	STEWART-PARSONS, TRINITY.EMMA.	STEWART, TRINITY.EMMA.
March 28, 2022 to April 03, 2022	SUMANDEEP KAUR,	KINGRA, SUMANDEEP.KAUR.
March 28, 2022 to April 03, 2022	SUNJOH LAURANTINE, NTALA.	SUNJO-ALENYU, NTALA.LAURANTINE.
March 28, 2022 to April 03, 2022	SUVREEN KAUR,	KAUR, SUVREEN.
March 28, 2022 to April 03, 2022	SWIT, HUDSON.DOUGLAS.DAVID.	SWIT, HUDSON.DAVID.
March 28, 2022 to April 03, 2022	TAN, ANCIENT.C.	TAN, ANSON.

Date	Previous Name Ancien Nom	New Name Nouveau Nom
March 28, 2022 to April 03, 2022	TASKER-TYLER, ANTHONIE.KRISTOFER. BRADLEY.	CREUSOT, ANTHONIE.KRISTOFER. BRADLEY.
March 28, 2022 to April 03, 2022	TENZIN GONPO,	GONPO, TENZIN.
March 28, 2022 to April 03, 2022	THOMAS, KATELYN.MACKENZIE.	THOMAS, KAI.FINLEY.
March 28, 2022 to April 03, 2022	THOMAS, SUSAN.ELIZABETH.	LATHAM, MICHELLE.ELIZABETH. DANIELLE.
March 28, 2022 to April 03, 2022	TIBBITS, WILLIAM.STUART.	TIBBITS-FINDLAY, WILLIAM.STUART.
March 28, 2022 to April 03, 2022	TILBURY, HELEN-ANN.	TILBURY, MEGAN.HELEN-ANN.
March 28, 2022 to April 03, 2022	TOMLINSON, FRANCESCA.CATHERINE.	TOMLINSON, FRANCESCA.CATHERINE. DEFINA.
March 28, 2022 to April 03, 2022	TOMS MATHEW,	MATHEW, TOMS.
March 28, 2022 to April 03, 2022	TROTTA, JAXON.TYLER.LEE.	TROTTA-CARROLL, JAXON.TYLER.LEE.
March 28, 2022 to April 03, 2022	TSERING CHOEDON,	CHOEDON, TSERING.
March 28, 2022 to April 03, 2022	VALLIERE, ALEXANDER.ERIC.	VALLIERE, ALEXANDER.ERIC.MARTINS.
March 28, 2022 to April 03, 2022	VALLIERE, AVA.MARIE.	VALLIERE, AVA.MARIE.MARTINS.
March 28, 2022 to April 03, 2022	VAN VLIET, EMMA.KATHRYN.	VAN VLIET, EMMA.ULIANA.KATHRYN.
March 28, 2022 to April 03, 2022	VASEEKARAN, PABISAN.	VASEEKARAN, AGAN.
March 28, 2022 to April 03, 2022	VISSER, KRISTAL.LYNN.	VISSER, KRYSTAL.LYNN.
March 28, 2022 to April 03, 2022	VIVIAN, ALEXANDER.MAXWELL.	VIVIAN, RILEY.ALEXIS.
March 28, 2022 to April 03, 2022	WAHIB, ALI.OSAMA.AHMED.ROSHDY.	WAHIB, ALI.
March 28, 2022 to April 03, 2022	WAHIB, AMRO.OSAMA.AHMED.ROSHDY. WAHIB.	WAHIB, AMRO.
March 28, 2022 to April 03, 2022	WAHIB, OSAMA.AHMED.ROSHDY.	WAHIB, OSMA.
March 28, 2022 to April 03, 2022	WAHIB, SARAH.OSAMA.AHMED.ROSHDY. WAHIB.ABDELZIZ.MOHAMED.	WAHIB, SARAH.
March 28, 2022 to April 03, 2022	WALLACE-HAVEN, SHENESSE.ALEXCIA.	WALLACE, SHENESSE.ALEXCIA.
March 28, 2022 to April 03, 2022	WAREHAM, ALISON.MICHELLE.	CLEMENS, ALISON.MICHELLE.
March 28, 2022 to April 03, 2022	WASTI, ZESHAN.	WASTI, ZEENO.ZEESHAWN.
March 28, 2022 to April 03, 2022	WATTS, ZOE.IRELAND.	WATTS-MCKNIGHT, ZOE.IRELAND.
March 28, 2022 to April 03, 2022	WHITE, MORGAN.ANN.	WHITE, MAXEL.LYRA.ALEXANDER.
March 28, 2022 to April 03, 2022	WIGHT, COURTNEY.LEIGH.	SUTHERLAND, COURTNEY.LEIGH.
March 28, 2022 to April 03, 2022	WILLIAMS, ZEK.CALAB.	WILLIAMS, ZEKE.CALAB.
March 28, 2022 to April 03, 2022	WOLDEMARIAM, HASET.YONAS.	YONAS, HASET.WOLDEMARIAM.
March 28, 2022 to April 03, 2022	WONG, BREANNA.MORGAN.	WATSON, RILEY.MORGAN.
March 28, 2022 to April 03, 2022	WONG, LEVI.	WONG, LEVI.TSZ.FUNG.
March 28, 2022 to April 03, 2022	YEBOAH, ADWOAH.GEORGINA.	YEBOAH, GEORGINA.ADWOAH.
March 28, 2022 to April 03, 2022	YEUNG, EDWIN.	YANG, JINYUAN.
March 28, 2022 to April 03, 2022	YOUNAN, CASSANDRA.STEVEN.	GOERGES, CASSANDRA.STEVEN.
March 28, 2022 to April 03, 2022	ZHANG, YONGHUI.	ZHANG, FLORA.

Alexandra Schmidt
Deputy Registrar General
Registraire générale adjointe de l'état civil

(155-G101)

Applications to Provincial Parliament — Private Bills
Demandes au Parlement provincial — Projets de loi d'intérêt privé

PUBLIC NOTICE

The rules of procedure and the fees and costs related to applications for Private Bills are set out in the Standing Orders of the Legislative Assembly's Internet site at http://www.ola.org or from:

Procedural Services Branch
Room 1405, Whitney Block, Queen's Park
Toronto, Ontario M7A 1A2
Telephone: 416-325-3500 (Collect calls will be accepted)

Applicants should note that consideration of applications for Private Bills that are received after the first day of September in any calendar year may be postponed until the first regular Session in the next following calendar year.

Todd Decker
Clerk of the Legislative Assembly.

(8699) T.F.N

Applications to Provincial Parliament
Demandes au Parlement provincial

NOTICE IS HEREBY GIVEN that on behalf of Paul La Rochelle, application will be made to the Legislative Assembly of the Province of Ontario for an Act to revive 2253697 Ontario Inc.

The application will be considered by the Standing Committee on Regulations and Private Bills. Any person who has an interest in the application and who wishes to make submissions, for or against the application, to the Standing Committee on Regulations and Private Bills should notify, in writing, the Clerk of the Legislative Assembly, Legislative Building, Queen's Park, Toronto, Ontario, M7A lA2.

Dated at Ottawa, this 4th day of April 2022.

Paul La Rochelle

(155-P066) 16, 17, 18 and 19

NOTICE IS HEREBY GIVEN that on behalf of Mor Ben Zaken, application will be made to the Legislative Assembly of the Province of Ontario for an Act to revive Mor Inc.

The application will be considered by the Standing Committee on Regulations and Private Bills. Any person who has an interest in the application and who wishes to make submissions, for or against the application, to the Standing Committee on Regulations and Private Bills should notify, in writing, the Clerk of the Legislative Assembly, Legislative Building, Queen's Park, Toronto, Ontario, M7A lA2.

Dated at Maple, this 4th day of April, 2022.

Maya Schwartz, CPA, CGA
Schwartz, CPA, Professional Corporation

(155-P067) 16, 17, 18 and 19

Sale of Land for Tax Arrears By Public Tender
Ventes de terrains par appel d'offres pour arriéré d'impôt

MUNICIPAL ACT, 2001

SALE OF LAND BY PUBLIC TENDER

THE CORPORATION OF THE CITY OF CORNWALL

TAKE NOTICE that tenders are invited for the purchase of the land(s) described below and will be received until 3:00 pm local time on Wednesday April 27 2022 at the office of Financial Services at 360 Pitt Street, Cornwall ON. The tenders will be opened in public at 360 Pitt Street, Cornwall, ON – Council Chambers, 2nd Floor, on April 27 2022 at 3:30pm.

Description of Land(s):

PLAN 119 LOT 33 PT LOTS 31,32
Municipally described as:
1011 Larin Avenue, Cornwall ON, K6H 4C5
PIN 60189-0131, Roll No. 0402 030 004 00200

2016 CVA: $134,000

Minimum Tender Amount: $196,635.66

Tenders must be submitted in the prescribed form and must be accompanied by a deposit in the form of a money order or of a bank draft or cheque certified by a bank or trust corporation payable to the City of Cornwall and representing at least 20 per cent of the tender amount.

Except as follows, the municipality makes no representation regarding the title to or any other matters relating to the land to be sold. Responsibility for ascertaining these matters rest with the potential purchasers.

This sale is governed by the *Municipal Act, 2001* and the Municipal Tax Sales Rules made under that Act. The successful purchaser will be required to pay the amount tendered plus accumulated taxes and the relevant land transfer tax.

The municipality makes no obligation to provide vacant possession to the successful purchaser.

For further information regarding this sale and a copy of the prescribed form of tender, check the City's website www.cornwall.ca/taxsale or contact:

Michael Carriere
Supervisor, Property Tax and Assessment
Financial Services
The Corporation of the City of Cornwall
360 Pitt Street
613-930-2787 ext. 2315
Email: mcarriere@cornwall.ca

(155-P057) 13, 14, 15 and 16

MUNICIPAL ACT, 2001

SALE OF LAND BY PUBLIC TENDER

THE CORPORATION OF THE CITY OF CORNWALL

TAKE NOTICE that tenders are invited for the purchase of the land(s) described below and will be received until 3:00 pm local time on Wednesday April 27 2022 at the office of Financial Services at 360 Pitt Street, Cornwall ON. The tenders will be opened in public at 360 Pitt Street, Cornwall, ON – Council Chambers, 2nd Floor, on April 27 2022 at 3:30pm.

Description of Land(s):

CON 3 PT LOT 9
Municipally described as:
3007 PITT STREET, Cornwall ON, K6K 1A5
PIN 60203-0026, Roll No. 0402 040 005 29600

2016 CVA: $97,000

Minimum Tender Amount: $189,531.27

Tenders must be submitted in the prescribed form and must be accompanied by a deposit in the form of a money order or of a bank draft or cheque certified by a bank or trust corporation payable to the City of Cornwall and representing at least 20 per cent of the tender amount.

Except as follows, the municipality makes no representation regarding the title to or any other matters relating to the land to be sold. Responsibility for ascertaining these matters rest with the potential purchasers.

This sale is governed by the *Municipal Act, 2001* and the Municipal Tax Sales Rules made under that Act. The successful purchaser will be required to pay the amount tendered plus accumulated taxes and the relevant land transfer tax.

The municipality makes no obligation to provide vacant possession to the successful purchaser.

For further information regarding this sale and a copy of the prescribed form of tender, check the City's website www.cornwall.ca/taxsale or contact:

Michael Carriere
Supervisor, Property Tax and Assessment
Financial Services
The Corporation of the City of Cornwall
360 Pitt Street
613-930-2787 ext. 2315
Email: mcarriere@cornwall.ca

(155-P058) 13, 14, 15 and 16

MUNICIPAL ACT, 2001

SALE OF LAND BY PUBLIC TENDER

ONTARIO REGULATION 181/03

MUNICIPAL TAX SALES RULES

THE CORPORATION OF THE TOWNSHIP OF SCHREIBER

TAKE NOTICE that tenders are invited for the purchase of the lands described below and will be received until 3:00 p.m. local time on May 12, 2022, at the Schreiber Municipal Office, 204 Alberta Street,

Schreiber Ontario.

The tenders will then be opened in public on the same day as soon as possible after 3:00 p.m. at the Schreiber Municipal Office, 204 Alberta Street, PO Box 40, Schreiber.

Description of Land(s):

1. Roll No. 58 51 000 003 27500 0000; 64 Sunrise Lane, Schreiber; PIN 62458-0050(LT); PCL 9400 SEC TBF; PT SUMMER RESORT LOT D PRISKE AS IN LPA62247; SCHREIBER; File No. 20-04
   According to the last returned assessment roll, the assessed value of the land is $99,000

Minimum Tender Amount: $29,458.79

2. Roll No. 58 51 000 001 09300 0000; 209 ALBERTA ST., SCHREIBER; PIN 62458-0639 (LT); LT 17 SEC 9 PL 388 SCHREIBER; SCHREIBER; File No. 21-02
   According to the last returned assessment roll, the assessed value of the land is $28,500

Minimum Tender Amount: $8,621.89

Tenders must be submitted in the prescribed form and must be accompanied by a deposit of at least 20 per cent of the tender amount, which deposit shall be made by way of a certified cheque/bank draft/money order payable to the municipality.

Except as follows, the municipality makes no representation regarding the title to, crown interests, or any other matters relating to the lands to be sold. Responsibility for ascertaining these matters rests with the potential purchasers. Any interests of the Federal or Provincial Crown encumbering the land at the time of the tax sale will continue to encumber the land after the registration of the tax deed. The assessed value according to the last returned assessment roll may or may not be representative of the current market value of the property

This sale is governed by the *Municipal Act, 2001* and the Municipal Tax Sales Rules made under that Act. The successful purchaser will be required to pay the amount tendered plus accumulated taxes and any taxes that may be applicable, such as a land transfer tax and HST.

The municipality has no obligation to provide vacant possession to the successful purchaser.

A copy of the prescribed form of tender is available on the website of the Government of Ontario Central Forms Repository under the listing for the Ministry of Municipal Affairs.

For further information regarding this sale and a copy of the prescribed form of tender, visit: www.OntarioTaxSales.ca or if no internet access available, contact:

Marlene Bottomley
Treasurer/Deputy Clerk
The Corporation of the
Township of Schreiber
204 Alberta Street
PO Box 40
Schreiber ON P0T 2S0
807-824-2711 X 224

(155-P068)

MUNICIPAL ACT, 2001

SALE OF LAND BY PUBLIC TENDER

ONTARIO REGULATION 181/03

MUNICIPAL TAX SALES RULES

THE CORPORATION OF THE CITY OF SARNIA

TAKE NOTICE that tenders are invited for the purchase of the lands described below and will be received until 3:00 p.m. local time on May 10, 2022 in the Customer Service Centre located on the first floor in Sarnia City Hall. The tenders will then be opened in public on the same day as soon as possible after 3:00 p.m. at City Hall, 255 Christina Street North, Sarnia in the Council Chambers and through a live web stream on the advertised date for safe public viewing online. The web stream link can be found on the City of Sarnia web site www.sarnia.ca/living-here/my-taxes/tax-sales/.

Description of Land(s):

Roll #38 29 200 035 03600, PIN 43140-0182 (LT) PT LT 42-43 CON 9 AKA FRONT CON SARNIA TOWNSHIP AS IN L755981; SARNIA; municipally known as 1616-1620 Blackwell Road, Sarnia.

Minimum Tender Amount: $337,430.17
According to the last returned assessment roll, the assessed value of the land is $200,000

Roll #38 29 400 037 03200; PIN 43276-0078 (LT) LT 12 PL 39 SARNIA CITY; SARNIA; municipally known as 390 Campbell Street, Sarnia

Minimum Tender Amount: $11,565.44
According to the last returned assessment roll, the assessed value of the land is $78,000

Roll #38 29 400 004 05000; PIN 43270-0048 (LT) LT 9 E/S CHRISTINA ST PL 16 ½ SARNIA CITY; SARNIA; municipally known as 252-256 Christina Street South, Sarnia

Minimum Tender Amount: $116,236.31
According to the last returned assessment roll, the assessed value of the land is $97,000

Roll #38 29 400 021 05400; PIN 43275-0035 (LT) PT LT 7 RANGE 8 PL 16 ½ SARNIA CITY AS IN L832404; SARNIA; municipally known as 419 Confederation Street, Sarnia

Minimum Tender Amount: $13,424.84
According to the last returned assessment roll, the assessed value of the land is $29,500

Roll #38 29 400 018 04500; PIN 43255-0163 (LT) W 35 FT LT 56 PL 77 SARNIA CITY; SARNIA; municipally known as 390 Devine Street, Sarnia

Minimum Tender Amount: $22,706.78
According to the last returned assessment roll, the assessed value of the land is $85,000

Roll #38 29 300 006 02600; PIN 43262-0034 (LT) PT LT 3 BLK D PL 3 SARNIA CITY AS IN L696338; SARNIA; municipally known as 114 Dundas Street, Sarnia

Minimum Tender Amount: $20,808.27
According to the last returned assessment roll, the assessed value of the land is $127,000

Roll #38 29 200 009 04300; PIN 43161-0070 (LT) LT 3 PL 318 SARNIA CITY; SARNIA; municipally known as 1603 Indian Road North, Sarnia

Minimum Tender Amount: $24,101.66
According to the last returned assessment roll, the assessed value of the land is $218,000

Tenders must be submitted in the prescribed form along with the address or roll number of the property noted on the outside of the envelope and must be accompanied by a deposit of at least 20 per cent of the tender amount, which deposit shall be made by way of a certified cheque/bank draft/money order payable to the municipality.

Except as follows, the municipality makes no representation regarding the title to, existing interests in favour of the Crown, environmental concerns or any other matters relating to the lands to be sold. Any existing Federal or Provincial Crown liens or executions will remain on title and may become the responsibility of the potential purchaser. Responsibility for ascertaining these matters rests with the potential purchasers. The assessed value, according to the last returned assessment roll, may or may not be representative of the current market value of the property.

This sale is governed by the *Municipal Act, 2001* and the Municipal Tax Sales Rules made under that Act. The successful purchaser will be required to pay the amount tendered plus water arrears, accumulated taxes and any taxes that may be applicable, such as a land transfer tax and HST.

The municipality has no obligation to provide vacant possession to the successful purchaser.

A copy of the prescribed form of tender is available on the website of the Government of Ontario Central Forms Repository under the listing for the Ministry of Municipal Affairs.

Further information regarding this sale and a copy of the prescribed form of tender can be viewed on the City of Sarnia web site www.sarnia.ca/living-here/my-taxes/tax-sales/ or if no internet access available contact:

Angie Dixon,
Law Clerk
The Corporation of the City of Sarnia
255 Christina Street North, P.O. Box 3018
Sarnia, Ontario N7T 7N2
(519) 332-0330, Ext. 3333
angie.dixon@sarnia.ca

(155-P069)

MUNICIPAL ACT, 2001

SALE OF LAND BY PUBLIC TENDER

ONTARIO REGULATION 181/03

MUNICIPAL TAX SALES RULES

THE CORPORATION OF THE TOWNSHIP OF EAR FALLS

TAKE NOTICE that tenders are invited for the purchase of the land described below and will be received until 3:00 p.m. local time on May 5, 2022, at the Township of Ear Falls Municipal Office, 2 Willow Crescent, Ear Falls Ontario.

The tenders will then be opened in public on the same day as soon as possible after 3:00 p.m. at the Township of Ear Falls Municipal Office, 2 Willow Crescent, Ear Falls.

Description of Land(s):

Roll No. 60 42 000 001 30400 0000; 11 Ash St., Ear Falls; PIN 42180-0095 (LT); PCL 5599 SEC DPF; LT 105 PL M700; EAR FALLS; File No. 20-04
According to the last returned assessment roll, the assessed value of the land is $78,000

Minimum Tender Amount: $19,951.23

Tenders must be submitted in the prescribed form and must be accompanied by a deposit of at least 20 per cent of the tender amount, which deposit shall be made by way of a certified cheque/bank draft/money order payable to the municipality.

Except as follows, the municipality makes no representation regarding the title to or any other matters relating to the land to be sold. Responsibility for ascertaining these matters rests with the potential purchasers. The assessed value, according to the last returned assessment roll, may or may not be representative of the current market value of the property.

The land does include the mobile home situate on the land.

Transfers of properties that contain at least one and not more than six single family residences and are transferred to non-residents of Canada or foreign entities, are subject to the Province's Non-Resident Speculation Tax (NRST).

This sale is governed by the *Municipal Act, 2001* and the Municipal Tax Sales Rules made under that Act. The successful purchaser will be required to pay the amount tendered plus accumulated taxes and any taxes that may be applicable, such as a land transfer tax and HST.

The municipality has no obligation to provide vacant possession to the successful purchaser.

A copy of the prescribed form of tender is available on the website of the Government of Ontario Central Forms Repository under the listing for the Ministry of Municipal Affairs.

For further information regarding this sale and a copy of the prescribed form of tender, visit: www.OntarioTaxSales.ca or if no internet access available, contact:

Kimberly Ballance
Clerk Treasurer Administrator
The Corporation of the
Township of Ear Falls
2 Willow Crescent
P.O. Box 309
Ear Falls ON P0V 1T0
(807) 222-3624 Ext. 1027
kballance@ear-falls.com
www.ear-falls.com

(155-P070)

MUNICIPAL ACT, 2001

SALE OF LAND BY PUBLIC TENDER

ONTARIO REGULATION 181/03

MUNICIPAL TAX SALES RULES

THE CORPORATION OF THE UNITED TOWNSHIPS OF HEAD, CLARA & MARIA

TAKE NOTICE that tenders are invited for the purchase of the lands described below and will be received until 3:00 p.m. local time on May 4, 2022, at the United Townships of Head Clara & Maria Municipal Office, 15 Township Hall Road, Stonecliffe Ontario.

The tenders will then be opened in public on the same day as soon as possible after 3:00 p.m. at the United Townships of Head Clara & Maria Municipal Office, 15 Township Hall Road, Stonecliffe.

Description of Land(s):

1. Roll No. 47 98 000 015 08800 0000; 40533 Highway 17, Stonecliffe; PIN 57043-0035 (LT); PT LT 25 CON B HEAD AS IN R149490 & PT 1, 49R6815; S/T EASEMENT IN GROSS OVER PT 5, 49R15752 AS IN RE39996; TOWNSHIP OF HEAD, CLARA & MARIA; File No. 19-02
   According to the last returned assessment roll, the assessed value of the land is $100,000

Minimum Tender Amount: $10,460.46

2. Roll No. 47 98 000 020 08300 0000; Highway 17; PIN 57029-0014 (LT); FIRSTLY: N PT LT 57 CON B MARIA LYING N OF THE CPR & S OF HWY 17; S/T R48631; S/T MR95, MR97, R226916, R354249 HEAD, CLARA & MARIA [BEING PIN 57029-0014 (LT)]; PIN 57030-0012 (LT); THIRDLY: N PT LT 57 CON B MARIA LYING N OF HWY 17; HEAD, CLARA & MARIA, [BEING PIN 57030-0012 (LT)]; PIN 57030-0014 (LT); SECONDLY: N PT LT 57 CON B MARIA LYING E OF HWY 17; HEAD, CLARA & MARIA CLARA & MARIA [BEING PIN 57030-0014 (LT)]; File No. 19-05
   According to the last returned assessment roll, the assessed value of the land is $29,000

Minimum Tender Amount: $7,519.24

3. Roll No. 47 98 000 020 10000 0000; 43790 Highway 17, Bissett Creek; PIN 57030-0002 (LT); LT 57 CON A MARIA S/T DEBTS IN R57138; HEAD, CLARA & MARIA; File No. 19-06
   According to the last returned assessment roll, the assessed value of the land is $202,000

Minimum Tender Amount: $14,496.88

Tenders must be submitted in the prescribed form and must be accompanied by a deposit of at least 20 per cent of the tender amount, which deposit shall be made by way of a certified cheque/bank draft/ money order payable to the municipality.

Except as follows, the municipality makes no representation regarding the title to or any other matters relating to the lands to be sold. Responsibility for ascertaining these matters rests with the potential purchasers. The assessed value, according to the last returned assessment roll, may or may not be representative of the current market value of the property.

Transfers of properties that contain at least one and not more than six single family residences and are transferred to non-residents of Canada or foreign entities, are subject to the Province's Non-Resident Speculation Tax (NRST).

This sale is governed by the *Municipal Act, 2001* and the Municipal Tax Sales Rules made under that Act. The successful purchaser will be required to pay the amount tendered plus accumulated taxes and any taxes that may be applicable, such as a land transfer tax and HST.

The municipality has no obligation to provide vacant possession to the successful purchaser.

A copy of the prescribed form of tender is available on the website of the Government of Ontario Central Forms Repository under the listing for the Ministry of Municipal Affairs.

For further information regarding this sale and a copy of the prescribed form of tender, visit: www.OntarioTaxSales.ca or if no internet access available, contact:

Crystal Fischer, Dipl. M.A.
Clerk-Treasurer
The Corporation of the United Townships
of Head, Clara & Maria
15 Township Hall Road
Stonecliffe ON K0J 2K0
613-586-2526
www.townshipofheadclaramaria.ca

(155-P071)

MUNICIPAL ACT, 2001

SALE OF LAND BY PUBLIC TENDER

ONTARIO REGULATION 181/03

MUNICIPAL TAX SALES RULES

THE CORPORATION OF THE TOWNSHIP OF SABLES-SPANISH RIVERS

TAKE NOTICE that tenders are invited for the purchase of the land(s) described below and will be received until 3:00 p.m. local time on **May 10, 2022** at the municipal office of Sables-Spanish Rivers, **11 Birch Lake Road, Massey, Ontario P0P 1P0**

The tenders will then be opened in public on the same day as soon as possible after 3:00 p.m. at the municipal office of Sables-Spanish Rivers, 11 Birch Lake Road, Massey, Ontario.

Submitted tenders will be opened via zoom. Join Zoom Meeting:

https://us06web.zoom.us/j/82581078589?pwd=dmgyaUtGVW83bU05cW5iVkJqK0NoQT09
Meeting ID: 825 8107 8589
Passcode: 911031

Dial by your location:
+1 720 707 2699 US +1 778 907 2071 Canada
Find your local number: https://us06web.zoom.us/u/kcSyw0etF8

Description of Land(s):

File No: 101,922 (SSR-20-06)
Roll No.: 000-008-19600-0000
PIN: 73423-0510 (LT)
Property: Salter Section 25 NPT, Plan D267, Unit 4 Pcl 4-1

Minimum Tender Amount: $4,976.19

File No: 101,926 (SSR-20-09)
Roll No.: 000-004-04910-0000
PIN: 73419-0062 (LT)
Property: 59 Sunset Bay Drive, Walford
Victoria NE 1/4 Sec 17 53M1278 L 10 PCL 53M1278-10; Sables-Spanish Rivers

Minimum Tender Amount: $17,988.19

Tenders must be submitted in the prescribed form and must be accompanied by a deposit of at least 20 per cent of the tender amount, which deposit shall be made by way of a certified cheque/bank draft/ money order payable to the municipality (or board).

Except as follows, the municipality makes no representation regarding the title to or any other matters relating to the land(s) to be sold. Responsibility for ascertaining these matters rests with the potential purchasers.

This sale is governed by the *Municipal Act, 2001* and the Municipal Tax Sales Rules made under that Act. The successful purchaser will be required to pay the amount tendered plus accumulated taxes and any taxes that may be applicable, such as a land transfer tax.

The municipality has no obligation to provide vacant possession to the successful purchaser.

For further information regarding this sale contact:

Ruth Clare,
Treasurer
Township of Sables-Spanish Rivers
11 Birch Lake Road
Massey, Ontario P0P 1P0
705-865-2646

(155-P072)

MUNICIPAL ACT, 2001

SALE OF LAND BY PUBLIC TENDER

ONTARIO REGULATION 181/03

MUNICIPAL TAX SALES RULES

THE TOWNSHIP OF ADDINGTON HIGHLANDS

TAKE NOTICE that tenders are invited for the purchase of the land(s) described below and will be received until 3:00 p.m local time on May 12, 2022 at the Municipal Office, 72 Edward St., P.O. Box 89, Flinton, Ontario K0H 1P0

The tenders will then be opened in public on the same day at 3:30 p.m. at the Municipal Office, 72 Edward St., Flinton Ontario. The Public is invited to watch a livestream of the tender opening using the following link:

https://www.youtube.com/channel/UCLO7ewt7KGVJwxvj_iRvYHg/

Description of Land(s):

1. Municipal Address:
ROLL NO. 1134060020367010000, PIN 45025-0070, PT LT 32 CON 7 ASHBY AS IN LA89571; ADDINGTON HIGHLANDS

Minimum Tender Amount: $6,227.85

According to the last returned assessment roll, the assessed value of the land is $13,300

2. Municipal Address: 587 Mazinaw Lake (water access)
ROLL NO. 1134050010158000000, PIN 45143-0217, LT 5, 5A, PL 736 ABINGER; ADDINGTON HIGHLANDS

Minimum Tender Amount: $13,814.16

According to the last returned assessment roll, the assessed value of the land is $120,000

3. Municipal Address:
ROLL NO. 1134050020072040000, PIN 45032-0123, PT LT 6 CON 13 ABINGER PT 2 29R1964; ADDINGTON HIGHLANDS

Minimum Tender Amount: $7,312.89

According to the last returned assessment roll, the assessed value of the land is $20,500

4. Municipal Address: 1251 Buckshot Lake Road
ROLL NO. 1134050010295010000, PIN 45032-0094, PT LT 11 CON 15 ABINGER PT 3 29R2335; ADDINGTON HIGHLANDS

Minimum Tender Amount: $7,769.71

According to the last returned assessment roll, the assessed value of the land is $17,600

5. Municipal Address: 212 Deer Rock Lake Road
ROLL NO. 1134010010116000000, PIN 45145-0066 (LT), PT LT 24 CON 3 KALADAR; ADDINGTON HIGHLANDS

Minimum Tender Amount: $13,520.47

According to the last returned assessment roll, the assessed value of the land is $83,000

6. Municipal Address:
ROLL NO. 1134050010287000000, PIN 45032-0164, PT LT 8 CON 15 ABINGER; ADDINGTON HIGHLANDS

Minimum Tender Amount: $10,736.14

According to the last returned assessment roll, the assessed value of the land is $15,800

Tenders must be submitted in the prescribed form and must be accompanied by a deposit of at least 20 per cent of the tender amount, which deposit shall be made by way of a certified cheque/bank draft/ money payable to the municipality (or board).

Except as follows, the municipality makes no representation regarding the title to or any other matters relating to the land(s) to be sold. Responsibility for ascertaining these matters rests with the potential purchasers.

This sale is governed by the *Municipal Act, 2001* and the Municipal Tax Sales Rules made under that Act. The successful purchaser will be required to pay the amount tendered plus accumulated taxes and any taxes that may be applicable, such as a land transfer tax.

The municipality has no obligation to provide vacant possession to the successful purchaser.

A copy of the prescribed form of tender is available on the website of the Government of Ontario Central Forms Repository under the listing for the Ministry of Municipal Affairs and Housing.

For further information regarding this sale contact:

Christine Reed,
CAO/Clerk-Treasurer
Township of Addington Highlands
Flinton, Ontario K0H 1P0

(155-P073)

Publications under Part III (Regulations) of the Legislation Act, 2006
Règlements publiés en application de la partie III (Règlements) de la Loi de 2006 sur la législation

2022—04—16

ONTARIO REGULATION 236/22

made under the

CHILD CARE AND EARLY YEARS ACT, 2014

Made: March 28, 2022
Filed: March 28, 2022
Published on e-Laws: March 28, 2022
Printed in *The Ontario Gazette*: April 16, 2022

Amending O. Reg. 137/15
(GENERAL)

1. Subsection 1 (1) of Ontario Regulation 137/15 is amended by adding the following definitions:

"agreement date" means the day the Province of Ontario and the Government of Canada entered into an agreement providing for the Canada-Wide Early Learning and Child Care System; ("date de l'entente")

"base fee" means any fee or part of a fee that is charged in respect of a child for child care, including anything a licensee is required to provide under this Regulation or anything a licensee requires the parent to purchase from the licensee, but does not include a non-base fee; ("frais de base")

"Canada-Wide Early Learning and Child Care System" means the Canada-Wide Early Learning and Child Care System for early years and child care funding provided for in an agreement entered into by the Province of Ontario and the Government of Canada; ("système pancanadien d'apprentissage et de garde des jeunes enfants")

"eligible child" means,

(a) any child under six years old, and

(b) up until June 30 in a calendar year, any child who,

(i) turns six years old between January 1 and June 30 in that calendar year, and

(ii) is enrolled in a licensed infant, toddler, preschool or kindergarten group, a licensed family age group, or home child care; ("enfant admissible")

"non-base fee" means,

(a) any fees charged for optional items or optional services, such as transportation or field trips, or

(b) any fees charged pursuant to an agreement between the parent and the licensee in respect of circumstances where the parent fails to meet the terms of the agreement, such as,

(i) fees for picking up a child late, and

(ii) fees to obtain items that the parent agreed to provide for their child but failed to provide; ("frais divers")

2. (1) Subclause 45 (1) (a) (iii) of the Regulation is revoked and the following substituted:

(iii) the base fee and any non-base fees that may be charged, and whether or not the licensee is enrolled in the Canada-Wide Early Learning and Child Care System,

(iii.1) the admission and discharge policy, and

(2) Section 45 of the Regulation is amended by adding the following subsection:

(1.1) If a licensee was licensed in respect of the child care centre or home child care agency on or before the agreement date, subclause (1) (a) (iii) does not apply to the licensee until September 1, 2022 and instead the parent handbook must include information about the fee for services.

3. The Regulation is amended by adding the following sections:

CANADA-WIDE EARLY LEARNING AND CHILD CARE SYSTEM

Cap on fees

77.1 (1) A licensee shall ensure that, after March 27, 2022, a fee higher than the cap established under subsection (2) or (3) is not charged in respect of an eligible child enrolled at a child care centre it operates or at a home child care premises that it oversees, unless the fee had already been communicated to parents on or before March 27, 2022.

(2) Subject to subsection (3), the cap on the base fee and on non-base fees is the amount charged on March 27, 2022 if the licensee was licensed in respect of the child care centre or home child care agency on March 27, 2022.

(3) The cap on the base fee is the applicable amount set out in a Table to this section if,

(a) the licensee became licensed in respect of the child care centre or home child care agency after March 27, 2022;

(b) the licensee became licensed in respect of a new licensed age group for the first time after March 27, 2022; or

(c) the licensee began operating a licensed age group after March 27, 2022 that it had not operated for at least two years.

(4) If a licensee or applicant for a licence notifies the local service system manager in writing that it will not be applying for enrolment in the Canada-Wide Early Learning and Child Care System in 2022, and gives the notice required by section 77.2,

(a) the caps on fees established under subsections (2) and (3) cease to apply to the licensee or applicant; and

(b) the licensee or applicant may not apply for enrolment in 2022.

(5) If a licensee or applicant for a licence applies for enrolment in the Canada-Wide Early Learning and Child Care System, the caps on fees established under subsections (2) and (3) do not apply to the licensee or applicant after a decision is made about enrolment and, if the licensee is successful in its application for enrolment, section 77.4 applies in respect of eligible children.

TABLE 1

CHILD CARE CENTRE DAILY FEES FOR FULL-DAY PROGRAMS

Item	Column 1 Service Area	Column 2 Licensed infant group	Column 3 Licensed toddler group	Column 4 Licensed preschool group	Column 5 Licensed kindergarten group	Column 6 Licensed school age group	Column 7 Licensed family age group
1.	City of Brantford	$56.42	$46.31	$43.74	$40.28	$40.28	$46.31
2.	City of Cornwall	$46.68	$38.00	$35.90	$31.02	$31.02	$38.00
3.	City of Greater Sudbury	$58.38	$48.25	$44.37	$39.44	$39.44	$48.25
4.	City of Hamilton	$73.96	$58.36	$53.25	$48.50	$48.50	$58.36
5.	City of Kawartha Lakes	$54.29	$44.22	$38.63	$37.77	$37.77	$44.22
6.	City of Kingston	$62.91	$53.08	$48.41	$47.15	$47.15	$53.08
7.	City of London	$61.70	$60.11	$53.91	$70.47	$70.47	$60.11
8.	City of Ottawa	$83.24	$65.87	$55.76	$42.48	$42.48	$65.87
9.	City of Peterborough	$56.04	$46.96	$43.83	$38.96	$38.96	$46.96
10.	City of St. Thomas	$52.87	$46.19	$43.12	$35.41	$35.41	$46.19
11.	City of Stratford	$51.17	$46.48	$43.12	$36.04	$36.04	$46.48
12.	City of Toronto	$93.42	$74.36	$61.32	$46.56	$46.56	$74.36
13.	City of Windsor	$51.03	$44.37	$40.44	$36.82	$36.82	$44.37
14.	County of Bruce	$58.97	$49.25	$48.91	$32.83	$32.83	$49.25
15.	County of Dufferin	$75.53	$57.52	$52.55	$41.18	$41.18	$57.52
16.	County of Grey	$53.35	$44.63	$42.54	$31.55	$31.55	$44.63
17.	County of Hastings	$70.04	$50.44	$45.73	$43.15	$43.15	$50.44
18.	County of Huron	$52.63	$45.12	$41.99	$38.78	$38.78	$45.12
19.	County of Lambton	$53.03	$52.39	$48.15	$41.75	$41.75	$52.39
20.	County of Lanark	$60.17	$50.21	$46.81	$34.78	$34.78	$50.21
21.	County of Lennox & Addington	$56.67	$44.37	$41.90	$41.04	$41.04	$44.37
22.	County of Northumberland	$45.70	$42.31	$39.39	$37.41	$37.41	$42.31
23.	County of Oxford	$51.67	$46.95	$42.54	$36.86	$36.86	$46.95
24.	County of Renfrew	$57.27	$47.44	$44.69	$42.12	$42.12	$47.44
25.	County of Simcoe	$65.35	$55.42	$52.81	$44.35	$44.35	$55.42
26.	County of Wellington	$64.44	$53.10	$49.68	$43.11	$43.11	$53.10
27.	District Municipality of Muskoka	$47.47	$45.19	$42.98	$41.04	$41.04	$45.19
28.	Municipality of Chatham-Kent	$45.80	$43.74	$42.62	$41.42	$41.42	$43.74
29.	Norfolk County	$51.05	$46.62	$43.56	$37.68	$37.68	$46.62

Item	Column 1 Service Area	Column 2 Licensed infant group	Column 3 Licensed toddler group	Column 4 Licensed preschool group	Column 5 Licensed kindergarten group	Column 6 Licensed school age group	Column 7 Licensed family age group
30.	Regional Municipality of Durham	$62.84	$53.42	$50.39	$41.56	$41.56	$53.42
31.	Regional Municipality of Halton	$81.48	$64.96	$61.46	$65.57	$65.57	$64.96
32.	Regional Municipality of Niagara	$58.78	$47.94	$43.25	$41.15	$41.15	$47.94
33.	Regional Municipality of Peel	$80.80	$62.78	$57.92	$60.70	$60.70	$62.78
34.	Regional Municipality of Waterloo	$79.20	$61.07	$55.23	$45.27	$45.27	$61.07
35.	Regional Municipality of York	$79.35	$65.22	$59.40	$59.78	$59.78	$65.22
36.	United Counties of Leeds & Grenville	$53.98	$44.09	$40.68	$39.59	$39.59	$44.09
37.	United Counties of Prescott and Russell	$52.33	$43.97	$43.03	$33.72	$33.72	$43.97
38.	Algoma District Services Administration Board	$40.56	$39.13	$36.59	$34.99	$34.99	$39.13
39.	District of Cochrane Social Services Administration Board	$44.31	$40.07	$39.81	$39.07	$39.07	$40.07
40.	District of Nipissing Social Services Administration Board	$48.94	$42.64	$39.78	$38.10	$38.10	$42.64
41.	District of Parry Sound Social Services Administration Board	$58.48	$58.48	$56.45	$58.48	$58.48	$58.48
42.	District of Sault Ste Marie Social Services Administration Board	$47.54	$42.97	$41.21	$39.30	$39.30	$42.97
43.	District of Timiskaming Social Services Administration Board	$45.70	$38.87	$35.80	$30.19	$30.19	$38.87
44.	Kenora District Services Board	$68.41	$45.79	$43.64	$35.91	$35.91	$45.79
45.	Manitoulin-Sudbury District Services Board	$37.35	$32.01	$26.68	$21.29	$21.29	$32.01
46.	Rainy River District Social Services Administration Board	$53.87	$39.67	$40.45	$12.31	$12.31	$39.67
47.	District of Thunder Bay Social Services Administration Board	$70.60	$50.32	$45.67	$37.04	$37.04	$50.32

TABLE 2

CHILD CARE CENTRE DAILY FEES FOR BEFORE AND AFTER SCHOOL PROGRAMS

Item	Column 1 Service Area	Column 2 Kindergarten	Column 3 School Age
1.	City of Brantford	$17.95	$17.97
2.	City of Cornwall	$18.39	$19.24
3.	City of Greater Sudbury	$19.45	$17.91
4.	City of Hamilton	$25.35	$21.93
5.	City of Kawartha Lakes	$23.11	$22.47
6.	City of Kingston	$22.92	$21.58
7.	City of London	$26.90	$22.21
8.	City of Ottawa	$23.62	$19.42
9.	City of Peterborough	$24.53	$23.02
10.	City of St. Thomas	$24.74	$21.60
11.	City of Stratford	$22.99	$20.88
12.	City of Toronto	$32.29	$26.56
13.	City of Windsor	$18.31	$18.21
14.	County of Bruce	$20.19	$19.73
15.	County of Dufferin	$30.05	$24.17
16.	County of Grey	$19.18	$18.07
17.	County of Hastings	$25.29	$25.47
18.	County of Huron	$18.17	$19.04
19.	County of Lambton	$21.80	$21.68
20.	County of Lanark	$23.26	$22.50

Item	Column 1 Service Area	Column 2 Kindergarten	Column 3 School Age
21.	County of Lennox & Addington	$22.55	$22.55
22.	County of Northumberland	$28.20	$29.03
23.	County of Oxford	$25.27	$22.98
24.	County of Renfrew	$25.27	$24.13
25.	County of Simcoe	$22.57	$22.46
26.	County of Wellington	$24.29	$24.45
27.	District Municipality of Muskoka	$20.71	$20.34
28.	Municipality of Chatham-Kent	$19.71	$19.01
29.	Norfolk County	$18.37	$18.05
30.	Regional Municipality of Durham	$27.48	$25.28
31.	Regional Municipality of Halton	$28.06	$25.86
32.	Regional Municipality of Niagara	$19.56	$19.48
33.	Regional Municipality of Peel	$28.26	$25.97
34.	Regional Municipality of Waterloo	$26.64	$27.03
35.	Regional Municipality of York	$27.41	$23.93
36.	United Counties of Leeds & Grenville	$22.44	$19.88
37.	United Counties of Prescott and Russell	$20.86	$20.42
38.	Algoma District Services Administration Board	$19.30	$20.18
39.	District of Cochrane Social Services Administration Board	$20.95	$21.23
40.	District of Nipissing Social Services Administration Board	$21.43	$21.58
41.	District of Parry Sound Social Services Administration Board	$24.62	$24.62
42.	District of Sault Ste Marie Social Services Administration Board	$23.07	$22.16
43.	District of Timiskaming Social Services Administration Board	$21.99	$22.20
44.	Kenora District Services Board	$26.12	$25.99
45.	Manitoulin-Sudbury District Services Board	$10.63	$10.63
46.	Rainy River District Social Services Administration Board	$19.84	$19.72
47.	District of Thunder Bay Social Services Administration Board	$25.89	$26.33

TABLE 3

HOME CHILD CARE DAILY FEES FOR FULL-DAY PROGRAMS

Item	Column 1 Service Area	Column 2 Younger than 2 years	Column 3 2-3 years	Column 4 4-6 years
1.	City of Brantford	$39.76	$38.48	$38.48
2.	City of Cornwall	$38.99	$36.94	$34.88
3.	City of Greater Sudbury	$44.99	$40.83	$38.48
4.	City of Hamilton	$52.77	$45.62	$47.69
5.	City of Kingston	$47.71	$46.47	$45.26
6.	City of London	$48.00	$47.50	$44.43
7.	City of Ottawa	$46.65	$46.60	$44.60
8.	City of Peterborough	$49.35	$45.51	$38.53
9.	City of St. Thomas	$46.17	$41.04	$37.96
10.	City of Stratford	$47.71	$45.14	$38.99
11.	City of Toronto	$55.18	$49.54	$37.85
12.	City of Windsor	$40.74	$39.05	$36.88
13.	County of Bruce	$51.30	$51.30	$51.30
14.	County of Dufferin	$45.14	$45.14	$41.04
15.	County of Grey	$46.17	$46.17	$46.17
16.	County of Hastings	$41.56	$41.66	$40.57
17.	County of Huron	$37.45	$35.40	$35.40
18.	County of Lambton	$46.17	$46.17	$46.17
19.	County of Lanark	$55.68	$58.16	$50.16
20.	County of Lennox & Addington	$49.25	$45.86	$43.35
21.	County of Northumberland	$43.00	$42.81	$39.84
22.	County of Oxford	$48.74	$48.74	$44.12
23.	County of Renfrew	$42.07	$40.01	$34.88
24.	County of Simcoe	$50.01	$50.67	$48.27
25.	County of Wellington	$47.86	$43.55	$43.55
26.	District Municipality of Muskoka	$44.12	$37.96	$35.91

Item	Column 1 Service Area	Column 2 Younger than 2 years	Column 3 2-3 years	Column 4 4-6 years
27.	Regional Municipality of Durham	$45.59	$45.67	$36.72
28.	Regional Municipality of Halton	$49.84	$47.69	$47.20
29.	Regional Municipality of Niagara	$45.84	$45.74	$43.31
30.	Regional Municipality of Peel	$49.94	$48.89	$40.80
31.	Regional Municipality of Waterloo	$51.12	$46.84	$43.21
32.	Regional Municipality of York	$54.97	$55.14	$46.35
33.	United Counties of Leeds & Grenville	$48.89	$48.89	$48.89
34.	United Counties of Prescott and Russell	$34.88	$33.35	$33.35
35.	District of Cochrane Social Services Administration Board	$35.91	$35.91	$35.91
36.	District of Nipissing Social Services Administration Board	$44.97	$43.76	$43.82
37.	District of Parry Sound Social Services Administration Board	$48.22	$43.09	$43.09
38.	District of Sault Ste Marie Social Services Administration Board	$43.09	$38.99	$38.99
39.	District of Timiskaming Social Services Administration Board	$43.09	$38.99	$38.99
40.	Manitoulin-Sudbury District Services Board	$26.68	$26.68	$26.68
41.	Thunder Bay District Social Services Administration Board	$48.99	$41.99	$40.23

TABLE 4

HOME CHILD CARE DAILY FEES FOR BEFORE AND AFTER SCHOOL PROGRAMS

Item	Column 1 Service Area	Column 2 4-5 years	Column 3 6-12 years
1.	City of Brantford	$20.52	$20.52
2.	City of Cornwall	$12.31	$12.31
3.	City of Greater Sudbury	$18.31	$18.31
4.	City of Hamilton	$34.83	$35.94
5.	City of Kingston	$30.52	$23.09
6.	City of London	$21.55	$21.55
7.	City of Ottawa	$22.52	$23.88
8.	City of Peterborough	$23.60	$23.44
9.	City of St. Thomas	$20.52	$20.52
10.	City of Stratford	$24.24	$24.24
11.	City of Toronto	$27.49	$27.14
12.	City of Windsor	$13.68	$13.68
13.	County of Bruce	$20.52	$20.52
14.	County of Dufferin	$25.65	$25.65
15.	County of Grey	$23.09	$23.09
16.	County of Hastings	$21.55	$21.03
17.	County of Huron	$24.11	$24.11
18.	County of Lambton	$23.09	$22.57
19.	County of Lanark	$27.70	$16.16
20.	County of Lennox & Addington	$22.06	$22.06
21.	County of Northumberland	$23.98	$22.83
22.	County of Oxford	$37.19	$37.19
23.	County of Renfrew	$18.98	$18.98
24.	County of Simcoe	$29.50	$29.42
25.	County of Wellington	$29.70	$29.70
26.	District Municipality of Muskoka	$21.55	$21.55
27.	Regional Municipality of Durham	$29.33	$29.10
28.	Regional Municipality of Halton	$33.86	$36.48
29.	Regional Municipality of Niagara	$28.73	$28.73
30.	Regional Municipality of Peel	$31.49	$29.22
31.	Regional Municipality of Waterloo	$27.01	$25.13
32.	Regional Municipality of York	$34.88	$36.94
33.	United Counties of Leeds & Grenville	$23.85	$23.85
34.	United Counties of Prescott and Russell	$17.96	$17.96
35.	District of Cochrane Social Services Administration Board	$10.26	$14.24
36.	District of Nipissing Social Services Administration Board	$20.52	$20.52
37.	District of Parry Sound Social Services Administration Board	$27.70	$27.70
38.	District of Sault Ste Marie Social Services Administration Board	$22.16	$22.16

Item	Column 1 Service Area	Column 2 4-5 years	Column 3 6-12 years
39.	District of Timiskaming Social Services Administration Board	$28.73	$28.73
40.	Manitoulin-Sudbury District Services Board	$10.67	$10.67
41.	Thunder Bay District Social Services Administration Board	$23.49	$23.49

Communication with parents, employees and home child care providers

77.2 (1) A licensee who was licensed on or before the agreement date shall ensure that a parent of every eligible child enrolled at a child care centre it operates or at a home child care premises that it oversees is provided notice in writing before September 1, 2022 as to,

(a) whether or not the licensee will apply for enrolment in the Canada-Wide Early Learning and Child Care System in respect of the child care centre or home child care agency;

(b) the anticipated date of application; and

(c) the parent's rights under subsection (3) if the licensee will not be applying for enrolment.

(2) The licensee shall ensure that every parent described in subsection (1) is provided notice of the results of the licensee's application within 14 days of the licensee being notified in writing of the results, and that the notice includes information about,

(a) the refunds required under section 77.4, if the licensee has been successful in its application for enrolment; or

(b) the parent's rights under subsection (3), if the licensee has not been successful in its application for enrolment.

(3) If a parent is notified pursuant to subsection (1) that a licensee will not be applying for enrolment, or pursuant to clause (2) (b) that a licensee has not been successful in its application, the parent may withdraw their child from the child care centre or the home child care, without penalty, as long as,

(a) the parent gives the licensee or, in the case of home child care, the home child care provider, 30 days' notice of the withdrawal; and

(b) the parent gives the notice referred to in clause (a) within 30 days after being notified that the licensee will not be applying for enrolment or that the licensee has not been successful in its application.

(4) Clause (3) (a) applies despite any agreement between the licensee or home child care provider and the parent, unless the agreement authorizes the parent to give the licensee less than 30 days' notice of the withdrawal of their child.

(5) A licensee who was licensed on or before the agreement date shall ensure that every employee of a child care centre or home child care agency it operates and every home child care provider in each premises where the licensee oversees the provision of home child care is provided notice in writing of,

(a) the matters described in clauses (1) (a) and (b) before September 1, 2022; and

(b) the results of the licensee's application within 14 days of the licensee being notified in writing of the results.

Application to Canada-Wide Early Learning and Child Care System

77.3 (1) A licensee who wishes to enrol in the Canada-Wide Early Learning and Child Care System shall apply to the local service system manager for enrolment in accordance with the process established by the local service system manager and shall provide any documents requested by the local service system manager.

(2) The local service system manager shall enrol an applicant in the Canada-Wide Early Learning and Child Care System unless,

(a) there are reasons to believe that the child care centre or home child care agency is not financially viable or will not be operated in a manner that will be financially viable; or

(b) there is reason to believe that the licensee will use the funding for improper purposes.

(3) A licensee that is enrolled shall comply with the terms of any agreement that it enters into with the local service system manager in relation to the Canada-Wide Early Learning and Child Care System, including terms regarding the use of the funding and wage requirements.

(4) A licensee shall keep a copy of any agreement referred to in subsection (3) at the child care centre or home child care agency, as the case may be.

(5) In the event of a conflict between this Regulation and the terms of an agreement referred to in subsection (3), this Regulation prevails.

(6) For greater certainty, if a licensee that is a corporation transfers shares of the corporation that would be sufficient to allow the person acquiring the shares to make a change to the corporation's board of directors, the licensee remains enrolled and subject to the agreement referred to in subsection (3).

(7) For greater certainty, if a licensee sells substantially all of its assets, subsection 77.1 (3) applies to the purchaser, and if the purchaser wishes to enrol in the Canada-Wide Early Learning and Child Care System, it shall apply for enrolment in accordance with this section.

Base fee for licensees enrolled in the Canada-Wide Early Learning and Child Care System

77.4 (1) The following base fees apply to a licensee that is enrolled in the Canada-Wide Early Learning and Child Care System:

1. If the cap on fees established under subsection 77.1 (2) or (3) is more than $11.99 per day, the base fee is the greater of,
   i. $12 per day, and
   ii. the amount of the cap, less 25 per cent.
2. If the cap on fees established under subsection 77.1 (2) or (3) is less than $12 per day, the base fee is equal to the cap.

(2) A base fee that is different from the base fee determined in accordance with subsection (1) may be charged in respect of an eligible child if the Minister has authorized the local service system to enter into an agreement with the licensee to permit the different base fee.

(3) A local service system manager that makes a decision to enrol a licensee on or before December 31, 2022 shall specify an enrolment date that is,

(a) April 1, 2022 if the licensee was licensed as of April 1, 2022; or

(b) the date the licensee's licence was issued, in any other case.

(4) If a base fee higher than the base fee determined under subsection (1) or (2) is charged in respect of an eligible child, the licensee shall ensure that a refund is issued of the difference for,

(a) child care provided during the period starting on the licensee's enrolment date and ending on the 31st day after the licensee is notified by a service system manager of the enrolment date; and

(b) any period of time after the 31st day referred to in clause (a) for which base fees for child care to be provided have been prepaid.

(5) Any refunds required under subsection (4) shall be given within 60 days after the day the licensee is notified by a service system manager of the enrolment date.

(6) On and after the 32nd day after the licensee is notified by a service system manager of the enrolment date, the licensee shall ensure that a base fee that is higher than the applicable base fee is not charged.

Role of service system manager

77.5 (1) Every service system manager shall administer the Canada-Wide Early Learning and Child Care System in a manner consistent with any direction provided by the Minister.

(2) Without limiting the generality of subsection (1), every service system manager shall process applications for enrolment in the Canada-Wide Early Learning and Child Care System from both for-profit and not-for-profit licensees in a manner consistent with any direction provided by the Minister.

Exception

77.6 Sections 77.1 to 77.5 do not apply to licensees providing child care on a First Nation reserve, in recognition of federal funding provided under the Indigenous Early Learning and Child Care Framework.

4. Table 1 to section 78 of the Regulation is amended by adding the following items:

21.	Regulation, s. 77.1	Prohibition – charging fees above cap	$750 × number of children for whom a fee above the cap was charged
22.	Regulation, s. 77.4	Prohibition – charging base fee higher than applicable base fee	$750 × number of children for whom a fee higher than the applicable base fee was charged or not refunded

5. Section 88.1 of the Regulation is amended by adding the following paragraphs:

9. Section 77.1 of this Regulation (Cap on Fees).

10. Section 77.4 of this Regulation (Base fee for licensees enrolled in the Canada-Wide Early Learning and Child Care System).

Commencement

6. This Regulation comes into force on the day it is filed.

16/22

RÈGLEMENT DE L'ONTARIO 236/22

pris en vertu de la

LOI DE 2014 SUR LA GARDE D'ENFANTS ET LA PETITE ENFANCE

pris le 28 mars 2022
déposé le 28 mars 2022
publié sur le site Lois-en-ligne le 28 mars 2022
imprimé dans la *Gazette de l'Ontario* le 16 avril 2022

modifiant le Règl. de l'Ont. 137/15
(DISPOSITIONS GÉNÉRALES)

1. Le paragraphe 1 (1) du Règlement de l'Ontario 137/15 est modifié par adjonction des définitions suivantes :

«date de l'entente» Le jour de la conclusion de l'entente entre la province de l'Ontario et le gouvernement du Canada prévoyant le système pancanadien d'apprentissage et de garde des jeunes enfants. («agreement date»)

«enfant admissible» S'entend de ce qui suit :

a) tout enfant âgé de moins de six ans;

b) jusqu'au 30 juin d'une année civile, tout enfant qui, à la fois :

(i) atteint l'âge de six ans entre le 1er janvier et le 30 juin de cette année civile,

(ii) est inscrit dans un groupe autorisé de poupons, de bambins, d'enfants d'âge préscolaire ou d'enfants de jardin d'enfants, de regroupement familial ou qui bénéficie de services de garde en milieu familial. («eligible child»)

«frais de base» Les frais ou la partie des frais facturés pour des services de garde fournis à l'égard d'un enfant, y compris pour toute chose qu'un titulaire de permis est tenu de fournir en application du présent règlement ou qu'il exige que le parent achète auprès de lui. Sont toutefois exclus les frais divers. («base fee»)

«frais divers» S'entend de ce qui suit :

a) les frais facturés pour des articles ou services facultatifs comme le transport ou les excursions;

b) les frais facturés dans le cadre d'une entente entre le parent et le titulaire de permis à l'égard de situations dans lesquelles le parent ne respecte pas les conditions de l'entente, tels que :

(i) des frais pour récupérer un enfant après les heures de garde,

(ii) des frais pour l'obtention d'articles que le parent a convenu de fournir pour son enfant, mais qu'il n'a pas fournis. («non-base fee»)

«système pancanadien d'apprentissage et de garde des jeunes enfants». Le système pancanadien d'apprentissage et de garde des jeunes enfants qui prévoit un financement pour la petite enfance et la garde d'enfants dans le cadre d'une entente conclue entre la province de l'Ontario et le gouvernement du Canada. («Canada-Wide Early Learning and Child Care Plan»)

2. (1) Le sous-alinéa 45 (1) a) (iii) du Règlement est abrogé et remplacé par ce qui suit :

(iii) les frais de base et les frais divers pouvant être facturés, et la question de savoir si le titulaire de permis est inscrit au système pancanadien d'apprentissage et de garde des jeunes enfants,

(iii.1) les modalités d'admission et de départ,

(2) L'article 45 du Règlement est modifié par adjonction du paragraphe suivant :

(1.1) Si un titulaire de permis détenait son permis à l'égard d'un centre de garde ou d'une agence de services de garde en milieu familial à la date de l'entente ou antérieurement, le sous-alinéa (1) a) (iii) ne s'applique pas à lui jusqu'au 1er septembre 2022 et, à la place, le guide à l'intention des parents doit comprendre des renseignements sur les frais exigés pour les services

3. Le Règlement est modifié par adjonction des articles suivants :

SYSTÈME PANCANADIEN D'APPRENTISSAGE ET DE GARDE DES JEUNES ENFANTS

Frais plafonnés

77.1 (1) Le titulaire de permis veille à ce que, après le 27 mars 2022, il ne soit pas facturé de frais plus élevés que le plafond fixé aux termes du paragraphe (2) ou (3) à l'égard d'un enfant admissible inscrit dans un centre de garde qu'il

exploite ou dans un local de services de garde en milieu familial qu'il supervise, sauf si le parent a été avisé des frais au plus tard ce jour-là.

(2) Sous réserve du paragraphe (3), le plafond des frais de base et des frais divers correspond à la somme facturée le 27 mars 2022 si le titulaire de permis détenait son permis à l'égard du centre de garde ou de l'agence de services de garde en milieu familial ce jour-là.

(3) Le plafond des frais de base correspond à la somme indiquée dans l'un des tableaux du présent article si, selon le cas :

a) le titulaire de permis a obtenu son permis à l'égard du centre de garde ou de l'agence de services de garde en milieu familial après le 27 mars 2022;

b) le titulaire de permis a obtenu son permis à l'égard d'un nouveau groupe d'âge autorisé pour la première fois après le 27 mars 2022;

c) le titulaire de permis a commencé, après le 27 mars 2022, à exploiter un groupe d'âge autorisé qu'il n'a pas exploité pendant au moins deux ans.

(4) Si le titulaire de permis ou l'auteur d'une demande de permis avise le gestionnaire de système de services local par écrit qu'il ne présentera pas de demande d'inscription au système pancanadien d'apprentissage et de garde des jeunes enfants en 2022 et remet l'avis exigé par l'article 77.2, à la fois :

a) le plafond des frais fixé aux termes des paragraphes (2) et (3) cesse de s'appliquer au titulaire de permis ou à l'auteur d'une demande;

b) le titulaire de permis ou l'auteur de la demande ne peut pas présenter de demande d'inscription en 2022.

(5) Si le titulaire de permis ou l'auteur d'une demande de permis présente une demande d'inscription au système pancanadien d'apprentissage et de garde des jeunes enfants, le plafond des frais fixé aux termes du paragraphe (2) et (3) ne s'applique pas au titulaire de permis ou à l'auteur de la demande après la prise d'une décision concernant l'inscription et, si le titulaire réussit à s'inscrire, l'article 77.4 s'applique à l'égard des enfants admissibles.

TABLEAU 1

FRAIS QUOTIDIENS POUR LES PROGRAMMES À TEMPS PLEIN DANS LES CENTRES DE GARDE

Point	Colonne 1 Aire de service	Colonne 2 Groupe autorisé de poupons	Colonne 3 Groupe autorisé de bambins	Colonne 4 Groupe autorisé d'enfants d'âge préscolaire	Colonne 5 Groupe autorisé de jardin d'enfants	Colonne 6 Groupe autorisé d'enfants d'âge scolaire	Colonne 7 Groupe autorisé de regroupement familial
1.	Cité de Brantford	56,42 $	46,31 $	43,74 $	40,28 $	40,28 $	46,31 $
2.	Cité de Cornwall	46,68 $	38,00 $	35,90 $	31,02 $	31,02 $	38,00 $
3.	Ville du Grand Sudbury	58,38 $	48,25 $	44,37 $	39,44 $	39,44 $	48,25 $
4.	Cité de Hamilton	73,96 $	58,36 $	53,25 $	48,50 $	48,50 $	58,36 $
5.	Cité de Kawartha Lakes	54,29 $	44,22 $	38,63 $	37,77 $	37,77 $	44,22 $
6.	Cité de Kingston	62,91 $	53,08 $	48,41 $	47,15 $	47,15 $	53,08 $
7.	Cité de London	61,70 $	60,11 $	53,91 $	70,47 $	70,47 $	60,11 $
8.	Ville d'Ottawa	83,24 $	65,87 $	55,76 $	42,48 $	42,48 $	65,87 $
9.	Cité de Peterborough	56,04 $	46,96 $	43,83 $	38,96 $	38,96 $	46,96 $
10.	Cité de St. Thomas	52,87 $	46,19 $	43,12 $	35,41 $	35,41 $	46,19 $
11.	Cité de Stratford	51,17 $	46,48 $	43,12 $	36,04 $	36,04 $	46,48 $
12.	Cité de Toronto	93,42 $	74,36 $	61,32 $	46,56 $	46,56 $	74,36 $
13.	Cité de Windsor	51,03 $	44,37 $	40,44 $	36,82 $	36,82 $	44,37 $
14.	Comté de Bruce	58,97 $	49,25 $	48,91 $	32,83 $	32,83 $	49,25 $
15.	Comté de Dufferin	75,53 $	57,52 $	52,55 $	41,18 $	41,18 $	57,52 $
16.	Comté de Grey	53,35 $	44,63 $	42,54 $	31,55 $	31,55 $	44,63 $
17.	Comté de Hastings	70,04 $	50,44 $	45,73 $	43,15 $	43,15 $	50,44 $
18.	Comté de Huron	52,63 $	45,12 $	41,99 $	38,78 $	38,78 $	45,12 $
19.	Comté de Lambton	53,03 $	52,39 $	48,15 $	41,75 $	41,75 $	52,39 $
20.	Comté de Lanark	60,17 $	50,21 $	46,81 $	34,78 $	34,78 $	50,21 $
21.	Comté de Lennox et Addington	56,67 $	44,37 $	41,90 $	41,04 $	41,04 $	44,37 $
22.	Comté de Northumberland	45,70 $	42,31 $	39,39 $	37,41 $	37,41 $	42,31 $
23.	Comté d'Oxford	51,67 $	46,95 $	42,54 $	36,86 $	36,86 $	46,95 $
24.	Comté de Renfrew	57,27 $	47,44 $	44,69 $	42,12 $	42,12 $	47,44 $
25.	Comté de Simcoe	65,35 $	55,42 $	52,81 $	44,35 $	44,35 $	55,42 $
26.	Comté de Wellington	64,44 $	53,10 $	49,68 $	43,11 $	43,11 $	53,10 $

Point	Colonne 1 Aire de service	Colonne 2 Groupe autorisé de poupons	Colonne 3 Groupe autorisé de bambins	Colonne 4 Groupe autorisé d'enfants d'âge préscolaire	Colonne 5 Groupe autorisé de jardin d'enfants	Colonne 6 Groupe autorisé d'enfants d'âge scolaire	Colonne 7 Groupe autorisé de regroupement familial
27.	Municipalité de district de Muskoka	47,47 $	45,19 $	42,98 $	41,04 $	41,04 $	45,19 $
28.	Municipalité de Chatham-Kent	45,80 $	43,74 $	42,62 $	41,42 $	41,42 $	43,74 $
29.	Comté de Norfolk	51,05 $	46,62 $	43,56 $	37,68 $	37,68 $	46,62 $
30.	Municipalité régionale de Durham	62,84 $	53,42 $	50,39 $	41,56 $	41,56 $	53,42 $
31.	Municipalité régionale de Halton	81,48 $	64,96 $	61,46 $	65,57 $	65,57 $	64,96 $
32.	Municipalité régionale de Niagara	58,78 $	47,94 $	43,25 $	41,15 $	41,15 $	47,94 $
33.	Municipalité régionale de Peel	80,80 $	62,78 $	57,92 $	60,70 $	60,70 $	62,78 $
34.	Municipalité régionale de Waterloo	79,20 $	61,07 $	55,23 $	45,27 $	45,27 $	61,07 $
35.	Municipalité régionale de York	79,35 $	65,22 $	59,40 $	59,78 $	59,78 $	65,22 $
36.	Comtés unis de Leeds et Grenville	53,98 $	44,09 $	40,68 $	39,59 $	39,59 $	44,09 $
37.	Comtés unis de Prescott et Russell	52,33 $	43,97 $	43,03 $	33,72 $	33,72 $	43,97 $
38.	Conseil d'administration des services du district d'Algoma	40,56 $	39,13 $	36,59 $	34,99 $	34,99 $	39,13 $
39.	Conseil d'administration des services sociaux du district de Cochrane	44,31 $	40,07 $	39,81 $	39,07 $	39,07 $	40,07 $
40.	Conseil d'administration des services sociaux du district de Nipissing	48,94 $	42,64 $	39,78 $	38,10 $	38,10 $	42,64 $
41.	Conseil d'administration des services sociaux du district de Parry Sound	58,48 $	58,48 $	56,45 $	58,48 $	58,48 $	58,48 $
42.	Conseil d'administration des services sociaux du district de Sault Ste. Marie	47,54 $	42,97 $	41,21 $	39,30 $	39,30 $	42,97 $
43.	Conseil d'administration des services sociaux du district de Timiskaming	45,70 $	38,87 $	35,80 $	30,19 $	30,19 $	38,87 $
44.	Conseil des services du district de Kenora	68,41 $	45,79 $	43,64 $	35,91 $	35,91 $	45,79 $
45.	Conseil des services du district de Manitoulin-Sudbury	37,35 $	32,01 $	26,68 $	21,29 $	21,29 $	32,01 $
46.	Conseil d'administration des services sociaux du district de Rainy River	53,87 $	39,67 $	40,45 $	12,31 $	12,31 $	39,67 $
47.	Conseil d'administration des services sociaux du district de Thunder Bay	70,60 $	50,32 $	45,67 $	37,04 $	37,04 $	50,32 $

TABLEAU 2

FRAIS QUOTIDIENS POUR LES PROGRAMMES QUI FONCTIONNENT AVANT ET APRÈS L'ÉCOLE DANS LES CENTRES DE GARDE

Point	Colonne 1 Aire de service	Colonne 2 Jardin d'enfants	Colonne 3 Âge scolaire
1.	Cité de Brantford	17,95 $	17,97 $
2.	Cité de Cornwall	18,39 $	19,24 $

Point	Colonne 1 Aire de service	Colonne 2 Jardin d'enfants	Colonne 3 Âge scolaire
3.	Ville du Grand Sudbury	19,45 $	17,91 $
4.	Cité de Hamilton	25,35 $	21,93 $
5.	Cité de Kawartha Lakes	23,11 $	22,47 $
6.	Cité de Kingston	22,92 $	21,58 $
7.	Cité de London	26,90 $	22,21 $
8.	Ville d'Ottawa	23,62 $	19,42 $
9.	Cité de Peterborough	24,53 $	23,02 $
10.	Cité de St. Thomas	24,74 $	21,60 $
11.	Cité de Stratford	22,99 $	20,88 $
12.	Cité de Toronto	32,29 $	26,56 $
13.	Cité de Windsor	18,31 $	18,21 $
14.	Comté de Bruce	20,19 $	19,73 $
15.	Comté de Dufferin	30,05 $	24,17 $
16.	Comté de Grey	19,18 $	18,07 $
17.	Comté de Hastings	25,29 $	25,47 $
18.	Comté de Huron	18,17 $	19,04 $
19.	Comté de Lambton	21,80 $	21,68 $
20.	Comté de Lanark	23,26 $	22,50 $
21.	Comté de Lennox et Addington	22,55 $	22,55 $
22.	Comté de Northumberland	28,20 $	29,03 $
23.	Comté de Oxford	25,27 $	22,98 $
24.	Comté de Renfrew	25,27 $	24,13 $
25.	Comté de Simcoe	22,57 $	22,46 $
26.	Comté de Wellington	24,29 $	24,45 $
27.	Municipalité de district de Muskoka	20,71 $	20,34 $
28.	Municipalité de Chatham-Kent	19,71 $	19,01 $
29.	Comté de Norfolk	18,37 $	18,05 $
30.	Municipalité régionale de Durham	27,48 $	25,28 $
31.	Municipalité régionale de Halton	28,06 $	25,86 $
32.	Municipalité régionale de Niagara	19,56 $	19,48 $
33.	Municipalité régionale de Peel	28,26 $	25,97 $
34.	Municipalité régionale de Waterloo	26,64 $	27,03 $
35.	Municipalité régionale de York	27,41 $	23,93 $
36.	Comtés unis de Leeds et Grenville	22,44 $	19,88 $
37.	Comtés unis de Prescott et Russell	20,86 $	20,42 $
38.	Conseil d'administration des services du district d'Algoma	19,30 $	20,18 $
39.	Conseil d'administration des services sociaux du district de Cochrane	20,95 $	21,23 $
40.	Conseil d'administration des services sociaux du district de Nipissing	21,43 $	21,58 $
41.	Conseil d'administration des services sociaux du district de Parry Sound	24,62 $	24,62 $
42.	Conseil d'administration des services sociaux du district de Sault Ste. Marie	23,07 $	22,16 $
43.	Conseil d'administration des services sociaux du district de Timiskaming	21,99 $	22,20 $
44.	Conseil des services du district de Kenora	26,12 $	25,99 $
45.	Conseil des services du district de Manitoulin-Sudbury	10,63 $	10,63 $
46.	Conseil d'administration des services sociaux du district de Rainy River	19,84 $	19,72 $
47.	Conseil d'administration des services sociaux du district de Thunder Bay	25,89 $	26,33 $

TABLEAU 3

FRAIS QUOTIDIENS POUR LES PROGRAMMES À TEMPS PLEIN DANS LES SERVICES DE GARDE EN MILIEU FAMILIAL

Point	Colonne 1 Aire de service	Colonne 2 Moins de 2 ans	Colonne 3 2 et 3 ans	Colonne 4 4 à 6 ans
1.	Cité de Brantford	39,76 $	38,48 $	38,48 $
2.	Cité de Cornwall	38,99 $	36,94 $	34,88 $
3.	Ville du Grand Sudbury	44,99 $	40,83 $	38,48 $
4.	Cité de Hamilton	52,77 $	45,62 $	47,69 $
5.	Cité de Kingston	47,71 $	46,47 $	45,26 $
6.	Cité de London	48,00 $	47,50 $	44,43 $
7.	Ville d'Ottawa	46,65 $	46,60 $	44,60 $

Point	Colonne 1 Aire de service	Colonne 2 Moins de 2 ans	Colonne 3 2 et 3 ans	Colonne 4 4 à 6 ans
8.	Cité de Peterborough	49,35 $	45,51 $	38,53 $
9.	Cité de St. Thomas	46,17 $	41,04 $	37,96 $
10.	Cité de Stratford	47,71 $	45,14 $	38,99 $
11.	Cité de Toronto	55,18 $	49,54 $	37,85 $
12.	Cité de Windsor	40,74 $	39,05 $	36,88 $
13.	Comté de Bruce	51,30 $	51,30 $	51,30 $
14.	Comté de Dufferin	45,14 $	45,14 $	41,04 $
15.	Comté de Grey	46,17 $	46,17 $	46,17 $
16.	Comté de Hastings	41,56 $	41,66 $	40,57 $
17.	Comté de Huron	37,45 $	35,40 $	35,40 $
18.	Comté de Lambton	46,17 $	46,17 $	46,17 $
19.	Comté de Lanark	55,68 $	58,16 $	50,16 $
20.	Comté de Lennox et Addington	49,25 $	45,86 $	43,35 $
21.	Comté de Northumberland	43,00 $	42,81 $	39,84 $
22.	Comté de Oxford	48,74 $	48,74 $	44,12 $
23.	Comté de Renfrew	42,07 $	40,01 $	34,88 $
24.	Comté de Simcoe	50,01 $	50,67 $	48,27 $
25.	Comté de Wellington	47,86 $	43,55 $	43,55 $
26.	Municipalité de district de Muskoka	44,12 $	37,96 $	35,91 $
27.	Municipalité régionale de Durham	45,59 $	45,67 $	36,72 $
28.	Municipalité régionale de Halton	49,84 $	47,69 $	47,20 $
29.	Municipalité régionale de Niagara	45,84 $	45,74 $	43,31 $
30.	Municipalité régionale de Peel	49,94 $	48,89 $	40,80 $
31.	Municipalité régionale de Waterloo	51,12 $	46,84 $	43,21 $
32.	Municipalité régionale de York	54,97 $	55,14 $	46,35 $
33.	Comtés unis de Leeds et Grenville	48,89 $	48,89 $	48,89 $
34.	Comtés unis de Prescott et Russell	34,88 $	33,35 $	33,35 $
35.	Conseil d'administration des services sociaux du district de Cochrane	35,91 $	35,91 $	35,91 $
36.	Conseil d'administration des services sociaux du district de Nipissing	44,97 $	43,76 $	43,82 $
37.	Conseil d'administration des services sociaux du district de Parry Sound	48,22 $	43,09 $	43,09 $
38.	Conseil d'administration des services sociaux du district de Sault Ste. Marie	43,09 $	38,99 $	38,99 $
39.	Conseil d'administration des services sociaux du district de Timiskaming	43,09 $	38,99 $	38,99 $
40.	Conseil des services du district de Manitoulin-Sudbury	26,68 $	26,68 $	26,68 $
41.	Conseil d'administration des services sociaux du district de Thunder Bay	48,99 $	41,99 $	40,23 $

TABLEAU 4

FRAIS QUOTIDIENS POUR LES PROGRAMMES QUI FONCTIONNENT AVANT ET APRÈS L'ÉCOLE DANS LES SERVICES DE GARDE EN MILIEU FAMILIAL

Point	Colonne 1 Aire de service	Colonne 2 4 et 5 ans	Colonne 3 6 à 12 ans
1.	Cité de Brantford	20,52 $	20,52 $
2.	Cité de Cornwall	12,31 $	12,31 $
3.	Ville du Grand Sudbury	18,31 $	18,31 $
4.	Cité de Hamilton	34,83 $	35,94 $
5.	Cité de Kingston	30,52 $	23,09 $
6.	Cité de London	21,55 $	21,55 $
7.	Ville d'Ottawa	22,52 $	23,88 $
8.	Cité de Peterborough	23,60 $	23,44 $
9.	Cité de St. Thomas	20,52 $	20,52 $
10.	Cité de Stratford	24,24 $	24,24 $
11.	Cité de Toronto	27,49 $	27,14 $
12.	Cité de Windsor	13,68 $	13,68 $
13.	Comté de Bruce	20,52 $	20,52 $

Point	Colonne 1 Aire de service	Colonne 2 4 et 5 ans	Colonne 3 6 à 12 ans
14.	Comté de Dufferin	25,65 $	25,65 $
15.	Comté de Grey	23,09 $	23,09 $
16.	Comté de Hastings	21,55 $	21,03 $
17.	Comté de Huron	24,11 $	24,11 $
18.	Comté de Lambton	23,09 $	22,57 $
19.	Comté de Lanark	27,70 $	16,16 $
20.	Comté de Lennox et Addington	22,06 $	22,06 $
21.	Comté de Northumberland	23,98 $	22,83 $
22.	Comté de Oxford	37,19 $	37,19 $
23.	Comté de Renfrew	18,98 $	18,98 $
24.	Comté de Simcoe	29,50 $	29,42 $
25.	Comté de Wellington	29,70 $	29,70 $
26.	Municipalité de district de Muskoka	21,55 $	21,55 $
27.	Municipalité régionale de Durham	29,33 $	29,10 $
28.	Municipalité régionale de Halton	33,86 $	36,48 $
29.	Municipalité régionale de Niagara	28,73 $	28,73 $
30.	Municipalité régionale de Peel	31,49 $	29,22 $
31.	Municipalité régionale de Waterloo	27,01 $	25,13 $
32.	Municipalité régionale de York	34,88 $	36,94 $
33.	Comtés unis de Leeds et Grenville	23,85 $	23,85 $
34.	Comtés unis de Prescott et Russell	17,96 $	17,96 $
35.	Conseil d'administration des services sociaux du district de Cochrane	10,26 $	14,24 $
36.	Conseil d'administration des services sociaux du district de Nipissing	20,52 $	20,52 $
37.	Conseil d'administration des services sociaux du district de Parry Sound	27,70 $	27,70 $
38.	Conseil d'administration des services sociaux du district de Sault Ste. Marie	22,16 $	22,16 $
39.	Conseil d'administration des services sociaux du district de Timiskaming	28,73 $	28,73 $
40.	Conseil des services du district de Manitoulin-Sudbury	10,67 $	10,67 $
41.	Conseil d'administration des services sociaux du district de Thunder Bay	23,49 $	23,49 $

Communication avec les parents, les employés et les fournisseurs de services de garde en milieu familial

77.2 (1) Le titulaire de permis qui détenait son permis à la date de l'entente ou antérieurement veille à ce qu'un parent de chaque enfant admissible inscrit dans un centre de garde qu'il exploite ou dans un local de services de garde en milieu familial qu'il supervise soit avisé par écrit, avant le 1er septembre 2022, de ce qui suit :

a) son intention de présenter ou non une demande d'inscription au système pancanadien d'apprentissage et de garde des jeunes enfants à l'égard du centre de garde ou de l'agence de services de garde en milieu familial;

b) la date prévue de la présentation de la demande;

c) les droits du parent prévus au paragraphe (3), s'il n'a pas l'intention de présenter de demande d'inscription.

(2) Le titulaire de permis veille à ce que chaque parent visé au paragraphe (1) soit avisé du résultat de sa demande d'inscription dans les 14 jours qui suivent le jour où il reçoit un avis écrit du résultat. Par ailleurs, il veille à ce que l'avis comprenne des renseignements concernant l'un ou l'autre de ce qui suit :

a) les remboursements exigés par l'article 77.4 s'il réussit à s'inscrire;

b) les droits du parent prévus au paragraphe (3) s'il ne réussit pas à s'inscrire.

(3) Si un parent est avisé conformément au paragraphe (1) que le titulaire de permis ne présentera pas de demande d'inscription ou, conformément à l'alinéa (2) b), qu'il n'a pas réussi à s'inscrire, le parent peut retirer son enfant du centre de garde ou des services de garde en milieu familial sans pénalité, à condition que :

a) le parent donne au titulaire de permis, ou dans le cas des services de garde en milieu familial, au fournisseur de services de garde en milieu familial, un préavis de 30 jours du retrait;

b) le parent donne le préavis visé à l'alinéa a) dans les 30 jours qui suivent le jour où il a été avisé que le titulaire de permis ne présentera pas de demande d'inscription ou qu'il n'a pas réussi à s'inscrire.

(4) L'alinéa (3) a) s'applique malgré toute entente conclue entre le titulaire de permis ou le fournisseur de services de garde en milieu familial et le parent, sauf si l'entente autorise le parent à donner au titulaire de permis un préavis du retrait de son enfant de moins de 30 jours.

(5) Le titulaire de permis qui détenait son permis à la date de l'entente ou antérieurement veille à ce que tous les employés des centres de garde ou des agences de services de garde en milieu familial qu'il exploite et tous les fournisseurs de services de garde en milieu familial dans chaque local où il supervise la prestation de tels services soient avisés par écrit de ce qui suit :

a) les questions visées aux alinéas (1) a) et b) et ce, avant le 1er septembre 2022;

b) le résultat de la demande d'inscription du titulaire de permis et ce, dans les 14 jours qui suivent le jour où il reçoit un avis écrit du résultat.

Demande d'inscription au système pancanadien d'apprentissage et de garde des jeunes enfants

77.3 (1) Le titulaire de permis qui souhaite s'inscrire au système pancanadien d'apprentissage et de garde des jeunes enfants présente une demande d'inscription au gestionnaire de système de services local, conformément au processus que celui-ci établit, et fournit les documents que celui-ci demande.

(2) Le gestionnaire de système de services local inscrit l'auteur d'une demande au système pancanadien d'apprentissage et de garde des jeunes enfants, sauf dans les cas suivants :

a) il existe des motifs de croire que le centre de garde ou l'agence de services de garde en milieu familial n'est pas financièrement viable ou ne sera pas exploité d'une manière financièrement viable;

b) il existe des motifs de croire que le titulaire de permis utilisera les fonds dans un but illégitime.

(3) Le titulaire de permis inscrit se conforme aux conditions de toute entente qu'il conclut avec le gestionnaire de système de services local relativement au système pancanadien d'apprentissage et de garde des jeunes enfants, y compris les conditions relatives à l'utilisation des fonds et les exigences relatives au salaire.

(4) Le titulaire de permis conserve une copie de toute entente visée au paragraphe (3) au centre de garde ou à l'agence de services de garde en milieu familial, selon le cas.

(5) Le présent règlement l'emporte sur les dispositions incompatibles d'une entente visée au paragraphe (3).

(6) Il est entendu que si le titulaire de permis qui est une personne morale transfère des actions de celle-ci qui suffiraient à permettre à l'acquéreur de modifier le conseil d'administration de la personne morale, le titulaire de permis demeure inscrit et assujetti à l'entente visée au paragraphe (3).

(7) Il est entendu que, d'une part, si le titulaire de permis vend la quasi-totalité de ses éléments d'actif, le paragraphe 77.1 (3) s'applique à l'acheteur et, d'autre part, si l'acheteur souhaite s'inscrire au système pancanadien d'apprentissage et de garde des jeunes enfants, celui-ci présente une demande d'inscription conformément au présent article.

Frais de base : titulaires de permis inscrits au système pancanadien d'apprentissage et de garde des jeunes enfants

77.4 (1) Les frais de base suivants s'appliquent au titulaire de permis inscrit au système pancanadien d'apprentissage et de garde des jeunes enfants :

1. Si le plafond des frais fixé aux termes du paragraphe 77.1 (2) ou (3) est supérieur à 11,99 $ par jour, les frais de base correspondent au plus élevé de :
   i. 12 $ par jour,
   ii. le montant du plafond, moins 25 %.
2. Si le plafond des frais fixé aux termes du paragraphe 77.1 (2) ou (3) est inférieur à 12 $ par jour, les frais de base correspondent au plafond.

(2) Des frais de base qui sont différents des frais de base fixés conformément au paragraphe (1) peuvent être facturés à l'égard d'un enfant admissible si le ministre a autorisé le gestionnaire de système de services local à conclure une entente avec le titulaire de permis pour autoriser les frais de base différents.

(3) Le gestionnaire du système de services local qui prend la décision d'inscrire un titulaire de permis au plus tard le 31 décembre 2022 précise une date d'inscription qui correspond :

a) au 1er avril 2022, si le titulaire de permis détenait son permis à cette date;

b) à la date de la délivrance du permis du titulaire de permis, dans les autres cas.

(4) Si des frais de base qui sont supérieurs aux frais de base fixés aux termes du paragraphe (1) ou (2) sont facturés à l'égard d'un enfant admissible, le titulaire de permis veille à ce que soit versé un remboursement de la différence :

a) pour les services de garde fournis pendant la période qui commence à la date d'inscription du titulaire de permis et se termine le 31e jour après que le titulaire de permis est avisé de la date d'inscription par le gestionnaire de système de services;

b) pour toute période qui suit le 31e jour visé à l'alinéa a) pour laquelle des frais de base pour la fourniture de services de garde ont été payés à l'avance.

(5) Tout remboursement exigé par le paragraphe (4) est remis dans les 60 jours qui suivent le jour où le titulaire de permis est avisé de la date d'inscription par le gestionnaire de système de services.

(6) Le 32e jour après que le gestionnaire de système de services l'avise de la date d'inscription et par la suite, le titulaire de permis veille à ce qu'il ne soit pas facturé de frais de base qui sont supérieurs aux frais de base applicables.

Rôle du gestionnaire de système de services

77.5 (1) Le gestionnaire de système de services administre le système pancanadien d'apprentissage et de garde des jeunes enfants d'une manière compatible avec les directives du ministre.

(2) Sans préjudice de la portée générale du paragraphe (1), le gestionnaire de système de services traite les demandes d'inscription au système pancanadien d'apprentissage et de garde des jeunes enfants des titulaires de permis à but lucratif et sans but lucratif d'une manière compatible avec les directives du ministre.

Exception

77.6 Les articles 77.1 à 77.5 ne s'appliquent pas aux titulaires de permis qui fournissent des services de garde dans une réserve de Première Nation, grâce à un financement fédéral fourni au titre du Cadre d'apprentissage et de garde des jeunes enfants autochtones.

4. Le tableau 1 de l'article 78 du Règlement est modifié par adjonction des points suivants :

21.	Art. 77.1 du Règlement	Interdiction – facturation de frais supérieurs au plafond	750 $ × nombre d'enfants pour lesquels des frais supérieurs au plafond ont été facturés
22.	Art. 77.4 du Règlement	Interdiction – facturation de frais de base supérieurs aux frais de base applicables	750 $ × nombre d'enfants pour lesquels des frais supérieurs aux frais de base applicables ont été facturés ou non remboursés

5. L'article 88.1 du Règlement est modifié par adjonction des dispositions suivantes :

9. L'article 77.1 du présent règlement (Plafond des frais).

10. L'article 77.4 du présent règlement (Frais de base : titulaires de permis inscrits au système pancanadien d'apprentissage et de garde des jeunes enfants).

Entrée en vigueur

6. Le présent règlement entre en vigueur le jour de son dépôt.

16/22

ONTARIO REGULATION 237/22

made under the

CHILD CARE AND EARLY YEARS ACT, 2014

Made: March 28, 2022
Filed: March 28, 2022
Published on e-Laws: March 28, 2022
Printed in *The Ontario Gazette*: April 16, 2022

Amending O. Reg. 138/15
(FUNDING, COST SHARING AND FINANCIAL ASSISTANCE)

1. (1) Paragraph 2 of subsection 10 (1) of Ontario Regulation 138/15 is amended by striking out "subsection (2), (3) or (4)" at the end and substituting "subsections (2) to (5)".

(2) Section 10 of the Regulation is amended by adding the following subsections:

(5) If a parent has at least one eligible child, as defined in Ontario Regulation 137/15 (General) made under the Act, who is enrolled in a child care centre or home child care that is part of the Canada-Wide Early Learning and Child Care System, the service system manager shall reduce the amount calculated under subsection (3) or (4) that the parent shall pay by the following amount:

$$A \div B \times C \times 0.25$$

where,

A is the amount determined under subsection (3) or (4), as the case may be,

B is the number of children in respect of whom the parent must pay an amount in accordance with subsection (3) or (4), as the case may be, and

C is the number of children in respect of whom the parent must pay an amount in accordance with subsection (3) or (4), as the case may be, who are eligible children enrolled in a child care centre or home child care that is part of the Canada-Wide Early Learning and Child Care System.

(6) Subsection (5) shall apply as of the first day the licensee that operates the child care centre or home child care agency that oversees the home child care is enrolled in the Canada-Wide Early Learning and Child Care System.

(7) A service system manager shall provide a parent described in subsection (5) with a refund of the amount determined under that subsection if the parent paid that amount for child care services on or after the day specified in subsection (6).

Commencement

2. This Regulation comes into force on the day it is filed.

16/22

RÈGLEMENT DE L'ONTARIO 237/22

pris en vertu de la

LOI DE 2014 SUR LA GARDE D'ENFANTS ET LA PETITE ENFANCE

pris le 28 mars 2022
déposé le 28 mars 2022
publié sur le site Lois-en-ligne le 28 mars 2022
imprimé dans la *Gazette de l'Ontario* le 16 avril 2022

modifiant le Règl. de l'Ont. 138/15
(FINANCEMENT, PARTAGE DES COÛTS ET AIDE FINANCIÈRE)

1. (1) La disposition 2 du paragraphe 10 (1) du Règlement de l'Ontario 138/15 est modifiée par remplacement de «au paragraphe (2), (3) ou (4)» par «aux paragraphes (2) à (5)» à la fin de la disposition.

(2) L'article 10 du Règlement est modifié par adjonction des paragraphes suivants :

(5) Si un parent a au moins un enfant admissible, au sens de la définition donnée à ce terme dans le Règlement de l'Ontario 137/15 (Dispositions générales) pris en vertu de la Loi, qui est inscrit dans un centre de garde ou dans un local de services de garde en milieu familial qui fait partie du système pancanadien d'apprentissage et de garde des jeunes enfants, le gestionnaire de système de services déduit du montant calculé conformément au paragraphe (3) ou (4) que doit verser le parent le montant suivant :

$$A \div B \times C \times 0{,}25$$

où :

«A» représente le montant calculé conformément au paragraphe (3) ou (4), selon le cas,

«B» représente le nombre d'enfants à l'égard desquels le parent doit verser un montant comme l'exige le paragraphe (3) ou (4), selon le cas,

«C» représente le nombre d'enfants à l'égard desquels le parent doit verser un montant comme l'exige le paragraphe (3) ou (4), selon le cas, qui sont des enfants admissibles inscrits dans un centre de garde ou dans un local de services de garde en milieu familial faisant partie du système pancanadien d'apprentissage et de garde des jeunes enfants.

(6) Le paragraphe (5) s'applique à compter du premier jour où le titulaire de permis qui exploite le centre de garde ou l'agence de services de garde en milieu familial qui supervise les services de garde en milieu familial est inscrit au système pancanadien d'apprentissage et de garde des jeunes enfants.

(7) Si un parent visé au paragraphe (5) a versé le montant calculé conformément à ce paragraphe pour des services de garde le jour précisé au paragraphe (6) ou par la suite, le gestionnaire de système de services rembourse ce montant au parent.

Entrée en vigueur

2. Le présent règlement entre en vigueur le jour de son dépôt.

16/22

ONTARIO REGULATION 238/22

made under the

HEALTH INSURANCE ACT

Made: March 24, 2022
Filed: March 28, 2022
Published on e-Laws: March 29, 2022
Printed in *The Ontario Gazette*: April 16, 2022

Amending Reg. 552 of R.R.O. 1990
(GENERAL)

1. Regulation 552 of the Revised Regulations of Ontario, 1990 is amended by adding the following section:

37.8.1 (1) Subject to subsection (2), the basic fee payable for an insured service rendered by a physician in Ontario, as set out in the schedule of benefits, shall be increased by 2.01 per cent if the service is rendered on or after April 1, 2022 and before April 1, 2023.

(2) Subsection (1) does not apply to an insured service for which H fees are payable.

(3) In this section,

"H fees" has the same meaning as in the schedule of benefits.

Commencement

2. This Regulation comes into force on April 1, 2022 or, if this Regulation is filed after that day, this Regulation is deemed to have come into force on that day.

16/22

ONTARIO REGULATION 239/22

made under the

HEALTH INSURANCE ACT

Made: March 24, 2022
Filed: March 28, 2022
Published on e-Laws: March 29, 2022
Printed in *The Ontario Gazette*: April 16, 2022

Amending O. Reg. 392/19
(SPECIAL PAYMENTS FOR PHYSICIAN SERVICES)

1. Ontario Regulation 392/19 is amended by adding the following section:

Special payment, 2021/22

4. (1) A special payment is payable by the Plan to every physician in Ontario who,

(a) rendered one or more insured services on or after April 1, 2021 and before April 1, 2022; or

(b) received a payment pursuant to an arrangement under clause 2 (2) (a) of the Act on or after April 1, 2021 and before April 1, 2022.

(2) The amount of the special payment shall be calculated in accordance with the document of the Ministry entitled "Method for the Implementation of 2021/22 Compensation Increases in the Ministry of Health (Ministry) and Ontario Medical Association (OMA) 2021 Physician Services Agreement".

Commencement

2. This Regulation comes into force on April 1, 2022 or, if this Regulation is filed after that day, this Regulation is deemed to have come into force on that day.

16/22

RÈGLEMENT DE L'ONTARIO 239/22

pris en vertu de la

LOI SUR L'ASSURANCE-SANTÉ

pris le 24 mars 2022
déposé le 28 mars 2022
publié sur le site Lois-en-ligne le 29 mars 2022
imprimé dans la *Gazette de l'Ontario* le 16 avril 2022

modifiant le Règl. de l'Ont. 392/19
(PAIEMENTS SPÉCIAUX POUR LES SERVICES DE MÉDECIN)

1. Le Règlement de l'Ontario 392/19 est modifié par adjonction de l'article suivant :

Paiement spécial : 2021-2022

4. (1) Un paiement spécial est payable par le Régime à chaque médecin en Ontario qui, selon le cas :

a) a fourni un ou plusieurs services assurés le 1er avril 2021 ou par la suite et avant le 1er avril 2022;

b) a reçu un paiement aux termes d'une entente conclue en vertu de l'alinéa 2 (2) a) de la Loi le 1er avril 2021 ou par la suite et avant le 1er avril 2022.

(2) Le montant du paiement spécial est calculé conformément au document du ministère intitulé «Method for the Implementation of 2021/22 Compensation Increases in the Ministry of Health (Ministry) and Ontario Medical Association (OMA) 2021 Physician Services Agreement».

Entrée en vigueur

2. Le présent règlement entre en vigueur le 1er avril 2022 ou est réputé être entré en vigueur à cette date s'il est déposé après celle-ci.

16/22

ONTARIO REGULATION 240/22

made under the

LAND TRANSFER TAX ACT

Made: March 22, 2022
Filed: March 30, 2022
Published on e-Laws: March 30, 2022
Printed in *The Ontario Gazette*: April 16, 2022

Amending O. Reg. 182/17
(TAX PAYABLE UNDER SUBSECTION 2 (2.1) OF THE ACT BY FOREIGN ENTITIES AND TAXABLE TRUSTEES)

1. Ontario Regulation 182/17 is amended by adding the following sections:

SPECIFIED REGIONS AND ALTERNATE RATE OF TAX

Specified regions

1.2 All areas of land outside of the Greater Golden Horseshoe Region are prescribed as included in the specified region for the purposes of clause (b) of the definition of "specified region" in subsection 1 (1) of the Act.

Alternate rate of tax

1.3 (1) Subject to subsection (2), an alternate tax rate of 20 per cent is prescribed for the purposes of subsection 2 (2.1) of the Act in respect of conveyances of land tendered for registration after March 29, 2022.

(2) The rate set out in clause 2 (2.1) (a) of the Act applies in respect of a conveyance of land tendered for registration after March 29, 2022 if,

(a) the land is conveyed pursuant to an agreement of purchase and sale entered into on or before March 29, 2022;

(b) any assignment of the agreement of purchase and sale to any other person was entered into on or before March 29, 2022;

(c) the land is not conveyed to any foreign corporation other than,

(i) a purchaser under the agreement of purchase and sale, or

(ii) a corporation to which the agreement of purchase and sale was assigned;

(d) the land is not conveyed to any foreign national or taxable trustee other than,

(i) a purchaser under the agreement of purchase and sale,

(ii) a person to whom the agreement of purchase and sale was assigned, or

(iii) the spouse of an individual described in subclause (i) or (ii); and

(e) the land is located within the Greater Golden Horseshoe Region.

. . . . .

Exemption, agreements entered into on or before March 29, 2022

4.1 No tax is payable under subsection 2 (2.1) of the Act in respect of a conveyance of land if,

(a) the land is conveyed pursuant to an agreement of purchase and sale entered into on or before March 29, 2022;

(b) any assignment of the agreement of purchase and sale to any other person was entered into on or before March 29, 2022;

(c) the land is not conveyed to any foreign corporation other than,

(i) a purchaser under the agreement of purchase and sale, or

(ii) a corporation to which the agreement of purchase and sale was assigned;

(d) the land is not conveyed to any foreign national or taxable trustee other than,

(i) a purchaser under the agreement of purchase and sale,

(ii) a person to whom the agreement of purchase and sale was assigned, or

(iii) the spouse of an individual described in subclause (i) or (ii); and

(e) the land is located outside of the Greater Golden Horseshoe Region.

2. (1) Subsection 6 (1) of the Regulation is amended by adding "Subject to section 7.1" at the beginning.

(2) Subsection 6 (2) of the Regulation is revoked and the following substituted:

(2) An application for a rebate under this section must be made on or before the earlier of,

(a) the fourth anniversary of the day on which the tax became payable; and

(b) March 31, 2025.

3. (1) Subsection 7 (1) of the Regulation is amended by adding "Subject to section 7.1" at the beginning.

(2) Subsection 7 (2) of the Regulation is revoked and the following substituted:

(2) An application for a rebate under this section must be made on or before the earlier of,

(a) the fourth anniversary of the day on which the tax became payable; and

(b) March 31, 2025.

4. The Regulation is amended by adding the following section:

Phasing out of rebates for international students and foreign nationals working in Ontario

7.1 No rebate of tax may be made under section 6 or 7 in respect of a conveyance of land that occurs after March 29, 2022 unless,

(a) the land is conveyed pursuant to an agreement of purchase and sale entered into on or before March 29, 2022;

(b) any assignment of the agreement of purchase and sale to any other person was entered into on or before March 29, 2022; and

(c) the land is not conveyed to any foreign national other than,

(i) a purchaser under the agreement of purchase and sale,

(ii) an individual to whom the agreement of purchase and sale was assigned, or

(iii) the spouse of an individual described in subclause (i) or (ii).

Commencement

5. This Regulation comes into force on March 30, 2022 or, if this Regulation is filed after that day, this Regulation is deemed to have come into force on that day.

Made by:
Pris par :

Le ministre des Finances,

PETER BETHLENFALVY
Minister of Finance

Date made: March 22, 2022
Pris le : 22 mars 2022

16/22

RÈGLEMENT DE L'ONTARIO 240/22

pris en vertu de la

LOI SUR LES DROITS DE CESSION IMMOBILIÈRE

pris le 22 mars 2022
déposé le 30 mars 2022
publié sur le site Lois-en-ligne le 30 mars 2022
imprimé dans la *Gazette de l'Ontario* le 16 avril 2022

modifiant le Règl. de l'Ont. 182/17
(DROITS À ACQUITTER EN APPLICATION DU PARAGRAPHE 2 (2.1) DE LA LOI PAR LES ENTITÉS ÉTRANGÈRES ET LES FIDUCIAIRES IMPOSABLES)

1. Le Règlement de l'Ontario 182/17 est modifié par adjonction des articles suivants :

RÉGIONS DÉTERMINÉES ET AUTRE TAUX D'IMPOSITION

Régions déterminées

1.2 Toutes les étendues de biens-fonds situées à l'extérieur de la région élargie du Golden Horseshoe sont prescrites comme étant incluses dans la région déterminée pour l'application de l'alinéa b) de la définition de «région déterminée» au paragraphe 1 (1) de la Loi.

Autre taux d'imposition

1.3 (1) Sous réserve du paragraphe (2), un taux d'imposition de 20 % est prescrit comme autre taux d'imposition pour l'application du paragraphe 2 (2.1) de la Loi à l'égard de cessions de biens-fonds présentées à l'enregistrement après le 29 mars 2022.

(2) Le taux indiqué à l'alinéa 2 (2.1) a) de la Loi s'applique à l'égard de la cession d'un bien-fonds présentée à l'enregistrement après le 29 mars 2022 si les conditions suivantes sont réunies :

a) le bien-fonds est cédé conformément à une convention de vente conclue le 29 mars 2022 ou avant cette date;

b) toute cession de la convention de vente à une autre personne a été conclue le 29 mars 2022 ou avant cette date;

c) le bien-fonds n'est cédé à aucune personne morale étrangère autre que, selon le cas :

(i) l'acheteur aux termes de la convention de vente,

(ii) la personne morale à qui la convention de vente a été cédée;

d) le bien-fonds n'est cédé à aucun étranger ni à aucun fiduciaire imposable autre que, selon le cas :

(i) l'acheteur aux termes de la convention de vente,

(ii) la personne à qui la convention de vente a été cédée,

(iii) le conjoint d'un particulier visé au sous-alinéa (i) ou (ii);

e) le bien-fonds est situé dans la région élargie du Golden Horseshoe.

. . . . .

Exonération : conventions conclues le 29 mars 2022 ou avant cette date

4.1 Il n'est pas exigé de droits en application du paragraphe 2 (2.1) de la Loi à l'égard de la cession d'un bien-fonds si les conditions suivantes sont réunies :

a) le bien-fonds est cédé conformément à une convention de vente conclue le 29 mars 2022 ou avant cette date;

b) toute cession de la convention de vente à une autre personne a été conclue le 29 mars 2022 ou avant cette date;

c) le bien-fonds n'est cédé à aucune personne morale étrangère autre que, selon le cas :

(i) l'acheteur aux termes de la convention de vente,

(ii) la personne morale à qui la convention de vente a été cédée;

d) le bien-fonds n'est cédé à aucun étranger ni à aucun fiduciaire imposable autre que, selon le cas :

(i) l'acheteur aux termes de la convention de vente,

(ii) la personne à qui la convention de vente a été cédée,

(iii) le conjoint d'un particulier visé au sous-alinéa (i) ou (ii);

e) le bien-fonds est situé à l'extérieur de la région élargie du Golden Horseshoe.

2. (1) Le paragraphe 6 (1) du Règlement est modifié par insertion de «Sous réserve de l'article 7.1,» au début du paragraphe.

(2) Le paragraphe 6 (2) du Règlement est abrogé et remplacé par ce qui suit :

(2) La demande de remise au titre du présent article doit être présentée au plus tard au premier en date des jours suivants :

a) le quatrième anniversaire du jour où les droits deviennent exigibles;

b) le 31 mars 2025.

3. (1) Le paragraphe 7 (1) du Règlement est modifié par insertion de «Sous réserve de l'article 7.1,» au début du paragraphe.

(2) Le paragraphe 7 (2) du Règlement est abrogé et remplacé par ce qui suit :

(2) La demande de remise au titre du présent article doit être présentée au plus tard au premier en date des jours suivants :

a) le quatrième anniversaire du jour où les droits deviennent exigibles;

b) le 31 mars 2025.

4. Le Règlement est modifié par adjonction de l'article suivant :

Élimination progressive des remises aux étudiants étrangers et aux étrangers qui travaillent en Ontario

7.1 Aucune remise de droits ne peut être accordée en vertu de l'article 6 ou 7 à l'égard de la cession d'un bien-fonds qui a lieu après le 29 mars 2022, à moins que les conditions suivantes ne soient réunies :

a) le bien-fonds est cédé conformément à une convention de vente conclue le 29 mars 2022 ou avant cette date;

b) toute cession de la convention de vente à une autre personne a été conclue le 29 mars 2022 ou avant cette date;

c) le bien-fonds n'est cédé à aucun étranger autre que, selon le cas :

(i) l'acheteur aux termes de la convention de vente,

(ii) le particulier à qui la convention de vente a été cédée,

(iii) le conjoint d'un particulier visé au sous-alinéa (i) ou (ii).

Entrée en vigueur

5. Le présent règlement entre en vigueur le 30 mars 2022 ou est réputé être entré en vigueur à cette date, s'il est déposé après celle-ci.

Made by:
Pris par :

Le ministre des Finances,

PETER BETHLENFALVY
Minister of Finance

Date made: March 22, 2022
Pris le : 22 mars 2022

16/22

ONTARIO REGULATION 241/22

made under the

HOUSING SERVICES ACT, 2011

Made: March 24, 2022
Filed: March 30, 2022
Published on e-Laws: March 30, 2022
Printed in *The Ontario Gazette*: April 16, 2022

Amending O. Reg. 367/11
(GENERAL)

1. Ontario Regulation 367/11 is amended by adding the following sections:

Ceasing to be designated housing project

86.1 (1) For the purposes of subsection 68.1 (1) of the Act, the date that a housing project ceases to be a designated housing project, if the requirements of that subsection are satisfied, is the date specified in the exit agreement.

(2) The prescribed criteria that a designated housing project must satisfy for the purpose of clause 68.1 (1) (a) of the Act are as follows:

1. The housing project is not subject to a pre-reform operating agreement that remains in effect.
2. The housing project is not subject to a mortgage guaranteed by the Province of Ontario that relates to a transferred housing program.

(3) The following are, for the purpose of clause 68.1 (1) (b) of the Act, prescribed requirements with which an exit agreement must comply:

1. The agreement must state that the service manager and housing provider intend for the housing project to cease to be a designated housing project.
2. The agreement must,
   i. take effect no less than 30 days after the date on which the service manager and housing provider give notice to the Minister under clause 68.1 (1) (c) of the Act, and
   ii. state that effective date.
3. The agreement must include a plan for the following:
   i. The accommodation of households who occupy units in the housing project, including a plan for the continued delivery of one of the following to each household who is in receipt of rent-geared-to-income assistance:
      A. Rent-geared-to-income assistance.
      B. If the household agrees, an alternate form of assistance referred to in section 20.1.
   ii. At least one of the following:
      A. The continued operation of the housing project by the housing provider or another housing provider.
      B. The redevelopment of the housing project by the housing provider or another housing provider.
      C. The reinvestment of the proceeds of sale of the housing project into affordable housing.
4. The agreement shall require the housing provider to implement the plan referred to in paragraph 3.

Notice to Minister

86.2 (1) The following information must be included in a notice given to the Minister under clause 68.1 (1) (c) of the Act:

1. The address of the housing project.
2. The service manager.
3. The housing provider.
4. A legal description of the lands on which the housing project is located.
5. A statement that the service manager and housing provider have entered into an exit agreement that complies with the requirements prescribed under clause 68.1 (1) (b) of the Act.

6. The effective date of the exit agreement.

7. A statement that the housing project meets the criteria prescribed for the purpose of clause 68.1 (1) (a) of the Act.

(2) A notice given to the Minister under clause 68.1 (1) (c) of the Act must be signed by at least one representative of the service manager and at least one representative of the housing provider.

List of former designated housing projects

86.3 For the purpose of subsection 68.1 (3) of the Act, the Minister shall maintain, in accordance with the following requirements, a list of housing projects that have ceased to be designated housing projects in accordance with section 68.1 of the Act:

1. When a housing project ceases to be a designated housing project, the Minister shall add the housing project to the list.

2. The list shall include the following information for each such housing project:

   i. The address of the housing project.

   ii. The service manager.

   iii. The date on which the housing project ceased to be a designated housing project.

2. The Regulation is amended by adding the following Part:

PART VIII.1
PART VII.1 OF THE ACT

Housing projects

105.1 (1) For the purposes of subsection 101.2 (1) of the Act, the date that a housing project becomes a Part VII.1 housing project, if the requirements of that subsection are satisfied, is the date specified in the service agreement.

(2) The following are, for the purposes of clause 101.2 (1) (a) of the Act, prescribed requirements with which a service agreement must comply:

1. The agreement must state that the service manager and housing provider intend for the housing project to be governed under Part VII.1 of the Act.

2. The agreement must,

   i. take effect no less than 30 days after the date on which the service manager and housing provider give notice to the Minister under clause 101.2 (1) (b) of the Act, and

   ii. state that effective date.

3. The agreement must,

   i. have a term of not less than 10 years from the effective date,

   ii. state the term of the agreement, and

   iii. provide that the agreement continues in effect after the end of the term until,

      A. the agreement is replaced with a new service agreement, or

      B. the service manager and housing provider enter into an exit agreement and the exit agreement takes effect.

4. The agreement must specify the following:

   i. The number of units in the housing project, or a target or range of the number of units in the housing project, in respect of which households shall receive rent-geared-to-income assistance.

   ii. If applicable, the number of units in the housing project, or a target or range of the number of units in the housing project, in respect of which households shall receive an alternate form of assistance referred to in section 20.1.

5. The agreement must provide the following in respect of the units described in subparagraph 4 i:

   i. The housing provider shall select households to occupy units and receive rent-geared-to-income assistance using the service manager's selection system under section 47 of the Act, including the priority rules made under clause 47 (2) (b) of the Act.

   ii. For the purpose of selecting households using the service manager's selection system under section 47 of the Act, the same rules shall apply as though the housing project were a Part VII Housing Project, as defined in section 73 of the Act.

   iii. A household shall not be eligible for rent-geared-to-income assistance unless the household meets the eligibility rules made under section 42 of the Act.

iv. The amount of geared-to-income rent shall be determined in the manner prescribed under section 50 of the Act.

6 If the housing project includes special needs housing, as defined in section 38 of the Act, the agreement must specify how households will be selected for special needs housing in the housing project.

7. If one or more households occupying units in the housing project are, on the date immediately before the effective date of the agreement, receiving rent-geared-to-income assistance under Part V of the Act, the agreement must provide that such households shall continue to receive rent-geared-to-income assistance in accordance with section 147.1 of this Regulation.

8. Despite paragraph 5, if one or more households occupying units in the housing project are, on the date immediately before the effective date of the agreement, receiving rent-geared-to-income assistance other than under Part V of the Act in the housing project, the agreement must provide that such households shall continue to receive rent-geared-to-income assistance in accordance with their existing rights.

9. The agreement must specify the mandate of the housing provider, if any, to serve a specified population.

10. If the agreement specifies a mandate referred to in paragraph 9, the agreement must state that the mandate shall be treated in the same manner as a mandate under section 76 of the Act for the purpose of selecting households using the service manager's selection system under section 47 of the Act.

11. The agreement must include a requirement for the service manager to provide funding to the housing provider, in respect of any units in the housing project where the household pays geared-to-income rent, equal to the difference between the geared-to-income rent payable by the household and the rent that would be payable if no rent-geared-to-income assistance was given in respect of the unit.

12. The agreement must include provision for the following:

i. Such additional funding or other financial assistance as the service manager and housing provider agree on in order reduce or defray the rent of households, other than households receiving rent-geared-to-income assistance.

ii. Such additional funding or other financial assistance as the service manager and housing provider agree is necessary to enable the housing provider to maintain the housing project in a satisfactory state of repair and fit for occupancy.

13. The agreement must include a financial plan for the housing project that,

i. has been jointly developed by the housing provider and service manager,

ii. addresses how the housing provider's revenues will meet expenditures for the housing project, including projected capital expenditures,

iii. addresses how rent for units in the housing project, other than geared-to-income rent, will be set, and

iv. extends for a period of at least five years from the effective date of the agreement.

14. The agreement must provide that the financial plan described in paragraph 13 will be reviewed at least every five years.

15. The agreement must include a dispute resolution process that the housing provider and service manager shall follow regarding alleged non-compliance with the agreement.

(3) The prescribed criteria that a designated housing project must satisfy for the purpose of subclause 101.2 (1) (c) (i) of the Act are as follows:

1. The housing project is not subject to a pre-reform operating agreement that remains in effect.

2. The housing project is not subject to a mortgage guaranteed by the Province of Ontario that relates to a transferred housing program.

(4) A housing project that is not a designated housing project is prescribed for the purpose of subclause 101.2 (1) (c) (ii) of the Act if the housing provider is one of the following:

1. A corporation to which the *Not-for-Profit Corporations Act, 2010* or the *Canada Not-for-Profit Corporations Act* applies.

2. A non-profit housing co-operative.

3. A co-operative to which Part 20 of the *Canada Co-operatives Act* applies.

4. A local housing corporation.

5. A housing provider that previously operated the housing project under a funding agreement with the Crown in right of Canada or in right of Ontario, or an agency of either of them, or a service manager.

Notice to Minister

105.2 (1) The following information must be included in a notice given to the Minister under clause 101.2 (1) (b) of the Act:

1. The address of the housing project.
2. The service manager.
3. The housing provider.
4. A legal description of the lands on which the housing project is located.
5. A statement that the service manager and housing provider have entered into a service agreement that complies with the requirements prescribed under clause 101.2 (1) (a) of the Act.
6. The effective date of the service agreement.
7. If the housing project is a designated housing project, a statement that the housing project meets the criteria prescribed for the purpose of subclause 101.2 (1) (c) (i) of the Act.
8. If the housing project is not a designated housing project, a statement that the housing project is of a type prescribed for the purpose of subclause 101.2 (1) (c) (ii) of the Act.

(2) A notice given to the Minister under clause 101.2 (1) (b) of the Act must be signed by at least one representative of the service manager and at least one representative of the housing provider.

Lists of housing projects

105.3 (1) For the purpose of subsection 101.4 (1) of the Act, a service manager shall maintain a list of Part VII.1 housing projects in its service area in accordance with the following requirements:

1. When a housing project becomes a Part VII.1 housing project, the service manager shall add the housing project to the list.
2. The list shall include the address of each Part VII.1 housing project.
3. The list shall, for each Part VII.1 housing project that has a mandate to serve a specified population, indicate the mandate for the housing project.
4. When a housing project ceases to be a Part VII.1 housing project, the service manager shall remove the housing project from the list.

(2) The service manager shall make the list available to the public by,

(a) allowing members of the public, during normal business hours, to inspect and copy the list at their own expense; and

(b) posting the list on the internet.

(3) For the purpose of subsection 101.4 (4) of the Act, the Minister shall maintain a list of all Part VII.1 housing projects in accordance with the following requirements:

1. When a housing project becomes a Part VII.1 housing project, the Minister shall add the housing project to the list.
2. The list shall include the following information for each Part VII.1 housing project:
    i. The address of the housing project.
    ii. The service manager.
    iii. The date that the housing project became a Part VII.1 housing project.
3. When a housing project ceases to be a Part VII.1 housing project, the Minister shall indicate on the list that the housing project has ceased to be a Part VII.1 housing project and the date that it ceased to be a Part VII.1 housing project.

Termination of service agreement — s. 101.5 (4) (b) of Act

105.4 If a service manager and a housing provider have entered into an exit agreement that complies with the requirements prescribed for the purposes of clause 101.7 (1) (a), the service manager and housing provider may terminate a service agreement by mutual agreement as of the effective date of the exit agreement.

Exit agreement

105.5 (1) For the purposes of subsection 101.7 (1) of the Act, the date that a housing project ceases to be a Part VII.1 housing project, if the requirements of that subsection are satisfied, is the date specified in the exit agreement.

(2) The following are, for the purpose of clause 101.7 (1) (a) of the Act, prescribed requirements with which an exit agreement must comply:

1. The agreement must state that the service manager and housing provider intend for the housing project to cease to be governed under Part VII.1 of the Act.
2. The agreement must state the date that the agreement is effective, which shall be not less than 30 days after the service manager and housing provider give notice to the Minister under clause 101.7 (1) (b) of the Act.
3. The exit agreement must include a plan for the following:
   i. The accommodation of households who occupy units in the housing project, including a plan for the continued delivery of one of the following to each household who is in receipt of rent-geared-to-income assistance:
      A. Rent-geared-to-income assistance.
      B. If the household agrees, an alternate form of assistance referred to in section 20.1.
   ii. At least one of the following:
      A. The continued operation of the housing project by the housing provider or another housing provider.
      B. The redevelopment of the housing project by the housing provider or another housing provider.
      C. The reinvestment of the proceeds of sale of the housing project into affordable housing.
4. The agreement must require the housing provider to implement the plan referred to in paragraph 3.

Notice to Minister

105.6 (1) The following information must be included in a notice given to the Minister under clause 101.7 (1) (b) of the Act:

1. The address of the housing project.
2. The service manager.
3. The housing provider.
4. A legal description of the lands on which the housing project is located.
5. A statement that the service manager and housing provider have entered into an exit agreement that complies with the requirements prescribed under clause 101.7 (1) (a) of the Act.
6. The effective date of the exit agreement.

(2) A notice given to the Minister under clause 101.7 (1) (b) of the Act must be signed by at least one representative of the service manager and at least one representative of the housing provider.

3. Subsection 136 (4) of the Regulation is amended by adding "and with respect to Part VII.1 housing projects as defined in section 101.1 of the Act that were previously Part VII housing projects" at the end.

4. The Regulation is amended by adding the following section:

CEASING TO BE A DESIGNATED HOUSING PROJECT

Regulations under s. 181.3 of the Act — ceasing to be designated housing project

147.1 The following provisions apply in respect of a housing project ceasing to be a designated housing project under section 68.1 or 101.3 of the Act:

1. If the housing project was a Part VII housing project as defined in section 73 of the Act, subsections 80 (1) to (3) of the Act and the regulations made under those subsections continue to apply to the housing provider until the housing provider gives the service manager the annual report for the last fiscal year that the housing project was a Part VII housing project.
2. If a household was receiving rent-geared-to-income assistance under Part V of the Act in a unit in the housing project immediately before the housing project ceased to be a designated housing project, the following provisions of the Act continue to apply in respect of the household while the household continues to occupy the unit:
   i. Section 50 of the Act and the regulations made under that section continue to apply for the purpose of determining the amount of the household's geared-to-income rent and for the purpose of binding the housing provider to that determination.
   ii. Section 52 of the Act and the regulations made under that section continue to apply for the purpose of determining the household's continued eligibility for rent-geared-to-income assistance.
   iii. Section 53 of the Act and the regulations made under that section continue to apply for the purpose of giving notice of decisions in respect of the matters described in subparagraphs i and ii.

iv. Sections 155, 156 and 158 of the Act and the regulations made under those sections continue to apply to a review of a decision in respect of the matters described in subparagraphs i and ii.

v. Section 159 of the Act and the regulations made under that section continue to apply for the purpose of determining the effective date of any decisions in respect of the matters described in subparagraphs i, ii and iv.

Commencement

5. This Regulation comes into force on the later of the day section 10 of Schedule 2 to the *Protecting Tenants and Strengthening Community Housing Act, 2020* comes into force and the day this Regulation is filed.

16/22

RÈGLEMENT DE L'ONTARIO 241/22

pris en vertu de la

LOI DE 2011 SUR LES SERVICES DE LOGEMENT

pris le 24 mars 2022
déposé le 30 mars 2022
publié sur le site Lois-en-ligne le 30 mars 2022
imprimé dans la *Gazette de l'Ontario* le 16 avril 2022

modifiant le Règl. de l'Ont. 367/11
(DISPOSITIONS GÉNÉRALES)

1. Le Règlement de l'Ontario 367/11 est modifié par adjonction des articles suivants :

Cessation de la désignation de l'ensemble domiciliaire

86.1 (1) Pour l'application du paragraphe 68.1 (1) de la Loi, si les conditions énoncées à ce paragraphe sont réunies, la date à laquelle un ensemble domiciliaire cesse d'être un ensemble domiciliaire désigné est la date précisée dans l'accord de cessation.

(2) Les critères prescrits auxquels l'ensemble domiciliaire désigné doit satisfaire pour l'application de l'alinéa 68.1 (1) a) de la Loi sont les suivants :

1. L'ensemble domiciliaire n'est pas visé par un accord d'exploitation antérieur à la réforme qui demeure en vigueur.
2. L'ensemble domiciliaire n'est pas grevé d'une hypothèque garantie par la Province de l'Ontario en lien avec un programme de logement transféré.

(3) Pour l'application de l'alinéa 68.1 (1) b) de la Loi, les exigences suivantes sont prescrites comme exigences auxquelles l'accord de cessation doit être conforme :

1. L'accord doit indiquer que le gestionnaire de services et le fournisseur de logements ont l'intention de faire en sorte que l'ensemble domiciliaire cesse d'être un ensemble domiciliaire désigné.
2. L'accord doit :
   i. entrer en vigueur au moins 30 jours après la date à laquelle le gestionnaire de services et le fournisseur de logements avisent le ministre en application de l'alinéa 68.1 (1) c) de la Loi,
   ii. préciser sa date d'entrée en vigueur.
3. L'accord doit comprendre un plan prévoyant ce qui suit :
   i. L'hébergement des ménages qui occupent des logements dans l'ensemble domiciliaire, y compris un plan pour la prestation continue de l'une des aides suivantes à chaque ménage qui reçoit une aide sous forme de loyer indexé sur le revenu :
      A. Une aide sous forme de loyer indexé sur le revenu,
      B. Si le ménage y consent, une autre forme d'aide visée à l'article 20.1.
   ii. Au moins l'une des situations suivantes :
      A. Le fonctionnement continu de l'ensemble domiciliaire assuré par le fournisseur de logements ou un autre fournisseur de logements.
      B. Le réaménagement de l'ensemble domiciliaire par le fournisseur de logements ou un autre fournisseur de logements.
      C. Le réinvestissement du produit de la vente de l'ensemble domiciliaire dans des logements abordables.
4. L'accord exige que le fournisseur de logements mette en oeuvre le plan visé à la disposition 3.

Avis au ministre

86.2 (1) L'avis remis au ministre en application de l'alinéa 68.1 (1) c) de la Loi doit comprendre les renseignements suivants :

1. L'adresse de l'ensemble domiciliaire.
2. Le gestionnaire de services.
3. Le fournisseur de logements.

4. Une description légale des biens-fonds sur lesquels se trouve l'ensemble domiciliaire.
5. Un énoncé indiquant que le gestionnaire de services et le fournisseur de logements ont conclu un accord de cessation conforme aux exigences prescrites en application de l'alinéa 68.1 (1) b) de la Loi.
6. La date d'entrée en vigueur de l'accord de cessation.
7. Un énoncé indiquant que l'ensemble domiciliaire satisfait aux critères prescrits pour l'application de l'alinéa 68.1 (1) a) de la Loi.

(2) L'avis remis au ministre en application de l'alinéa 68.1 (1) c) de la Loi doit être signé par au moins un représentant du gestionnaire de services et au moins un représentant du fournisseur de logements.

Liste des anciens ensembles domiciliaires désignés

86.3 Pour l'application du paragraphe 68.1 (3) de la Loi, le ministre tient, conformément aux exigences suivantes, une liste des ensembles domiciliaires qui ont cessé d'être des ensembles domiciliaires désignés conformément à l'article 68.1 de la Loi :

1. Lorsqu'un ensemble domiciliaire cesse d'être un ensemble domiciliaire désigné, le ministre l'ajoute à la liste.
2. La liste comprend les renseignements suivants pour chaque ensemble domiciliaire :
   i. L'adresse de l'ensemble domiciliaire.
   ii. Le gestionnaire de services.
   iii. La date à laquelle l'ensemble domiciliaire a cessé d'être un ensemble domiciliaire désigné.

2. Le Règlement est modifié par adjonction de la partie suivante :

PARTIE VIII.1
PARTIE VII.1 DE LA LOI

Ensembles domiciliaires

105.1 (1) Pour l'application du paragraphe 101.2 (1) de la Loi, la date à laquelle un ensemble domiciliaire devient un ensemble domiciliaire visé par la partie VII.1, s'il est satisfait aux exigences de ce paragraphe, est la date précisée dans l'accord de services.

(2) Pour l'application de l'alinéa 101.2 (1) a) de la Loi, les exigences suivantes sont prescrites comme exigences auxquelles l'accord de services doit être conforme :

1. L'accord doit indiquer que le gestionnaire de services et le fournisseur de logements ont l'intention de faire en sorte que l'ensemble domiciliaire soit régi par la partie VII.1 de la Loi.
2. L'accord doit :
   i. entrer en vigueur au moins 30 jours après la date à laquelle le gestionnaire de services et le fournisseur de logements avisent le ministre en application de l'alinéa 101.2 (1) b) de la Loi,
   ii. préciser sa date d'entrée en vigueur.
3. L'accord doit :
   i. être d'une durée d'au moins 10 ans à partir de sa date d'entrée en vigueur,
   ii. préciser sa durée;
   iii. prévoir qu'il demeure en vigueur après la fin de sa durée jusqu'à, selon le cas :
      A. son remplacement par un nouvel accord de services,
      B. la conclusion par le gestionnaire de services et le fournisseur de logement d'un accord de cessation et l'entrée en vigueur de cet accord.
4. L'accord doit préciser ce qui suit :
   i. Le nombre de logements dans l'ensemble domiciliaire, ou un nombre cible ou une fourchette du nombre de logements dans l'ensemble domiciliaire, à l'égard desquels les ménages recevront une aide sous forme de loyer indexé sur le revenu.
   ii. S'il y a lieu, le nombre de logements dans l'ensemble domiciliaire, ou un nombre cible ou une fourchette du nombre de logements dans l'ensemble domiciliaire, à l'égard desquels les ménages recevront une autre forme d'aide visée à l'article 20.1.
5. L'accord doit prévoir ce qui suit à l'égard des logements visés à la sous-disposition 4 i :

i. Le fournisseur de logements choisit les ménages qui occuperont les logements et recevront une aide sous forme de loyer indexé sur le revenu au moyen du mécanisme de sélection du gestionnaire de services prévu à l'article 47 de la Loi, y compris les règles de priorité prévues à l'alinéa 47 (2) b) de la Loi.

ii. Pour le choix des ménages au moyen du mécanisme de sélection du gestionnaire de services prévu à l'article 47 de la Loi, les mêmes règles s'appliquent comme si l'ensemble domiciliaire était un ensemble domiciliaire visé par la partie VII.1 au sens de la définition donnée à ce terme à l'article 73 de la Loi.

iii. Un ménage n'est admissible à une aide sous forme de loyer indexé sur le revenu que s'il satisfait aux règles d'admissibilité établies en application de l'article 42 de la Loi.

iv. Le montant du loyer indexé sur le revenu est déterminé de la manière prescrite par l'article 50 de la Loi.

6. Si l'ensemble domiciliaire comprend des logements adaptés, au sens de la définition donnée à ce terme à l'article 38 de la Loi, l'accord doit préciser la façon dont les ménages seront choisis pour occuper un logement adapté dans l'ensemble domiciliaire.

7. Si, le jour qui précède la date d'entrée en vigueur de l'accord, un ou plusieurs ménages occupant des logements dans l'ensemble domiciliaire reçoivent l'aide sous forme de loyer indexé sur le revenu prévue à la partie V de la Loi, l'accord doit prévoir que ces ménages continuent de recevoir cette aide conformément à l'article 147.1 du présent règlement.

8. Malgré la disposition 5, si, le jour qui précède la date d'entrée en vigueur de l'accord, un ou plusieurs ménages occupant un logement dans l'ensemble domiciliaire reçoivent une aide sous forme de loyer indexé sur le revenu autre que celle prévue à la partie V de la Loi dans l'ensemble, l'accord doit prévoir que ces ménages continuent de recevoir une aide sous forme de loyer indexé sur le revenu conformément à leurs droits existants.

9. L'accord doit préciser tout éventuel mandat attribué au fournisseur de logements de service auprès d'une population précisée.

10. Si l'accord précise un mandat visé à la disposition 9, l'accord doit indiquer que le mandat est traité de la même manière qu'un mandat visé à l'article 76 de la Loi pour le choix des ménages au moyen du mécanisme de sélection du gestionnaire de services prévu à l'article 47 de la Loi.

11. L'accord doit comprendre une exigence selon laquelle le gestionnaire de services doit accorder au fournisseur de logements, à l'égard de tout logement de l'ensemble domiciliaire où le ménage paie un loyer indexé sur le revenu, un financement qui correspond à la différence entre le loyer indexé sur le revenu que le ménage doit payer et le loyer qui serait à payer si aucune aide sous forme de loyer indexé sur le revenu n'était accordée à l'égard du logement.

12. L'accord doit comprendre des dispositions prévoyant ce qui suit :

i. Un financement supplémentaire ou une autre aide financière dont le gestionnaire de services et le fournisseur de logements conviennent afin de réduire ou de couvrir le loyer des ménages autres que les ménages qui reçoivent une aide sous forme de loyer indexé sur le revenu.

ii. Un financement supplémentaire ou une autre aide financière que le gestionnaire de services et le fournisseur de logements d'un commun accord estiment nécessaire pour garder l'ensemble domiciliaire dans un état satisfaisant et habitable.

13. L'accord doit comprendre un plan financier pour l'ensemble domiciliaire qui :

i. a été élaboré de façon conjointe par le fournisseur de logements et le gestionnaire de services,

ii. précise la façon dont les recettes du fournisseur de logements couvriront les dépenses de l'ensemble domiciliaire, y compris les dépenses en immobilisations prévues,

iii. précise la façon dont sera fixé le loyer des logements de l'ensemble domiciliaire, autre que le loyer indexé sur le revenu,

iv. porte sur une période d'au moins cinq ans à compter de la date d'entrée en vigueur de l'accord.

14. L'accord doit prévoir que le plan financier visé à la disposition 13 fera l'objet d'un examen au moins tous les cinq ans.

15. L'accord doit comprendre un processus de règlement des différends que doivent suivre le fournisseur de logements et le gestionnaire de services à l'égard de tout non-respect de l'accord reproché.

(3) Les critères prescrits auxquels l'ensemble domiciliaire désigné doit satisfaire pour l'application du sous-alinéa 101.2 (1) c) (i) de la Loi sont les suivants :

1. L'ensemble domiciliaire n'est pas visé par un accord d'exploitation antérieur à la réforme qui demeure en vigueur.

2. L'ensemble domiciliaire n'est pas grevé d'une hypothèque garantie par la Province de l'Ontario en lien avec un programme de logement transféré.

(4) L'ensemble domiciliaire qui n'est pas un ensemble domiciliaire désigné est prescrit pour l'application du sous-alinéa 101.2 (1) c) (ii) de la Loi si le fournisseur de logements est l'une des entités suivantes :

1. Une organisation à laquelle s'applique la *Loi de 2010 sur les organisations sans but lucratif* ou la *Loi canadienne sur les organisations à but non lucratif*.
2. Une coopérative de logement sans but lucratif.
3. Une coopérative à laquelle s'applique la partie 20 de la *Loi canadienne sur les coopératives*.
4. Une société locale de logement.
5. Un fournisseur de logements qui a antérieurement exploité l'ensemble domiciliaire aux termes d'un accord de financement conclu avec la Couronne du chef du Canada ou de l'Ontario, ou un de ses organismes, ou un gestionnaire de services.

Avis au ministre

105.2 (1) L'avis remis au ministre en application de l'alinéa 101.2 (1) b) de la Loi doit comprendre les renseignements suivants :

1. L'adresse de l'ensemble domiciliaire.
2. Le gestionnaire de services.
3. Le fournisseur de logements.
4. Une description légale des biens-fonds sur lesquels se trouve l'ensemble domiciliaire.
5. Un énoncé indiquant que le gestionnaire de services et le fournisseur de logements ont conclu un accord de services conforme aux exigences prescrites à l'alinéa 101.2 (1) a) de la Loi.
6. La date d'entrée en vigueur de l'accord de services.
7. Si l'ensemble domiciliaire est un ensemble domiciliaire désigné, un énoncé indiquant que l'ensemble domiciliaire répond aux critères prescrits pour l'application du sous-alinéa 101.2 (1) c) (i) de la Loi.
8. Si l'ensemble domiciliaire n'est pas un ensemble domiciliaire désigné, un énoncé indiquant que l'ensemble domiciliaire est un type d'ensemble domiciliaire prescrit pour l'application du sous-alinéa 101.2 (1) c) (ii) de la Loi.

(2) L'avis remis au ministre en application de l'alinéa 101.2 (1) b) de la Loi doit être signé par au moins un représentant du gestionnaire de services et au moins un représentant du fournisseur de logements.

Liste des ensembles domiciliaires

105.3 (1) Pour l'application du paragraphe 101.4 (1) de la Loi, un gestionnaire de services tient une liste des ensembles domiciliaires visés par la partie VII.1 situés dans son aire de service conformément aux exigences suivantes :

1. Lorsqu'un ensemble domiciliaire devient un ensemble domiciliaire visé par la partie VII.1, le gestionnaire de services l'ajoute à la liste.
2. La liste comprend l'adresse de chaque ensemble domiciliaire visé par la partie VII.1.
3. Pour chaque ensemble domiciliaire visé par la partie VII.1 qui a un mandat de servir une population précisée, la liste doit indiquer le mandat de l'ensemble domiciliaire.
4. Lorsqu'un ensemble domiciliaire cesse d'être un ensemble domiciliaire visé par la partie VII.1, le gestionnaire de services le retire de la liste.

(2) Le gestionnaire de services met la liste à la disposition du public :

a) d'une part, en permettant aux membres du public, pendant les heures normales de bureau, de la consulter et d'en faire des copies à leurs frais;

b) d'autre part, en l'affichant sur Internet.

(3) Pour l'application du paragraphe 101.4 (4) de la Loi, le ministre tient une liste de tous les ensembles domiciliaires visés par la partie VII.1 conformément aux exigences suivantes :

1. Lorsqu'un ensemble domiciliaire devient un ensemble domiciliaire visé par la partie VII.1, le ministre l'ajoute à la liste.
2. La liste comprend les renseignements suivants pour chaque ensemble domiciliaire visé par la partie VII.1 :
   i. L'adresse de l'ensemble domiciliaire.
   ii. Le gestionnaire de services.

iii. La date à laquelle l'ensemble domiciliaire est devenu un ensemble domiciliaire visé par la partie VII.1.

3. Lorsqu'un ensemble domiciliaire cesse d'être un ensemble domiciliaire visé par la partie VII.1, le ministre l'indique sur la liste, ainsi que la date à laquelle il a cessé d'être un ensemble domiciliaire visé par la partie VII.1.

Résiliation de l'accord de services : al. 101.5 (4) b) de la Loi

105.4 Si un gestionnaire de services et un fournisseur de logements ont conclu un accord de cessation conforme aux exigences prescrites pour l'application de l'alinéa 101.7 (1) a), ils peuvent, d'un commun accord, résilier un accord de services à compter de sa date d'entrée en vigueur.

Accord de cessation

105.5 (1) Pour l'application du paragraphe 101.7 (1) de la Loi, si les conditions énoncées à ce paragraphe sont réunies, la date à laquelle un ensemble domiciliaire cesse d'être un ensemble domiciliaire visé par la partie VII.1 est la date précisée dans l'accord de cessation.

(2) Les critères prescrits auxquels l'accord de cessation doit satisfaire pour l'application de l'alinéa 101.7 (1) a) de la Loi sont les suivants :

1. L'accord doit préciser que le gestionnaire de services et le fournisseur de logements ont l'intention de faire en sorte que l'ensemble domiciliaire cesse d'être un ensemble domiciliaire visé par la partie VII.1 de la Loi.
2. L'accord doit préciser la date à laquelle il entre en vigueur, qui doit être au moins 30 jours après que le gestionnaire de services et le fournisseur de logements avisent le ministre en application de l'alinéa 101.7 (1) b) de la Loi,
3. L'accord de cessation doit comprendre un plan prévoyant ce qui suit :
   i. L'hébergement des ménages qui occupent les logements de l'ensemble domiciliaire, y compris un plan pour la prestation continue de l'une des aides suivantes à chaque ménage qui reçoit une aide sous forme de loyer indexé sur le revenu :
      A. Une aide sous forme de loyer indexé sur le revenu.
      B. Si le ménage y consent, une autre forme d'aide visée à l'article 20.1.
   ii. Au moins l'une des situations suivantes :
      A. L'exploitation continue de l'ensemble domiciliaire par le fournisseur de logements ou un autre fournisseur de logements.
      B. Le réaménagement de l'ensemble domiciliaire par le fournisseur de logements ou un autre fournisseur de logements.
      C. Le réinvestissement du produit de la vente de l'ensemble domiciliaire dans des logements abordables.
4. L'accord doit exiger que le fournisseur de logements mette en oeuvre le plan visé à la disposition 3.

Avis au ministre

105.6 (1) L'avis remis au ministre en application de l'alinéa 101.7 (1) b) de la Loi doit comprendre les renseignements suivants :

1. L'adresse de l'ensemble domiciliaire.
2. Le gestionnaire de services.
3. Le fournisseur de logements.
4. Une description légale des biens-fonds sur lesquels se trouve l'ensemble domiciliaire.
5. Un énoncé indiquant que le gestionnaire de services et le fournisseur de logements ont conclu un accord de cessation conforme aux exigences prescrites à l'alinéa 101.7 (1) a) de la Loi.
6. La date d'entrée en vigueur de l'accord de cessation.

(2) L'avis remis au ministre en application de l'alinéa 101.7 (1) b) de la Loi doit être signé par au moins un représentant du gestionnaire de services et au moins un représentant du fournisseur de logements.

3. Le paragraphe 136 (4) du Règlement est modifié par insertion de «et à l'égard des ensembles domiciliaires visés par la partie VII.1 au sens de l'article 101.1 de la Loi qui étaient dans le passé des ensembles domiciliaires visés par la partie VII» à la fin du paragraphe.

4. Le Règlement est modifié par adjonction de l'article suivant :

CESSATION DE LA DÉSIGNATION DE L'ENSEMBLE DOMICILIAIRE

Règlements pris en vertu de l'art. 181.3 de la Loi : cessation de la désignation d'un ensemble domiciliaire

147.1 Les dispositions suivantes s'appliquent à l'égard d'un ensemble domiciliaire qui cesse d'être un ensemble domiciliaire désigné conformément à l'article 68.1 ou 101.3 de la Loi :

1. Si l'ensemble domiciliaire était un ensemble domiciliaire visé par la partie VII au sens de l'article 73 de la Loi, les paragraphes 80 (1) à (3) de la Loi et les règlements pris en vertu de ces paragraphes continuent de s'appliquer au fournisseur de logements jusqu'à ce qu'il remette au gestionnaire de services son rapport annuel pour le dernier exercice au cours duquel l'ensemble domiciliaire était un ensemble domiciliaire visé par la partie VII.
2. Si un ménage recevait l'aide sous forme de loyer indexé sur le revenu prévue à la partie V de la Loi pour un logement de l'ensemble domiciliaire avant que celui-ci cesse d'être un ensemble domiciliaire désigné, les dispositions suivantes de la Loi continuent de s'appliquer à l'égard du ménage tant que celui-ci continue d'occuper le logement :
    i. L'article 50 de la Loi et les règlements pris en vertu de cet article continuent de s'appliquer aux fins de la détermination du loyer indexé sur le revenu du ménage et pour lier le fournisseur de logements à cette détermination.
    ii. L'article 52 de la Loi et les règlements pris en vertu de cet article continuent de s'appliquer aux fins de la prise d'une décision relative à la continuation de l'admissibilité du ménage à une aide sous forme de loyer indexé sur le revenu.
    iii. L'article 53 de la Loi et les règlements pris en vertu de cet article continuent de s'appliquer aux fins de la remise d'avis des décisions prises à l'égard des questions visées aux sous-dispositions i et ii.
    iv. Les articles 155, 156 et 158 de la Loi et les règlements pris en vertu de ces articles continuent de s'appliquer à la révision d'une décision prise à l'égard des questions visées aux sous-dispositions i et ii.
    v. L'article 159 de la Loi et les règlements pris en vertu de cet article continuent de s'appliquer pour fixer la date de prise d'effet des décisions prises à l'égard des questions visées aux sous-dispositions i, ii et iv.

Entrée en vigueur

5. Le présent règlement entre en vigueur le dernier en date du jour de l'entrée en vigueur de l'article 10 de l'annexe 2 de la *Loi de 2020 visant la protection des locataires et le renforcement du logement communautaire* et du jour du dépôt du présent règlement.

16/22

ONTARIO REGULATION 242/22

made under the

HOUSING SERVICES ACT, 2011

Made: March 24, 2022
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Printed in *The Ontario Gazette*: April 16, 2022

Amending O. Reg. 367/11
(GENERAL)

1. The definition of "portable housing benefit" in subsection 1 (1) of Ontario Regulation 367/11 is amended by striking out "in section 20.1" at the end and substituting "in clause 20.1 (a)".

2. The Regulation is amended by adding the following Part:

PART III.1
SERVICE LEVELS, ACCESS SYSTEM — PART II.1 OF THE ACT

Prescribed forms of assistance

5.1 (1) Subject to subsection (2), a form of assistance for the purposes of clause 10.2 (2) (b) of the Act is any form of financial assistance that is,

(a) provided in respect of households and that either reduces the rent that a household must otherwise pay or assists the household in paying rent; and

(b) funded or administered, or both, by the service manager.

Exception

(2) Assistance described in subsection (1) does not include financial assistance provided under the *Ontario Works Act, 1997* or the *Ontario Disability Support Program Act, 1997*.

Prescribed requirements for system

5.2 For the purposes of subsection 10.2 (3) of the Act, the following are the prescribed requirements for the service manager's access system:

1. The following information shall be made available to the public as part of the access system:
   i. A description of each form of assistance that is provided through the access system.
   ii. For each form of assistance for which a member of the public may apply, a description of how to apply for the assistance.
   iii. For each form of assistance that is administered by the service manager, a description of,
      A. the eligibility rules for receiving the assistance, and
      B. how households are prioritized and selected to receive the assistance.
2. When a form of assistance administered by the service manager through the access system is offered to a household, the service manager must notify the household and, if applicable, its authorized representative, in writing of the following:
   i. Unless the assistance is provided in the form of reduced rent, the initial amount of the assistance and a description of the method used to calculate the assistance.
   ii. If the assistance is provided in the form of reduced rent, a description of the method used to calculate the rent.
   iii. A description of the criteria used to assess continued eligibility for the assistance.
   iv. The effect that the receipt of the assistance will have on basic financial assistance that a member of the household is receiving or is entitled to receive under the *Ontario Works Act, 1997* or income support that a member of the household is receiving or is entitled to receive under the *Ontario Disability Support Program Act, 1997*.

3. Section 20 of the Regulation is amended by striking out "3, 4, 5, 7 and 8" and substituting "3, 4 and 5".

4. Section 20.1 of the Regulation is revoked and the following substituted:

Financial assistance specified for the purposes of par. 2 of s. 40 (3.1) of the Act

20.1 Financial assistance provided by a service manager to a household is specified as an alternate form of financial assistance related to housing for the purposes of paragraph 2 of subsection 40 (3.1) of the Act if,

(a) the financial assistance is in the form of a monthly benefit described in section 1 of Schedule 4.1;

(b) the financial assistance is described in section 1 of Schedule 4.2; or

(c) the financial assistance is described in section 1 of Schedule 4.3.

5. Section 32.1 of the Regulation is revoked and the following substituted:

Cessation of eligibility — s. 20.1 assistance

32.1 A household that is receiving rent-geared-to-income assistance ceases to be eligible for such assistance if the household has accepted an offer of financial assistance referred to in section 20.1 and begins to receive that assistance.

6. Subsection 32.2 (4) of the Regulation is revoked.

7. The Regulation is amended by adding the following sections:

Required local eligibility rules

32.3 (1) The matters on which a service manager shall make a local eligibility rule under sections 32.4 and 32.5 are prescribed as matters for the purposes of subsection 42 (2) of the Act.

(2) The requirements under sections 32.4 and 32.5 are prescribed as requirements for the purposes of subsection 42 (3) of the Act.

Required local rule — maximum household income

32.4 (1) A service manager shall make a local eligibility rule requiring, for a household to be eligible for rent-geared-to-income assistance, that the income of the household not exceed a specified maximum income.

(2) For the purposes of the local eligibility rule, the following rules apply:

1. The income of the household is the net income of the members of the household, excluding the income of members who are in full-time attendance at a recognized educational institution.
2. The net income of a member of a household is determined as follows:
    i. Take the net income amount for the member indicated on the latest notice of assessment issued under the *Income Tax Act* (Canada) for the member's most recent taxation year that ended before the determination of eligibility is being made or, if no notice of assessment has been issued for that taxation year, the amount that would appear on the net income line had the notice of assessment been issued.
    ii. Subtract from the amount referred to in subparagraph i the total amount of all payments from a registered disability savings plan received by the member in that taxation year.
    iii. Add to the amount determined in subparagraph ii the total amount of all payments from a registered disability savings plan repaid by the member in that taxation year.
    iv. Subtract from the amount determined in subparagraph iii any other payments that are excluded under the local eligibility rule.

(3) The local eligibility rule may provide for different maximum incomes for units of different types and sizes and for units in different parts of the service manager's service area.

(4) The maximum income for a unit specified in the local eligibility rule must be at least the household income limit prescribed under Ontario Regulation 370/11 (High Need Households and Household Income Limits – Subsection 40 (4) of the Act) made under the Act for such a unit.

(5) The local eligibility rule shall provide that it only be applied by the service manager in determining whether a household that is applying or waiting for rent-geared-to-income assistance is eligible for the purposes of section 45 of the Act, and not in determining continued eligibility for rent-geared-to-income assistance for the purposes of section 52 of the Act.

(6) Despite subsection (1), the local eligibility rule shall provide that the service manager may determine that the household is eligible for rent-geared-to-income assistance, if the service manager is satisfied that there are extenuating circumstances.

(7) A service manager shall make reasonable efforts to notify households about the local eligibility rule.

(8) The local eligibility rule begins to apply on,

(a) a date chosen by the service manager that is no later than July 1, 2023; or

(b) if no date is chosen, July 1, 2023,

and until that date any local eligibility rule that was made by the service manager under section 34, as it read immediately before it was revoked, and that is in effect on the day this section comes into force, continues to apply.

(9) A service manager shall periodically review the local eligibility rule required by subsection (1).

(10) In this section,

"full-time attendance", in relation to a student attending a recognized educational institution, means, in the case of a student having a permanent disability, taking at least 40 per cent of a full course load, and in the case of any other student, taking at least 60 per cent of a full course load, as determined from the course calendar of the educational institution; ("fréquenter à plein temps")

"recognized educational institution" means,

(a) a school, as defined in the *Education Act*,

(b) a university,

(c) a college of applied arts and technology established under the *Ontario Colleges of Applied Arts and Technology Act, 2002*,

(d) a private career college, as defined in the *Private Career Colleges Act, 2005*, or

(e) a private school, as defined in the *Education Act*, for which a notice of intention to operate has been submitted to the Ministry of Education in accordance with that Act. ("établissement d'enseignement reconnu")

Required local rule — maximum household assets

32.5 (1) A service manager shall make a local eligibility rule requiring, for a household to be eligible for rent-geared-to-income assistance, that the value of the assets of the household not exceed a specified maximum value.

(2) The local eligibility rule must provide that the value of the assets of the household is the total value of the assets of the members of the household other than assets that are excluded under the local eligibility rule.

(3) The local eligibility rule may provide for different maximum values for units and households of different types and sizes and for units in different parts of the service manager's service area.

(4) The maximum value specified in the local eligibility rule must be at least $50,000.

(5) Without limiting what else the local eligibility rule may exclude, the local eligibility rule must exclude the following from the value of the assets of the household:

1. The value of the interest of a member of the household in a motor vehicle that is not used primarily for the operation of a business by a member of the household, subject to subsection (6).
2. The value of tools of a trade that are essential to the work of a member of the household as an employee.
3. The value of assets of a member of the household that are necessary to the operation of a business that the member operates or has an interest in, subject to subsection (7).
4. The value of a prepaid funeral.
5. The cash surrender value of a life insurance policy, subject to subsection (8).
6. The proceeds of a loan taken against a life insurance policy that will be used for disability-related items or services.
7. If a member of the household has received a payment under the *Ministry of Community and Social Services Act* for the successful participation in a program of activities that assists the person with the successful completion of a high school diploma, the development of employment-related skills and the further development of the person's parenting skills, the value of any portion of that payment that, within a time that is reasonable in the opinion of the service manager, will be used for the member's post-secondary education.
8. The value of funds held in a registered education savings plan, as defined in section 146.1 of the *Income Tax Act* (Canada), for a child of a member of the household.
9. The value of the clothing, jewellery and other personal effects of a member of the household.
10. The value of the furnishings in the accommodation used by the household, including decorative or artistic items, but not including anything used primarily for the operation of a business.
11. The value of the beneficial interest in a trust of a member of the household who has a disability if the capital of the trust was derived from an inheritance or from the proceeds of a life insurance policy, subject to subsection (9).
12. The value of funds held in a registered disability savings plan, as defined in section 146.4 of the *Income Tax Act* (Canada), if the beneficiary of the plan is a member of the household.

13. The value of funds held in an account of a member of the household in conjunction with an initiative under which the service manager or an entity approved by the service manager commits to contribute funds towards the member's savings goals.

14. The value of funds held by a member of the household in a registered retirement savings plan, as defined in section 146 of the *Income Tax Act* (Canada), or in a registered retirement income fund, as defined in section 146.3 of that Act.

(6) Under paragraph 1 of subsection (5), the local eligibility rule is only required to exclude an interest of a member in a single vehicle, not in any other vehicle that member has an interest in.

(7) Under paragraph 3 of subsection (5), the local eligibility rule is only required to exclude,

(a) the value of assets of a member of the household, up to a maximum of $20,000 for that member; and

(b) the value of assets necessary to the operation of a business, up to a maximum of $20,000 for that business.

(8) Under paragraph 5 of subsection (5), the local eligibility rule is only required to exclude the cash surrender value of life insurance policies up to a maximum value of $100,000 for the household.

(9) Under paragraph 11 of subsection (5), the local eligibility rule is only required to exclude the value of beneficial interests of a member of the household up to a maximum value of $100,000 for that member.

(10) The local eligibility rule shall provide that it not be applied by a service manager in determining whether a household that is applying or waiting for rent-geared-to-income assistance is eligible for such assistance under section 45 of the Act or whether a household in receipt of rent-geared-to-income assistance continues to be eligible for such assistance under section 52 of the Act, if each member of the household is receiving basic financial assistance under the *Ontario Works Act, 1997* or is receiving income support under the *Ontario Disability Support Program Act, 1997*.

(11) Despite subsection (1), the local eligibility rule shall provide that the service manager may determine that the household is eligible for rent-geared-to-income assistance, if the service manager is satisfied that there are extenuating circumstances.

(12) A service manager shall make reasonable efforts to notify households about the local eligibility rule referred to in subsection (1).

(13) The local eligibility rule begins to apply on,

(a) a date chosen by the service manager that is no later than July 1, 2023; or

(b) if no date is chosen, July 1, 2023,

and until that date any local eligibility rule that was made by the service manager under section 35, as it read immediately before it was revoked, and that is in effect on the day this section comes into force, continues to apply.

(14) A service manager shall periodically review the local eligibility rule required by subsection (1).

8. Sections 33 to 35 of the Regulation are revoked and the following substituted:

Optional local eligibility rules

33. (1) The matters on which a service manager may make a local eligibility rule under sections 36 to 38 are prescribed as matters for the purposes of subsection 42 (2.1) of the Act.

(2) The requirements under sections 36 to 41 are prescribed as requirements for the purposes of subsection 42 (3) of the Act.

9. (1) The French version of subclause 146 (2) (b) (i) of the Regulation is amended by striking out "son père ou sa mère" and substituting "son parent".

(2) The French version of subparagraph 2 i of subsection 146 (11) of the Regulation is amended by striking out "son père ou sa mère" and substituting "son parent".

(3) The definition of "père ou mère" in the French version of subsection 146 (12) of the Regulation is revoked.

(4) The French version of subsection 146 (12) of the Act is amended by adding the following definition:

«parent» Relativement à un particulier, s'entend d'une personne qui a manifesté l'intention bien arrêtée de le traiter comme s'il s'agissait d'un enfant de sa famille. Est toutefois exclue la personne chez qui il a été placé en famille d'accueil moyennant rétribution. («parent»)

10. (1) The heading to Schedule 4.1 to the Regulation is amended by striking out "section 20.1" and substituting "clause 20.1 (a)".

(2) Section 1 of Schedule 4.1 to the Regulation is amended by striking out "section 20.1" in the portion before paragraph 1 and substituting "clause 20.1 (a)".

(3) Section 1 of Schedule 4.1 to the Regulation is amended by adding the following paragraph:

12. The benefit is not funded under an agreement with the Crown in right of Canada or in right of Ontario, or an agency of either of them.

11. The Regulation is amended by adding the following Schedules:

SCHEDULE 4.2
ALTERNATE FORM OF FINANCIAL ASSISTANCE RELATED TO HOUSING SPECIFIED FOR THE PURPOSES OF PAR. 2 OF S. 40 (3.1) OF THE ACT — FINANCIAL ASSISTANCE REFERRED TO IN CLAUSE 20.1 (B)

Conditions for monthly benefit referred to in s. 20.1 (b)

1. (1) Financial assistance referred to in clause 20.1 (b) is financial assistance that meets the following conditions:

1. The financial assistance is provided by a service manager,
   i. directly to a household in order to defray the cost of the household's rent, or
   ii. through a housing provider in order to reduce the amount of rent the household is required to pay to the housing provider.
2. The financial assistance is not funded under an agreement with the Crown in right of Canada or in right of Ontario, or an agency of either of them.
3. The amount of the financial assistance has been determined within the preceding 12-month period before the assistance is provided.
4. In the case where no member of the household receives an amount payable for shelter under subsection 42 (2) of Ontario Regulation 134/98 (General) made under the *Ontario Works Act, 1997* or under subsection 31 (2) of Ontario Regulation 222/98 (General) made under the *Ontario Disability Support Program Act, 1997*,
   i. the portion of the monthly rent that is not defrayed or reduced does not, at the time the assistance is determined, exceed the amount determined in accordance with subsection (2) of this section, or
   ii. the portion of the monthly rent that is not defrayed or reduced does not, at the time the assistance is determined, exceed the minimum rent amount determined under subsection 2 (4) of Ontario Regulation 316/19 (Determination of Geared-to-Income Rent Under Section 50 of the Act) made under the Act.
5. In the case where a member of the household receives an amount payable for shelter under subsection 42 (2) of Ontario Regulation 134/98 (General) made under the *Ontario Works Act, 1997* or under subsection 31 (2) of Ontario Regulation 222/98 (General) made under the *Ontario Disability Support Program Act, 1997*, the portion of the monthly rent that is not defrayed or reduced does not, at the time the assistance is determined, exceed the sum of all amounts payable to members of the household for shelter under subsection 42 (2) of Ontario Regulation 134/98 or subsection 31 (2) of Ontario Regulation 222/98.

(2) The amount referred to in subparagraph 4 i of subsection (1) is determined as follows:

1. Calculate the amount using the following formula:

$$(AFNI \times 0.30)/12$$

in which,

"AFNI" is the adjusted family net income of the household determined as described in paragraph 2.

2. For the purposes of the definition of "AFNI" in paragraph 1, the adjusted family net income of a household is determined by adding the net income of each member of the household, excluding individuals who are in full-time attendance at a recognized educational institution as defined in paragraph 7 of subsection 4 (1) of Schedule 4.1.
3. For the purposes of paragraph 2, the net income of a member of a household is, at the sole discretion of the service manager, either one of the following:
   i. The net income amount for the member indicated on the latest notice of assessment issued under the *Income Tax Act* (Canada) for the member's most recent taxation year that ended before the amount of financial assistance is determined, adjusted as follows, or, if no notice of assessment has been issued, the amount that would appear on the net income line had the notice of assessment been issued, adjusted by,
      A. subtracting from that amount, any payments from a registered disability savings plan received by the member in that taxation year, and any payment of financial assistance referred to in clause 20.1 (b) that was included in the member's net income in that taxation year, and
      B. adding to that amount, any payments from a registered disability savings plan repaid by the member in that taxation year.

ii. The amount that best approximates the member's net income for the 12-month period beginning on the first day of the month following the month in which the amount of financial assistance is determined, calculated and adjusted by the service manager in the same manner as the amount referred to in subparagraph i based on the service manager's projections of the member's income and deductions for that period.

SCHEDULE 4.3
ALTERNATE FORM OF FINANCIAL ASSISTANCE RELATED TO HOUSING SPECIFIED FOR THE PURPOSES OF PAR. 2 OF S. 40 (3.1) OF THE ACT — FINANCIAL ASSISTANCE REFERRED TO IN CLAUSE 20.1 (C)

Conditions for monthly benefit referred to in s. 20.1 (c)

1. (1) Financial assistance referred to in clause 20.1 (c) is financial assistance that meets the following conditions:

1. The benefit is provided by a service manager to a household.
2. The benefit is offered and provided to a household without any requirement that it be used for specified living accommodation or living accommodation of a specified size or type.
3. The benefit is not funded under an agreement with the Crown in right of Canada or in right of Ontario, or an agency of either of them.
4. The amount of the benefit payable in respect of a household is calculated in the same manner as set out in section 4 of Schedule 4.1, if references to "a portable housing benefit" in sub-subparagraphs 8 i A and 9 i A of subsection 4 (1) of that Schedule were read as references to "a portable housing benefit or financial assistance described in clause 20.1 (c)".
5. The amount of the benefit payable in respect of a household is reviewed using the process set out in section 5 of Schedule 4.1.

Commencement

12. (1) Except as otherwise provided in this section, this Regulation comes into force on the later of July 1, 2022 and the day this Regulation is filed.

(2) Section 2 comes into force on the later of the day section 5 of Schedule 2 to the *Protecting Tenants and Strengthening Community Housing Act, 2020* comes into force and the day this Regulation is filed.

(3) Sections 7 and 8 come into force on the later of the day section 7 of Schedule 2 to the *Protecting Tenants and Strengthening Community Housing Act, 2020* comes into force and the day this Regulation is filed.

16/22

RÈGLEMENT DE L'ONTARIO 242/22

pris en vertu de la

LOI DE 2011 SUR LES SERVICES DE LOGEMENT

pris le 24 mars 2022
déposé le 30 mars 2022
publié sur le site Lois-en-ligne le 30 mars 2022
imprimé dans la *Gazette de l'Ontario* le 16 avril 2022

modifiant le Règl. de l'Ont. 367/11
(DISPOSITIONS GÉNÉRALES)

1. La définition de «prestation de logement transférable» au paragraphe 1 (1) du Règlement de l'Ontario 367/11 est modifiée par remplacement de «l'article 20.1» par «l'alinéa 20.1 a)» à la fin de la définition.

2. Le Règlement est modifié par adjonction de la partie suivante :

PARTIE III.1
NIVEAUX DE SERVICE ET MÉCANISME D'ACCÈS — PARTIE II.1 DE LA LOI

Formes d'aide prescrites

5.1 (1) Sous réserve du paragraphe (2), une forme d'aide pour l'application de l'alinéa 10.2 (2) b) de la Loi consiste en toute forme d'aide financière qui est à la fois :

a) fournie à l'égard de ménages et qui soit réduit le loyer qu'un ménage doit autrement payer ou aide le ménage à payer le loyer;

b) financée ou administrée, ou les deux, par le gestionnaire de services.

Exception

(2) L'aide visée au paragraphe (1) ne comprend pas l'aide financière fournie dans le cadre de la *Loi de 1997 sur le programme Ontario au travail* ou de la *Loi de 1997 sur le Programme ontarien de soutien aux personnes handicapées*.

Exigences prescrites pour le mécanisme

5.2 Pour l'application du paragraphe 10.2 (3) de la Loi, les exigences prescrites pour le mécanisme d'accès du gestionnaire de services sont les suivantes :

1. Les renseignements suivants sont mis à la disposition du public dans le cadre du mécanisme d'accès :
   i. Une description de chaque forme d'aide fournie au moyen du mécanisme d'accès.
   ii. Pour chaque forme d'aide qu'un membre du public peut demander, une description de la façon de présenter une demande.
   iii. Pour chaque forme d'aide qui est administrée par le gestionnaire de services, une description de ce qui suit :
      A. les règles d'admissibilité à l'aide,
      B. la façon dont l'ordre de priorité des ménages est établi et celle dont ils sont choisis pour recevoir l'aide.
2. Si une forme d'aide administrée par le gestionnaire de services au moyen du mécanisme d'accès est offerte à un ménage, le gestionnaire de services doit communiquer au ménage et, s'il y a lieu, son représentant autorisé, par écrit ce qui suit :
   i. Sauf si l'aide est fournie sous forme de réduction de loyer, le montant initial de l'aide et une description de la méthode utilisée pour le calcul de celle-ci.
   ii. Si l'aide est fournie sous forme de réduction de loyer, une description de la méthode utilisée pour le calcul de celle-ci.
   iii. Une description des critères utilisés pour évaluer la continuation de l'admissibilité à l'aide.
   iv. L'effet que la réception de la prestation aura sur l'aide financière de base qu'un membre du ménage reçoit ou a le droit de recevoir en application de la *Loi de 1997 sur le programme Ontario au travail* ou sur le soutien du revenu qu'un membre du ménage reçoit ou a le droit de recevoir en application de la *Loi de 1997 sur le Programme ontarien de soutien aux personnes handicapées*.

3. L'article 20 du Règlement est modifié par remplacement de «3, 4, 5, 7 et 8» par «3, 4 et 5».

4. L'article 20.1 du Règlement est abrogé et remplacé par ce qui suit :

Aide financière précisée pour l'application de la disp. 2 du par. 40 (3.1) de la Loi

20.1 L'aide financière fournie par un gestionnaire de services à un ménage est précisée comme étant une autre forme d'aide financière se rapportant au logement pour l'application de la disposition 2 du paragraphe 40 (3.1) de la Loi si, selon le cas :

a) l'aide financière prend la forme d'une prestation mensuelle visée à l'article 1 de l'annexe 4.1;

b) l'aide financière est visée à l'article 1 de l'annexe 4.2;

c) l'aide financière est visée à l'article 1 de l'annexe 4.3.

5. L'article 32.1 du Règlement est abrogé et remplacé par ce qui suit :

Cessation de l'admissibilité — aide financière prévue à l'art. 20.1

32.1 Le ménage qui reçoit une aide sous forme de loyer indexé sur le revenu cesse d'y être admissible s'il a accepté une offre d'aide financière visée à l'article 20.1 et qu'il commence à recevoir une telle aide.

6. Le paragraphe 32.2 (4) du Règlement est abrogé.

7. Le Règlement est modifié par adjonction des articles suivants :

Règles d'admissibilité locales exigées

32.3 (1) Les questions à l'égard desquelles le gestionnaire de services établit des règles d'admissibilité en vertu des articles 32.4 et 32.5 sont des questions prescrites pour l'application du paragraphe 42 (2) de la Loi.

(2) Les exigences énoncées aux articles 32.4 et 32.5 sont prescrites pour l'application du paragraphe 42 (3) de la Loi.

Règle locale exigée — revenu maximal du ménage

32.4 (1) Le gestionnaire de services établit une règle d'admissibilité locale exigeant, pour qu'un ménage soit admissible à une aide sous forme de loyer indexé sur le revenu, que son revenu ne dépasse pas un seuil maximal précisé.

(2) Aux fins de la règle d'admissibilité locale, les règles suivantes s'appliquent :

1. Le revenu du ménage correspond au revenu net de ses membres, exception faite du revenu des membres qui fréquentent à plein temps un établissement d'enseignement reconnu.

2. Le revenu net d'un membre d'un ménage est calculé comme suit :

   i. Prendre le montant du revenu net du membre inscrit dans le dernier avis de cotisation qui lui a été délivré en application de la *Loi de l'impôt sur le revenu* (Canada) pour son année d'imposition la plus récente qui s'est terminée avant que la décision relative à l'admissibilité soit prise ou, si aucun avis de cotisation n'a été délivré pour l'année d'imposition, le montant qui serait inscrit à la ligne du revenu net si l'avis avait été délivré.

   ii. Soustraire du montant visé à la sous-disposition i le montant total de tous les paiements provenant d'un régime enregistré d'épargne-invalidité que le membre a reçus au cours de cette année d'imposition.

   iii. Ajouter à la somme obtenue à la sous-disposition ii le total de tous les paiements provenant d'un régime enregistré d'épargne-invalidité que le membre a remboursés au cours de cette année d'imposition.

   iv. Soustraire de la somme obtenue à la sous-disposition iii les autres paiements exclus conformément à la règle d'admissibilité locale.

(3) La règle d'admissibilité locale peut prévoir différents revenus maximaux pour les logements de différents types et de différentes grandeurs et pour les logements situés dans différentes parties de l'aire de service du gestionnaire de services.

(4) Le revenu maximal pour un logement précisé dans la règle d'admissibilité locale doit correspondre au moins au seuil de revenu des ménages prescrit pour un tel logement par le Règlement de l'Ontario 370/11 (Ménages ayant des besoins importants et seuils de revenu des ménages — Paragraphe 40 (4) de la Loi) pris en vertu de la Loi.

(5) La règle d'admissibilité locale prévoit qu'elle ne doit être appliquée par le gestionnaire de services que pour décider si un ménage qui demande une aide sous forme de loyer indexé sur le revenu ou qui attend de recevoir une telle aide est admissible pour l'application de l'article 45 de la Loi et non pour décider si un ménage continue d'être admissible à une telle aide pour l'application de l'article 52 de la Loi.

(6) Malgré le paragraphe (1), la règle d'admissibilité locale prévoit que, s'il est convaincu qu'il existe des circonstances atténuantes, le gestionnaire de services peut décider que le ménage est admissible à une aide sous forme de loyer indexé sur le revenu.

(7) Le gestionnaire de services fait des efforts raisonnables pour aviser les ménages de la règle d'admissibilité locale.

(8) La règle d'admissibilité locale commence à s'appliquer à l'une des dates suivantes, et jusqu'à la date en question, toute règle d'admissibilité locale qu'a établie le gestionnaire de services en vertu de l'article 34, tel qu'il existait immédiatement avant son abrogation et qui est en vigueur le jour de l'entrée en vigueur du présent article, continue de s'appliquer :

a) une date choisie par le gestionnaire de services qui n'est pas postérieure au 1er juillet 2023;

b) si aucune date n'est choisie, le 1er juillet 2023.

(9) Le gestionnaire de services revoit périodiquement la règle d'admissibilité locale exigée par le paragraphe (1).

(10) Les définitions qui suivent s'appliquent au présent article.

«établissement d'enseignement reconnu» S'entend, selon le cas :

a) d'une école, au sens de la *Loi sur l'éducation*;

b) d'une université;

c) d'un collège d'arts appliqués et de technologie ouvert en vertu de la *Loi de 2002 sur les collèges d'arts appliqués et de technologie de l'Ontario*;

d) d'un collège privé d'enseignement professionnel, au sens de la *Loi de 2005 sur les collèges privés d'enseignement professionnel*;

e) d'une école privée, au sens de la *Loi sur l'éducation*, pour laquelle un avis d'intention de fonctionner comme telle a été présenté au ministère de l'Éducation conformément à cette loi. («recognized educational institution»)

«fréquenter à plein temps» Relativement à un élève ou un étudiant qui fréquente un établissement d'enseignement reconnu, le fait qu'il suive au moins 40 % du programme normal d'études, déterminé selon le calendrier des cours de l'établissement, s'il est atteint d'une incapacité permanente, et au moins 60 % de ce programme, dans les autres cas. («full-time attendance»)

Règle locale exigée : valeur maximale des biens du ménage

32.5 (1) Le gestionnaire de services établit une règle d'admissibilité locale exigeant, pour qu'un ménage soit admissible à une aide sous forme de loyer indexé sur le revenu, que la valeur de ses biens ne dépasse pas une valeur maximale précisée.

(2) La règle d'admissibilité locale doit prévoir que la valeur des biens du ménage correspond à la valeur totale des biens de ses membres, à l'exception des biens exclus conformément à la règle d'admissibilité locale.

(3) La règle d'admissibilité locale peut prévoir différentes valeurs maximales pour les logements de différents types et de différentes grandeurs et pour les ménages de différents types et de différentes tailles, ainsi que pour les logements situés dans différentes parties de l'aire de service du gestionnaire de services.

(4) La valeur maximale précisée dans la règle d'admissibilité locale doit être d'au moins 50 000 $.

(5) Sans préjudice des autres éléments qu'elle peut exclure, la règle d'admissibilité locale doit exclure ce qui suit de la valeur des biens du ménage :

1. Sous réserve du paragraphe (6), la valeur de l'intérêt qu'a un membre du ménage sur un véhicule automobile qui n'est pas utilisé principalement pour l'exploitation d'une entreprise par un membre du ménage.
2. La valeur des outils d'un métier qui sont essentiels au travail d'un membre du ménage en qualité d'employé.
3. Sous réserve du paragraphe (7), la valeur des biens d'un membre du ménage qui sont nécessaires à l'exploitation d'une entreprise que celui-ci exploite ou sur laquelle il a un intérêt.
4. La valeur de services funéraires prépayés.
5. Sous réserve du paragraphe (8), la valeur de rachat d'une police d'assurance-vie.
6. Le produit d'un prêt consenti sur une police d'assurance-vie qui sera utilisé pour des articles ou des services liés à une déficience.
7. Si un membre du ménage a reçu un paiement en application de la *Loi sur le ministère des Services sociaux et communautaires* pour sa participation réussie à un programme d'activités qui l'aidera à l'égard de l'obtention d'un diplôme d'études secondaires, de l'acquisition de compétences liées à l'emploi et de l'accroissement de ses compétences parentales, la valeur de toute partie de ce paiement qui, dans un délai que le gestionnaire de services juge raisonnable, sera utilisée pour l'éducation postsecondaire du membre.
8. La valeur de fonds détenus dans un régime enregistré d'épargne-études, au sens de l'article 146.1 de la *Loi de l'impôt sur le revenu* (Canada), pour le compte d'un enfant d'un membre du ménage.
9. La valeur des vêtements, bijoux et autres effets personnels d'un membre du ménage.

10. La valeur de l'ameublement du logement qu'occupe le ménage, qui comprend les objets décoratifs ou artistiques mais rien de ce qui est utilisé principalement pour exploiter une entreprise.

11. Sous réserve du paragraphe (9), la valeur de l'intérêt bénéficiaire dans une fiducie qu'a un membre du ménage atteint d'une déficience si le capital de la fiducie provient d'un héritage ou du produit d'une police d'assurance-vie.

12. La valeur des fonds détenus dans un régime enregistré d'épargne-invalidité, au sens de l'article 146.4 de la *Loi de l'impôt sur le revenu* (Canada), si le bénéficiaire du régime est un membre du ménage.

13. La valeur de fonds détenus dans un compte d'un membre du ménage relativement à une initiative dans le cadre de laquelle le gestionnaire de services ou une entité approuvée par celui-ci s'engage à verser des fonds pour contribuer aux objectifs d'épargne du membre.

14. La valeur des fonds détenus par un membre du ménage dans un régime enregistré d'épargne-retraite, au sens de la définition donnée à ce terme à l'article 146 de la *Loi de l'impôt sur le revenu* (Canada), ou dans un fonds enregistré de revenu de retraite, au sens de la définition donnée à ce terme à l'article 146.3 de cette loi.

(6) Pour l'application de la disposition 1 du paragraphe (5), la règle d'admissibilité locale doit uniquement exclure l'intérêt d'un membre sur un seul véhicule, et non sur tout autre véhicule sur lequel le membre a un intérêt.

(7) Pour l'application de la disposition 3 du paragraphe (5), la règle d'admissibilité locale doit uniquement exclure :

a) la valeur des biens d'un membre du ménage jusqu'à concurrence de 20 000 $ pour ce membre;

b) la valeur des biens nécessaires à l'exploitation d'une entreprise jusqu'à concurrence de 20 000 $ pour cette entreprise.

(8) Pour l'application de la disposition 5 du paragraphe (5), la règle d'admissibilité locale doit uniquement exclure la valeur de rachat de polices d'assurance-vie jusqu'à concurrence de 100 000 $ pour le ménage.

(9) Pour l'application de la disposition 11 du paragraphe (5), la règle d'admissibilité locale doit uniquement exclure la valeur des intérêts bénéficiaires d'un membre du ménage jusqu'à concurrence de 100 000 $ pour ce membre.

(10) La règle d'admissibilité locale prévoit qu'elle ne doit pas être appliquée par le gestionnaire de services pour décider si un ménage qui demande une aide sous forme de loyer indexé sur le revenu ou qui attend de recevoir une telle aide est admissible à cette aide en application de l'article 45 de la Loi ou si un ménage qui reçoit une aide sous forme de loyer indexé sur le revenu continue d'être admissible à une telle aide en application de l'article 52 de la Loi, si chaque membre du ménage reçoit une aide financière de base en application de la *Loi de 1997 sur le programme Ontario au travail* ou reçoit un soutien du revenu en application de la *Loi de 1997 sur le Programme ontarien de soutien aux personnes handicapées*.

(11) Malgré le paragraphe (1), la règle d'admissibilité locale prévoit, s'il est convaincu qu'il existe des circonstances atténuantes, le gestionnaire de services peut décider que le ménage est admissible à une aide sous forme de loyer indexé sur le revenu.

(12) Le gestionnaire de services fait des efforts raisonnables pour aviser les ménages de la règle d'admissibilité locale visée au paragraphe (1).

(13) La règle d'admissibilité locale commence à s'appliquer à l'une des dates suivantes, et jusqu'à la date en question, toute règle d'admissibilité locale qu'a établie le gestionnaire de services en vertu de l'article 35, tel qu'il existait immédiatement avant son abrogation et qui est en vigueur le jour de l'entrée en vigueur du présent article, continue de s'appliquer :

a) une date choisie par le gestionnaire de services qui n'est pas postérieure au 1er juillet 2023;

b) si aucune date n'est choisie, le 1er juillet 2023.

(14) Le gestionnaire de services revoit périodiquement la règle d'admissibilité locale exigée par le paragraphe (1).

8. Les articles 33 à 35 du Règlement sont abrogés et remplacés par ce qui suit :

Règles d'admissibilité locales facultatives

33. (1) Les questions à l'égard desquelles le gestionnaire de services peut établir des règles d'admissibilité locales en vertu des articles 36 à 38 sont des questions prescrites pour l'application du paragraphe 42 (2.1) de la Loi.

(2) Les exigences énoncées aux articles 36 à 41 sont prescrites pour l'application du paragraphe 42 (3) de la Loi.

9. (1) La version française du sous-alinéa 146 (2) b) (i) du Règlement est modifiée par remplacement de «son père ou sa mère» par «son parent».

(2) La version française de la sous-disposition 2 i du paragraphe 146 (11) du Règlement est modifiée par remplacement de «son père ou sa mère» par «son parent»

(3) La définition de «père ou mère» dans la version française du paragraphe 146 (12) du Règlement est abrogée.

(4) La version française du paragraphe 146 (12) de la Loi est modifiée pas adjonction de la définition suivante :

«parent» Relativement à un particulier, s'entend d'une personne qui a manifesté l'intention bien arrêtée de le traiter comme s'il s'agissait d'un enfant de sa famille. Est toutefois exclue la personne chez qui il a été placé en famille d'accueil moyennant rétribution. («parent»)

10. (1) L'intertitre de l'annexe 4.1 du Règlement est modifié par remplacement de l'article 20.1» par «l'alinéa 20.1 a)».

(2) L'article 1 de l'annexe 4.1 du Règlement est modifié par remplacement de «l'article 20.1» par «l'alinéa 20.1 a)» dans le passage qui précède la disposition.

(3) L'article 1 de l'annexe 4.1 du Règlement est modifié par adjonction de la disposition suivante :

12. La prestation n'est pas financée aux termes d'un accord conclu avec la Couronne du chef du Canada ou de l'Ontario, ou un organisme qui relève de leur compétence.

11. Le Règlement est modifié par adjonction des annexes suivantes :

ANNEXE 4.2
AUTRE FORME D'AIDE FINANCIÈRE SE RAPPORTANT AU LOGEMENT PRÉCISÉE POUR L'APPLICATION DE LA DISP. 2 DU PAR. 40 (3.1) DE LA LOI — AIDE FINANCIÈRE VISÉE À L'ALINÉA 20.1 (B)

Conditions relatives à la prestation mensuelle visée à l'al. 20.1 b)

1. (1) L'aide financière visée à l'alinéa 20.1 b) est une aide financière qui remplit les conditions suivantes :

1. L'aide financière est fournie par un gestionnaire de services :
   i. soit directement à un ménage pour couvrir le coût de son loyer,
   ii. soit par l'intermédiaire d'un fournisseur de logements pour réduire le montant du loyer que le ménage doit lui payer.
2. L'aide financière n'est pas financée aux termes d'un accord conclu avec la Couronne du chef du Canada ou de l'Ontario, ou un organisme qui relève de leur compétence.
3. Le montant de l'aide financière a été calculé au cours de la période de 12 mois qui précède le moment où l'aide est fournie.
4. Si aucun membre du ménage ne reçoit un montant payable pour le logement en application du paragraphe 42 (2) du Règlement de l'Ontario 134/98 (Dispositions générales), pris en vertu de la *Loi de 1997 sur le programme Ontario au travail*, ou en application du paragraphe 31 (2) du Règlement de l'Ontario 222/98 (Dispositions générales), pris en vertu de la *Loi de 1997 sur le Programme ontarien de soutien aux personnes handicapées* :
   i. soit la portion du loyer mensuel qui n'est pas acquittée ou réduite ne dépasse pas, au moment où l'aide est calculée, le montant calculé conformément au paragraphe (2) du présent article,
   ii. soit la portion du loyer mensuel qui n'est pas acquittée ou réduite ne dépasse pas, au moment où l'aide est calculée, le montant du loyer minimal calculé en application du 2 (4) du Règlement de l'Ontario 316/19 (Détermination du loyer indexé sur le revenu pour l'application de l'article 50 de la Loi) pris en vertu de la Loi.
5. Si un membre du ménage reçoit un montant payable pour le logement en application du paragraphe 42 (2) du Règlement de l'Ontario 134/98 (Dispositions générales), pris en vertu de la *Loi de 1997 sur le programme Ontario au travail*, ou en application du paragraphe 31 (2) du Règlement de l'Ontario 222/98 (Dispositions générales), pris en vertu de la *Loi de 1997 sur le Programme ontarien de soutien aux personnes handicapées*, la portion du loyer mensuel qui n'est pas acquittée ou réduite ne dépasse pas, au moment où l'aide est calculée, le total de tous les montants payables aux membres du ménage pour le logement en application du paragraphe 42 (2) du Règlement de l'Ontario 134/98 ou du paragraphe 31 (2) du Règlement de l'Ontario 222/98.

(2) Le montant visé à la sous-disposition 4 i du paragraphe (1) est calculé comme suit :

1. Calculer le montant selon la formule suivante :

$$(RNFR \times 0{,}30)/12$$

où,

«RNFR» représente le revenu net familial rajusté du ménage déterminé de la manière indiquée à la disposition 2.

2. Pour l'application de la définition de «RNFR» à la disposition 1, le revenu familial net rajusté d'un ménage est déterminé en additionnant le revenu net de chaque membre du ménage, exception faite des particuliers qui fréquentent à plein temps un établissement d'enseignement reconnu, au sens de la définition donnée à ce terme à la disposition 7 du paragraphe 4 (1) de l'annexe 4.1.

3. Pour l'application de la disposition 2, le revenu net d'un membre d'un ménage correspond à l'un ou l'autre des montants suivants, au choix du gestionnaire de services :

   i. Le montant du revenu net du membre inscrit dans le dernier avis de cotisation qui lui a été délivré en application de la *Loi de l'impôt sur le revenu* (Canada) pour son année d'imposition la plus récente qui s'est terminée avant le calcul du montant de l'aide financière, rajusté de la façon suivante, ou, si aucun avis de cotisation n'a été délivré, le montant qui serait inscrit à la ligne du revenu net si l'avis avait été délivré, rajusté de la façon suivante :

      A. en soustrayant de ce montant, les paiements provenant d'un régime enregistré d'épargne-invalidité que le membre a reçus au cours de cette année d'imposition, et tout paiement d'aide financière visée à l'alinéa 20.1 b) qui était inclus dans le revenu net du membre au cours de cette année d'imposition,

      B. en ajoutant à ce montant, les paiements provenant d'un régime enregistré d'épargne-invalidité que le membre a remboursés au cours de cette année d'imposition.

   ii. Le montant qui se rapproche le plus du revenu net du membre pour la période de 12 mois qui commence le premier jour du mois suivant celui au cours duquel le montant d'aide financière est fixé, calculé et rajusté par le gestionnaire de services de la même façon que le montant visé à la sous-disposition i en se fondant sur les projections du revenu et des déductions du membre pour cette période faites par le gestionnaire de services.

ANNEXE 4.3
AUTRE FORME D'AIDE FINANCIÈRE SE RAPPORTANT AU LOGEMENT PRÉCISÉE POUR L'APPLICATION DE LA DISP. 2 DU PAR. 40 (3.1) DE LA LOI — AIDE FINANCIÈRE VISÉE À L'ALINÉA 20.1 C)

Conditions relatives à la prestation mensuelle visée à l'al. 20.1 c)

1. (1) L'aide financière visée à l'alinéa 20.1 c) est une aide financière qui remplit les conditions suivantes :

1. La prestation est fournie par un gestionnaire de services à un ménage.

2. La prestation est offerte et fournie à un ménage sans aucune exigence qu'elle soit utilisée pour un logement précisé ou un logement d'une grandeur ou d'un type précisés.

3. La prestation n'est pas financée aux termes d'un accord conclu avec la Couronne du chef du Canada ou de l'Ontario, ou un organisme qui relève de leur compétence.

4. Le montant de la prestation payable à l'égard du ménage est calculé de la même façon que celle énoncée à l'article 4 de l'annexe 4.1, si la mention de «prestation de logement transférable» aux sous-sous-dispositions 8 i A et 9 i A du paragraphe 4 (1) de cette annexe valait mention de «prestation de logement transférable ou de l'aide financière visée à l'alinéa 20.1 c)».

5. Le montant de la prestation payable à l'égard du ménage fait l'objet d'une révision effectuée conformément au processus énoncé à l'article 5 de l'annexe 4.1.

Entrée en vigueur

12. (1) Sauf disposition contraire du présent article, le présent règlement entre en vigueur le dernier en date du 1er juillet 2022 et du jour de son dépôt.

(2) L'article 2 entre en vigueur le dernier en date du jour de l'entrée en vigueur de l'article 5 de l'annexe 2 de la *Loi de 2020 visant la protection des locataires et le renforcement du logement communautaire* et du jour du dépôt du présent règlement.

(3) Les articles7 et 8 entrent en vigueur le dernier en date du jour de l'entrée en vigueur de l'article 7 de l'annexe 2 de la *Loi de 2020 visant la protection des locataires et le renforcement du logement communautaire* et du jour du dépôt du présent règlement.

16/22

ONTARIO REGULATION 243/22

made under the

FOREIGN CULTURAL OBJECTS IMMUNITY FROM SEIZURE ACT, 2019

Made: March 22, 2022
Filed: March 31, 2022
Published on e-Laws: March 31, 2022
Printed in *The Ontario Gazette*: April 16, 2022

GENERAL

Definition

1. In this Regulation,

"date of designation" means the date on which an institution was designated by this Regulation.

Designated institutions

2. The following institutions are designated institutions:

1. The Aga Khan Museum.
2. Art Gallery of Ontario.
3. National Gallery of Canada.
4. The Royal Ontario Museum.

Publishing requirement

3. The following requirement is prescribed for the purposes of clauses 2 (1) (b) and 2 (2) (b) of the Act:

1. The designated institution must publish information about the work of art or other cultural object that is sufficient to identify the work or object and accessible to the public on its website for a minimum of the following periods:
   i. Four consecutive weeks during the six-month period before the date on which the work or object is brought into Ontario.
   ii. The period beginning immediately following the date on which the work or object is brought into Ontario and ending on the later of,
      A. 12 weeks after the date on which the work or object is brought into Ontario, and
      B. the date on which the temporary exhibition or display of the work or object administered, operated or sponsored by the designated institution ends.

Compliance reports

4. (1) Every designated institution shall submit reports to the Minister demonstrating how the institution implemented the publishing requirement set out in section 3 with respect to any works of art or other cultural objects for which the institution published information under section 3.

(2) The reports referred to in subsection (1) shall contain the following:

1. A copy of the information published under section 3 and the dates published.
2. Summaries of any information requests related to the provenance of works of art or other cultural objects published under section 3.

(3) The first report submitted under subsection (1),

(a) shall be submitted no later than,
   (i) if the date of designation is between June 30 and March 30, the first June 30 following the date of designation, or
   (ii) if the date of designation is between March 31 and June 29, the second June 30 following the date of designation; and

(b) shall cover the period from the date of designation to the first March 31 following the date of designation.

(4) Subsequent reports submitted under subsection (1),

(a) shall be submitted no later than June 30 in every year following the year in which the first report is filed; and

(b) shall cover the one-year period following the period covered by the previous report.

Due diligence reports

5. (1) Every designated institution shall submit reports to the Minister demonstrating its due diligence procedures for establishing the provenance and ownership of any work of art or other cultural object referred to in clauses 2 (1) (a) and 2 (2) (a) of the Act.

(2) The first report submitted under subsection (1),

(a) shall be submitted no later than June 30 in the fifth year following the year in which the institution became a designated institution; and

(b) shall cover the period from the date of designation to March 31 of the fifth year following the date of designation.

(3) Subsequent reports submitted under subsection (1),

(a) shall be submitted no later than June 30 in every fifth year following the year in which the first report is filed; and

(b) shall cover the five-year period following the period covered by the previous report.

Transition

6. The *Foreign Cultural Objects Immunity from Seizure Act* continues to apply to any work of art or other object of cultural significance if a notice of the Minister's determination is published in *The Ontario Gazette* in respect of that work or object before the day section 1 of the *Foreign Cultural Objects Immunity from Seizure Act, 2019* comes into force.

Commencement

7. This Regulation comes into force on the later of the day section 4 of Schedule 1 (*Foreign Cultural Objects Immunity from Seizure Act, 2019*) to the *Better for People, Smarter for Business Act, 2019* comes into force and the day this Regulation is filed.

Made by:
Pris par :

La ministre des Industries du patrimoine, du sport, du tourisme et de la culture,

LISA MACLEOD
Minister of Heritage, Sport, Tourism and Culture Industries

Date made: March 22, 2022
Pris le : 22 mars 2022

16/22

RÈGLEMENT DE L'ONTARIO 243/22

pris en vertu de la

LOI DE 2019 SUR L'INSAISISSABILITÉ DES BIENS CULTURELS ÉTRANGERS

pris le 22 mars 2022
déposé le 31 mars 2022
publié sur le site Lois-en-ligne le 31 mars 2022
imprimé dans la *Gazette de l'Ontario* le 16 avril 2022

DISPOSITIONS GÉNÉRALES

Définition

1. La définition qui suit s'applique au présent règlement.

«date de désignation» La date à laquelle un établissement a été désigné par le présent règlement.

Établissements désignés

2. Les établissements suivants sont des établissements désignés :

1. Le Musée Aga Khan.
2. Le Musée des beaux-arts de l'Ontario.
3. Le Musée des beaux-arts du Canada.
4. Le Musée royal de l'Ontario.

Exigence en matière de publication

3. L'exigence suivante est prescrite pour l'application des alinéas 2 (1) b) et 2 (2) b) de la Loi :

1. L'établissement désigné doit publier des renseignements concernant l'oeuvre d'art ou l'autre bien culturel qui soient suffisants pour identifier l'oeuvre ou le bien et rendre ces renseignements accessibles au public sur son site Web pendant au moins les périodes suivantes :
   i. Quatre semaines consécutives au cours de la période de six mois qui précède la date à laquelle l'oeuvre ou le bien est apporté en Ontario.
   ii. La période qui commence immédiatement après la date à laquelle l'oeuvre ou le bien est apporté en Ontario et se termine le dernier en date de ce qui suit :
      A. 12 semaines après la date à laquelle l'oeuvre ou le bien est apporté en Ontario;
      B. la date à laquelle se termine l'exposition ou la présentation temporaire de l'oeuvre ou du bien qui est administrée ou parrainée par l'établissement désigné.

Rapports de conformité

4. (1) Chaque établissement désigné présente des rapports au ministre faisant état de la façon dont il a mis en oeuvre l'exigence en matière de publication énoncée à l'article 3 à l'égard de toute oeuvre d'art ou autre bien culturel pour lequel il a publié des renseignements en application de l'article 3.

(2) Les rapports visés au paragraphe (1) comprennent ce qui suit :

1. Une copie des renseignements publiés en application de l'article 3 et les dates publiées.
2. Des sommaires de toute demande de renseignements relative à la provenance des oeuvres d'art ou des autres biens culturels publiés en vertu de l'article 3.

(3) Le premier rapport présenté en application du paragraphe (1) :

a) est présenté au plus tard :
   (i) le premier 30 juin suivant la date de désignation, si celle-ci tombe entre le 30 juin et le 30 mars,
   (ii) le deuxième 30 juin suivant la date de désignation, si celle-ci tombe entre le 31 mars et le 29 juin;
b) couvre la période comprise entre la date de désignation et le premier 31 mars suivant la date de désignation.

(4) Les rapports subséquents présentés en application du paragraphe (1) :

a) sont présentés au plus tard le 30 juin de chaque année suivant l'année au cours de laquelle le premier rapport est déposé;

b) couvrent la période d'un an suivant la période couverte par le rapport précédent.

Rapports de diligence raisonnable

5. (1) Chaque établissement désigné présente au ministre des rapports faisant état de ses procédures de diligence raisonnable pour établir la provenance et le droit de propriété de toute oeuvre d'art ou autre bien culturel visé aux alinéas 2 (1) a) et 2 (2) a) de la Loi.

(2) Le premier rapport présenté en application du paragraphe (1) :

a) est présenté au plus tard le 30 juin de la cinquième année suivant l'année où l'établissement est devenu un établissement désigné;

b) couvre la période comprise entre la date de désignation et le 31 mars de la cinquième année suivant la date de désignation.

(3) Les rapports subséquents présentés en application du paragraphe (1) :

a) sont présentés au plus tard le 30 juin de chaque cinquième année suivant l'année au cours de laquelle le premier rapport est déposé;

b) couvrent la période de cinq ans suivant la période couverte par le rapport précédent.

Disposition transitoire

6. La *Loi de 2019 sur l'insaisissabilité des biens culturels étrangers* continue de s'appliquer à toute oeuvre d'art ou autre bien ayant une valeur culturelle si un avis de la décision du ministre est publié dans la *Gazette de l'Ontario* à l'égard de cette oeuvre ou de ce bien avant le jour de l'entrée en vigueur de l'article 1 de la *Loi de 2019 sur l'insaisissabilité des biens culturels étrangers*.

Entrée en vigueur

7. Le présent règlement entre en vigueur le dernier en date du jour de l'entrée en vigueur de l'annexe 1 (*Loi de 2019 sur l'insaisissabilité des biens culturels étrangers*) de la *Loi de 2019 pour mieux servir la population et faciliter les affaires* et du jour du dépôt du présent règlement.

Made by:
Pris par :

La ministre des Industries du patrimoine, du sport, du tourisme et de la culture,

LISA MACLEOD
Minister of Heritage, Sport, Tourism and Culture Industries

Date made:March 22, 2022
Pris le :22 mars 2022

16/22

ONTARIO REGULATION 244/22

made under the

VINTNERS QUALITY ALLIANCE ACT, 1999

Made: March 24, 2022
Approved: March 31, 2022
Filed: March 31, 2022
Published on e-Laws: March 31, 2022
Printed in *The Ontario Gazette*: April 16, 2022

Amending O. Reg. 406/00
(RULES OF VINTNERS QUALITY ALLIANCE ONTARIO RELATING TO TERMS FOR VQA WINE)

1. Subsection 3 (2) of Ontario Regulation 406/00 is amended by adding the following paragraph:

4. Appassimento.

2. Item 8 of sub-table 5 to Table 2 to the Regulation is revoked and the following substituted:

8. Vin de Curé or Appassimento	The wine shall be produced exclusively from fresh grapes that have been naturally harvested on the vine and at least 85% of the grapes have been subsequently dried. The wine shall be produced from grape varieties listed in item 1 and subitem 2 i of Appendix B. The grapes used in the wine shall be grown within a geographical indication. The wine shall have an actual alcoholic content not less than 7.0% and not greater than 20.0% by volume. After harvest, the grapes shall be left to dry in a dry, ventilated place until they yield a must of at least 26° brix when measured after transfer to the fermentation vessel. The period of drying to achieve the final brix shall not be less than 30 days. No artificial temperature control or heat source shall be used to dry the grapes except for the purpose of maintaining the ambient temperature in the drying location between 5°C and 18°C. The residual sugar and the actual alcohol shall result exclusively from the natural sugar of the grapes. No sweet reserve shall be added.	VQA — Geographical indication — VQA	Vintage year Grape variety or varieties or proprietary name	A label may declare that the appassimento method was used for a portion of dried grapes that is more than 15% but less than 85% of the grapes used in the wine, if the dried portion meets the requirements set out in column 2 of this item and the actual percentage content derived from dried grapes is stated. In this case, the words "appassimento method" in full must appear in the same font and type size on the same line with the percentage declared and no other reference to the single word "appassimento" shall appear on the label.

3. (1) Note 2 of Table 1 of Appendix A is amended by adding "and Appassimento" after "Vin de Curé".

(2) Table 2 of Appendix A is amended by adding the following item:

1.1 Vin de Curé, Appassimento	26.0º Brix	26.0º Brix

(3) Note 1 of Table 2 of Appendix A is revoked and the following substituted:

Note 1: For Vin de Curé and Appassimento wines, the portion of dried grapes used in making the wine must be dried to achieve the Brix level specified in Column 2 at the time of transfer to the fermentation vessel.

Commencement

4. This Regulation comes into force on the day it is filed.

Made by:
Pris par :

VINTNERS QUALITY ALLIANCE ONTARIO:
VINTNERS QUALITY ALLIANCE ONTARIO :

DEREK CARTLIDGE
Treasurer / Trésorier

DAN SULLIVAN
Vice-Chair / Vice-Président

Date made: March 24, 2022
Pris le : 24 mars 2022

I approve this Regulation.
J'approuve le présent règlement.

Le ministre des Services gouvernementaux et des Services aux consommateurs,

ROSS ROMANO
Minister of Government and Consumer Services

Date approved: March 31, 2022
Approuvé le : 31 mars 2022

16/22

RÈGLEMENT DE L'ONTARIO 244/22

pris en vertu de la

LOI DE 1999 SUR LA SOCIÉTÉ APPELÉE VINTNERS QUALITY ALLIANCE

pris le 24 mars 2022
approuvé le 31 mars 2022
déposé le 31 mars 2022
publié sur le site Lois-en-ligne le 31 mars 2022
imprimé dans la *Gazette de l'Ontario* le 16 avril 2022

modifiant le Règl. de l'Ont. 406/00
(RÈGLES DE LA SOCIÉTÉ APPELÉE VINTNERS QUALITY ALLIANCE ONTARIO CONCERNANT LES TERMES RÉSERVÉS AUX VINS DE LA VQA)

1. Le paragraphe 3 (2) du Règlement de l'Ontario 406/00 est modifié par adjonction de la disposition suivante :

4. Appassimento.

2. Le point 8 du sous-tableau 5 du tableau 2 du Règlement est abrogé et remplacé par ce qui suit :

8. Vin de Curé ou Appassimento	Le vin est fabriqué exclusivement avec du raisin frais qui a été cueilli naturellement sur la vigne et au moins 85 % du raisin a été séché par la suite. Le vin est fabriqué avec des cépages énumérés au point 1 et au sous-point 2 i de l'annexe B. Le raisin utilisé pour fabriquer le vin est cultivé dans une zone visée par une indication géographique. Le vin a un degré acquis d'au moins 7,0 % et d'au plus 20,0 % par volume. Après la vendange, le raisin est mis à sécher dans un lieu sec et ventilé, jusqu'à ce qu'il produise un moût dont le degré Brix, mesuré après le transfert dans la cuve de fermentation, est d'au moins 26. La période de séchage pour obtenir le degré Brix final ne doit pas être inférieure à 30 jours. Aucune régulation artificielle de la température ou source de chaleur ne doit être utilisée pour sécher le raisin, sauf dans le but de maintenir la température ambiante au lieu de séchage entre 5 °C et 18 °C. Le sucre résiduel et le degré acquis sont attribuables exclusivement au sucre naturel du raisin. Aucun jus de raisin de réserve n'est ajouté.	VQA — indication géographique — VQA	Millésime Cépage ou cépages, ou nom de propriétaire	Une étiquette peut déclarer que la méthode appassimento a été utilisée pour une partie du raisin séché qui est supérieure à 15 %, mais inférieure à 85 % du raisin utilisé dans le vin, si la partie séchée satisfait aux exigences énoncées à la colonne 2 du présent point et si le pourcentage réel du contenu dérivé du raisin séché est indiqué. Dans ce cas, les mots «méthode appassimento» au complet doivent apparaître dans la même police et la même taille de caractères et sur la même ligne que le pourcentage déclaré et aucune autre référence au mot «appassimento» ne doit figurer sur l'étiquette.

3. (1) La remarque 2 du tableau 1 de l'annexe A est modifiée par insertion de «et Appassimento» après «Vin de Curé».

(2) Le tableau 2 de l'annexe A est modifié par adjonction du point suivant :

1.1 Vin de Curé, Appassimento	26,0 degrés Brix	26,0 degrés Brix

(3) La remarque 1 du tableau 2 de l'annexe A est abrogée et remplacée par ce qui suit :

Remarque 1 : Pour le vin de Curé et l'Appassimento, la partie du raisin séché utilisé pour les fabriquer doit être séchée de façon à ce qu'elle atteigne le degré Brix précisé à la colonne 2 au moment du transfert dans la cuve de fermentation.

Entrée en vigueur

4. Le présent règlement entre en vigueur le jour de son dépôt.

Made by:
Pris par :

VINTNERS QUALITY ALLIANCE ONTARIO:
VINTNERS QUALITY ALLIANCE ONTARIO :

DEREK CARTLIDGE
Treasurer / Trésorier

DAN SULLIVAN
Vice-Chair / Vice-Président

Date made: March 24, 2022
Pris le : 24 mars 2022

I approve this Regulation.
J'approuve le présent règlement.

Le ministre des Services gouvernementaux et des Services aux consommateurs,

ROSS ROMANO
Minister of Government and Consumer Services

Date approved: March 31, 2022
Approuvé le : 31 mars 2022

16/22

ONTARIO REGULATION 245/22

made under the

EMERGENCY MANAGEMENT AND CIVIL PROTECTION ACT

Made: March 31, 2022 (2:30 p.m.)
Filed: March 31, 2022
Published on e-Laws: March 31, 2022
Printed in *The Ontario Gazette*: April 16, 2022

Amending O. Reg. 25/21
(EXTENSIONS OF ORDERS)

1. Item 3 of the Table to section 1 of Schedule 1 to Ontario Regulation 25/21 is revoked and the following substituted:

3.	Order in Council filed as O. Reg. 305/21 (Regulated Health Professionals), made on April 21, 2021	April 6, 2022	April 20, 2022

16/22

RÈGLEMENT DE L'ONTARIO 245/22

pris en vertu de la

LOI SUR LA PROTECTION CIVILE ET LA GESTION DES SITUATIONS D'URGENCE

pris le 31 mars 2022 (14 h 30)
déposé le 31 mars 2022
publié sur le site Lois-en-ligne le 31 mars 2022
imprimé dans la *Gazette de l'Ontario* le 16 avril 2022

modifiant le Règl. de l'Ont. 25/21
(PROROGATION DES DÉCRETS)

1. Le point 3 du tableau de l'article 1 de l'annexe 1 du Règlement de l'Ontario 25/21 est abrogé et remplacé par ce qui suit :

3.	Décret déposé comme Règl. de l'Ont. 305/21 (Professionnels de la santé réglementés), pris le 21 avril 2021	6 avril 2022	20 avril 2022

16/22

ONTARIO REGULATION 246/22

made under the

FIXING LONG-TERM CARE ACT, 2021

Made: March 31, 2022
Filed: March 31, 2022
Published on e-Laws: March 31, 2022
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PART I
INTERPRETATION

DEFINITIONS

Definitions

1. In this Regulation,

"adverse drug reaction" means a harmful and unintended response by a resident to a drug or combination of drugs which occurs at doses normally used or tested for the diagnosis, treatment or prevention of a disease or the modification of an organic function; ("réaction indésirable à un médicament")

"air conditioning" includes any mechanical cooling system that is capable of maintaining the temperature at a comfortable level for residents during periods of hot weather; ("climatisation")

"appropriate placement co-ordinator" means the appropriate placement co-ordinator as defined in subsection 51 (2) of the Act; ("coordonnateur des placements compétent")

"business day" means a day that is not a holiday; ("jour ouvrable")

"cannabis" has the same meaning as in subsection 2 (1) of the *Cannabis Act* (Canada); ("cannabis")

"casual absence" means an absence of a resident from a long-term care home for a period not exceeding 48 hours for a purpose other than receiving medical or psychiatric care or undergoing medical or psychiatric assessment; ("absence occasionnelle")

"class A beds" means beds that, on the day before this definition comes into force, were class A beds as defined in subsection 187 (18) of the former Act; ("lits de catégorie A")

"communicable disease" means a communicable disease within the meaning of the *Health Protection and Promotion Act*; ("maladie transmissible")

"continuum of care applicant", in relation to a continuum of care long-term care home, means a person who resides in a project set out opposite the long-term care home in Column 2 of the Continuum of Care Table and has resided there as of a date earlier than July 1, 1994; ("auteur d'une demande de continuum de soins")

"continuum of care long-term care home" means a long-term care home set out in Column 1 of the Continuum of Care Table; ("foyer de soins de longue durée offrant un continuum de soins")

"Continuum of Care Table" means the table available from the Ministry that is titled "Continuum of Care Table" and that is dated March 2010; ("tableau de continuum de soins")

"controlled substance" means a controlled substance within the meaning of the *Controlled Drugs and Substances Act* (Canada); ("substance désignée")

"development agreement" means an agreement to develop, redevelop or retrofit a long-term care home or beds in a long-term care home; ("entente de développement")

"disease of public health significance" means a disease of public health significance within the meaning of the *Health Protection and Promotion Act*; ("maladie importante sur le plan de la santé publique")

"fiscal year" means the period beginning on April 1 in one year and ending on March 31 in the subsequent year; ("exercice)

"food service worker" means a member of staff in a long-term care home who is routinely involved in the storage, preparation, cooking, delivery or serving of food, the cleaning of kitchen equipment and utensils or the maintaining of the kitchen and serveries in a clean and sanitary condition, but does not include a nutrition manager for the home; ("préposé au service d'alimentation")

"former Act" means the *Long-Term Care Homes Act, 2007*; ("ancienne loi")

"holiday" means,

(a) Saturday,

(b) Sunday,

(c) New Year's Day,

(d) Family Day,

(e) Good Friday,

(f) Victoria Day,

(g) Canada Day,

(h) the first Monday in August,

(i) Labour Day,

(j) Thanksgiving Day,

(k) Christmas Day,

(l) Boxing Day,

(m) if New Year's Day or Canada Day falls on a Saturday or Sunday, the following Monday,

(n) if Christmas Day falls on a Saturday or Sunday, the following Monday and Tuesday,

(o) if Christmas Day falls on a Friday, the following Monday, and

(p) any special holiday proclaimed by the Governor General or the Lieutenant Governor; ("jour férié")

"interim bed" means a bed in a long-term care home under the interim bed short-stay program; ("lit provisoire")

"licensed bed capacity" means the total licensed or approved beds in the home, excluding,

(a) beds that are not available for occupancy under a written permission of the Director under subsection 107 (3) of the Act, and

(b) beds that are the subject of a temporary emergency licence under clause 115 (1) (b) of the Act; ("capacité en lits autorisés")

"long-stay program" means a program which is not a short-stay program; ("programme de séjour de longue durée")

"long-stay resident" means a resident who has been admitted to a long-stay program; ("résident en séjour de longue durée")

"medical absence" means an absence of a resident from a long-term care home for the purpose of receiving medical care other than psychiatric care or for the purpose of undergoing medical assessment other than psychiatric assessment; ("absence médicale")

"medical cannabis" means cannabis that is produced or obtained for medical purposes in accordance with Part 14 of the *Cannabis Regulations* (Canada) or in accordance with a court order; ("cannabis thérapeutique")

"medication incident" means a preventable event associated with the prescribing, ordering, dispensing, storing, labelling, administering or distributing of a drug, or the transcribing of a prescription, and includes,

(a) an act of omission or commission, whether or not it results in harm, injury or death to a resident, or

(b) a near miss event where an incident does not reach a resident but had it done so, harm, injury or death could have resulted; ("incident lié à un médicament")

"pharmacist" means a member of the Ontario College of Pharmacists who holds a certificate of registration as a pharmacist; ("pharmacien")

"pharmacy service provider" means the pharmacy service provider referred to in section 128; ("fournisseur de services pharmaceutiques")

"prescribed", when used with reference to a drug, means that a prescriber has directed the dispensing of the drug to the resident; ("prescrit")

"prescriber" means a person who is authorized under a health profession Act as defined in the *Regulated Health Professions Act, 1991* to prescribe a drug within the meaning of that Act; ("prescripteur")

"prescription" means a direction from a prescriber directing the dispensing of any drug or drugs for a resident; ("ordonnance")

"private accommodation", in relation to a long-term care home, means lodging in a private room in the home, housekeeping services, maintenance and use of the home, dietary services, laundry and linen services, administrative services and nutritional support; ("hébergement individuel")

"private room" means,

(a) in the case of a long-term care home to which a design manual was applicable under a development agreement to which the home was subject, a room with one bed that has a private ensuite washroom, other than a room that is designated by a licensee as a standard room, or

(b) in the case of all other long-term care homes, a room with one bed, other than a room that is designated by a licensee as a standard room; ("chambre individuelle")

"psychiatric absence" means an absence of a resident from a long-term care home for the purpose of receiving psychiatric care or undergoing psychiatric assessment; ("absence psychiatrique")

"record" means a record as defined in subsection 150 (9) of the Act; ("dossier")

"recreational cannabis" means cannabis other than,

(a) a drug containing cannabis to which the *Cannabis Regulations* (Canada) apply,

(b) medical cannabis,

(c) cannabis that is identified in the regulations under the *Drug and Pharmacies Regulation Act* as being a drug for the purposes of that Act,

(d) cannabis that is a natural health product to which the *Natural Health Products Regulations* (Canada) apply,

(e) industrial hemp within the meaning of the *Industrial Hemp Regulations* (Canada), and

(f) a derivative or a product made from a derivative that is exempt from the application of the *Cannabis Act* (Canada) under the *Industrial Hemp Regulations* (Canada); ("cannabis récréatif")

"registered dietitian" means a member of the College of Dietitians of Ontario who holds a temporary or general certificate of registration under the *Dietetics Act, 1991*; ("diététiste agréé")

"registered nursing staff" means those members of staff who are,

(a) registered nurses, or

(b) registered practical nurses; ("personnel infirmier autorisé")

"regulated health profession" means a health profession set out in Schedule 1 to the *Regulated Health Professions Act, 1991*; ("profession de la santé réglementée")

"related temporary long-term care home" means, where all or some of the beds in a long-term care home are to be temporarily or permanently closed, another long-term care home, if any, that is operated by the same licensee and is to provide beds to residents of the original long-term care home on a temporary basis until beds in the re-opened long-term care home or replacement long-term care home are available for those residents; ("foyer de soins de longue durée temporaire lié")

"re-opened long-term care home" means, where all or some of the beds in a long-term care home are to be temporarily closed, the same long-term care home once those beds are re-opened; ("foyer de soins de longue durée réouvert")

"replacement long-term care home" means, where all or some of the beds in a long-term care home are to be permanently closed, the new long-term care home, if any, to be operated by the same licensee and to serve as a replacement for the beds being closed in the original long-term care home; ("foyer de soins de longue durée de remplacement")

"responsive behaviours" means behaviours that often indicate,

(a) an unmet need in a person, whether cognitive, physical, emotional, social, environmental or other, or

(b) a response to circumstances within the social or physical environment that may be frustrating, frightening or confusing to a person; ("comportements réactifs")

"semi-private accommodation", in relation to a long-term care home, means lodging in a semi-private room in the home, housekeeping services, maintenance and use of the home, dietary services, laundry and linen services, administrative services and nutritional support; ("hébergement à deux lits")

"semi-private room" means,

(a) in the case of a long-term care home to which a design manual was applicable under a development agreement to which the home was subject, a room with one bed connected to another room with one bed by an ensuite washroom, other than a room that is designated by a licensee as a standard room, or

(b) in the case of all other long-term care homes, a room with two beds, other than a room that is designated by a licensee as a standard room; ("chambre à deux lits")

"short-stay program" means a program in which a person is admitted to a long-term care home for a definite number of days; ("programme de séjour de courte durée")

"short-stay resident" means a resident who has been admitted to a short-stay program; ("résident en séjour de courte durée")

"standard room" means,

(a) in the case of a long-term care home to which a design manual was applicable under a development agreement to which the home was subject, a room with one or two beds that affords privacy to each resident, that has an ensuite washroom, and that is designated by a licensee as a standard room, or

(b) in the case of all other long-term care homes,

(i) a room with three or more beds,

(ii) a room with two beds that is occupied by spouses on or after April 1, 2011, so long as the room continues to be occupied by the spouses, or

(iii) a room with less than three beds that is designated by a licensee as a standard room; ("chambre standard")

"topical" means a drug in the form of a liquid, cream, gel, lotion, ointment, spray or powder that is applied to an area of the skin and is intended to affect only the local area to which it is applied; ("médicament topique")

"vacation absence" means an absence of a resident from a long-term care home for a period exceeding 48 hours for a purpose other than receiving medical or psychiatric care or undergoing medical or psychiatric assessment; ("absence pour vacances")

"veterans' priority access bed" means a bed that has been designated as a veterans' priority access bed under section 57 of the Act. ("lit d'accès prioritaire aux anciens combattants")

"Abuse" — definition

2. (1) For the purposes of the definition of "abuse" in subsection 2 (1) of the Act,

"emotional abuse" means,

(a) 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

(b) 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; ("mauvais traitements d'ordre affectif")

"financial abuse" means any misappropriation or misuse of a resident's money or property; ("exploitation financière")

"physical abuse" means, subject to subsection (2),

(a) the use of physical force by anyone other than a resident that causes physical injury or pain,

(b) administering or withholding a drug for an inappropriate purpose, or

(c) the use of physical force by a resident that causes physical injury to another resident; ("mauvais traitements d'ordre physique")

"sexual abuse" means,

(a) subject to subsection (3), 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

(b) 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; ("mauvais traitements d'ordre sexuel")

"verbal abuse" means,

(a) 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

(b) any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for their safety where the resident making the communication understands and appreciates its consequences. ("mauvais traitements d'ordre verbal")

(2) For the purposes of clause (a) of the definition of "physical abuse" in subsection (1), physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances.

(3) For the purposes of the definition of "sexual abuse" in subsection (1), sexual abuse does not include,

(a) 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

(b) 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.

"Accommodation" — definition

3. For the purposes of the Act and this Regulation,

"accommodation", in relation to a long-term care home, means basic accommodation in the home or preferred accommodation in the home; ("hébergement")

"basic accommodation", in relation to a long-term care home, means lodging in a standard room in the home, housekeeping services, maintenance and use of the home, dietary services, laundry and linen services, administrative services and nutritional support; ("hébergement avec services de base")

"preferred accommodation", in relation to a long-term care home, means private accommodation in the home or semi-private accommodation in the home. ("hébergement avec services privilégiés")

"Caregiver" — definition

4. For the purposes of the Act and this Regulation, other than section 39 of the Act and section 173 of this Regulation,

"caregiver" means an individual who,

(a) is a family member or friend of a resident or a person of importance to a resident,

(b) is able to comply with all applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the *Health Protection and Promotion Act*,

(c) provides one or more forms of support or assistance to meet the needs of the resident, including providing direct physical support such as activities of daily living or providing social, spiritual or emotional support, whether on a paid or unpaid basis,

(d) is designated by the resident or the resident's substitute decision-maker with authority to give that designation, if any, and

(e) in the case of an individual under 16 years of age, has approval from a parent or legal guardian to be designated as a caregiver.

Controlling interest

5. (1) For the purposes of the Act and this Regulation, without limiting the meaning of controlling interest, a person is deemed to have a controlling interest in a licensee if the person, either alone or with one or more associates, directly or indirectly, has the direct or indirect right or ability, beneficially or otherwise, to direct the management and policies of the licensee.

(2) Without restricting the generality of subsection (1), a person is deemed, for the purposes of the Act and this Regulation, to have a controlling interest in a licensee if that person, either alone or with one or more associates, has a controlling interest in a person who has a controlling interest in a licensee, and so on.

(3) For the purposes of this section, one person is deemed to be an associate of another person if,

(a) one person is a corporation of which the other person is an officer or director;

(b) one person is a partnership of which the other person is a partner;

(c) one person is a corporation that is controlled directly or indirectly by the other person;

(d) both persons are corporations and one person is controlled directly or indirectly by the same individual or corporation that directly or indirectly controls the other person;

(e) both persons are members of a voting trust where the trust relates to shares or the control of a corporation;

(f) both persons are part of a group of persons who, at substantially the same time, collectively acquired the direct or indirect right or ability, beneficially or otherwise, to direct the management and policies of a licensee;

(g) both persons are parties to an agreement or arrangement to coordinate the exercise of their interests in the licensee;

(h) one person is the parent, sibling, child or spouse of the other person or is another relative who has the same home as the other person; or

(i) both persons are associates within the meaning of clauses (a) to (h) of the same person.

"Drug" — definition

6. For the purposes of the Act and this Regulation,

"drug" means a substance or a preparation containing a substance referred to in clauses (a) through (d) of the definition of "drug" in subsection 1 (1) of the *Drug and Pharmacies Regulation Act*, including a substance that would be excluded from that definition by virtue of clauses (f) to (i) of that definition, but does not include a substance referred to in clause (e) of that definition.

"Neglect" — definition

7. For the purposes of the Act and this Regulation,

"neglect" means 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.

"Regular nursing staff" — definition

8. For the purposes of subsection 11 (3) of the Act and this Regulation,

"regular nursing staff" means a member of the registered nursing staff who works in a long-term care home at fixed or prearranged intervals.

"Veteran" — definition

9. For the purposes of section 57 of the Act and this Regulation,

"veteran" means a veteran as defined in subsection 2 (1) of the *War Veterans Allowance Act* (Canada).

Reference to Notice of Assessment, etc.

10. Where a resident has provided written authorization for their income information for the most recent taxation year to be electronically obtained from the Canada Revenue Agency, any reference in this Regulation to information in a Notice of Assessment or proof of income statement (option "C" print) in a provision is deemed to include a reference to the same information that is electronically obtained from the Canada Revenue Agency.

POLICIES AND RECORDS

Policies, etc., to be followed, and records

11. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,

(a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and

(b) is complied with.

(2) Where the Act or this Regulation requires the licensee to keep a record, the licensee shall ensure that the record is kept in a readable and useable format that allows a complete copy of the record to be readily produced.

PART II
RESIDENTS: RIGHTS, CARE AND SERVICES

SAFE AND SECURE HOME

Doors in a home

12. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
   i. kept closed and locked,
   ii. equipped with a door access control system that is kept on at all times, and
   iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
      A. is connected to the resident-staff communication and response system, or
      B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
2. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.
4. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
5. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans.

(2) The licensee shall ensure that there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents.

Elevators

13. Every licensee of a long-term care home shall ensure that any elevators in the home are equipped to restrict resident access to areas that are not to be accessed by residents.

Floor space

14. Every licensee of a long-term care home shall ensure that each floor of the home on which residents reside has adequate space for,

(a) completion of documentation by staff; and

(b) secure storage of resident records.

Furnishings

15. (1) Every licensee of a long-term care home shall ensure that the home has sufficient indoor and outdoor furnishings, including tables, sofas, chairs and lamps, to meet the needs of residents.

(2) The licensee shall ensure that,

(a) resident beds have a firm, comfortable mattress that is at least 10.16 centimetres thick unless contraindicated as set out in the resident's plan of care;

(b) resident beds are capable of being elevated at the head and have a headboard and a footboard;

(c) roll-away beds, day beds, double deck beds, or cots are not used as sleeping accommodation for a resident, except in an emergency;

(d) a bedside table is provided for every resident;

(e) a comfortable easy chair is provided for every resident in the resident's bedroom, or that a resident who wishes to provide their own comfortable easy chair is accommodated in doing so; and

(f) a clothes closet is provided for every resident in the resident's bedroom.

Privacy curtains

16. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy.

Shower grab bars

17. Every licensee of a long-term care home shall ensure that every resident shower has at least two easily accessible grab bars, with at least one grab bar being located on the same wall as the faucet and at least one grab bar being located on an adjacent wall.

Bed rails

18. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and the resident's bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and

(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability.

(2) Subsection (1) applies in addition to any requirements that apply where bed rails are used as a physical device to restrain under section 35 of the Act or as a PASD under section 36 of the Act.

Windows

19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

Communication and response system

20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

(b) is on at all times;

(c) allows calls to be cancelled only at the point of activation;

(d) is available at each bed, toilet, bath and shower location used by residents;

(e) is available in every area accessible by residents;

(f) clearly indicates when activated where the signal is coming from; and

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff.

Lighting

21. Every licensee of a long-term care home shall ensure that the lighting is maintained in accordance with the following requirements:

1. In a home to which a design manual, other than a manual from earlier than 2009, was applicable under a development agreement to which the home was subject,
   i. all corridors and enclosed stairways shall have continuous consistent lighting throughout with minimum levels of 322.92 lux, and
   ii. all other areas of the home, including resident bedrooms and vestibules, washrooms and tub and shower rooms, shall have lighting with minimum levels of 322.92 lux.
2. In all other homes,
   i. all corridors shall have continuous consistent lighting throughout with minimum levels of 215.28 lux,
   ii. all stairways shall have continuous consistent lighting throughout with minimum levels of 322.92 lux,
   iii. the bed of each resident, when at the reading position, shall have lighting with minimum levels of 376.73 lux,
   iv. each drug cabinet shall have lighting with minimum levels of 1,076.39 lux, and
   v. all other areas of the home shall have lighting with minimum levels of 215.28 lux.

Generators

22. (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that the home is served by a generator that is available at all times and that has the capacity to maintain, in the event of a power outage,

(a) the heating system;

(b) emergency lighting in hallways, corridors, stairways and exits; and

(c) essential services, including dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks, the resident-staff communication and response system, elevators and life support, safety and emergency equipment.

(2) The licensee of a home is not required to comply with subsection (1) until December 31, 2024 if there are beds in the home, other than class A beds or beds under a temporary emergency licence, that are not subject to a design manual applicable under a development agreement to which the home was subject.

(3) The licensee of a home to which subsection (2) applies shall ensure that the home has guaranteed access to a generator that will be operational within three hours of a power outage and that can maintain everything required under clauses (1) (a), (b) and (c).

Cooling requirements

23. (1) Every licensee of a long-term care home shall ensure that a written heat related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices.

(2) The heat related illness prevention and management plan must, at a minimum,

(a) identify specific risk factors that may lead to heat related illness and require staff to regularly monitor whether residents are exposed to such risk factors and take appropriate actions in response;

(b) identify symptoms of heat related illness and require staff to regularly monitor whether residents exhibit those symptoms and take appropriate actions in response;

(c) identify specific interventions and strategies that staff are to implement to prevent or mitigate the identified risk factors that may lead to heat related illness and to prevent or mitigate the identified symptoms of such an illness in residents;

(d) include the use of appropriate cooling systems, equipment and other resources, as necessary, to protect residents from heat related illness; and

(e) include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate.

(3) The heat related illness prevention and management plan for the home shall be evaluated and updated, at a minimum, annually in accordance with evidence-based practices.

(4) The heat related illness prevention and management plan for the home shall be implemented by the licensee every year during the period from May 15 to September 15 and it shall also be implemented,

(a) any day on which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day; and

(b) anytime the temperature in an area in the home measured by the licensee in accordance with subsections 24 (2) and (3) reaches 26 degrees Celsius or above, for the remainder of the day and the following day.

(5) The licensee shall ensure that, if central air conditioning is not available in the home, the home has at least one separate designated cooling area for every 40 residents.

(6) The licensee shall ensure that every designated cooling area in the home is served by air conditioning which is operated, as necessary, to maintain the temperature in the designated cooling area at a comfortable level for residents during the period and at the times described in subsection (4).

(7) Every licensee of a long-term care home shall ensure that, on or before June 22, 2022, all resident bedrooms are served by air conditioning.

(8) If a licence for long-term care beds is issued after the coming into force of this section and before January 1, 2023 for beds that were not licensed as long-term care home beds, immediately before the issuance of the licence, the licensee shall ensure compliance with subsection (7) within six months after the date on which the term of the licence begins.

(9) A licensee is not required to comply with subsection (7) where the licensee has provided the Director with information, plans or other materials and the Director is satisfied that the licensee has demonstrated to the satisfaction of the Director that,

(a) the existing long-term care home building structure, materials or electrical system cannot support or be reasonably modified to support the provision of air conditioning in resident bedrooms;

(b) the licensee has made reasonable efforts to enter into an agreement or agreements for the purchase, delivery and installation of equipment or materials or both necessary to provide air conditioning in accordance with the requirements of this section, but for reasons beyond the reasonable control of the licensee has been unable to enter such agreement or agreements; or

(c) the licensee has entered into an agreement or agreements for the purchase, delivery and installation of equipment or materials or both necessary to provide air conditioning in accordance with the requirements of this section, but the delivery or installation of the equipment or materials or both has been delayed for reasons beyond the reasonable control of the licensee.

(10) Where the Director is satisfied that a situation described in clause (9) (a), (b) or (c) exists, the Director shall inform the licensee in writing of that fact, and may specify a date by which the licensee must provide the Director with updated information, plans or other materials so that the Director may evaluate if they continue to be satisfied that subsection (9) is still applicable.

Air temperature

24. (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

(2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

(3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

(4) In addition to the requirements in subsection (2), the licensee shall ensure that, for every resident bedroom that is not served by air conditioning, the temperature is measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m.

(5) The licensee shall keep a record of the measurements documented under subsections (2), (3) and (4) for at least one year.

Plumbing

25. Every licensee of a long-term care home shall ensure that all plumbing fixtures in the home with hose attachments are equipped with a back flow device.

Compliance with manufacturers' instructions

26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

CARE PLANS AND PLANS OF CARE

24-hour admission care plan

27. (1) Every licensee of a long-term care home shall ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home.

(2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:

1. Any risks the resident may pose to themself, including any risk of falling, and interventions to mitigate those risks.
2. Any risks the resident may pose to others, including any potential behavioural triggers, and safety measures to mitigate those risks.
3. The type and level of assistance required relating to activities of daily living.
4. Customary routines and comfort requirements.
5. Drugs and treatments required.
6. Known health conditions, including allergies and other conditions of which the licensee should be aware upon admission, including interventions.
7. Skin condition, including interventions.
8. Diet orders, including food texture, fluid consistencies and food restrictions.

(3) The licensee shall ensure that the care plan sets out,

(a) the planned care for the resident; and

(b) clear directions to staff and others who provide direct care to the resident.

(4) The licensee shall ensure that the care set out in the care plan is based on an assessment of the resident and the needs and preferences of that resident and on the assessment, reassessments and information provided by the placement co-ordinator under section 51 of the Act.

(5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate to the extent possible in the development and implementation of the resident's care plan, and in reviews and revisions of the care plan.

(6) The licensee shall ensure that the care set out in the care plan is provided to the resident as specified in the plan.

(7) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's care plan and have convenient and immediate access to it.

(8) The licensee shall ensure that the provision and outcomes of the care set out in the care plan are documented.

(9) The licensee shall ensure that the resident is reassessed and the care plan is reviewed and revised when,

(a) the resident's care needs change;

(b) the care set out in the plan is no longer necessary; or

(c) the care set out in the plan has not been effective.

(10) When the care plan is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the care plan.

(11) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an explanation of the care plan.

(12) Subsection (11) does not require the disclosure of information if access to a record of the information could be refused under the *Personal Health Information Protection Act, 2004*.

(13) Nothing in this section limits a right of access to a care plan under the *Personal Health Information Protection Act, 2004*.

(14) The following provisions of the Act and this Regulation apply to a care plan under this section as if the care plan were a plan of care under section 6 of the Act:

1. Paragraph 19 of subsection 3 (1) of the Act.
2. Subsection 34 (4) of the Act.
3. Subsections 35 (1) and (2) of the Act.
4. Subsections 36 (3) and (4) of the Act.

5. Section 32 of this Regulation.
6. Subsection 38 (2) of this Regulation.
7. Clause 56 (2) (b) of this Regulation.
8. Clause 126 (a) of this Regulation.

(15) This section ceases to apply with respect to a resident when a plan of care is developed for the resident under section 6 of the Act.

(16) A licensee is exempt from this section with respect to a resident,

(a) who is being relocated to another long-term care home operated by the same licensee and section 240 of this Regulation applies; or

(b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee.

Initial plan of care

28. (1) Every licensee of a long-term care home shall ensure that,

(a) the assessments necessary to develop an initial plan of care under subsection 6 (6) of the Act are completed within 14 days of the resident's admission; and

(b) the initial plan of care is developed within 21 days of the admission.

(2) A licensee is exempt from subsection 6 (6) of the Act and this section with respect to a resident,

(a) who is being relocated to another long-term care home operated by the same licensee and section 240 of this Regulation applies; or

(b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee.

(3) A licensee is exempt from section 6 of the Act and from this section with respect to a resident who is admitted to the short-stay respite care program.

(4) For greater clarity, an initial plan of care is a "plan of care" for the purposes of the Act and this Regulation.

Plan of care

29. (1) Every licensee of a long-term care home shall ensure that the requirements of this section are met with respect to every plan of care.

(2) A plan of care,

(a) must identify the resident and include the resident's demographic information; and

(b) must identify all the persons who participated in the development of the plan of care, and the dates on which they participated.

(3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.

11. Seasonal risk relating to heat related illness, including protective measures required to prevent or mitigate heat related illness.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutritional care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge.

(4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and

(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3).

(5) A licensee is exempt from this section with respect to a resident who is admitted to the short-stay respite care program.

Care conference

30. (1) Every licensee of a long-term care home shall ensure that,

(a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and their substitute decision-maker, if any;

(b) the resident, the resident's substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and

(c) a record is kept of the date, the participants and the results of the conferences.

(2) A licensee is exempt from the requirement under clause (1) (a) to hold a care conference within six weeks of admission with respect to a resident,

(a) who is being relocated to another long-term care home operated by the same licensee and section 240 of this Regulation applies; or

(b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee.

(3) A licensee is exempt from this section with respect to a resident who is admitted to the short-stay respite care program.

(4) A licensee shall ensure that a care conference, as required by subsection (1), is held within three months of Ontario Regulation 95/20 (Streamlining Requirements for Long-Term Care Homes) made under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020* ceasing to be in force, if no care conference has been held since the resident was admitted or if a resident's last care conference was conducted more than one year prior to the date of that Regulation ceasing to be in force.

Plan of care, transitional

31. Where, immediately before the coming into force of this section, a plan of care under section 6 of the former Act is in place for a resident, the plan of care is continued as a plan of care under section 6 of the Act and, for the purposes of determining when the plan of care must be reviewed and revised, it is deemed to have been developed or revised under section 6 of the Act on the same day it was developed or revised under section 6 of the former Act.

Changes in plan of care, consent

32. Every licensee of a long-term care home shall ensure that when a resident is reassessed and the resident's plan of care is reviewed and revised under subsection 6 (10) of the Act, any consent or directive with respect to "treatment" as defined in the *Health Care Consent Act, 1996*, including a consent or directive with respect to a "course of treatment" or a "plan of

treatment" under that Act, that is relevant, including a regulated document under paragraph 2 of subsection 266 (1) of this Regulation, is reviewed and, if required, revised.

TARGETS AND PERIODIC INCREASES

Applicable calculation period

33. (1) This section sets the applicable calculation periods for the targets and periodic increases set out in sections 8 and 9 of the Act.

(2) For the purposes of paragraphs 2 and 3 of subsection 8 (4) of the Act and subsection 9 (3) of the Act, the applicable calculation period is the period beginning on April 1 in one year and ending on March 31 in the following year.

(3) The applicable calculation period for the purposes of paragraph 1 of subsection 8 (4) of the Act and subsection 9 (4) of the Act is the period beginning on January 1, 2022 and ending on March 31, 2022.

GENERAL REQUIREMENTS FOR PROGRAMS

General requirements

34. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.
2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

(2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

(3) The licensee is not required to comply with the requirements under this section respecting palliative care and the palliative care philosophy required under section 12 of the Act until six months after the coming into force of this section.

NURSING AND PERSONAL SUPPORT SERVICES

Nursing and personal support services

35. (1) This section and sections 36 to 52 apply to,

(a) the organized program of nursing services required under clause 11 (1) (a) of the Act; and

(b) the organized program of personal support services required under clause 11 (1) (b) of the Act.

(2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b).

(3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;

(b) set out the organization and scheduling of staff shifts;

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 11 (3) of the Act, cannot come to work; and

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

(4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Personal care

36. Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis.

Bathing

37. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

(2) For the purposes of this section, "bathing" includes tub baths, showers, and full body sponge baths.

Oral care

38. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,

(a) mouth care in the morning and evening, including the cleaning of dentures;

(b) physical assistance or cuing to help a resident who cannot, for any reason, brush their own teeth; and

(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required.

(2) The licensee shall ensure that each resident receives assistance, if required, to insert dentures prior to meals and at any other time as requested by the resident or required by the resident's plan of care.

Foot care and nail care

39. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives preventive and basic foot care services, including the cutting of toenails, to ensure comfort and prevent infection.

(2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails.

Transferring and positioning techniques

40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

Personal items and personal aids

41. (1) Every licensee of a long-term care home shall ensure that each resident of the home has their personal items, including personal aids such as dentures, glasses and hearing aids,

(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and

(b) cleaned as required.

(2) The licensee shall ensure that each resident receives assistance, if required, to use personal aids.

Notification re personal belongings, etc.

42. Every licensee of a long-term care home shall ensure that a resident or the resident's substitute decision-maker is notified when,

(a) the resident's personal aids or equipment are not in good working order or require repair; or

(b) the resident requires new personal belongings.

Mobility devices

43. Every licensee of a long-term care home shall ensure that mobility devices, including wheelchairs, walkers and canes, are available at all times to residents who require them on a short-term basis.

Dress

44. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with the resident's preferences, in their own clean clothing and in appropriate clean footwear.

Bedtime and rest routines

45. Every licensee of a long-term care home shall ensure that each resident of the home has the resident's desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

End-of-life care

46. Every licensee of a long-term care home shall ensure that every resident receives end-of-life care when required in a manner that meets their needs.

Communication methods

47. Every licensee of a long-term care home shall ensure that strategies are developed and implemented to meet the needs of residents with compromised communication and verbalization skills, of residents with cognitive impairment and of residents who cannot communicate in the language or languages used in the home.

Availability of supplies

48. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents.

24-hour nursing care — exceptions

49. (1) The following are the exceptions to the requirement that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, as required under subsection 11 (3) of the Act:

1. For homes with a licensed bed capacity of 64 beds or fewer,
   i. a registered nurse who works at the home pursuant to a contract or agreement between the nurse and the licensee and who is a member of the regular nursing staff may be used,
   ii. in the case of an emergency where the back-up plan referred to in clause 35 (3) (d) of this Regulation fails to ensure that the requirement under subsection 11 (3) of the Act is met,
      A. a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, or
      B. a registered practical nurse who is a member of the regular nursing staff may be used if the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone.
2. For homes with a licensed bed capacity of more than 64 beds and fewer than 129 beds,
   i. in the case of a planned or extended leave of absence of an employee of the licensee who is a registered nurse and a member of the regular nursing staff, a registered nurse who works at the home pursuant to a contract or agreement with the licensee and who is a member of the regular nursing staff may be used,
   ii. in the case of an emergency where the back-up plan referred to in clause 35 (3) (d) of this Regulation fails to ensure that the requirement under subsection 11 (3) of the Act is met, a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if,
      A. the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, and
      B. a registered practical nurse who is both an employee of the licensee and a member of the regular nursing staff is on duty and present in the home.
3. For all homes, in the case of a pandemic that prevents a registered nurse from getting to the home, and where the back-up plan referred to in clause 35 (3) (d) of this Regulation fails to ensure that the requirement under subsection 11 (3) of the Act is met,
   i. a registered nurse who works at the home pursuant to a contract or agreement with the licensee or who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used,
   ii. a registered practical nurse who is an employee of the licensee or who works at the home pursuant to a contract or agreement with the licensee or who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if the Director of Nursing and Personal Care or a registered nurse is available for consultation, or
   iii. a member of a regulated health profession who is a staff member of the home and who has a set of skills that, in the reasonable opinion of the licensee, would allow them to provide care to a resident, may be used if the Director of Nursing and Personal Care or a registered nurse is available for consultation.

(2) In this section,

"emergency" means an unforeseen situation of a serious nature that prevents a registered nurse from getting to the long-term care home.

Exemption, small homes at hospitals

50. The licensee of a long-term care home is exempt from subsections 11 (3) and (4) of the Act with respect to the home, as long as the following conditions apply:

1. The home has a licensed bed capacity of 39 beds or fewer.
2. The home adjoins a hospital under the *Public Hospitals Act*.
3. A registered nurse is on duty and present anywhere on the site, including the hospital.

Certification of nurses

51. Every licensee of a long-term care home shall ensure that every member of the staff who performs duties in the capacity of registered nurse, registered practical nurse or registered nurse in the extended class has the appropriate current certificate of registration with the College of Nurses of Ontario.

Qualifications of personal support workers

52. (1) Every licensee of a long-term care home shall ensure that every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title,

(a) has successfully completed a personal support worker program that meets the requirements in subsection (2); and

(b) has provided the licensee with proof of graduation issued by the education provider.

(2) The personal support worker program,

(a) must meet,

(i) the Personal Support Worker Program Standard dated July 2014 and originally published by the Ministry of Training, Colleges and Universities, or

(ii) the Personal Support Worker Training Standard dated October 2014 and originally published by the Ministry of Training, Colleges and Universities; and

(b) must be a minimum of 600 hours in duration, counting both class time and practical experience time.

(3) Despite subsection (1), a licensee may hire as a personal support worker or to provide personal support services,

(a) a registered nurse or registered practical nurse,

(i) who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker, and

(ii) who has the appropriate current certificate of registration with the College of Nurses of Ontario;

(b) a person who was working or employed at a long-term care home as a personal support worker at any time in the 12-month period preceding July 1, 2011, if,

(i) the person was working as a personal support worker on a full-time basis for at least three years during the five years immediately before being hired, or

(ii) the person was working as a personal support worker on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being hired;

(c) a person who is enrolled in an educational program for registered nurses or registered practical nurses and who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker;

(d) a person who is enrolled in a program described in subsection (2) and who is completing the practical experience requirements of the program, but such a person must work under the supervision of a member of the registered nursing staff and an instructor from the program;

(e) a person,

(i) who has a diploma or certificate granted in another jurisdiction resulting from a program that was a minimum of 600 hours in duration, counting both class time and practical experience time,

(ii) who has a set of skills that, in the reasonable opinion of the licensee, is equivalent to those that the licensee would expect of a person who has completed a program referred to in clause (2) (a), and

(iii) who has provided the licensee with proof of graduation issued by the education provider;

(f) a person who is enrolled in a program that is a minimum of 600 hours in duration, counting both class time and practical experience time, and meets,

(i) the vocational standards established by the Ministry of Colleges and Universities,

(ii) the standards established by the National Association of Career Colleges, or

(iii) the standards established by the Ontario Community Support Association,

but such a person must work under the supervision of a member of the registered nursing staff and an instructor from the program; or

(g) a person who, by July 1, 2018, has successfully completed a personal support worker program that meets the requirements set out in clause (f), other than the requirement to work under supervision, and has provided the licensee with proof of graduation issued by the education provider.

(4) The licensee shall cease to employ as a personal support worker, or as someone who provides personal support services, regardless of title,

(a) a person who was required to be enrolled in a program described in clause (3) (c) or (d) if the person ceases to be enrolled in the program or fails to successfully complete the program within five years of being hired;

(b) a person who was required to be enrolled in a program described in clause (3) (f) if the person ceases to be enrolled in the program or fails to successfully complete the program by July 1, 2018; and

(c) a person who was required to be enrolled in a program described in clause (3) (c), (d) or (f) if the person fails to provide the licensee with proof of graduation from the program within 90 days of the graduation.

REQUIRED PROGRAMS

Required programs

53. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
4. A pain management program to identify pain in residents and manage pain.

(2) Each program must, in addition to meeting the requirements set out in section 34,

(a) provide for screening protocols; and

(b) provide for assessment and reassessment instruments.

Falls prevention and management

54. (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.

(2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

(3) Every licensee of a long-term care home shall ensure that the equipment, supplies, devices and assistive aids referred to in subsection (1) are readily available at the home.

Skin and wound care

55. (1) The skin and wound care program must, at a minimum, provide for the following:

1. The provision of routine skin care to maintain skin integrity and prevent wounds.
2. Strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents.
3. Strategies to transfer and position residents to reduce and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids.
4. Treatments and interventions, including physiotherapy and nutritional care.

(2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated.

(3) In this section,

"altered skin integrity" means potential or actual disruption of epidermal or dermal tissue.

Continence care and bowel management

56. (1) The continence care and bowel management program must, at a minimum, provide for the following:

1. Treatments and interventions to promote continence.
2. Treatments and interventions to prevent constipation, including nutrition and hydration protocols.
3. Toileting programs, including protocols for bowel management.
4. Strategies to maximize residents' independence, comfort and dignity, including equipment, supplies, devices and assistive aids.
5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated.

(2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence.

Pain management

57. (1) The pain management program must, at a minimum, provide for the following:

1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.
2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.
3. Comfort care measures.
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

(2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

RESPONSIVE BEHAVIOURS

Responsive behaviours

58. (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.
2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.
3. Resident monitoring and internal reporting protocols.
4. Protocols for the referral of residents to specialized resources where required.

(2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,

(a) integrated into the care that is provided to all residents;

(b) based on the assessed needs of residents with responsive behaviours; and

(c) co-ordinated and implemented on an interdisciplinary basis.

(3) The licensee shall ensure that,

(a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices;

(b) at least annually, the matters referred to in subsection (1) are evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

(c) a written record is kept relating to each evaluation under clause (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

(4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(a) the behavioural triggers for the resident are identified, where possible;

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

ALTERCATIONS AND OTHER INTERACTIONS

Altercations and other interactions between residents

59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and

(b) identifying and implementing interventions.

BEHAVIOURS AND ALTERCATIONS

Behaviours and altercations

60. Every licensee of a long-term care home shall ensure that,

(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

(b) all direct care staff are advised at the beginning of every shift of each resident whose behaviours, including responsive behaviours, require heightened monitoring because those behaviours pose a potential risk to the resident or others.

PALLIATIVE CARE

Palliative care

61. (1) Every licensee of a long-term care home shall ensure that a resident's palliative care needs are met in accordance with this section.

(2) The licensee shall ensure that the interdisciplinary assessment of the resident's palliative care needs for their plan of care considers the resident's physical, emotional, psychological, social, cultural, and spiritual needs.

(3) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other person or persons designated by the resident or their substitute decision-maker are provided with an explanation of the palliative care options that are available based on the assessment of the resident's palliative care needs, which may include, but are not limited to, early palliative care and end-of-life care.

(4) The licensee shall ensure that, based on the assessment of the resident's palliative care needs, the palliative care options made available to the resident include, at a minimum,

(a) quality of life improvements;

(b) symptom management;

(c) psychosocial support; and

(d) end-of-life care, if appropriate.

(5) For greater certainty, the licensee shall ensure that the resident's consent is received pursuant to section 7 of the Act before taking any actions set out in this section and before palliative care is provided to the resident.

RESTORATIVE CARE

Restorative care

62. Sections 63 to 70 apply to the organized interdisciplinary program with a restorative care philosophy required under subsection 13 (1) of the Act.

Integrating restorative care into programs

63. Every licensee of a long-term care home shall ensure that,

(a) restorative care approaches are integrated into the care that is provided to all residents; and

(b) the restorative care approaches are co-ordinated to ensure that each resident is able to maintain or improve their functional and cognitive capacities in all aspects of daily living, to the extent of their abilities.

Transferring and positioning

64. Every licensee of a long-term care home shall ensure that when transferring and positioning residents, staff shall use devices and techniques that maintain or improve, wherever possible, residents' weight bearing capability, endurance and range of motion.

Therapy services

65. Every licensee of a long-term care home shall ensure that therapy services for residents of the home are arranged or provided under section 13 of the Act that include,

(a) on-site physiotherapy provided to residents on an individualized basis or in a group setting based on residents' assessed care needs; and

(b) occupational therapy and speech-language therapy.

Space and supplies — therapy services

66. (1) Every licensee of a long-term care home shall ensure that there is safe and appropriate space in the home for the provision of therapy services.

(2) The licensee shall ensure that there is a sufficient supply of therapy equipment available at all times to meet the needs of residents.

Therapy services staff qualifications

67. (1) Subject to subsection (2), every licensee of a long-term care home shall ensure that the therapy services referred to in section 65 and that the licensee arranges or provides under section 13 of the Act are only provided by therapists who have a current certificate of registration with the appropriate college of a regulated health profession.

(2) Therapy services provided by the licensee may be provided by support personnel who are members of the staff of the home who work under the direction of a member of the appropriate regulated health profession and the supervision of the designated lead required under section 70 and who,

(a) subject to subsection (3), have successfully completed a training program in restorative care, or are enrolled in such a program; or

(b) have successfully completed a relevant training course provided by the licensee that is designed and supervised by a qualified therapist who is a member of the appropriate college of a regulated health profession.

(3) The licensee shall cease to employ as support personnel a person who was required to be enrolled in a program described in clause (2) (a) if the person ceases to be enrolled in the program or fails to successfully complete the program within three years of being hired.

(4) Therapy services arranged by the licensee may be provided by support personnel of a regulated health professional referred to in subsection (1) working under the direction and supervision of that regulated health professional.

Social work and social services work

68. Every licensee of a long-term care home shall ensure that there is a written description of the social work and social services work provided in the home and that the work meets the residents' needs.

Social work and social services work qualifications

69. Every licensee of a long-term care home shall ensure that social workers or social service workers who provide services in the home are registered under the *Social Work and Social Service Work Act, 1998*.

Designated lead

70. (1) Every licensee of a long-term care home shall ensure that the home's restorative care program, including the services of social workers and social service workers, are co-ordinated by a designated lead.

(2) The designated lead,

(a) must have a current general certificate of registration with a college of a regulated health profession or the Ontario College of Social Workers and Social Service Workers; or

(b) must have,

(i) a post-secondary diploma or degree in recreation and leisure studies, kinesiology, therapeutic recreation or other related field from a community college or university, and

(ii) at least one year of experience in a health care setting.

RECREATIONAL AND SOCIAL ACTIVITIES

Recreational and social activities program

71. (1) This section and sections 72 and 73 apply to the organized recreational and social activities program for the home required under subsection 14 (1) of the Act.

(2) Every licensee of a long-term care home shall ensure that the program includes,

(a) the provision of supplies and appropriate equipment for the program;

(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends;

(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests;

(d) opportunities for resident and family input into the development and scheduling of recreation and social activities;

(e) the provision of information to residents about community activities that may be of interest to them; and

(f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently.

Designated lead

72. (1) Every licensee of a long-term care home shall ensure that there is a designated lead for the recreational and social activities program.

(2) The designated lead must have,

(a) a post-secondary diploma or degree in recreation and leisure studies, therapeutic recreation, kinesiology or other related field from a community college or university; and

(b) at least one year of experience in a health care setting.

(3) Subsection (2) only applies with respect to designated leads designated after the coming into force of this section.

(4) Despite subsection (2), a person who was working or employed as a designated lead in a long-term care home immediately before July 1, 2010 may be designated as the designated lead in a different long-term care home if the person worked or was employed as a designated lead in a long-term care home,

(a) on a full-time basis for at least three years during the five years immediately before being designated in the different home; or

(b) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being designated in the different home.

Recreational and social activities qualifications

73. (1) Every licensee of a long-term care home shall ensure that staff members providing recreational and social activities in the home,

(a) have a post-secondary diploma or degree in recreation and leisure studies, therapeutic recreation, kinesiology or other related field from a community college or university; or

(b) are enrolled in a community college or university in a diploma or degree program in such a field.

(2) The licensee shall cease to employ as a recreational and social activities staff member a person who was required to be enrolled in a program described in clause (1) (b) if the person ceases to be enrolled in the program or fails to successfully complete the program within three years of being hired.

(3) This section does not apply with respect to,

(a) a staff member who was providing recreational and social activities in the home immediately before July 1, 2010; or

(b) a person who was a staff member providing recreational and social activities in a long-term care home immediately before July 1, 2010, and who worked or was employed as a staff member providing recreational and social activities in a long-term care home,

(i) on a full-time basis for at least three years during the five years immediately before being employed in a different home, or

(ii) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being employed in a different home.

NUTRITIONAL CARE AND HYDRATION PROGRAMS

Nutritional care and hydration programs

74. (1) This section and sections 75 to 84 apply to,

(a) the organized program of nutritional care and dietary services required under clause 15 (1) (a) of the Act; and

(b) the organized program of hydration required under clause 15 (1) (b) of the Act.

(2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

(b) the identification of any risks related to nutritional care and dietary services and hydration;

(c) the implementation of interventions to mitigate and manage those risks;

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

(ii) body mass index and height upon admission and annually thereafter.

Weight changes

75. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status.

Dietary services

76. Every licensee of a long-term care home shall ensure that the dietary services component of the nutritional care and dietary services program includes,

(a) menu planning;

(b) food production;

(c) dining and snack service; and

(d) availability of supplies and equipment for food production and dining and snack service.

Menu planning

77. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

(a) is a minimum of 21 days in duration;

(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;

(c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;

(d) includes alternative beverage choices at meals and snacks;

(e) is approved by a registered dietitian who is a member of the staff of the home;

(f) is reviewed by the Residents' Council for the home; and

(g) is reviewed and updated at least annually.

(2) The licensee shall ensure that each menu,

(a) provides for adequate nutrients, fibre and energy for the residents based on the current Dietary Reference Intakes (DRIs) established in the reports overseen by the United States National Academies and published by National Academy Press, as they may exist from time to time; and

(b) provides for a variety of foods, including fresh seasonal foods, each day from all food groups in keeping with Canada's Food Guide as it exists from time to time.

(3) The licensee shall ensure that each resident is offered a minimum of,

(a) three meals daily;

(b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and

(c) a snack in the afternoon and evening.

(4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack.

(5) The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle.

(6) The licensee shall ensure that a full breakfast is available to residents up to at least 8:30 a.m. and that the evening meal is not served before 5:00 p.m.

(7) The licensee shall ensure that food and beverages that are appropriate for the residents' diets are accessible to staff and available to residents on a 24-hour basis.

Food production

78. (1) Every licensee of a long-term care home shall ensure that there is an organized food production system in the home.

(2) The food production system must, at a minimum, provide for,

(a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;

(b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;

(c) standardized recipes and production sheets for all menus;

(d) preparation of all menu items according to the planned menu;

(e) menu substitutions that have similar nutritional value;

(f) communication to residents and staff of any menu substitutions; and

(g) documentation on the production sheet of any menu substitutions.

(3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

(a) preserve taste, nutritive value, appearance and food quality; and

(b) prevent adulteration, contamination and food borne illness.

(4) The licensee shall maintain, and keep for at least one year, a record of,

(a) purchases relating to the food production system, including food delivery receipts;

(b) the approved menu cycle; and

(c) menu substitutions.

(5) If any food or beverages are prepared in the long-term care home for persons who are not residents of the home, the licensee shall maintain, and keep for at least seven years, records that specify for each week,

(a) the number of meals prepared for persons who are not residents of the home; and

(b) the revenue and internal recoveries made by the licensee relating to the sale or provision of any food and beverage prepared in the home, including revenue and internal recoveries made from cafeteria sales and catering.

(6) The licensee shall ensure that the home has,

(a) sufficient storage capacity to support the home's menu requirements;

(b) institutional food service equipment with adequate capacity to prepare, transport and hold perishable hot and cold food at safe temperatures; and

(c) institutional food service equipment with adequate capacity to clean and sanitize all dishes, utensils and equipment related to food production and dining and snack service.

(7) The licensee shall ensure that the home has and that the staff of the home comply with,

(a) policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service;

(b) a cleaning schedule for all the equipment; and

(c) a cleaning schedule for the food production, servery and dishwashing areas.

Dining and snack service

79. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
3. Monitoring of all residents during meals.
4. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
5. Food and fluids being served at a temperature that is both safe and palatable to the residents.
6. Sufficient time for every resident to eat at their own pace.
7. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

8. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

10. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat.

(2) The licensee shall ensure that,

(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

Registered dietitian

80. (1) Every licensee of a long-term care home shall ensure that there is at least one registered dietitian for the home.

(2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

(3) Where a registered dietitian for the home is also a nutrition manager for the home, any time spent working in the capacity of nutrition manager does not count toward the time requirements under subsection (2).

Nutrition manager

81. (1) Every licensee of a long-term care home shall ensure that there is at least one nutrition manager for the home, one of whom shall lead the nutritional care and dietary services program for the home.

(2) A person hired as a nutrition manager after the coming into force of this section must be an active member of the Canadian Society of Nutrition Management or a registered dietitian.

(3) Despite subsection (2), a person who was working or employed as a nutrition manager in a long-term care home immediately before July 1, 2010 may be hired as the nutrition manager in a different long-term care home if the person worked or was employed as a nutrition manager in a long-term care home,

(a) on a full-time basis for at least three years during the five years immediately before being hired in the different home; or

(b) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being hired in the different home.

(4) The licensee shall ensure that a nutrition manager is on site at the home working in the capacity of nutrition manager for the minimum number of hours per week calculated under subsection (5), without including any hours spent fulfilling other responsibilities.

(5) For the purposes of subsection (4), but subject to subsection (6), the minimum number of hours per week shall be calculated as follows:

$$M = A \times 8 \div 25$$

where,

"M" is the minimum number of hours per week, and

"A" is,

(a) if the occupancy of the home is 97 per cent or more, the licensed bed capacity of the home for the week, or

(b) if the occupancy of the home is less than 97 per cent, the number of residents residing in the home for the week, including absent residents.

(6) The Director may take into consideration the hours in a week, if any, devoted to producing meals and other food and beverages for non-residents for the sole purpose of determining,

(a) whether the licensee is in compliance with subsection (4); and

(b) whether any of the minimum staffing hours under subsection (4) are being devoted to producing meals and other food and beverages for non-residents.

Cooks

82. (1) Every licensee of a long-term care home shall ensure that there is at least one cook who works at least 35 hours per week in that position on site at the home.

(2) The licensee shall ensure that the cook referred to in subsection (1), if hired on or after July 1, 2010,

(a) has a chef training or culinary management diploma or certificate,

(i) granted by a college established under the *Ontario Colleges of Applied Arts and Technology Act, 2002*, or

(ii) granted by a registered private career college, for successfully completing a program approved by the Superintendent of private career colleges under the *Private Career Colleges Act, 2005*;

(b) has a diploma or certificate granted in another jurisdiction and has a set of skills that, in the reasonable opinion of the licensee, is equivalent to those that the licensee would expect of a person who has a diploma or certificate provided for in clause (a);

(c) holds a certificate of qualification in the trade of Cook or Institutional Cook that was issued,

(i) by the Director of Apprenticeship under the *Apprenticeship and Certification Act, 1998*,

(ii) by the Registrar of the College under the *Ontario College of Trades and Apprenticeship Act, 2009*, or

(iii) by the Registrar of Skilled Trades Ontario under the *Building Opportunities in the Skilled Trades Act, 2021*; or

(d) meets the requirement set out in clause 84 (4) (c).

(3) The licensee shall ensure that the cook referred to in subsection (1), if employed at the home before July 1, 2010,

(a) meets the qualifications required under subsection (2);

(b) has successfully completed a Food Service Worker program at a college established under the *Ontario Colleges of Applied Arts and Technology Act, 2002* or a Food Service Worker program provided by a registered private career college and approved by the Superintendent of private career colleges under the *Private Career Colleges Act, 2005*; or

(c) completed a food handler training program as defined in subsection 84 (5) on or before October 1, 2020 unless they met the requirements under clause (a) or (b) sooner.

(4) Despite subsection (2), a person who was working or employed as a cook in a long-term care home immediately before July 1, 2010 may be hired as the cook in a different long-term care home if the person,

(a) worked or was employed as a cook in a long-term care home,

(i) on a full-time basis for at least three years during the five years immediately before being employed in the different home, or

(ii) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being employed in the different home; and

(b) met the requirements under subsection (3) while at the former home.

Food service workers, minimums

83. (1) Every licensee of a long-term care home shall ensure that there are sufficient food service workers for the home to meet the minimum staffing hours as calculated under subsection (2) for,

(a) the preparation of resident meals and snacks;

(b) the distribution and service of resident meals;

(c) the receiving, storing and managing of the inventory of resident food and food service supplies; and

(d) the daily cleaning and sanitizing of dishes, utensils and equipment used for resident meal preparation, delivery and service.

(2) For the purposes of subsection (1), but subject to subsection (3), the minimum staffing hours shall be calculated as follows:

$$M = A \times 7 \times 0.45$$

where,

"M" is the minimum number of staffing hours per week, and

"A" is,

(a) if the occupancy of the home is 97 per cent or more, the licensed bed capacity in the home for the week, or

(b) if the occupancy of the home is less than 97 per cent, the number of residents residing in the home for the week, including absent residents.

(3) An inspector may take into consideration the hours in a week, if any, devoted to producing meals and other food and beverages for non-residents for the sole purpose of determining,

(a) whether the licensee is in compliance with subsection (1); and

(b) whether any of the minimum staffing hours under subsection (1) are being devoted to producing meals and other food and beverages for non-residents.

Food service workers, training and qualifications

84. (1) Every licensee of a long-term care home shall ensure that food service workers other than cooks to whom section 82 applies,

(a) have successfully completed or are enrolled in a Food Service Worker program at a college established under the *Ontario Colleges of Applied Arts and Technology Act, 2002* or a Food Service Worker program provided by a registered private career college and approved by the Superintendent of private career colleges under the *Private Career Colleges Act, 2005*;

(b) have successfully completed an apprenticeship program in the trade of Cook, Institutional Cook or Assistant Cook under the *Apprenticeship and Certification Act, 1998*, the *Ontario College of Trades and Apprenticeship Act, 2009*, or the *Building Opportunities in the Skilled Trades Act, 2021*; or

(c) have entered into a registered training agreement in the trade of Cook, Institutional Cook or Assistant Cook under the *Apprenticeship and Certification Act, 1998*, the *Ontario College of Trades and Apprenticeship Act, 2009* or the *Building Opportunities in the Skilled Trades Act, 2021*.

(2) The licensee shall cease to employ as a food service worker a person who was required to be enrolled in a program described in subsection (1) if,

(a) in the case of a program referred to in clause (1) (a), the person ceases to be enrolled in the program or fails to successfully complete the program within three years of being hired; or

(b) in the case of a program referred to in clause (1) (c), the registration of the person's training agreement is cancelled, suspended or revoked, or the person fails to receive a statement of successful completion of a program under the *Apprenticeship and Certification Act, 1998*, a certificate of successful completion of a program under the *Ontario College of Trades and Apprenticeship Act, 2009* or a certificate of apprenticeship under the *Building Opportunities in the Skilled Trades Act, 2021*, as the case may be,

(i) within three years of being hired, in the case of an apprenticeship program in the trade of Assistant Cook, or

(ii) within five years of being hired, in the case of an apprenticeship program in the trade of Cook or Institutional Cook.

(3) Despite subsection (1), a person who was working or employed as a food service worker in a long-term care home immediately before July 1, 2010 may be hired as a food service worker in a different home if the person,

(a) worked or was employed as a food service worker in a long-term care home,

(i) on a full-time basis for at least three years during the five years immediately before being employed in the different home, or

(ii) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being employed in the different home; and

(b) completed a food handler training program on or before October 1, 2010, unless the person met the requirements under subsection (1) before then.

(4) Subsection (1) does not apply with respect to,

(a) students hired on a seasonal or part-time basis, who have successfully completed a food handler training program;

(b) persons who meet the qualifications in subsection 81 (2) or 82 (2) or who are exempt from meeting those qualifications as they meet the requirements under subsection 81 (3) or 82 (4); or

(c) persons who have a post-secondary diploma in food and nutrition management or a post-secondary degree in food and nutrition.

(5) In this section,

"food handler training program" means the food handler training program offered or approved by the board of health for the public health unit in which the long-term care home is located.

MEDICAL SERVICES

Medical services program

85. Sections 86 to 90 apply to the organized program of medical services for the home required under section 16 of the Act.

Availability of medical services

86. Every licensee of a long-term care home shall ensure that residents have access to medical services in the home 24 hours a day.

Individualized medical directives and orders

87. Every licensee of a long-term care home shall ensure that no medical directive or order is used with respect to a resident unless it is individualized to the resident's condition and needs.

ATTENDING PHYSICIANS AND RNS (EC)

Attending physician or RN (EC)

88. (1) Every licensee of a long-term care home shall ensure that either a physician or a registered nurse in the extended class,

(a) conducts a physical examination of each resident upon admission and an annual physical examination annually thereafter, and produces a written report of the findings of the examination;

(b) attends regularly at the home to provide services, including assessments; and

(c) participates in the provision of after-hours coverage and on-call coverage.

(2) The resident or the resident's substitute decision-maker may retain a physician or registered nurse in the extended class to perform the services required under subsection (1).

(3) If the resident or substitute decision-maker does not retain a physician or a registered nurse in the extended class, the licensee shall appoint one for the resident, in consultation with the Medical Director, the resident, and the resident's substitute decision-maker, if any.

(4) The licensee shall enter into the appropriate written agreement under section 89 or 90 with every physician or registered nurse in the extended class retained or appointed under subsection (2) or (3).

(5) A licensee shall ensure that the annual physical examination required under clause (1) (a) is held within three months of Ontario Regulation 95/20 (Streamlining Requirements for Long-Term Care Homes) made under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020* ceasing to be in force, if an annual physical examination had not been held in the year before the ceasing to be in force.

Agreement with attending physician

89. Where a written agreement between a licensee and a physician is required under subsection 88 (4), the agreement must provide for, at a minimum,

(a) the term of the agreement;

(b) the responsibilities of the licensee; and

(c) the responsibilities or duties of the physician, including,

(i) accountability to the Medical Director for meeting the home's policies, procedures and protocols for medical services,

(ii) provision of medical services, and

(iii) provision of after-hours coverage and on-call coverage.

Agreement with registered nurse in extended class

90. Where a written agreement between a licensee and a registered nurse in the extended class is required under subsection 88 (4), the agreement must provide for, at a minimum,

(a) the term of the agreement;

(b) the responsibilities of the licensee; and

(c) the responsibilities or duties of the registered nurse in the extended class, including,

(i) accountability to the Medical Director for meeting the home's policies, procedures and protocols for medical services,

(ii) provision of services,

(iii) informing the licensee of the name of the physician with whom the registered nurse in the extended class has a consultative relationship, and

(iv) provision of after-hours coverage and on-call coverage.

RELIGIOUS AND SPIRITUAL PRACTICES

Religious and spiritual practices

91. (1) This section applies to the organized program for the home to give residents reasonable opportunity to practise their religious and spiritual beliefs required under section 18 of the Act.

(2) Every licensee of a long-term care home shall ensure that the program includes arrangements to provide worship services, resources and non-denominational spiritual counselling on a regular basis for all residents who desire them based on availability within the community.

(3) The licensee shall ensure that,

(a) mechanisms are in place to support and facilitate residents' participation in the program;

(b) arrangements are made for one-to-one visitation, according to the resident's wishes, based on availability within the community; and

(c) arrangements are made to facilitate the participation in the program of residents who have hearing or visual impairments, based on availability within the community.

(4) The licensee shall ensure that there is a designated lead for the program who has sufficient knowledge and experience to co-ordinate religious services and spiritual care in a multi-faith setting.

ACCOMMODATION SERVICES

Accommodation services programs

92. (1) This section and sections 93 to 98 apply to the organized programs required under subsection 19 (1) of the Act.

(2) Where services under any of the programs are provided by a service provider who is not an employee of the licensee, the licensee shall ensure that there is in place a written agreement with the service provider that sets out the service expectations.

(3) The licensee shall ensure that there are written policies and procedures to monitor and supervise persons who provide occasional maintenance or repair services to the home pursuant to the agreement referred to in subsection (2).

(4) The licensee's policies and procedures under subsection (3) may take into account whether the person is subject to the requirements for a police record check and declarations set out in sections 252 and 253.

Housekeeping

93. (1) Every licensee of a long-term care home shall ensure that housekeeping services are provided seven days per week.

(2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces;

(c) removal and safe disposal of dry and wet garbage; and

(d) addressing incidents of lingering offensive odours.

(3) The licensee shall ensure that the infection prevention and control lead designated under subsection 102 (5) is involved in selecting the disinfectant referred to in clause (2) (b).

(4) The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home.

Pest control

94. (1) As part of organized programs of housekeeping and maintenance services under clauses 19 (1) (a) and (c) of the Act, every licensee of a long-term care home shall ensure that an organized preventive pest control program using the services of a licensed pest controller is in place at the home, including records indicating the dates of visits and actions taken.

(2) The licensee shall ensure that immediate action is taken to deal with pests.

Laundry service

95. (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

(a) procedures are developed and implemented to ensure that,

(i) residents' linens are changed at least once a week and more often as needed,

(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,

(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and

(iv) there is a process to report and locate residents' lost clothing and personal items;

(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;

(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and

(d) industrial washers and dryers are used for the washing and drying of all laundry.

(2) Despite clause (1) (d), the licensee may provide residential washers and dryers within the home that are,

(a) accessible to residents and family members; and

(b) available to address the laundry needs arising from programs if industrial sanitation is not necessary to meet those needs.

Maintenance services

96. (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

(2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;

(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;

(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and

(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water.

(3) The licensee shall ensure that the home's mechanical ventilation systems are functioning at all times except when the home is operating on power from an emergency generator.

Hazardous substances

97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

Designated lead — housekeeping, laundry, maintenance

98. (1) The licensee shall ensure that there is a designated lead for each of the housekeeping, laundry services and maintenance services programs, but the same person may be the designated lead for more than one program.

(2) The designated lead must have,

(a) a post-secondary degree or diploma;

(b) knowledge of evidence-based practices and, if there are none, prevailing practices relating to housekeeping, laundry and maintenance, as applicable; and

(c) a minimum of two years experience in a managerial or supervisory capacity.

(3) Subsection (2) only applies with respect to designated leads designated after the coming into force of this section.

(4) Despite subsection (2), a person who was working or employed as a designated lead in a long-term care home immediately before July 1, 2010 may be designated as the designated lead in a different long-term care home if the person worked or was employed as a designated lead in a long-term care home,

(a) on a full-time basis for at least three years during the five years immediately before being designated in the different home; or

(b) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being designated in the different home.

PETS

Pets

99. Every licensee of a long-term care home shall ensure that there are in place written policies respecting pets in the home.

VOLUNTEERS

Volunteer program

100. (1) This section and section 101 apply to the organized volunteer program required under subsection 20 (1) of the Act.

(2) Every licensee of a long-term care home shall ensure that a staff member monitors or directs a volunteer whenever it is necessary to ensure the safety of a resident.

Designated lead

101. (1) The licensee shall ensure that there is a designated lead for the volunteer program who is a member of the staff.

(2) The designated lead must have,

(a) at least one year of experience with seniors in an organized program or one year of experience with persons in a health care setting; and

(b) experience or knowledge in recruitment, selection, orientation, placement and supervision of volunteers.

INFECTION PREVENTION AND CONTROL PROGRAM

Infection prevention and control program

102. (1) Every licensee of a long-term care home shall ensure that the infection prevention and control program required under subsection 23 (1) of the Act complies with the requirements of this section.

(2) The licensee shall implement,

(a) any surveillance protocols issued by the Director for a particular communicable disease or disease of public health significance; and

(b) any standard or protocol issued by the Director with respect to infection prevention and control.

(3) The Director shall update the standards and protocols mentioned in subsection (2) regularly to reflect relevant evidence and best practice.

(4) The licensee shall ensure,

(a) that there is an interdisciplinary team approach in the co-ordination and implementation of the program;

(b) that an interdisciplinary infection prevention and control team that includes the infection prevention and control lead, the Medical Director, the Director of Nursing and Personal Care and the Administrator co-ordinates and implements the program;

(c) that the interdisciplinary infection prevention and control team meets at least quarterly and on a more frequent basis during an infectious disease outbreak in the home;

(d) that the local medical officer of health appointed under the *Health Protection and Promotion Act* or their designate is invited to the meetings;

(e) that the program is evaluated and updated at least annually in accordance with the standards and protocols issued by the Director under subsection (2);

(f) that a written record is kept relating to each evaluation under clause (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented; and

(g) that the program is implemented in a manner consistent with the precautionary principle as set out in the standards and protocols issued by the Director under subsection (2) and the most current medical evidence.

(5) The licensee shall designate a staff member as the infection prevention and control lead who has education and experience in infection prevention and control practices, including,

(a) infectious diseases;

(b) cleaning and disinfection;

(c) data collection and trend analysis;

(d) reporting protocols;

(e) outbreak management;

(f) asepsis;

(g) microbiology;

(h) adult education;

(i) epidemiology;

(j) program management; and

(k) current certification in infection control from the Certification Board of Infection Control and Epidemiology.

(6) A licensee is not required to comply with the qualification requirements for the infection prevention and control lead under clause (5) (k) until three years after this section comes into force.

(7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

1. Working with the interdisciplinary team to implement the infection prevention and control program.
2. Managing and overseeing the infection prevention and control program.
3. Overseeing the delivery of infection prevention and control education to all staff, caregivers, volunteers, visitors and residents.
4. Auditing of infection prevention and control practices in the home.
5. Conducting regular infectious disease surveillance.
6. Convening the Outbreak Management Team at the outset of an outbreak and regularly throughout an outbreak.
7. Convening the interdisciplinary infection prevention and control team referred to in subsection (4) at least quarterly, and at a more frequent interval during an infectious disease outbreak in the home.
8. Reviewing the information gathered pursuant to subsection (9).
9. Reviewing any daily and monthly screening results collected by the licensee to determine whether any action is required.

10. Implementing required improvements to the infection prevention and control program as required by audits under paragraph 4 or by the licensee.

11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care.

(8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead.

(9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required.

(10) The licensee shall ensure that the information gathered under subsection (9) is analyzed daily to detect the presence of infection and reviewed at least once a month to detect trends, for the purpose of reducing the incidence of infection and outbreaks.

(11) The licensee shall ensure that there are in place,

(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the *Health Protection and Promotion Act*, communication plans, and protocols for receiving and responding to health alerts; and

(b) a written plan for responding to infectious disease outbreaks.

(12) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.

2. Residents must be offered immunization against influenza at the appropriate time each year.

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the website of the Ministry of Health.

4. Staff is screened for tuberculosis and other infectious diseases in accordance with any standard or protocol issued by the Director under subsection (2).

5. There must be a staff immunization program in accordance with any standard or protocol issued by the Director under subsection (2).

(13) A licensee is exempt from paragraph 1 of subsection (12) with respect to a resident,

(a) who is being relocated to another long-term care home operated by the same licensee and section 240 applies; or

(b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee.

(14) The licensee shall ensure that any pets living in the home or visiting the home have up-to-date immunizations.

(15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per week.

2. In a home with a licensed bed capacity of more than 69 beds but less than 200 beds, at least 26.25 hours per week.

3. In a home with a licensed bed capacity of 200 beds or more, at least 35 hours per week.

(16) Every licensee of a long-term care home shall consider the complexity and vulnerability of their resident population in the home and shall determine if the infection prevention and control lead is required to work more than the minimum number of hours required by subsection (15) or whether to designate additional infection prevention and control leads as required.

(17) The designation of an additional infection prevention and control lead under subsection (16) does not relieve the licensee with respect to its obligation to ensure the minimum hours worked in subsection (15) by the infection prevention and control lead.

(18) The licensee shall oversee the development and implementation of a quality management program to assess and improve infection prevention and control in the home, as set out in a standard or protocol issued by the Director under subsection (2).

(19) Every licensee of a long-term care home shall ensure that the direct contact information, including a telephone number and email address that are monitored regularly, of all infection prevention and control leads for the home are provided,

(a) to the local medical officer of health appointed under the *Health Protection and Promotion Act* or their designate; and

(b) where there exists a person or entity that is designated as the relevant IPAC hub for the home under a funding agreement with the Ministry of Health, to that IPAC hub.

PREVENTION OF ABUSE AND NEGLECT

Policy to promote zero tolerance

103. Every licensee of a long-term care home shall ensure that the licensee's written policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents,

(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;

(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;

(c) identifies measures and strategies to prevent abuse and neglect;

(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and

(e) identifies the training and retraining requirements for all staff, including,

(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and

(ii) situations that may lead to abuse and neglect and how to avoid such situations.

Notification re incidents

104. (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,

(a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and

(b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.

(2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 27 (1) of the Act, immediately upon the completion of the investigation.

(3) Despite subsections (1) and (2), a licensee is not required to, but may, notify a person of anything under this section if the licensee has reasonable grounds to believe that the person is responsible for the alleged, suspected or witnessed incident of abuse or neglect of the resident.

Police notification

105. Every licensee of a long-term care home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence.

Evaluation

106. Every licensee of a long-term care home shall ensure,

(a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;

(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;

(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;

(d) that the changes and improvements under clause (b) are promptly implemented; and

(e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared.

REPORTING AND COMPLAINTS

Complaints procedure: licensee

107. Every licensee of a long-term care home shall ensure that the written procedures required under clause 26 (1) (a) of the Act incorporate the requirements set out in section 108 of this Regulation.

Dealing with complaints

108. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.
2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.
3. The response provided to a person who made a complaint shall include,
   i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the *Excellent Care for All Act, 2010*,
   ii. an explanation of,
      A. what the licensee has done to resolve the complaint, or
      B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief, and
   iii. if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.

(2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint;

(b) the date the complaint was received;

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

(d) the final resolution, if any;

(e) every date on which any response was provided to the complainant and a description of the response; and

(f) any response made in turn by the complainant.

(3) The licensee shall ensure that,

(a) the documented record is reviewed and analyzed for trends at least quarterly;

(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and

(c) a written record is kept of each review and of the improvements made in response.

(4) Subsections (2) and (3) do not apply with respect to verbal complaints that the licensee is able to resolve within 24 hours of the complaint being received.

(5) Where a licensee is required to immediately forward a complaint under clause 26 (1) (c) of the Act, it shall forward it in a form and manner acceptable to the Director, and,

(a) during the Ministry's normal business hours, to the Director or the Director's delegate; or

(b) outside normal business hours, using the Ministry's after hours emergency contact method.

Additional requirements, s. 26 of the Act

109. (1) A complaint that a licensee is required to immediately forward to the Director under clause 26 (1) (c) of the Act is a complaint that alleges harm or risk of harm, including, but not limited to, physical harm, to one or more residents.

(2) For the purposes of subsection 26 (2) of the Act, the licensee shall also ensure that it provides to the Director, in a manner acceptable to the Director, a copy of the part of the documented record the licensee is required to keep under subsection 108 (2) that is related to the complaint.

Transitional, complaints

110. Where a complaint was made before the coming into force of this section, but not finally dealt with, the complaint shall be dealt with as provided for in section 108 to the extent possible.

Complaints — reporting certain matters to Director

111. (1) Every licensee of a long-term care home who receives a written complaint with respect to a matter that the licensee reports or reported to the Director under section 28 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 108 (1).

(2) The licensee shall comply with subsection (1) immediately upon completing the licensee's investigation into the complaint, or at an earlier date if required by the Director.

Licensees who report investigations under s. 27 (2) of Act

112. (1) In making a report to the Director under subsection 27 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
2. A description of the individuals involved in the incident, including,
    i. names of all residents involved in the incident,
    ii. names of any staff members or other persons who were present at or discovered the incident, and
    iii. names of staff members who responded or are responding to the incident.
3. Actions taken in response to the incident, including,
    i. what care was given or action taken as a result of the incident, and by whom,
    ii. whether a physician or registered nurse in the extended class was contacted,
    iii. what other authorities were contacted about the incident, if any,
    iv. whether a family member, person of importance or a substitute decision-maker of any resident involved in the incident was contacted and the name of such person or persons, and
    v. the outcome or current status of the individual or individuals who were involved in the incident.
4. Analysis and follow-up action, including,
    i. the immediate actions that have been taken to prevent recurrence, and
    ii. the long-term actions planned to correct the situation and prevent recurrence.
5. The name and title of the person making the report to the Director, the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector.

(2) Subject to subsection (3), the licensee shall make the report within 10 days of becoming aware of the alleged, suspected or witnessed incident, or at an earlier date if required by the Director.

(3) If not everything required under subsection (1) can be provided in a report within 10 days, the licensee shall make a preliminary report to the Director within 10 days and provide a final report to the Director within a period of time specified by the Director.

Non-application re certain staff

113. Paragraph 4 of subsection 28 (5) of the Act does not apply to a staff member who,

(a) falls under clause (b) or (c) of the definition of "staff" in subsection 2 (1) of the Act;

(b) only provides occasional maintenance or repair services to the home; and

(c) does not provide direct care to residents.

Transitional, investigation and reports

114. (1) Section 27 of the Act and section 112 of this Regulation apply with respect to incidents that the licensee knew of or that were reported to the licensee after the coming into force of this section, even if the incident occurred before the coming into force, unless the incident was investigated and resolved before the coming into force.

(2) Section 28 of the Act applies only with respect to matters that occurred or may occur after July 1, 2010.

(3) Section 29 of the Act applies with respect to information received by the Director after that section comes into force, even if the information is with regard to a matter that occurred before that section came into force.

(4) Section 30 of the Act applies with respect to retaliation that occurs after the coming into force of that section, even if the retaliation relates to something that was disclosed or given in evidence before the coming into force of that section including anything with respect to which section 26 of the former Act applied.

Reports re critical incidents

115. (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):

1. An emergency within the meaning of section 268, including fire, unplanned evacuation or intake of evacuees.
2. An unexpected or sudden death, including a death resulting from an accident or suicide.
3. A resident who is missing for three hours or more.
4. Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.
5. An outbreak of a disease of public health significance or communicable disease as defined in the *Health Protection and Promotion Act*.
6. Contamination of the drinking water supply.

(2) Where a licensee is required to make a report immediately under subsection (1) and it is after normal business hours, the licensee shall make the report using the Ministry's method for after hours emergency contact.

(3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including,
   i. a breakdown or failure of the security system,
   ii. a breakdown of major equipment or a system in the home,
   iii. a loss of essential services, or
   iv. flooding.
3. A missing or unaccounted for controlled substance.
4. Subject to subsection (4), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital.

(4) Where an incident occurs that causes an injury to a resident for which the resident is taken to a hospital, but the licensee is unable to determine within one business day whether the injury has resulted in a significant change in the resident's health condition, the licensee shall,

(a) contact the hospital within three calendar days after the occurrence of the incident to determine whether the injury has resulted in a significant change in the resident's health condition; and

(b) where the licensee determines that the injury has resulted in a significant change in the resident's health condition or remains unable to determine whether the injury has resulted in a significant change in the resident's health condition, inform the Director of the incident no later than three business days after the occurrence of the incident, and follow with the report required under subsection (5).

(5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
2. A description of the individuals involved in the incident, including,
   i. names of any residents involved in the incident,
   ii. names of any staff members or other persons who were present at or discovered the incident, and
   iii. names of staff members who responded or are responding to the incident.
3. Actions taken in response to the incident, including,
   i. what care was given or action taken as a result of the incident, and by whom,
   ii. whether a physician or registered nurse in the extended class was contacted,
   iii. what other authorities were contacted about the incident, if any,
   iv. for incidents involving a resident, whether a family member, person of importance or a substitute decision-maker of the resident was contacted and the name of such person or persons, and
   v. the outcome or current status of the individual or individuals who were involved in the incident.
4. Analysis and follow-up action, including,
   i. the immediate actions that have been taken to prevent recurrence, and
   ii. the long-term actions planned to correct the situation and prevent recurrence.
5. The name and title of the person who made the initial report to the Director under subsection (1) or (3), the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector.

(6) The licensee shall ensure that the resident's substitute decision-maker, if any, or any person designated by the substitute decision-maker and any other person designated by the resident are promptly notified of a serious injury or serious illness of the resident, in accordance with any instructions provided by the person or persons who are to be so notified.

(7) Where a matter occurred before the coming into force of this section and the matter was required to be reported to the Director as an occurrence under the former Act, but the matter has not yet been reported, the licensee shall report the matter to the Director in accordance with the requirements under the Act.

(8) In this section,

"significant change" means a major change in the resident's health condition that,

(a) will not resolve itself without further intervention,

(b) impacts on more than one aspect of the resident's health condition, and

(c) requires an assessment by the interdisciplinary team or a revision to the resident's plan of care.

MISUSE OF FUNDING

Misuse of funding

116. For the purposes of paragraph 5 of subsection 28 (1) and paragraph 6 of subsection 29 (1) of the Act, "misuse" of funding means the use of funding provided by the Ministry, the Agency or a local health integration network,

(a) for a purpose other than a purpose that was specified as a condition of the funding; or

(b) in a manner that is not permitted under a restriction that was specified as a condition of the funding.

WHISTLE-BLOWING

Entities, s. 30 of the Act

117. The following are prescribed entities to which clause 30 (1) (c) of the Act applies:

1. Residents' Councils.
2. Family Councils, if any.

MINIMIZING OF RESTRAINING

Policy to minimize restraining of residents, etc.

118. Every licensee of a long-term care home shall ensure that the home's written policy under section 33 of the Act deals with,

(a) use of physical devices;

(b) duties and responsibilities of staff, including,

(i) who has the authority to apply a physical device to restrain a resident or release a resident from a physical device,

(ii) ensuring that all appropriate staff are aware at all times of when a resident is being restrained by use of a physical device;

(c) restraining under the common law duty pursuant to subsection 39 (1) of the Act when immediate action is necessary to prevent serious bodily harm to the person or others;

(d) types of physical devices permitted to be used;

(e) how consent to the use of physical devices as set out in section 35 of the Act and the use of PASDs as set out in section 36 of the Act is to be obtained and documented;

(f) alternatives to the use of physical devices, including how these alternatives are planned, developed and implemented, using an interdisciplinary approach; and

(g) how the use of restraining in the home will be evaluated to ensure minimizing of restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation.

Requirements relating to restraining by a physical device

119. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 35 of the Act or pursuant to the common law duty described in section 39 of the Act:

1. Staff apply the physical device in accordance with any manufacturer's instructions.
2. The physical device is well maintained.
3. The physical device is not altered except for routine adjustments in accordance with any manufacturer's instructions.

(2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 35 of the Act:

1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class.
2. That staff apply the physical device in accordance with any instructions specified by the physician or registered nurse in the extended class.
3. That the resident is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose.
4. That the resident is released from the physical device and repositioned at least once every two hours. (This requirement does not apply when bed rails are being used if the resident is able to reposition themself.)
5. That the resident is released and repositioned any other time when necessary based on the resident's condition or circumstances.
6. That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances.

(3) Where a resident is being restrained by a physical device when immediate action is necessary to prevent serious bodily harm to the resident or to others pursuant to the common law duty described in section 39 of the Act, the licensee shall ensure that,

(a) the resident is monitored or supervised on an ongoing basis and released from the physical device and repositioned when necessary based on the resident's condition or circumstances;

(b) the resident's condition is reassessed only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every 15 minutes, and at any other time when reassessment is necessary based on the resident's condition or circumstances; and

(c) the provisions of section 35 of the Act are complied with before continuing to restrain a resident by a physical device when the immediate action is no longer necessary.

(4) Following the application of a physical device pursuant to the common law duty referred to in section 39 of the Act, the licensee shall explain to the resident, or the resident's substitute decision-maker where the resident is incapable, the reason for the use of the physical device.

(5) Where a resident has been restrained by a physical device under section 35 of the Act, or pursuant to the common law duty referred to in section 39 of the Act, and the resident is released from the physical device or the use of the physical device is being discontinued, the licensee shall ensure that appropriate post-restraining care is provided to ensure the safety and comfort of the resident.

(6) Every licensee shall ensure that no physical device is applied under section 35 of the Act to restrain a resident who is in bed, except,

(a) to allow for a clinical intervention that requires the resident's body or a part of the resident's body to be stationary; or

(b) if the physical device is a bed rail used in accordance with section 18.

(7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 35 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

1. The circumstances precipitating the application of the physical device.
2. What alternatives were considered and why those alternatives were inappropriate.
3. The person who made the order, what device was ordered, and any instructions relating to the order.
4. Consent.
5. The person who applied the device and the time of application.
6. All assessment, reassessment and monitoring, including the resident's response.
7. Every release of the device and all repositioning.
8. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care.

(8) Every licensee shall ensure that every use of a physical device to restrain a resident pursuant to the common law duty referred to in section 39 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

1. The circumstances precipitating the application of the physical device.
2. The person who made the order, what device was ordered, and any instructions relating to the order.
3. The person who applied the device and the time of application.
4. All assessment, reassessment and monitoring, including the resident's response.
5. Every release of the device and all repositioning.
6. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care.

Requirements relating to the use of a PASD

120. (1) Every licensee of a long-term care home shall ensure that a PASD used under section 36 of the Act to assist a resident with a routine activity of living is removed as soon as it is no longer required to provide such assistance, unless the resident requests that it be retained.

(2) Every licensee shall ensure that a PASD used under section 36 of the Act,

(a) is well maintained;

(b) is applied by staff in accordance with any manufacturer's instructions; and

(c) is not altered except for routine adjustments in accordance with any manufacturer's instructions.

Prohibited devices that limit movement

121. For the purposes of section 38 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:

1. Roller bars on wheelchairs and commodes or toilets.

2. Vest or jacket restraints.
3. Any device with locks that can only be released by a separate device, such as a key or magnet.
4. Four point extremity restraints.
5. Any device used to restrain a resident to a commode or toilet.
6. Any device that cannot be immediately released by staff.
7. Sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose.

Evaluation

122. Every licensee of a long-term care home shall ensure,

(a) that an analysis of the restraining of residents by use of a physical device under section 35 of the Act or pursuant to the common law duty referred to in section 39 of the Act is undertaken on a monthly basis;

(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 33 of the Act, and what changes and improvements are required to minimize restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation;

(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;

(d) that the changes or improvements under clause (b) are promptly implemented; and

(e) that a written record of everything provided for in clauses (a), (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes were implemented is promptly prepared.

DRUGS

Medication management system

123. (1) Every licensee of a long-term care home shall develop an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents.

(2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

(3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director.

Quarterly evaluation

124. (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

(2) Where the pharmacy service provider is a corporation, the licensee shall ensure that a pharmacist from the pharmacy service provider participates in the quarterly evaluation.

(3) The quarterly evaluation of the medication management system must include at least,

(a) reviewing drug utilization trends and drug utilization patterns in the home, including the use of any drug or combination of drugs, including psychotropic drugs, that could potentially place residents at risk;

(b) reviewing reports of any medication incidents and adverse drug reactions referred to in subsections 147 (2) and (3) and all instances of the restraining of residents by the administration of a drug when immediate action is necessary to prevent serious bodily harm to a resident or to others pursuant to the common law duty referred to in section 39 of the Act; and

(c) identifying changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

(4) The licensee shall ensure that the changes identified in the quarterly evaluation are implemented.

(5) The licensee shall ensure that a written record is kept of the results of the quarterly evaluation and of any changes that were implemented.

Annual evaluation

125. (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home, meets annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

(2) Where the pharmacy service provider is a corporation, the licensee shall ensure that a pharmacist from the pharmacy service provider participates in the annual evaluation.

(3) The annual evaluation of the medication management system must,

(a) include a review of the quarterly evaluations in the previous year as referred to in section 124;

(b) be undertaken using an assessment instrument designed specifically for this purpose; and

(c) identify changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

(4) The licensee shall ensure that the changes identified in the annual evaluation are implemented.

(5) The licensee shall ensure that a written record is kept of the results of the annual evaluation and of any changes that were implemented.

Medical directives and orders — drugs

126. Every licensee of a long-term care home shall ensure that,

(a) all medical directives or orders for the administration of a drug to a resident are reviewed at any time when the resident's condition is assessed or reassessed in developing or revising the resident's plan of care as required under section 6 of the Act; and

(b) no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs.

Information in every resident home area or unit

127. Every licensee of a long-term care home shall ensure that the following are available in every resident home area or unit in the home:

1. Recent and relevant drug reference materials.
2. The pharmacy service provider's contact information.
3. The contact information for at least one poison control centre or similar body.

PHARMACY SERVICE PROVIDER

Retaining of pharmacy service provider

128. (1) Every licensee of a long-term care home shall retain a pharmacy service provider for the home.

(2) The pharmacy service provider must be the holder of a certificate of accreditation for the operation of a pharmacy under section 139 of the *Drug and Pharmacies Regulation Act*.

(3) There must be a written contract between the licensee and the pharmacy service provider setting out the responsibilities of the pharmacy service provider.

(4) The written contract must provide that the pharmacy service provider shall,

(a) provide drugs to the home on a 24-hour basis, seven days a week, or arrange for their provision by another holder of a certificate of accreditation for the operation of a pharmacy under section 139 of the *Drug and Pharmacies Regulation Act*; and

(b) perform all the other responsibilities of the pharmacy service provider under this Regulation.

Responsibilities of pharmacy service provider

129. Every licensee of a long-term care home shall ensure that the pharmacy service provider participates in the following activities:

1. For each resident of the home, the development of medication assessments, medication administration records and records for medication reassessment, and the maintenance of medication profiles.
2. Evaluation of therapeutic outcomes of drugs for residents.
3. Risk management and quality improvement activities, including review of medication incidents, adverse drug reactions and drug utilization.

4. Developing audit protocols for the pharmacy service provider to evaluate the medication management system.
5. Educational support to the staff of the home in relation to drugs.
6. Drug destruction under clause 148 (3) (a) if required by the licensee's policy.

System for notifying pharmacy service provider

130. Every licensee of a long-term care home shall ensure that a system is developed for notifying the pharmacy service provider within 24 hours of the admission, medical absence, psychiatric absence, discharge, and death of a resident.

OBTAINING AND KEEPING DRUGS

Purchasing and handling of drugs

131. (1) Every licensee of a long-term care home shall ensure that no drug is acquired, received or stored by or in the home or kept by a resident under subsection 140 (8) unless the drug,

(a) has been prescribed for a resident or obtained for the purposes of the emergency drug supply referred to in section 132; and

(b) has been provided by, or through an arrangement made by, the pharmacy service provider or the Government of Ontario.

(2) Subsection (1) does not apply where exceptional circumstances exist such that a drug prescribed for a resident cannot be provided by, or through an arrangement made by, the pharmacy service provider.

Emergency drug supply

132. Every licensee of a long-term care home who maintains an emergency drug supply for the home shall ensure,

(a) that only drugs approved for this purpose by the Medical Director in collaboration with the pharmacy service provider, the Director of Nursing and Personal Care and the Administrator are kept;

(b) that a written policy is in place to address the location of the supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply and tracking and documentation with respect to the drugs maintained in the supply;

(c) that, at least annually, there is an evaluation done by the persons referred to in clause (a) of the utilization of drugs kept in the emergency drug supply in order to determine the need for the drugs; and

(d) that any recommended changes resulting from the evaluation are implemented.

Drug supply

133. Every licensee of a long-term care home shall ensure that drugs obtained for use in the home, except drugs obtained for any emergency drug supply, are obtained based on resident usage, and that no more than a three-month supply is kept in the home at any time.

Monitored dosage system

134. (1) Every licensee of a long-term care home shall ensure that a monitored dosage system is used in the home for the administration of drugs.

(2) The monitored dosage system must promote the ease and accuracy of the administration of drugs to residents and support monitoring and drug verification activities.

Packaging of drugs

135. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed.

Changes in directions for administration

136. Every licensee of a long-term care home shall ensure that a policy is developed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director, to govern changes in the administration of a drug due to modifications of directions for use made by a prescriber, including temporary discontinuation.

Sending of drugs with a resident

137. Every licensee of a long-term care home shall ensure that a policy is developed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director, to govern the sending of a drug that has been prescribed for a resident with them when they leave the home on a temporary basis or are discharged.

Safe storage of drugs

138. (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(i) that is used exclusively for drugs and drug-related supplies,

(ii) that is secure and locked,

(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and

(iv) that complies with manufacturer's instructions for the storage of the drugs; and

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

(2) Subsection (1) does not apply with respect to drugs that a resident is permitted to keep on their person or in their room in accordance with subsection 140 (8).

Security of drug supply

139. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
   i. persons who may dispense, prescribe or administer drugs in the home, and
   ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered.

Administration of drugs

140. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident.

(2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.

(3) Subject to subsections (4), (5) and (6), the licensee shall ensure that no person administers a drug to a resident in the home unless that person is a physician, dentist, registered nurse or registered practical nurse.

(4) A member of the registered nursing staff may permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical, if,

(a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals;

(b) the member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and

(c) the staff member who administers the topical does so under the supervision of the member of the registered nursing staff.

(5) A member of the registered nursing staff may permit a nursing student to administer drugs to residents if,

(a) the licensee has verified with the university or college that offers the nursing educational program in which the nursing student is enrolled that the nursing student has received education or training about the administration of drugs as part of the program;

(b) the nursing student has been trained by a member of the registered nursing staff in the written policies and protocols for the medication management system referred to in subsection 123 (2);

(c) the member of the registered nursing staff who is permitting the administration is satisfied that the nursing student can safely administer drugs; and

(d) the nursing student who administers the drugs does so under the supervision of the member of the registered nursing staff.

(6) The licensee shall ensure that no resident administers a drug to themself unless the administration has been approved by the prescriber in consultation with the resident.

(7) Where a resident of the home is permitted to administer a drug to themself under subsection (6), the licensee shall ensure that there are written policies to ensure that the residents who do so understand,

(a) the use of the drug;

(b) the need for the drug;

(c) the need for monitoring and documentation of the use of the drug; and

(d) the necessity for safekeeping of the drug by the resident where the resident is permitted to keep the drug on their person or in their room under subsection (8).

(8) The licensee shall ensure that no resident who is permitted to administer a drug to themself under subsection (6) keeps the drug on their person or in their room except,

(a) as authorized by a physician, registered nurse in the extended class or other prescriber who attends the resident; and

(b) in accordance with any conditions that are imposed by the physician, the registered nurse in the extended class or other prescriber.

(9) In this section,

"dentist" means a member of the Royal College of Dental Surgeons of Ontario; ("dentiste")

"nursing student" means a person,

(a) who is enrolled in an educational program, the successful completion of which meets the educational requirements for the issuance of a certificate of registration as a registered nurse or registered practical nurse as set out in the regulations made under the *Nursing Act, 1991*, and

(b) who is working in the long-term care home as part of the clinical placement requirement of the educational program pursuant to an agreement between the licensee and the university or college that offers the educational program. ("étudiante infirmière ou étudiant infirmier")

(10) A licensee is not required to comply with the requirements in subsection (3) related to the administration of drugs until 12 months after the coming into force of this section, as long as, where the administration involves the performance of a controlled act set out in subsection 27 (2) of the *Regulated Health Professions Act, 1991*, the person administering the drug is authorized to perform the controlled act under the relevant health profession Act.

Natural health products

141. (1) Every licensee of a long-term care home shall ensure that where a resident wishes to use a drug that is a natural health product and that has not been prescribed, there are written policies and procedures to govern the use, administration and storage of the natural health product.

(2) Nothing in this Regulation prevents a resident from using, in accordance with the licensee's policies and procedures as required by subsection (1), a natural health product that has not been prescribed.

(3) Sections 123 to 140 and 145 to 149 do not apply with respect to a natural health product that has not been prescribed.

(4) In this section,

"natural health product" means natural health product, as that term is defined from time to time by the *Natural Health Products Regulations* under the *Food and Drugs Act* (Canada), other than a product that is a substance that has been identified in the regulations made under the *Drug and Pharmacies Regulation Act* as being a drug for the purposes of that Act despite clause (f) of the definition of "drug" in subsection 1 (1) of that Act.

Recreational cannabis

142. (1) Every licensee of a long-term care home shall ensure that there are written policies and procedures to govern, with respect to residents, the cultivation, acquisition, consumption, administration, possession, storage and disposal of recreational cannabis in accordance with all applicable laws, including, without being limited to, the *Cannabis Act* (Canada) and the *Cannabis Regulations* (Canada).

(2) Nothing in this Regulation prevents a resident from cultivating, acquiring, consuming, administering, possessing, storing or disposing of recreational cannabis in accordance with the licensee's policies and procedures as required by subsection (1).

(3) Sections 123 to 141 and 143 to 149 do not apply with respect to recreational cannabis.

Medical cannabis

143. (1) Every licensee of a long-term care home shall ensure that there are written policies and procedures to govern, with respect to residents, the cultivation, acquisition, consumption, administration, possession, storage and disposal of medical cannabis in accordance with all applicable laws, including, without being limited to, the *Cannabis Act* (Canada) and the *Cannabis Regulations* (Canada).

(2) Sections 131, 135, 138, 139, 140 and 148 do not apply with respect to medical cannabis.

Industrial hemp and derivatives

144. Sections 123 to 143 and 145 to 149 do not apply with respect to,

(a) industrial hemp within the meaning of the *Industrial Hemp Regulations* (Canada); or

(b) a derivative or a product made from a derivative that is exempt from the application of the *Cannabis Act* (Canada) under the *Industrial Hemp Regulations* (Canada) and that is not a natural health product within the meaning of section 141 of this Regulation.

Drug record (ordering and receiving)

145. Every licensee of a long-term care home shall ensure that a drug record is established, maintained and kept in the home for at least two years, in which is recorded the following information, in respect of every drug that is ordered and received in the home:

1. The date the drug is ordered.
2. The signature of the person placing the order.
3. The name, strength and quantity of the drug.
4. The name of the place from which the drug is ordered.
5. The name of the resident for whom the drug is prescribed, where applicable.
6. The prescription number, where applicable.
7. The date the drug is received in the home.
8. The signature of the person acknowledging receipt of the drug on behalf of the home.
9. Where applicable, the information required under subsection 148 (4).

Residents' drug regimes

146. Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

(c) there is, at least quarterly, a documented reassessment of each resident's drug regime.

Medication incidents and adverse drug reactions

147. (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident and every adverse drug reaction is,

(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and

(b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider.

(2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,

(a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed;

(b) corrective action is taken as necessary; and

(c) a written record is kept of everything required under clauses (a) and (b).

(3) Every licensee shall ensure that,

(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions;

(b) any changes and improvements identified in the review are implemented; and

(c) a written record is kept of everything provided for in clauses (a) and (b).

Drug destruction and disposal

148. (1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of,

(a) all expired drugs;

(b) all drugs with illegible labels;

(c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the *Drug and Pharmacies Regulation Act*; and

(d) a resident's drugs where,

(i) the prescriber attending the resident orders that the use of the drug be discontinued,

(ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the *Vital Statistics Act* or the resident's attending physician, or

(iii) the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 137.

(2) The drug destruction and disposal policy must also provide for the following:

1. That drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.

2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

3. That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

4. That drugs that are to be destroyed are destroyed in accordance with subsection (3).

(3) The drugs must be destroyed by a team acting together and composed of,

(a) in the case of a controlled substance, subject to any applicable requirements under the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada),

(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and

(ii) a physician or a pharmacist; and

(b) in every other case,

(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and

(ii) one other staff member appointed by the Director of Nursing and Personal Care.

(4) Where a drug that is to be destroyed is a controlled substance, the drug destruction and disposal policy must provide that the team composed of the persons referred to in clause (3) (a) shall document the following in the drug record:

1. The date of removal of the drug from the drug storage area.

2. The name of the resident for whom the drug was prescribed, where applicable.

3. The prescription number of the drug, where applicable.

4. The drug's name, strength and quantity.

5. The reason for destruction.

6. The date when the drug was destroyed.

7. The names of the members of the team who destroyed the drug.

8. The manner of destruction of the drug.

(5) The licensee shall ensure,

(a) that the drug destruction and disposal system is audited at least annually to verify that the licensee's procedures are being followed and are effective;

(b) that any changes identified in the audit are implemented; and

(c) that a written record is kept of everything provided for in clauses (a) and (b).

(6) For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable.

Restraining by administration of drug, etc., under common law duty

149. (1) A registered nurse may order the administration of a drug for the purposes of subsection 39 (3) of the Act.

(2) Every licensee shall ensure that every administration of a drug to restrain a resident when immediate action is necessary to prevent serious bodily harm to the resident or to others pursuant to the common law duty described in section 39 of the Act is documented, and without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

1. Circumstances precipitating the administration of the drug.
2. Who made the order, what drug was administered, the dosage given, by what means the drug was administered, the time or times when the drug was administered and who administered the drug.
3. The resident's response to the drug.
4. All assessments, reassessments and monitoring of the resident.
5. Discussions with the resident or, where the resident is incapable, the resident's substitute decision-maker, following the administration of the drug to explain the reasons for the use of the drug.

ABSENCES

Absences

150. (1) If the requirements set out in subsection (2) are met, but subject to subsection (3), a licensee of a long-term care home shall ensure that when a long-stay resident of the home returns from a medical absence, psychiatric absence, casual absence, or vacation absence, the resident receives the same class of accommodation, the same room, and the same bed in the room, that the resident had before the absence.

(2) The requirements referred to in subsection (1) are,

(a) in the case of a medical absence, that the length of the medical absence does not exceed 30 days;

(b) in the case of a psychiatric absence, that the length of the psychiatric absence does not exceed 60 days;

(c) in the case of a casual absence during the period between midnight on a Saturday and midnight on the following Saturday, that the total length of the resident's casual absences during the period does not exceed 48 hours;

(d) in the case of a vacation absence, that the total length of the resident's vacation absences during the calendar year does not exceed 21 days.

(3) A licensee may arrange for the long-stay resident to receive a different bed or room where the resident's needs have changed and as a result a different bed or room is necessary.

(4) If the requirements set out in subsection (5) are met, a licensee of a long-term care home shall ensure that when a short-stay resident of the home returns from a medical absence, psychiatric absence or casual absence, the resident receives the same class of accommodation that the resident had before the absence.

(5) The requirements referred to in subsection (4) are,

(a) in the case of a medical or psychiatric absence,

(i) that the length of the medical or psychiatric absence does not exceed 14 days, and

(ii) that the resident returns to the home before the end of the period for which the resident was admitted to the home; and

(b) in the case of a casual absence of a resident during the period between midnight on a Saturday and midnight on the following Saturday,

(i) that the total length of the resident's casual absences during the period does not exceed 48 hours, and

(ii) that the resident returns to the home before the end of the period for which the resident was admitted to the home.

(6) A licensee of a long-term care home shall ensure that before a resident of the home leaves for a medical absence or a psychiatric absence,

(a) except in an emergency, a physician or a registered nurse in the extended class attending the resident authorizes the absence in writing; and

(b) notice of the resident's medical absence or psychiatric absence is given to the resident's substitute decision-maker, if any, and to such other person as the resident or substitute decision-maker designates,

(i) at least 24 hours before the resident leaves the home, or

(ii) if circumstances do not permit 24 hours notice, as soon as possible.

(7) A licensee of a long-term care home shall ensure that when a resident of the home leaves for a medical absence or a psychiatric absence, information about the resident's drug regime, known allergies, diagnosis and care requirements is provided to the resident's health care provider during the absence.

Absent residents

151. The requirements under this Regulation respecting the care and treatment of a resident do not apply with respect to a resident who is on a medical absence, a psychiatric absence, a casual absence or a vacation absence.

Recording of absences

152. Every licensee of a long-term care home shall ensure that each medical absence, psychiatric absence, casual absence and vacation absence of a resident of the home is recorded.

Licensee to stay in contact

153. (1) Every licensee of a long-term care home shall maintain contact with a resident who is on a medical absence or psychiatric absence or with the resident's health care provider in order to determine when the resident will be returning to the home.

(2) Every licensee of a long-term care home shall be in contact with a long-stay resident of the home who is on a vacation absence in order to determine when the resident will be returning to the home.

Care during absence

154. Every licensee of a long-term care home shall ensure that before a long-stay resident of the home leaves for a casual absence or a vacation absence and before a short-stay resident of the home leaves for a casual absence,

(a) a physician or a registered nurse in the extended class attending the resident or a member of the registered nursing staff of the home sets out in writing the care required to be given to the resident during the absence; and

(b) a member of the licensee's staff communicates to the resident, or the resident's substitute decision-maker,

(i) the need to take all reasonable steps to ensure that the care required to be given to the resident is received by the resident during the absence,

(ii) that the licensee will not be responsible for the care, safety and well-being of the resident during the absence and that the resident or the resident's substitute decision-maker assumes full responsibility for the care, safety and well-being of the resident during the absence, and

(iii) the need to notify the Administrator of the home if the resident is admitted to a hospital during the absence or if the date of the resident's return changes.

Where interim bed resident considered to be long-stay resident

155. For the purposes of the following provisions of this Regulation, a resident in the interim bed short-stay program shall be considered to be a long-stay resident:

1. Section 150.
2. Subsection 153 (2).
3. Section 154.

DISCHARGE

Restriction on discharge

156. No licensee of a long-term care home shall discharge a resident from the long-term care home unless permitted or required to do so by this Regulation.

When licensee may discharge

157. (1) A licensee of a long-term care home may discharge a resident if the licensee is informed by someone permitted to do so under subsection (2) that the resident's requirements for care have changed and that, as a result, the home cannot provide a sufficiently secure environment to ensure the safety of the resident or the safety of persons who come into contact with the resident.

(2) For the purposes of subsection (1), the licensee shall be informed by,

(a) in the case of a resident who is at the home, the Director of Nursing and Personal Care, the resident's physician or a registered nurse in the extended class attending the resident, after consultation with the interdisciplinary team providing the resident's care; or

(b) in the case of a resident who is absent from the home, the resident's physician or a registered nurse in the extended class attending the resident.

(3) A licensee of a long-term care home may discharge a resident if,

(a) the resident decides to leave the home and signs a request to be discharged;

(b) the resident leaves the home and informs the Administrator that they will not be returning to the home;

(c) the resident is absent from the home for a period exceeding seven days and the resident has not informed the Administrator of their whereabouts, and the Administrator has been unable to locate the resident;

(d) in the case of a long-stay resident, the total length of the resident's casual absences during the period between midnight on a Saturday and midnight on the following Saturday exceeds 48 hours and the resident does not have any remaining vacation absence days available in the calendar year; or

(e) in the case of a short-stay resident, the total length of the resident's casual absences during the period between midnight on Saturday and midnight on the following Saturday exceeds 48 hours.

(4) Clause (3) (e) does not apply to a resident in the interim bed short-stay program and the resident shall be considered to be a long-stay resident for the purposes of clause (3) (d).

When licensee shall discharge

158. (1) A licensee of a long-term care home shall discharge a short-stay resident from the home at the end of the period for which the resident was admitted to the home, unless the resident is in the interim bed short-stay program and the placement co-ordinator has authorized, or has advised the licensee that it will be authorizing, an extension of the resident's admission under section 214.

(2) A licensee shall not discharge under subsection (1) a resident who is in the interim bed short-stay program without first confirming with the placement co-ordinator whether the placement co-ordinator intends to authorize an extension.

(3) A licensee shall discharge a short-stay resident if,

(a) the resident is on a medical absence or a psychiatric absence that exceeds 14 days;

(b) the resident is on a vacation absence; or

(c) the long-term care home is being closed.

(4) A licensee shall discharge a long-stay resident if,

(a) the resident is on a medical absence that exceeds 30 days;

(b) the resident is on a psychiatric absence that exceeds 60 days;

(c) the total length of the resident's vacation absences during the calendar year exceeds 21 days; or

(d) the long-term care home is being closed.

(5) A licensee shall not discharge a resident under clause (3) (a) or (4) (a) or (b) if,

(a) the resident is unable to return to the home because of an emergency in the home or an outbreak of disease; or

(b) the resident or the resident's substitute decision-maker or other person acting on the resident's behalf has notified the Administrator that the resident intends to return to the home but the resident is unable to do so due to an emergency or natural disaster in the community that prevents the immediate return of the resident.

(6) A licensee shall not discharge a resident under clause (4) (c) if,

(a) the resident is unable to return to the home because of an outbreak of disease in the home or an emergency in the home; or

(b) the resident or the resident's substitute decision-maker or other person acting on the resident's behalf has notified the Administrator that the resident intends to return to the home but the resident is unable to do so due to an emergency or natural disaster in the community or a short-term illness or injury of the resident that prevents the immediate return of the resident.

(7) A licensee of a long-term care home shall discharge a resident from a specialized unit if,

(a) the interdisciplinary reassessment required under section 222 indicates that the resident no longer requires and benefits from the accommodation, care, services, programs and goods provided in the specialized unit; and

(b) alternative arrangements have been made for the accommodation, care, services, programs and goods required by the resident.

(8) A licensee of a long-term care home shall discharge a resident from a specialized unit if the resident was admitted to the specialized unit pursuant to a stipulation made under subsection 216 (7) and the resident is being transferred to a bed in another area in the home as required by section 224.

(9) A licensee shall discharge a resident when the licensee is aware that the resident has died, and the resident is deemed to have been discharged on the date of death.

(10) Subsection (3) does not apply to a resident in the interim bed short-stay program and the resident shall be considered to be a long-stay resident for the purposes of subsection (4).

Discharge when beds closed

159. (1) A licensee may discharge a resident whose bed is closed if it is not possible to transfer the resident to another bed in the home.

(2) Subsection (1) does not apply if,

(a) notice was required under section 357 but that section was not complied with;

(b) the Director agreed, under subsection 357 (7), to a shorter notice period, or to dispensing with notice and, as a result, less than 16 weeks notice was given to the persons described in clause 357 (3) (a); or

(c) section 358 applied when the resident was transferred to the bed but that section was not complied with.

Discharge during pandemic

160. (1) During a pandemic a licensee of a long-term care home shall discharge a long-stay resident if the resident or the resident's substitute decision-maker provides a written request to be discharged because of the pandemic.

(2) Every licensee of a long-term care home shall ensure that before a long-stay resident leaves the home pursuant to a request under subsection (1),

(a) a physician or a registered nurse in the extended class attending the resident or a member of the registered nursing staff of the home sets out in writing the care required to be given to the resident once the resident has left the home; and

(b) a member of the licensee's staff communicates to the resident, or the resident's substitute decision-maker,

(i) the need to take all reasonable steps to ensure that the care required to be given to the resident is received by the resident after the resident leaves the home,

(ii) that the licensee will not be responsible for the care, safety and well-being of the resident once the resident is discharged, and the resident or the resident's substitute decision-maker assumes full responsibility for the care, safety and well-being of the resident once the resident is discharged, and

(iii) that when the resident is ready to return to the home, the resident, the resident's substitute decision-maker or another person acting on behalf of the resident will need to contact the placement co-ordinator to arrange for re-admission.

(3) A resident in the interim bed short-stay program shall be considered to be a long-stay resident for the purposes of this section.

Requirements on licensee before discharging a resident

161. (1) Except in the case of a discharge due to a resident's death, every licensee of a long-term care home shall ensure that, before a resident is discharged, notice of the discharge is given to the resident, the resident's substitute decision-maker, if any, and to any other person either of them may direct,

(a) as far in advance of the discharge as possible; or

(b) if circumstances do not permit notice to be given before the discharge, as soon as possible after the discharge.

(2) Before discharging a resident under subsection 157 (1), the licensee shall,

(a) ensure that alternatives to discharge have been considered and, where appropriate, tried;

(b) in collaboration with the appropriate placement co-ordinator and other health service organizations, make alternative arrangements for the accommodation, care and secure environment required by the resident;

(c) ensure the resident and the resident's substitute decision-maker, if any, and any person either of them may direct is kept informed and given an opportunity to participate in the discharge planning and that their wishes are taken into consideration; and

(d) provide a written notice to the resident, the resident's substitute decision-maker, if any, and any person either of them may direct, setting out a detailed explanation of the supporting facts, as they relate both to the home and to the resident's condition and requirements for care, that justify the licensee's decision to discharge the resident.

(3) Before discharging a resident from the home under clause 157 (3) (a), (b) or (d) or subsection 160 (1), the licensee shall offer to,

(a) assist the resident in planning for discharge by identifying alternative accommodation, health service organizations and other resources in the community; and

(b) contact appropriate health service organizations and other resources in the community or refer the resident to such organizations and resources.

Responsibility of placement co-ordinator

162. The appropriate placement co-ordinator shall, if a resident to whom subsection 157 (1) or clause 158 (7) (a) applies so desires, assist in arranging alternative accommodation, care or services for the resident.

Licensee to assist with alternatives to long-term care home

163. Every licensee of a long-term care home shall offer to contact the appropriate placement co-ordinator for the purpose of providing information about alternatives to living in a long-term care home to a resident whose condition has improved to the extent that the resident no longer requires the care and services provided by the long-term care home, as set out in the resident's plan of care.

Transitional, absences and discharges due to absences

164. Where, during the calendar year that this section comes into force, a resident of a home under the former Act had taken an absence from the home in accordance with the regulations under that Act before the coming into force of this section or was on such an absence at the time this section came into force, the absences shall be counted as if they had been taken while this Regulation was in force.

PART III
QUALITY

Continuous quality improvement initiative

165. This Part applies to the continuous quality improvement initiative for a home required under section 42 of the Act.

Continuous quality improvement committee

166. (1) Every licensee of a long-term care home shall establish a continuous quality improvement committee.

(2) The continuous quality improvement committee shall be composed of at least the following persons:

1. The home's Administrator.
2. The home's Director of Nursing and Personal Care.
3. The home's Medical Director.
4. Every designated lead of the home.
5. The home's registered dietitian.
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.
7. At least one employee of the licensee who is a member of the regular nursing staff of the home.
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.
9. One member of the home's Residents' Council.
10. One member of the home's Family Council, if any.

(3) Every continuous quality improvement committee has the following responsibilities:

1. To monitor and report to the long-term care home licensee on quality issues, residents' quality of life, and the overall quality of care and services provided in the long-term care home, with reference to appropriate data.
2. To consider, identify and make recommendations to the long-term care home licensee regarding priority areas for quality improvement in the home.
3. To coordinate and support the implementation of the continuous quality improvement initiative, including but not limited to, preparation of the report on the continuous quality improvement initiative.

(4) The licensee is not required to comply with subsection (1) until six months after the coming into force of this section.

Continuous quality improvement designated lead

167. (1) Every licensee of a long-term care home shall ensure that the home's continuous quality improvement initiative is co-ordinated by a designated lead.

(2) The licensee shall ensure that the designated lead is a member of the staff.

Continuous quality improvement initiative report

168. (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

(2) The report required under subsection (1) must contain the following information:

1. The name and position of the designated lead for the continuous quality improvement initiative.
2. A written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative for the next fiscal year.
3. A written description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.
4. A written description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement in the next fiscal year.
5. A written record of,
    i. the date the survey required under section 43 of the Act was taken during the fiscal year,
    ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
    iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.
6. A written record of,
    i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
    ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,
    iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
    iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and
    v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

(3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

(4) The first report under this section shall be for the fiscal year ending March 31, 2023.

(5) Every licensee of a long-term care home shall, within three months of the coming into force of this section, prepare an interim report for the 2022-2023 fiscal year.

(6) The interim report prepared under subsection (5) must,

(a) be published on the home's website, subject to section 271;

(b) be provided to the Residents' Council and Family Council, if any; and

(c) include,
    i. the name and position of the designated lead for the continuous quality improvement initiative,
    ii. a written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative,
    iii. a written description of the process used to identify the home's priority areas for quality improvement, and
    iv. a written description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement.

Records of improvements

169. Every licensee of a long-term care home shall ensure that the continuous quality improvement initiative required under section 42 of the Act includes a record maintained by the licensee setting out the names of the persons who participated in evaluations of improvements in the report required under section 168 of this Regulation.

PART IV
ADMISSION OF RESIDENTS

Definition

170. In this Part,

"partner" means either of two persons who have lived together for at least one year and who have a close personal relationship that is of primary importance in both persons' lives.

Information to be provided by placement co-ordinator

171. (1) When a person who wishes to seek admission to a long-term care home contacts a placement co-ordinator, the placement co-ordinator shall provide the person with information about alternative services that the person may wish to consider.

(2) The placement co-ordinator shall also provide the person with information about a resident's responsibility for payment for charges for accommodation and the maximum amounts that may be charged by a licensee for accommodation.

(3) The placement co-ordinator shall advise the person that a resident may apply to the Director for a reduction in the charge for basic accommodation and that a resident who makes such an application is required to provide supporting documentation including,

(a) the resident's Notice of Assessment issued under the *Income Tax Act* (Canada) for the resident's most recent taxation year;

(b) the resident's proof of income statement (option "C" print) from the Canada Revenue Agency for the resident's most recent taxation year; or

(c) the resident's written authorization to electronically obtain income information for the resident's most recent taxation year from the Canada Revenue Agency.

(4) When a person is determined eligible for admission, the placement co-ordinator shall provide the person with information about,

(a) the length of waiting lists and approximate times to admission for long-term care homes;

(b) vacancies in long-term care homes; and

(c) how to obtain information from the Ministry about long-term care homes.

ELIGIBILITY FOR ADMISSION

Criteria for eligibility, long-stay

172. (1) A placement co-ordinator shall determine a person to be eligible for long-term care home admission as a long-stay resident only if,

(a) the person is at least 18 years old;

(b) the person is an insured person under the *Health Insurance Act*;

(c) the person,

(i) requires that nursing care be available on site 24 hours a day,

(ii) requires, at frequent intervals throughout the day, assistance with activities of daily living, or

(iii) requires, at frequent intervals throughout the day, on-site supervision or on-site monitoring to ensure their safety or well-being;

(d) the publicly-funded community-based services available to the person and the other caregiving, support or companionship arrangements available to the person are not sufficient, in any combination, to meet the person's requirements; and

(e) the person's care requirements can be met in a long-term care home.

(2) In this section,

"nursing care" means nursing and other personal care given by or under the supervision of a registered nurse or a registered practical nurse.

Same, short-stay admission, respite care and convalescent care programs

173. (1) A placement co-ordinator shall determine a person to be eligible for long-term care home admission as a short-stay resident in the respite care program only if,

(a) the person,

(i) has a caregiver who requires temporary relief from caregiving duties, or

(ii) requires temporary care in order to continue to reside in the community and is likely to benefit from a short stay in the home;

(b) it is anticipated that the person will be returning to their residence within 60 days after admission to the long-term care home; and

(c) the person meets the requirements of clauses 172 (1) (a), (b), (c) and (e).

(2) A placement co-ordinator shall determine a person to be eligible for long-term care home admission as a short-stay resident in the convalescent care program only if,

(a) the person requires a period of time in which to recover strength, endurance or functioning and is likely to benefit from a short stay in a long-term care home;

(b) it is anticipated that the person will be returning to their residence within 90 days after admission to the long-term care home; and

(c) the person meets the requirements of clauses 172 (1) (a), (b), (c) and (e).

Same, spouse or partner

174. (1) Despite clauses 172 (1) (c) and (d), a placement co-ordinator shall determine a person to be eligible for long-term care home admission as a long-stay resident if,

(a) the person's spouse or partner is,

(i) a long-stay resident, or

(ii) a person who has been determined by a placement co-ordinator to be eligible for long-term care home admission as a long-stay resident; and

(b) the person meets the requirements of clauses 172 (1) (a), (b) and (e).

(2) Despite anything else in this Regulation,

(a) a person described in subsection (1) may only be placed in a category set out in subsection 191 (3) or 192 (3); and

(b) a placement co-ordinator may not authorize the admission to a long-term care home of a person described in subsection (1) before the admission of their spouse or partner is authorized to that home.

Same, veterans

175. Despite clauses 172 (1) (c) and (d), a placement co-ordinator shall determine a person to be eligible for long-term care home admission as a long-stay resident if the person is a veteran and an insured person under the *Health Insurance Act*.

Same, redevelopment transfers

176. (1) Despite section 172, a placement co-ordinator shall determine a person to be eligible for long-term care home admission as a long-stay resident if the person is,

(a) a long-stay resident of a long-term care home immediately before the closure of their in the home who is requesting a transfer to a related temporary long-term care home;

(b) a long-stay resident who is requesting a transfer from a related temporary long-term care home to a replacement long-term care home or to a re-opened long-term care home operated by the same licensee as the related temporary long-term care home; or

(c) a long-stay resident of a long-term care home immediately before the closure of their bed in the home who is requesting a transfer to a replacement long-term care home.

(2) A placement co-ordinator acting under this section is exempt from complying with subsections 50 (4) and (6) and 51 (12) of the Act.

(3) For the purposes of this section, a resident of the interim bed short-stay program shall be considered to be a long-stay resident.

APPLICATION FOR DETERMINATION OF ELIGIBILITY

Application for determination of eligibility

177. (1) To apply for a determination respecting eligibility for long-term care home admission, a person shall provide to a placement co-ordinator,

(a) a written request by the person for a determination of their eligibility, in the form provided by the placement co-ordinator;

(b) satisfactory evidence that the requirements in clauses 172 (1) (a) and (b) are met;

(c) an up-to-date assessment described in paragraph 1 of subsection 50 (4) of the Act;

(d) an up-to-date assessment described in paragraph 2 of subsection 50 (4) of the Act, made and signed by an employee or agent of the placement co-ordinator who is also,

(i) a registered nurse,

(ii) a social worker who is registered under the *Social Work and Social Service Work Act, 1998*,

(iii) a member of the College of Physiotherapists of Ontario,

(iv) a member of the College of Occupational Therapists of Ontario,

(v) a speech-language pathologist who is a member of the College of Audiologists and Speech-Language Pathologists of Ontario, or

(vi) a registered dietitian; and

(e) any additional information and documentation necessary to establish whether the person meets the applicable eligibility criteria.

(2) The form provided by the placement co-ordinator under clause (1) (a) must be a form provided by the Director.

(3) Where a person who is a resident of a long-term care home seeks to transfer to another long-term care home,

(a) they shall submit a request for a determination of eligibility for long-term care home admission and provide the material referred to in subsection (1), unless there is an application pending for the authorization of admission of the person to any long-term care home; and

(b) the licensee of the person's long-term care home shall assist the placement co-ordinator by providing information about the care that is being given to the person and information the licensee has that relates to the assessments mentioned in clauses (1) (c) and (d).

(4) Despite subsections (1) and (3), a person referred to in subsection 176 (1) is not required to provide a request for a determination of eligibility in the form provided by the placement co-ordinator under clause (1) (a) or the material referred to in clauses (1) (b), (c) and (d).

(5) A person who is in a jurisdiction outside of Ontario at the time of submitting their application is exempt from providing the assessments mentioned in clauses (1) (c) and (d) if the applicant submits substantially similar assessments, made by a person whose professional qualifications in that jurisdiction are equivalent to those of a person who could conduct such an assessment in Ontario, and if the placement co-ordinator is satisfied that those assessments are adequate under all the circumstances.

(6) A placement co-ordinator acting under the circumstances set out in subsection (5) may make the eligibility determination under subsection 50 (4) of the Act based on the assessments provided.

(7) The placement co-ordinator shall assist the person in obtaining anything that the person is required to provide to the placement co-ordinator under this section.

APPLICATION FOR AUTHORIZATION OF ADMISSION

Application for authorization of admission

178. (1) To apply for authorization of admission to a long-term care home under section 51 of the Act, an applicant shall provide to the placement co-ordinator,

(a) a written request by the applicant for authorization of their admission to the home, made in the form provided by the placement co-ordinator;

(b) such additional information and documentation as is necessary to enable the placement co-ordinator to determine the category in which to place the applicant under sections 187 to 198;

(c) such additional information and documentation as is relevant in the opinion of the placement co-ordinator for the licensee to determine whether to give or withhold approval of the person's admission; and

(d) copies of the assessments and reassessments referred to in clause 51 (11) (a) of the Act.

(2) Despite clause (1) (a), a person who is determined eligible for long-term care home admission under subsection 176 (1) is not required to provide a request for authorization of admission in writing.

(3) The placement co-ordinator shall assist the applicant in obtaining anything that the applicant is required to provide to the placement co-ordinator under this section.

APPROVAL BY LICENSEE

Approval by licensee

179. (1) Subject to sections 180 and 181, when an applicant who has been determined by a placement co-ordinator to be eligible for long-term care home admission applies for authorization of their admission to a particular long-term care home, the appropriate placement co-ordinator shall,

(a) give the licensee of the home, in addition to the material required under subsection 51 (7) of the Act, any other information possessed by the placement co-ordinator that in the placement co-ordinator's opinion is relevant to the licensee's determination of whether to give or withhold approval for the applicant's admission to the home; and

(b) request the licensee to determine whether to give or withhold approval for the applicant's admission to the home.

(2) The appropriate placement co-ordinator shall ensure that any assessment given to the licensee as part of the material mentioned in clause (1) (a) was made within the previous three months, and that if within the preceding three months there was a significant change in the applicant's condition or circumstances, the assessment or reassessment that reflects those changes is included in the material.

(3) Subject to subsections (4) and (5), the licensee shall, within five business days after receiving the request mentioned in clause (1) (b), do one of the following:

1. Give the appropriate placement co-ordinator the written notice required under subsection 51 (8) of the Act.
2. If the licensee is withholding approval for the applicant's admission, give the written notice required under subsection 51 (9) of the Act to the persons mentioned in subsection 51 (10) of the Act.

(4) Where, within the five business days referred to in subsection (3), the licensee makes a request in writing to the appropriate placement co-ordinator for additional information that in the placement co-ordinator's opinion is relevant to the licensee's determination of whether to give or withhold approval for the applicant's admission to the home, the placement co-ordinator shall provide the information to the licensee.

(5) The licensee shall give the appropriate notice under paragraph 1 or 2 of subsection (3) within three business days of receiving the additional information provided under subsection (4).

Exceptions

180. Subsections 51 (7), (8) and (14) of the Act and sections 179 and 202 of this Regulation do not apply with respect to an applicant who is eligible for long-term care home admission under subsection 176 (1), and the licensee of a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home is deemed to approve the admission to the home of such an applicant.

Limit on waiting lists

181. (1) A placement co-ordinator shall not provide the information and request referred to in subsection 179 (1) to a licensee if the result would be,

(a) that there are more than five requests outstanding relating to admission as a long-stay resident; or

(b) that there are more than five requests outstanding relating to admission as a short-stay resident.

(2) For the purposes of subsection (1), a request is outstanding if approval has been given or the licensee is still considering whether to give approval.

(3) Subsection (1) does not apply with respect to a home that is not yet licensed or approved for the purposes of the Act and a request relating to such a home shall not be counted as a request that is outstanding.

(4) This section does not apply to an applicant who will be placed in category 1 on the waiting list for the long-term care home if the licensee approves their admission to the home.

KEEPING OF WAITING LIST

Keeping of waiting lists

182. (1) Each placement co-ordinator shall keep a waiting list for admission to each of the long-term care homes for which the placement co-ordinator is designated.

(2) In addition to the waiting lists under subsection (1), the placement co-ordinator shall, if applicable, keep a separate waiting list for each unit or area within a home that is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin as referred to in clause 191 (1) (b).

(3) Each placement co-ordinator shall also keep the waiting lists described in subsections (1) and (2) with respect to a long-term care home that is not yet licensed or approved, but that is, within 16 weeks of the creation of the list, expected to be licensed or approved and to be a long-term care home for which the placement co-ordinator is designated.

(4) The appropriate placement co-ordinator shall place on the relevant waiting list, rank for admission, and remove from the list, in accordance with sections 183 to 200, any person described in section 183, other than a person who is to be placed on the waiting list for interim beds under section 210 or on the waiting list for a specialized unit under section 219.

(5) Despite subsection (4), sections 183 and 186 to 200 do not apply to the appropriate placement co-ordinator in respect of placing persons on a waiting list for admission to a reunification priority access bed and ranking persons for admission to that bed, which shall be done in accordance with sections 227 and 228.

(6) Despite subsection (4), sections 183 and 186 to 200 do not apply to the appropriate placement co-ordinator in respect of placing persons on a waiting list for admission to a high acuity priority access bed and ranking persons for admission to that bed, which shall be done in accordance with sections 230 and 231.

(7) Despite subsection (4), sections 186 to 200 do not apply to the appropriate placement co-ordinator in respect of placing persons on a waiting list for admission to a direct access bed and ranking persons for admission to that bed, which shall be done in accordance with sections 236 and 237.

Requirements to be placed on waiting list

183. (1) The appropriate placement co-ordinator shall place a person on a waiting list only if,

(a) the person is determined by a placement co-ordinator to be eligible for long-term care home admission;

(b) the person applies in accordance with this Regulation for authorization of their admission to the home;

(c) the licensee of the home approves the person's admission to the home; and

(d) subject to subsection (4), placing the person on the waiting list will not result in the total number of long-stay program waiting lists on which the person is placed exceeding five and the total number of short-stay program waiting lists on which the person is placed exceeding five.

(2) Clause (1) (d) does not apply to a person who will be placed in category 1 on the waiting list for admission to a long-stay program.

(3) For the purposes of clause (1) (d), where a person will be placed in category 3A or 3B on the waiting list for a unit or area of a home that is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin under section 191, or for a specialized unit in the home under section 219, and will also be placed on the waiting list for the home other than in the unit or area or specialized unit, all of the waiting lists will be counted as one list.

(4) A waiting list referred to in subsection 182 (3) shall not be counted in the total number of waiting lists for the purposes of clause (1) (d) until the home is licensed or approved.

Removal from waiting list, long-stay

184. (1) The appropriate placement co-ordinator shall remove an applicant from every waiting list the placement co-ordinator keeps for admission to a long-term care home as a long-stay resident, and make a record of the removal, if any placement co-ordinator offers to authorize the applicant's admission to a long-term care home as a long-stay resident, and the applicant,

(a) refuses to consent to admission;

(b) refuses to enter into the agreement provided for in clause 203 (1) (f); or

(c) fails to move into the home on or before the fifth day following the day on which they are informed of the availability of accommodation.

(2) Subsection (1) does not apply,

(a) if the applicant occupies a bed in,

(i) a hospital under the *Public Hospitals Act* or a private hospital licensed under the *Private Hospitals Act*, or

(ii) a facility that is a psychiatric facility within the meaning of the *Mental Health Act* and that is required to provide in-patient services in accordance with that Act;

(b) if the applicant declines to enter a specialized unit pursuant to a stipulation made under subsection 216 (7);

(c) if the reason the applicant acts in the manner described in clause (1) (a), (b) or (c) is that the applicant has a health condition, short-term illness or injury which,

(i) prevents the applicant from moving into the home at that time, or

(ii) would make moving into the home at that time detrimental to the applicant's health; or

(d) if the reason the applicant acts in the manner described in clause (1) (a), (b) or (c) is that there is an emergency in the home or an outbreak of disease which prevents the applicant from moving into the home at that time.

(3) If an applicant who is a long-stay resident of another long-term care home is removed from a waiting list under subsection (1), and subsequently wishes to seek admission to a long-term care home, the applicant must make a new application for a determination of eligibility for long-term care home admission as a long-stay resident.

(4) An applicant who is removed from a waiting list under subsection (1), other than an applicant referred to in subsection (3), and who subsequently wishes to seek admission to a long-term care home, must make a new application for a determination of eligibility for long-term care home admission as a long-stay resident, but any such application shall not be made earlier than 12 weeks or more after the day the applicant was removed from the waiting list, unless there has been a deterioration in the applicant's condition or circumstances.

Removal from waiting list, short-stay

185. (1) The appropriate placement co-ordinator may remove an applicant from the waiting list for a long-term care home to which the applicant is awaiting admission as a short-stay resident if the appropriate placement co-ordinator offers to authorize the applicant's admission to the home and the applicant,

(a) refuses to consent to admission; or

(b) fails to move into the home on the day agreed to by the applicant.

(2) An applicant who is removed from the waiting list for a long-term care home under subsection (1) and who subsequently wishes to seek admission to a long-term care home must make a new application for a determination of eligibility for long-term care home admission as a short-stay resident.

PLACEMENT INTO CATEGORIES ON WAITING LIST

Application — short-stay

186. An applicant for authorization of admission to a long-term care home as a short-stay resident in the respite care or convalescent care program shall be placed in the short-stay category on the waiting list for the long-term care home if the applicant meets the requirements in subsection 183 (1).

Application — long-stay

187. Sections 188 to 198 apply only to applicants who meet the requirements of section 183 and who apply for authorization of admission to a long-term care home as a long-stay resident.

Crisis category

188. (1) An applicant shall be placed in category 1 on the waiting list for a long-term care home if the applicant requires immediate admission as a result of a crisis arising from the applicant's condition or circumstances.

(2) An applicant shall be placed in category 1 on the waiting list for a long-term care home if,

(a) the applicant occupies a bed in,

(i) a hospital under the *Public Hospitals Act* or a private hospital licensed under the *Private Hospitals Act*, or

(ii) a facility that is a psychiatric facility within the meaning of the *Mental Health Act* and that is required to provide in-patient services in accordance with that Act; and

(b) there will be no bed for the applicant in the hospital or facility within 12 weeks as a result of,

(i) a permanent closure of all or some of the beds in the hospital or facility, or

(ii) a temporary closure of all or some of the beds in the hospital or facility due to an emergency or redevelopment.

(3) An applicant shall be placed in category 1 on the waiting list for a long-term care home if,

(a) the applicant is a long-stay resident of another long-term care home; and

(b) there will be no bed for the applicant in the home within 12 weeks as a result of a permanent or temporary closure of all or some of the beds in the home.

(4) An applicant shall be placed in category 1 on the waiting list for a long-term care home if the applicant,

(a) occupies a bed in a hospital under the *Public Hospitals Act*, requires an alternate level of care and requires an immediate admission to a long-term care home;

(b) the hospital is experiencing severe capacity pressures; and

(c) the Agency has, taking into account consultation with the affected hospital and the appropriate placement co-ordinator, verified these pressures to the appropriate placement co-ordinator in writing and set out the time period for which the verification applies.

Spouse/partner reunification

189. An applicant shall be placed in category 2 on the waiting list for a long-term care home if,

(a) the applicant does not meet the requirements for placement in category 1;

(b) the applicant's spouse or partner is a long-stay resident of the long-term care home; and

(c) the applicant meets the eligibility criteria set out in subsection 172 (1).

Former specialized unit and high acuity priority access bed residents

190. (1) An applicant shall be placed in category 2.1 on the waiting list for a long-term care home if the applicant does not meet the requirements for placement in category 1 or 2 and,

(a) is a resident in a specialized unit other than a resident who was admitted to the unit pursuant to a stipulation under subsection 216 (7);

(b) was a resident in a specialized unit and,

(i) was transferred from the specialized unit to a bed in another area of the home pursuant to subsection 223 (1), and

(ii) applied for admission before being transferred or within six weeks after being transferred;

(c) is a resident occupying a high acuity priority access bed in a long-term care home who is applying for admission to a regular long-stay bed in another home; or

(d) was a resident in a high acuity priority access bed and,

(i) was transferred from the high acuity priority access bed to another bed in the home pursuant to subsection 232 (2), and

(ii) applied for admission before being transferred or within six weeks after being transferred.

(2) For greater certainty, this section does not apply where clause 195 (1) (e) applies.

Religious, ethnic or linguistic origin

191. (1) An applicant shall be placed in category 3A or 3B on the waiting list for a long-term care home or for a unit or area within a home if,

(a) the applicant does not meet the requirements for placement in category 1, 2 or 2.1;

(b) the home or a unit or area within the home is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin; and

(c) the applicant or the applicant's spouse or partner is of the religion, ethnic origin or linguistic origin primarily served by the home or a unit or area within the home and the applicant is seeking to be admitted to that unit or area.

(2) An applicant described in subsection (1) shall be placed in category 3A if,

(a) the applicant is not a resident of a long-term care home, and requires or is receiving high service levels under the *Home Care and Community Services Act, 1994*;

(b) the applicant occupies a bed in a hospital under the *Public Hospitals Act* and requires an alternate level of care;

(c) the applicant is a long-stay resident of a long-term care home who is seeking to transfer to the home as their first choice of home; or

(d) the applicant is a short-stay resident of a long-term care home in the interim bed short-stay program and is seeking to transfer to the home as a long-stay resident.

(3) An applicant described in subsection (1) who does not meet the criteria to be placed in category 3A shall be placed in category 3B.

Others

192. (1) An applicant shall be placed in category 4A or 4B on the waiting list for a long-term care home if the applicant does not meet the requirements for placement in category 1, 2, 2.1, 3A or 3B.

(2) An applicant described in subsection (1) shall be placed in category 4A if,

(a) the applicant is not a resident of a long-term care home, and requires or is receiving high service levels under the *Home Care and Community Services Act, 1994*;

(b) the applicant occupies a bed in a hospital under the *Public Hospitals Act* and requires an alternate level of care;

(c) the applicant is a long-stay resident of a long-term care home who is seeking to transfer to the home as their first choice of home; or

(d) the applicant is a short-stay resident of a long-term care home in the interim bed short-stay program and is seeking to transfer to the home as a long-stay resident.

(3) An applicant described in subsection (1) who does not meet the criteria to be placed in category 4A shall be placed in category 4B.

Veteran category

193. Despite sections 188 to 192, an applicant shall be placed in the veteran category on the waiting list for a long-term care home if,

(a) the home contains veterans' priority access beds, and the applicant is a veteran who has applied for authorization of their admission to a veterans' priority access bed; or

(b) the home is or will be a related temporary long-term care home, re-opened long-term care home or a replacement long-term care home that contains veterans' priority access beds and the applicant,

(i) is a long-stay resident occupying a veterans' priority access bed in a long-term care home and has applied for authorization of their admission to a veterans' priority access bed, and

(ii) otherwise meets the applicable requirements of section 196, 197 or 198, as the case may be, with respect to the veterans' priority access bed.

Exchange category

194. (1) Despite sections 188 to 192, an applicant shall be placed in the exchange category on the waiting list for a long-term care home if,

(a) the applicant,

(i) occupies a bed in a hospital under the *Public Hospitals Act* or a private hospital licensed under the *Private Hospitals Act*,

(ii) occupies a bed in a facility that is a psychiatric facility within the meaning of the *Mental Health Act* and that is required to provide in-patient services in accordance with that Act,

(iii) occupies a bed in a supported group living residence, an intensive support residence or a supported independent living residence under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*,

(iv) resides in a supportive housing program that is funded by the Ministry of Health or the Agency to provide personal support services and homemaking services to persons who require that such services be available on site 24 hours a day, or

(v) is a long-stay resident of another long-term care home;

(b) the applicant is the subject of an agreement between the long-term care home to which the applicant seeks admission, at least one hospital, facility, group home or program mentioned in subclauses (a) (i) to (iv) and possibly one or more other hospitals, facilities, group homes, programs or long-term care homes, to exchange identified residents or patients, in order to meet the specialized requirements of any of the exchanged residents or patients; and

(c) the result of the exchange will be that the applicant will become a resident of the long-term care home to which the applicant seeks admission and a resident of the long-term care home will be discharged.

(2) Despite sections 188 to 192, if a placement co-ordinator becomes aware of the opportunity to exchange a resident of one long-term care home who seeks admission to a second long-term care home and a resident of the second long-term care home who seeks admission to the first, each resident shall be placed in the exchange category of the appropriate waiting list.

Re-admission category

195. (1) Despite sections 188 to 192, an applicant shall be placed in the re-admission category on the waiting list for a long-term care home if,

(a) they formerly occupied a bed in the long-term care home as a long-stay resident, but no longer do so because they were absent on a medical or psychiatric absence for a longer time than permitted under section 150 and were discharged by the licensee;

(b) they formerly occupied a bed in the long-term care home as a long-stay resident, but no longer do so because of an emergency in the long-term care home and they were discharged by the licensee;

(c) they are a resident of a specialized unit who is applying for admission to the long-term care home where they were a resident immediately prior to their admission to the specialized unit;

(d) they were discharged from a specialized unit or a high acuity priority access bed because they were absent on a medical or psychiatric absence for a longer time than permitted under section 150, and are applying for admission to the long-term care home where they were a resident immediately prior to their admission to the specialized unit or high acuity priority access bed; or

(e) they were discharged from a specialized unit or a high acuity priority access bed in a long-term care home and transferred to a bed in another area of the home, and they,

(i) are applying for admission to the long-term care home where they were a resident immediately prior to their admission to the specialized unit or high acuity priority access bed, and

(ii) applied for the admission referred to in subclause (i) before being transferred, or within six weeks after being transferred.

(2) An applicant to whom clause (1) (a) or (b) applies shall only be placed in the re-admission category on the waiting list for the home from which they were most recently discharged.

Related temporary long-term care home category

196. Despite sections 188 to 192 and section 194 but subject to section 193, an applicant shall be placed in the related temporary long-term care home category on the waiting list for a long-term care home if,

(a) the long-term care home is or will be a related temporary long-term care home; and

(b) the applicant is a long-stay resident of the original long-term care home or was a long-stay resident of the original long-term care home immediately before the closure of their bed in the home.

Re-opened long-term care home category

197. Despite sections 188 to 192 and section 194 but subject to section 193, an applicant shall be placed in the re-opened long-term care home category on the waiting list for a long-term care home if,

(a) the long-term care home is or will be a re-opened long-term care home; and

(b) the applicant,

(i) is a long-stay resident of the original long-term care home,

(ii) was a long-stay resident of the original long-term care home immediately before the temporary closure of their bed in the home, or

(iii) is a long-stay resident of the related temporary long-term care home.

Replacement long-term care home category

198. Despite sections 188 to 192 and section 194 but subject to section 193, an applicant shall be placed in the replacement long-term care home category on the waiting list for a long-term care home if,

(a) the long-term care home is or will be a replacement long-term care home; and

(b) the applicant,

(i) is a long-stay resident of the original long-term care home,

(ii) was a long-stay resident of the original long-term care home immediately before the permanent closure of their bed in the home, or

(iii) is a long-stay resident of the related temporary long-term care home.

RANKING OF CATEGORIES

Ranking of categories

199. For each class of beds set out in a column of the Table to this section, the categories on the waiting list shall be ranked in the order set out in the rows below that class of beds, such that a category mentioned in a higher row ranks ahead of a category mentioned in a lower row.

TABLE
RANKING OF WAITING LIST CATEGORIES (LONG-STAY)

Column 1 Class of Beds	Column 2 Class of Beds	Column 3 Class of Beds	Column 4 Class of Beds	Column 5 Class of Beds	Column 6 Class of Beds
Beds in a related temporary long-term care home, other than veterans' priority access beds	Beds in a re-opened long-term care home, other than veterans' priority access beds	Beds in a replacement long-term care home, other than veterans' priority access beds	Veterans' priority access beds in a long-term care home, other than a related temporary, re-opened or replacement long-term care home	Veterans' priority access beds in a related temporary, re-opened or replacement long-term care home	All other long-stay beds in a long-term care home
Related temporary category	Re-opened category	Replacement category	Veteran category	Veteran under clause 193 (b) category	Exchange category

Column 1 Class of Beds	Column 2 Class of Beds	Column 3 Class of Beds	Column 4 Class of Beds	Column 5 Class of Beds	Column 6 Class of Beds
Exchange category	Exchange category	Exchange category	Exchange category	Veteran under clause 193 (a) category	Re-admission category
Re-admission category	Re-admission category	Re-admission category	Re-admission category	Exchange category	1 category
1 category	1 category	1 category	1 category	Re-admission category	2 category
2 category	2 category	2 category	2 category	1 category	2.1 category
2.1 category	2.1 category	2.1 category	2.1 category	2 category	3A category
3A category	3A category	3A category	3A category	2.1 category	3B category
3B category	3B category	3B category	3B category	3A category	4A category
4A category	4A category	4A category	4A category	3B category	4B category
4B category	4B category	4B category	4B category	4A category	Not applicable
Not applicable	Not applicable	Not applicable	Not applicable	4B category	Not applicable

RANKING WITHIN CATEGORIES

Ranking within categories

200. (1) Within a waiting list category set out in Column 1 of the Table to this section, applicants shall be ranked for admission in accordance with the rules set out opposite the category in Columns 2 and 3 of the Table to this section.

(2) If, within six weeks after making their first application for authorization of admission to one or more long-term care homes as a long-stay resident, an applicant makes one or more additional applications for authorization of their admission to one or more long-term care homes as a long-stay resident, the additional applications made within the six-week period shall, for the purpose of the Table to this section, be deemed to have been made at the time that the first application was made.

(3) If an applicant who was determined by a placement co-ordinator to be ineligible for long-term care home admission as a long-stay resident is determined to be eligible for admission as a long-stay resident as a result of an application to the Appeal Board under subsection 50 (9) of the Act or an appeal to the Divisional Court under subsection 60 (1) of the Act, and if the applicant then makes an application for authorization of their admission to one or more long-term care homes as a long-stay resident,

(a) that application for authorization shall, for the purposes of the Table to this section, be deemed to have been made at the time that the placement co-ordinator determined that the applicant was ineligible for admission; and

(b) all additional applications for authorization of admission to one or more long-term care homes as a long-stay resident made by the applicant within six weeks after making the first application shall, for the purpose of the Table, be deemed to have been made at the time that the first application is deemed under clause (a) to have been made.

TABLE
RULES FOR RANKING WITHIN CATEGORIES

Item	Column 1 Category	Column 2 Rules	Column 3 Additional Rules
1.	Related temporary, re-opened and replacement long-term care home	Applicants shall be ranked according to the date of their admission to the original long-term care home. Applicants who were not residents of the original long-term care home and who are seeking admission to a re-opened home or replacement home from a related temporary home shall be ranked according to the date of their admission to the related temporary home.	If there are two or more applicants who are ranked in the same position, as between themselves they shall be ranked based on the earliest date on which they were determined eligible for admission to the original home or the related temporary home.
2.	Veteran	Veterans applying for veterans' priority access beds in a related temporary, re-opened or replacement long-term care home shall be ranked according to the date of their admission to a veterans' priority access bed in the original long-term care home or the related temporary home.	If there are two or more veterans who are ranked in the same position, as between themselves they shall be ranked based on the earliest date on which they were determined eligible for admission to the original home or the related temporary home.
3.	Veteran	Veterans who are not mentioned in item 2 who require immediate admission as a result of a crisis arising from their condition or circumstances shall rank ahead of all other veterans.	If there is more than one veteran in this situation at the same time, these veterans shall, among themselves, be ranked according to the urgency of their need for admission.
4.	Veteran	Veterans who are not mentioned in items 2 and 3 but are continuum of care applicants on the waiting list for the continuum of care long-term care home	If there is more than one veteran in this situation at the same time, these veterans shall, among themselves, be ranked

Item	Column 1 Category	Column 2 Rules	Column 3 Additional Rules
		shall rank ahead of all other veterans who are not mentioned in items 2 and 3.	according to the time at which they applied for authorization of their admission to the long-term care home.
5.	Veteran	As among themselves, veterans who are not mentioned in items 2, 3 and 4 shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.	If there are two or more veterans who are ranked in the same position, as between themselves, they shall be ranked based on the date on which they were determined eligible for admission.
6.	Exchange (but only applicants in the exchange category by virtue of subsection 194 (2))	Applicants who are seeking admission to the long-term care home in which their spouse or partner is a long-stay resident and who meet the eligibility criteria set out in subsection 172 (1) shall rank ahead of all other applicants in the exchange category by virtue of subsection 194 (2).	If there is more than one applicant in this situation at the same time, these applicants shall, among themselves, be ranked according to the date on which their spouses or partners were admitted to the long-term care home.
7.	Exchange (but only applicants in the exchange category by virtue of subsection 194 (2))	Applicants who are not mentioned in item 6 but who are of the religion, ethnic origin or linguistic origin primarily served by the long-term care home or a unit or area within the home shall rank ahead of all other applicants.	If there is more than one applicant in this situation at the same time, these applicants shall, among themselves, be ranked according to the time at which they applied for authorization of their admission to the long-term care home or unit or area within the home.
8.	Exchange (but only applicants in the exchange category by virtue of subsection 194 (2))	As among themselves, applicants in the exchange category under subsection 194 (2) who are not mentioned in items 6 and 7 shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.	No additional rule
9.	Re-admission	Applicants shall be ranked according to the date of their original admission to the home.	If there are two or more applicants who are ranked in the same position, as between themselves, they shall be ranked based on the date on which they were determined eligible for admission.
10.	1 (Crisis)	Applicants shall be ranked according to the urgency of their need for admission.	No additional rule
11.	2 (Spousal/Partner Reunification)	Applicants shall be ranked according to the date on which their spouses or partners were admitted to the long-term care home.	No additional rule
12.	2.1 Former specialized unit residents or former high acuity priority access bed residents	Applicants shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.	If there are two or more applicants who are ranked in the same position, as between themselves, they shall be ranked based on the date on which they were determined eligible for admission.
13.	3A, 3B (Religion, Ethnic or Linguistic Origin) 4A, 4B (Others) Exchange category by virtue of subsection 194 (1)	Applicants who are continuum of care applicants on the waiting list for the continuum of care long-term care home shall rank ahead of all other applicants in the same category.	If there is more than one applicant in this situation at the same time, these applicants shall, among themselves, be ranked according to the time at which they applied for authorization of their admission to the long-term care home.
14.	3A, 3B (Religion, Ethnic or Linguistic Origin) 4A, 4B (Others) Exchange category by virtue of subsection 194 (1)	As among themselves, applicants in the same category who are not continuum of care applicants shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.	If there are two or more applicants who are ranked in the same position, as between themselves, they shall be ranked based on the date on which they were determined eligible for admission.
15.	Short-stay in the respite care and convalescent care programs	Applicants shall be ranked according to the time at which they applied for authorization of their admission to the long-term care home.	If there are two or more applicants who are ranked in the same position, as between themselves, they shall be ranked based on the date on which they were determined eligible for admission.

CHANGE OF CATEGORY

Change of category

201. (1) If a placement co-ordinator knows of a change in the condition or circumstances of an applicant who is on a waiting list kept by the placement co-ordinator or knows of a change in a long-term care home for which the applicant is on the waiting list, and if the applicant should be placed in a different category on the waiting list under sections 187 to 198 as a

result of the change in their condition or circumstances or as a result of the change in the home, the placement co-ordinator shall place the applicant in the different category.

(2) If the placement co-ordinator becomes aware that an applicant on the waiting list should be placed in the exchange category referred to in subsection 194 (2), the placement co-ordinator shall place the applicant in the exchange category.

AUTHORIZATION OF ADMISSION

Withdrawal of approval by licensee

202. (1) Subject to section 180, this section applies where a licensee of a long-term care home has approved an applicant's admission to the home under section 179 and the applicant's admission has not yet been authorized by the placement co-ordinator.

(2) If information provided to the licensee by the placement co-ordinator indicates that there has been a change in the applicant's condition and, as a result, a ground for withholding approval mentioned in subsection 51 (7) of the Act exists, the licensee may withdraw the approval of the applicant's admission to the long-term care home in accordance with paragraphs 1 and 3 of subsection 51 (14) of the Act.

(3) Where the placement co-ordinator gives the licensee a copy of a reassessment in accordance with subsection 51 (14) of the Act, the placement co-ordinator shall request the licensee to determine whether to withdraw the approval for the admission in accordance with that subsection.

(4) Subject to subsections (5) and (6), the licensee shall, within one business day of receiving the request from the placement co-ordinator under subsection (3), review the material in accordance with subsection 51 (14) of the Act and do one of the following:

1. If the licensee decides not to withdraw the approval for the applicant's admission, give the appropriate placement co-ordinator the written notice required under paragraph 2 of subsection 51 (14) of the Act.
2. If the licensee decides to withdraw the approval for the applicant's admission, give the written notice referred to in paragraph 3 of subsection 51 (14) of the Act in accordance with the applicable requirements under that paragraph.

(5) Where, within one business day of receiving the request from the placement co-ordinator under subsection (3), the licensee makes a request in writing to the appropriate placement co-ordinator for additional information that in the placement co-ordinator's opinion is relevant to the determination of whether to withdraw approval for the applicant's admission to the home, the placement co-ordinator shall provide the information to the licensee.

(6) The licensee shall give the appropriate notice under paragraph 1 or 2 of subsection (4) within one business day of receiving the additional information requested under subsection (5).

Authorization of admission

203. (1) The appropriate placement co-ordinator shall authorize the admission of an applicant to the long-term care home only if,

(a) the applicant has applied for authorization of admission to the home's long-stay program or short-stay program, as the case may be, and the requirements set out in subsection 51 (11) of the Act are met;

(b) the licensee of the home has not withdrawn the approval of the applicant's admission under section 202;

(c) the home has available the class of accommodation for which the applicant is recorded to be waiting;

(d) there is no one on the waiting list for the home who is recorded to be waiting for the class of accommodation that is available, who ranks ahead of the applicant, and whose admission may be authorized under this section;

(e) within 24 hours of being informed by the placement co-ordinator of the availability of accommodation in the home, the applicant consents to being admitted to the home; and

(f) in the case of an applicant who is applying for authorization of their admission to the home as a long-stay resident or an interim bed short-stay resident, the applicant agrees with the licensee of the home that,

(i) the applicant will move into the home before noon of the fifth day following the day on which they are informed of the availability of accommodation in the home, unless the applicant and the licensee agree to the applicant moving in at a later time on the fifth day,

(ii) the applicant will pay the accommodation charge that is required under subsections 94 (1) and (3) of the Act, for each of the five days provided for in subclause (i), whether or not the applicant moves into the home, and

(iii) if the applicant moves into the home on the day the applicant is informed of the availability of accommodation, the applicant will pay the accommodation charge that is required under subsections 94 (1) and (3) of the Act for that day.

(2) For the purposes of clauses (1) (c) and (d), the following are the classes of accommodation for which an applicant may be recorded to be waiting:

1. Accommodation for a woman in a respite care or convalescent care program.
2. Accommodation for a man in a respite care or convalescent care program.
3. Basic accommodation for a woman in a long-stay program.
4. Basic accommodation for a man in a long-stay program.
5. Semi-private accommodation for a woman in a long-stay program.
6. Semi-private accommodation for a man in a long-stay program.
7. Private accommodation for a woman in a long-stay program.
8. Private accommodation for a man in a long-stay program.
9. Basic accommodation for a woman in the interim bed short-stay program.
10. Basic accommodation for a man in the interim bed short-stay program.
11. Semi-private accommodation for a woman in the interim bed short-stay program.
12. Semi-private accommodation for a man in the interim bed short-stay program.
13. Private accommodation for a woman in the interim bed short-stay program.
14. Private accommodation for a man in the interim bed short-stay program.
15. Private accommodation for a woman in a high acuity priority access bed.
16. Private accommodation for a man in a high acuity priority access bed.
17. Basic accommodation for a woman in a direct access bed.
18. Basic accommodation for a man in a direct access bed.
19. Semi-private accommodation for a woman in a direct access bed.
20. Semi-private accommodation for a man in a direct access bed.
21. Private accommodation for a woman in a direct access bed.
22. Private accommodation for a man in a direct access bed.

(3) A placement co-ordinator who authorizes an applicant's admission to a long-term care home as a long-stay resident or an interim bed short-stay resident shall cancel the authorization if the applicant does not move into the home before noon of the fifth day following the day on which the applicant is informed of the availability of accommodation in the home or a later time on the fifth day as agreed to by the applicant and the licensee.

(4) A placement co-ordinator who authorizes an applicant's admission to a long-term care home as a short-stay resident in the respite care or convalescent care program may cancel the authorization if the applicant does not move into the home on the day agreed to by the applicant.

(5) A placement co-ordinator is exempt from clauses 51 (11) (a) to (c) of the Act with respect to the authorization of an applicant's admission if the applicant is a person mentioned in subsection 176 (1) of this Regulation.

Duty to inform placement co-ordinator of vacancies

204. Every licensee of a long-term care home shall, within 24 hours after a bed in the home is no longer occupied, inform the appropriate placement co-ordinator of the following:

1. That the bed is no longer occupied.
2. The class of accommodation of the bed.
3. Whether the bed is a class A bed.
4. Whether the bed is subject to a design manual applicable under a development agreement to which the home was subject.
5. The date on which the bed will be available for occupation.

Reserving ahead — short-stay respite care

205. The appropriate placement co-ordinator may authorize the admission of an applicant to a long-term care home as a short-stay resident in the respite care program to be effective at a future time no more than one year from the date of the authorization.

Length of short-stay, respite care and convalescent care

206. (1) When a placement co-ordinator authorizes the admission of an applicant to a long-term care home as a short-stay resident in the respite care or convalescent care program, the placement co-ordinator shall indicate the length of the stay being authorized and the first day and last day of the stay.

(2) No placement co-ordinator shall authorize the admission of an applicant to a long-term care home as a short-stay resident in the respite care program for a stay exceeding 60 continuous days.

(3) No placement co-ordinator shall authorize the admission of an applicant to a long-term care home as a short-stay resident in the convalescent care program for a stay exceeding 90 continuous days.

(4) No placement co-ordinator shall authorize the admission of an applicant to a long-term care home as a short-stay resident in the respite care program for a stay which, when added to the applicant's other stays during the calendar year in the respite care program of a long-term care home, exceeds 90 days.

(5) No placement co-ordinator shall authorize the admission of an applicant to a long-term care home as a short-stay resident in the convalescent care program for a stay which, when added to the applicant's other stays during the calendar year in the convalescent care program of a long-term care home, exceeds 90 days.

INTERIM BED SHORT-STAY PROGRAM

Keeping of waiting list, interim beds

207. The appropriate placement co-ordinator for a long-term care home that has interim beds shall keep a waiting list for admission to the interim beds that is in addition to and separate from any waiting list that is required to be kept under section 182.

Approval by licensee, interim beds

208. The following modifications to section 179 apply with respect to an applicant for an interim bed:

1. The licensee's notice under subsection 179 (3) approving or withholding approval of the applicant's admission must be given within three business days of receiving the request under subsection 179 (1), not five business days.
2. Any request by the licensee under subsection 179 (4) for additional information shall be made within the three business days referred to in paragraph 1 and the licensee's notice referred to in subsection 179 (5) shall be given within one business day of receiving the additional information provided.

Limit on waiting lists, interim beds

209. For the purposes of section 181, a request relating to admission to the interim bed short-stay program shall be treated as a request for admission as a short-stay resident.

Requirements to be placed on waiting list, interim beds

210. (1) The appropriate placement co-ordinator shall place a person on the waiting list for admission to interim beds in a long-term care home if,

(a) the person occupies a bed in a hospital under the *Public Hospitals Act* and requires an alternate level of care;

(b) a physician has determined that the person does not require the acute care services provided by the hospital;

(c) the person is determined by a placement co-ordinator to be eligible for long-term care home admission as a long-stay resident under section 172;

(d) the person is on at least one waiting list for admission to a bed in a long-stay program of a long-term care home;

(e) placing the person on the waiting list will not result in the total number of short-stay waiting lists on which the person is placed exceeding five;

(f) the person applies in accordance with this Regulation for authorization of their admission to an interim bed in the home; and

(g) the licensee of the home approves the person's admission to an interim bed in the home.

(2) Section 183 does not apply to placement on a waiting list for interim beds.

Ranking on waiting list, interim beds

211. (1) Sections 186 to 199 and subsection 200 (1) do not apply with respect to an application for admission to a long-term care home as a resident in the interim bed short-stay program.

(2) Applicants on a waiting list for interim beds for a long-term care home shall be ranked for admission according to the time at which they applied for authorization of their admission to an interim bed in that home.

(3) Subsections 200 (2) and (3) apply with the following modifications to the ranking of applicants on a waiting list for interim beds for a long-term care home:

1. References to a "long-stay resident" shall be read as references to a short-stay interim bed resident.
2. References to "the Table to this section" or "the Table" shall be read as references to subsection 211 (2).

Removal from waiting list, interim beds

212. Section 184 rather than section 185 applies to the waiting list for interim beds.

Authorization of admission, interim beds

213. (1) The appropriate placement co-ordinator shall authorize the admission of an applicant to the interim bed short-stay program only if,

(a) the applicant's admission may be authorized under section 203;

(b) the applicant applied for authorization of their admission to an interim bed in the home; and

(c) the applicant meets the requirements for placement on a waiting list for interim beds as set out in section 210.

(2) If the class of accommodation available in the interim bed short-stay program is one of the classes referred to in paragraph 11, 12, 13 or 14 of subsection 203 (2) and there is no applicant recorded to be waiting for that class of accommodation, the licensee shall make the accommodation available as basic accommodation.

Length of interim bed stay and other rules

214. The following rules apply when a placement co-ordinator authorizes the admission of an applicant to a long-term care home as a resident of an interim bed:

1. The placement co-ordinator shall indicate the length of the stay being authorized and the first day and last day of the stay.
2. The placement co-ordinator shall not authorize the admission for a period exceeding 120 consecutive days for the first period.
3. After the initial admission, and whether or not the applicant has made a formal application for an extension, the placement co-ordinator may authorize the extension of the applicant's admission for up to 60 consecutive days at a time, if the applicant,
   i. remains on at least one waiting list for admission to a bed in a long-stay program of a long-term care home, and
   ii. has not yet received an offer to authorize their admission as a long-stay resident of a long-term care home under section 203.
4. If the placement co-ordinator is authorizing an extension of the admission, the extension shall only be authorized within seven days before the last day of the stay.

Removal from long-stay waiting list of interim bed resident

215. Subsections 184 (1), (2) and (3) apply where a placement co-ordinator offers to authorize the admission of a resident of an interim bed to a long-term care home as a long-stay resident and the resident refuses to consent to the admission, refuses to enter into the agreement provided for in clause 203 (1) (f), or fails to move into the home on or before the fifth day following the day on which they are informed of the availability of accommodation.

SPECIALIZED UNITS

Designation of specialized units

216. (1) This section applies to the designation of specialized units for the purposes of subsection 46 (3) of the Act.

(2) The Director may designate a specified number of long-stay program beds as a specialized unit in a long-term care home, subject to any terms and conditions the Director may specify,

(a) upon the recommendation of the Agency; or

(b) upon the Director's own initiative, after having considered the input of the Agency and the licensee of the home.

(3) In making a recommendation or providing input to the Director, the Agency shall provide the Director with whatever information the Director stipulates with respect to the types of accommodation, care, services, programs and goods to be provided by the specialized unit.

(4) The Director shall only designate a specialized unit in a home if,

(a) the licensee has agreed to the proposed designation; and

(b) the Director is satisfied with the licensee's current compliance with requirements under the Act and with the licensee's history of compliance as referred to in paragraph 3 of subsection 347 (1).

(5) The Director shall advise a placement co-ordinator in writing when a specialized unit is designated within a long-term care home for which the placement co-ordinator is the appropriate placement co-ordinator.

(6) The Director may amend the terms and conditions of a designation at any time.

(7) In making or amending a designation, the Director may, after considering and having regard for the health and well-being of both the residents in the specialized unit and other persons who might be admitted as residents in the specialized unit, stipulate that persons who are on the waiting list for the home under section 182 may be admitted to the specialized unit when there is no one on the waiting list for the specialized unit under section 218.

(8) The Director shall advise a placement co-ordinator in writing when making or withdrawing a stipulation pursuant to subsection (7) with respect to a long-term care home for which the placement co-ordinator is the appropriate placement co-ordinator.

Agreement with Agency

217. (1) The operation by a licensee of a specialized unit shall be subject to the terms and conditions in an agreement between the licensee and the Agency.

(2) The agreement between the licensee and the Agency shall also contain the terms and conditions, if any, specified by the Director under subsection 216 (2) or (6).

Keeping of waiting list, specialized unit

218. The appropriate placement co-ordinator for a long-term care home shall keep a separate waiting list for admission to every specialized unit designated within the home in accordance with this Regulation that is in addition to and separate from any waiting list that is required to be kept under section 182.

Requirements to be placed on waiting list, specialized unit

219. (1) The appropriate placement co-ordinator shall place a person on the waiting list for admission to a specialized unit within a long-term care home under section 218 if,

(a) the person is determined by the placement co-ordinator to be eligible for long-term care home admission as a long-stay resident under section 172;

(b) the person applies in accordance with this Regulation for authorization of their admission to the specialized unit;

(c) the placement co-ordinator is satisfied, based on the assessments and information provided, that the person requires and is likely to benefit from the type of accommodation, care, services, programs and goods that are provided in the specialized unit;

(d) the licensee of the long-term care home approves the person's admission to the specialized unit; and

(e) placing the person on the waiting list for the specialized unit will not result in the total number of long-stay program waiting lists on which the person is placed exceeding five, unless the person requires an immediate admission as a result of a crisis arising from their condition or circumstances.

(2) For the purposes of clause (1) (e), where a person will be placed on the waiting list for a specialized unit in a long-term care home and will also be placed in category 3A or 3B on the waiting list for a unit or area of the home that is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin under section 191 or will also be placed on the waiting list for the home other than in the unit or area or specialized unit, all of the waiting lists will be counted as one list.

Waiting list categories and ranking

220. (1) Sections 186 to 193, 195 to 199 and subsection 200 (1) do not apply to an applicant seeking admission to a specialized unit within a long-term care home.

(2) An applicant shall be placed in the exchange category on the waiting list for a specialized unit in a long-term care home if either of the following circumstances exist:

1. The applicant meets the requirements set out in clauses 194 (1) (a) and (b), and the result of the exchange will be that the applicant will become a resident of the specialized unit in the long-term care home to which the applicant seeks admission and a resident of the specialized unit in the home will be discharged.
2. A placement co-ordinator becomes aware of the opportunity to exchange a resident of one specialized unit of a long-term care home who seeks admission to a second long-term care home and a resident of the second specialized unit in a long-term care home who seeks admission to the first. In this circumstance, each resident shall be placed in the exchange category of the appropriate waiting list.

(3) A person who was discharged from a specialized unit because they were absent on a medical or psychiatric absence for a longer time than permitted under section 150, and is applying for admission to the specialized unit, shall be placed in the re-admission category on the waiting list for the specialized unit.

(4) Applicants on a waiting list for a specialized unit in a long-term care home shall be ranked for admission in the following order of priority:

1. The highest priority shall be given to an applicant who is in the exchange category on the waiting list for the specialized unit. As among themselves, these applicants shall be ranked according to the following order of priority:
    i. The highest priority shall be given to an applicant who was discharged from a specialized unit because they were absent on a medical or psychiatric absence for a longer time than permitted under section 150, and is applying for admission to the specialized unit. As among themselves, these applicants shall be ranked according to the date of their original admission to the specialized unit.
    ii. The next highest priority shall be given to an applicant who requires immediate admission as a result of a crisis arising from their condition or circumstances. As among themselves, these applicants shall be ranked according to the urgency of their need for admission.
    iii. All other applicants shall be ranked on the waiting list according to the time at which they applied for authorization of their admission to the specialized unit.
2. The next highest priority shall be given to an applicant who is in the re-admission category on the waiting list for the specialized unit. As among themselves, these applicants shall be ranked according to the date of their original admission to the specialized unit.
3. The next highest priority shall be given to an applicant who requires immediate admission as a result of a crisis arising from their condition or circumstances. As among themselves, these applicants shall be ranked according to the urgency of their need for admission.
4. All other applicants shall be ranked on the waiting list according to the time at which they applied for authorization of their admission to the specialized unit.

Authorization of admission, specialized unit

221. (1) The appropriate placement co-ordinator shall authorize the admission of an applicant to the specialized unit only if,

(a) the applicant's admission may be authorized under section 203; and

(b) the applicant meets the requirements for placement on a waiting list for the specialized unit set out in section 219.

(2) Clause (1) (b) does not apply,

(a) when there is no applicant on the waiting list for the specialized unit; and

(b) the Director has made a stipulation under subsection 216 (7) with respect to the specialized unit.

Reassessment

222. (1) The licensee shall ensure that every resident of a specialized unit undergoes an interdisciplinary reassessment every three months, or sooner if there is a change in the resident's condition or circumstances, to determine whether the resident continues to require and is benefiting from the accommodation, care, services, programs and goods provided in the specialized unit.

(2) Subsection (1) does not apply with respect to a resident who is admitted pursuant to a stipulation made under subsection 216 (7).

Transfer, specialized units

223. (1) The licensee of a long-term care home may transfer a resident who is being discharged from a specialized unit under subsection 158 (7) to another area in the home.

(2) The licensee shall notify the placement co-ordinator of every transfer under subsection (1) within 24 hours.

(3) The licensee shall keep a separate transfer list in accordance with section 239 in respect of the accommodation in the specialized unit, and section 239 applies with necessary modifications to transfers of residents within the specialized unit.

(4) A resident who is transferred under subsection (1) is deemed to have been discharged from the specialized unit and admitted to the home.

(5) The licensee may transfer residents out of a specialized unit and into another area of the home despite the rules concerning transfer lists in section 239, subject to the first priority being given to residents described in clause 239 (1) (f) and despite subsection 239 (7).

Transfer from specialized unit — resident admitted pursuant to a stipulation

224. (1) The licensee of a long-term care home shall transfer a resident who was admitted to the specialized unit pursuant to a stipulation made under subsection 216 (7) to a bed in another area of the home in the class of accommodation chosen by the resident as soon as such a bed becomes available.

(2) Subsection (1) applies despite the rules concerning transfer lists in section 239, subject to first priority being given to residents described in clause 239 (1) (f) and despite subsection 239 (7).

(3) A resident who is transferred under subsection (1) is deemed to have been admitted to the home.

(4) The licensee shall notify the placement co-ordinator of every transfer under subsection (1) within 24 hours.

(5) Subsection 223 (3) applies to residents admitted to the specialized unit pursuant to the stipulation under subsection 216 (7).

Revocation of designation of specialized unit

225. (1) The Director may revoke the designation of a specialized unit in a long-term care home, or the designation of some of the beds in a specialized unit, in accordance with any terms and conditions the Director may specify,

(a) upon the recommendation of the Agency; or

(b) upon the Director's own initiative.

(2) Where the Agency recommends a revocation to the Director, it shall provide the Director with,

(a) the reason or reasons for recommending the revocation;

(b) a plan developed by the Agency in consultation with the licensee and the appropriate placement co-ordinator that sets out,

(i) the arrangements that will be made for the accommodation, care and services of the residents of the specialized unit, and

(ii) anticipated timelines for carrying out the plan; and

(c) a proposal for what is to occur with respect to the beds that will no longer be designated as part of the specialized unit.

(3) Where the Director revokes a designation on the Director's own initiative, the Agency shall provide the Director with the plan referred to in clause (2) (b).

(4) When the Director revokes a designation, the Director shall,

(a) inform the licensee, the Agency and the appropriate placement co-ordinator of the revocation; and

(b) provide the approved plan, with or without amendments made by the Director, to the licensee, the Agency, and the appropriate placement co-ordinator.

(5) The licensee shall comply with the plan as approved by the Director and, upon receiving the approved plan from the Director, shall,

(a) advise in writing each resident who will be affected by the revocation and the resident's substitute decision-maker, if any, of the revocation; and

(b) contact those residents and substitute decision-makers to begin the process of making alternate arrangements.

(6) In accordance with the approved plan, the appropriate placement co-ordinator shall,

(a) inform applicants on the waiting list for admission to the specialized unit that the designation is being revoked;

(b) cease the authorization of admissions to the specialized unit in accordance with the approved plan; and

(c) cease keeping a separate waiting list for the specialized unit in the long-term care home.

(7) Where the Director has designated a specialized unit for a specified time, the expiry of the specified time is deemed to be a revocation on the Director's own initiative for the purposes of this section.

REUNIFICATION PRIORITY ACCESS BEDS

Designation of beds

226. (1) The Director may designate a specified number of long-stay program beds in a long-term care home as reunification priority access beds, subject to any terms and conditions as the Director may specify.

(2) A licensee shall comply with the terms and conditions of a designation.

(3) The Director may, at any time, amend the terms and conditions of a designation or revoke the designation.

(4) The Director shall advise the licensee for the long-term care home in which one or more reunification priority access beds are designated and the appropriate placement co-ordinator in writing of,

(a) the designation and any terms and conditions to which it is subject;

(b) if the Director amends the terms and conditions, the amended terms and conditions; and

(c) if the Director revokes the designation, the revocation of the designation.

Waiting lists and ranking, reunification priority access beds

227. (1) The appropriate placement co-ordinator for a long-term care home shall keep a separate waiting list for admission to the reunification priority access beds designated within the home in accordance with this Regulation that is in addition to and separate from any waiting list that is required to be kept under section 182.

(2) The appropriate placement co-ordinator shall place a person on a waiting list for admission to a reunification priority access bed in a long-term care home if,

(a) the person is determined by the placement co-ordinator to be eligible for long-term care home admission as a long-stay resident under section 172;

(b) the person applies in accordance with this Regulation for authorization of their admission to a reunification priority access bed in a long-term care home in which the person's spouse or partner is a long-stay resident;

(c) the licensee of the long-term care home approves the person's admission to the reunification priority access bed; and

(d) the person meets the requirements for placement in category 1 on the waiting list for a long-term care home under section 188.

(3) The following rules apply to the priority for admission to a reunification priority access bed:

1. The highest priority shall be given to applicants on a waiting list for admission to a reunification priority access bed in a long-term care home who continue to meet the requirements under subsection (2) when the vacancy arises. As among themselves, they shall be ranked for admission according to the date on which their spouses or partners were admitted to the long-term care home.

2. If there is no person on the waiting list for admission to a reunification priority access bed described in paragraph 1 when the vacancy arises, all other applicants who are on the waiting list for the home that is required to be kept under section 182 shall be ranked for admission to the reunification priority access bed in accordance with the ranking of waiting list categories set out in Column 6 of the Table to section 199 and the rules for ranking within categories set out in section 200.

Admission to reunification priority access beds

228. (1) The appropriate placement co-ordinator shall authorize the admission of an applicant to a reunification priority access bed only if,

(a) the applicant's admission may be authorized under section 203; and

(b) the applicant meets the requirements for placement on a waiting list for admission to a reunification priority access bed set out in subsection 227 (2) when the vacancy arises.

(2) Clause (1) (b) does not apply if there is no applicant on the waiting list for admission to a reunification priority access bed who meets the requirements in subsection 227 (2) when the vacancy arises.

(3) A reunification priority access bed that is occupied by a resident who was admitted to the bed from the waiting list that is required to be kept under section 182 ceases to be designated as a reunification priority access bed.

(4) If a reunification priority access bed ceases to be designated under subsection (3), the next long-stay program bed that becomes vacant is deemed to be a reunification priority access bed if, when the vacancy arises,

(a) all of the designated reunification priority access beds in the long-term care home are occupied;

(b) there is at least one person on the waiting list that is required to be kept under subsection 227 (2) who has requested the same class of accommodation as the vacant bed; and

(c) there is no resident described in clause 239 (1) (f) in the home.

(5) Subsection (4) applies despite subsections 223 (1) and (5), subsections 224 (1) and (2), the rules concerning transfer lists in section 239 and subsection 239 (7).

(6) The appropriate placement co-ordinator shall keep the licensee informed as to whether or not there is at least one person on the waiting list that is required to be kept under subsection 227 (2).

(7) A licensee of a long-term care home in which one or more long-stay program beds have been designated as reunification priority access beds shall keep a list of the names of each resident of the home who was admitted to a

reunification priority access bed from the waiting list that is required to be kept under subsection 227 (2), the date of admission and the date on which the resident is discharged from the home.

(8) A person who is admitted to a reunification priority access bed from the waiting list that is required to be kept under subsection 227 (2) is deemed to occupy a reunification priority access bed despite a transfer that is described in section 239, until they are discharged from the long-term care home.

HIGH ACUITY PRIORITY ACCESS BEDS

Designation of beds, amendment and revocation

229. (1) The Director may designate a specified number of private accommodation long-stay program beds in a long-term care home as high acuity priority access beds, subject to any terms and conditions as the Director may specify.

(2) A licensee shall comply with the terms and conditions of a designation.

(3) The Director may, at any time,

(a) amend the terms and conditions of a designation; or

(b) revoke the designation, subject to any terms or conditions the Director considers appropriate.

(4) The Director shall advise the licensee for the long-term care home in which one or more high acuity priority access beds are designated and the appropriate placement co-ordinator in writing of,

(a) the designation and any terms and conditions to which it is subject;

(b) if the Director amends the terms and conditions, the amended terms and conditions; and

(c) if the Director revokes the designation, the revocation of the designation and any terms and conditions of the revocation.

(5) As soon as possible after being advised of a revocation under clause (4) (c), the licensee shall,

(a) advise in writing each resident who will be affected and their substitute decision-maker, if any, of the revocation;

(b) commence arranging for alternate arrangements with the resident and substitute decision-maker, if any; and

(c) provide the Director with a plan for the accommodation of, and the provision of care and services to, each resident who will be affected who was admitted to the bed from the waiting list kept under section 230.

(6) Immediately after being advised of a revocation under clause (4) (c), the appropriate placement co-ordinator shall,

(a) inform applicants on the waiting list for admission to the high acuity priority access bed that the designation is being revoked;

(b) cease the authorization of admissions to the high acuity priority access bed; and

(c) cease keeping a separate waiting list for the high acuity priority access bed in the long-term care home.

(7) Where the designation of a high acuity priority access bed is revoked and the bed is occupied by a resident who was admitted to the bed from the waiting list kept under section 230,

(a) the licensee shall discharge the resident from the bed and if the resident requests, transfer the resident to another bed in the home in a class of accommodation chosen by the resident as soon as the bed becomes available;

(b) the licensee shall continue to provide the resident with the same level of care the resident was being provided with until the resident is transferred to another bed in the home or is discharged from the home; and

(c) the revocation becomes final once the resident is transferred to another bed in the home or discharged from the home.

(8) A resident who is transferred under clause (7) (a) is deemed to have been discharged from the high acuity priority access bed and admitted to the home.

(9) The licensee may transfer residents under clause (7) (a) despite the rules concerning transfer lists in section 239, subject to the first priority being given to residents described in clause 239 (1) (f) and despite subsection 239 (7).

(10) The licensee shall notify the placement co-ordinator of every transfer under clause (7) (a) within 24 hours.

Waiting lists and ranking high acuity priority access beds

230. (1) Sections 186 to 193, 195 to 199 and subsection 200 (1) do not apply to an applicant seeking admission to a high acuity priority access bed within a long-term care home.

(2) The appropriate placement co-ordinator for a long-term care home shall keep a separate waiting list for admission to the high acuity priority access beds designated within the home in accordance with this Regulation that is in addition to and separate from any waiting list that is required to be kept under section 182.

(3) The appropriate placement co-ordinator shall place a person on a waiting list for admission to a high acuity priority access bed in a long-term care home if,

(a) the person,

(i) is at significant risk of avoidable admission to a hospital under the *Public Hospitals Act* or a private hospital licensed under the *Private Hospitals Act* or to a psychiatric facility within the meaning of the *Mental Health Act* that is required to provide in-patient services in accordance with that Act,

(ii) occupies a bed in a hospital under the *Public Hospitals Act* or a private hospital licensed under the *Private Hospitals Act* or a psychiatric facility within the meaning of the *Mental Health Act* that is required to provide in-patient services in accordance with that Act and requires an alternate level of care, or

(iii) is a long-stay resident in a long-term care home;

(b) the person is determined by the placement co-ordinator to be eligible for long-term care home admission as a long-stay resident under section 172;

(c) subject to subsection (4), the placement co-ordinator is satisfied, based on the assessment and information provided, that the person requires and is likely to benefit from,

(i) ongoing nursing and other personal care given by or under the supervision of a registered nurse or registered practical nurse who has relevant expertise, whether as the result of experience or training, or

(ii) ongoing technology-based care that requires the support of a member of a college as defined under the *Regulated Health Professions Act, 1991*;

(d) the person applies, in accordance with this Regulation, for authorization of their admission to a high acuity priority access bed;

(e) the licensee of the long-term care home approves the person's admission to the high acuity priority access bed; and

(f) placing the person on the waiting list will not result in the total number of long-stay program waiting lists, of all types, on which the person is placed exceeding five, unless the person meets the requirements for placement in category 1 on the waiting list under section 188.

(4) A person shall not be placed on the waiting list for a high acuity priority access bed if the only reason that the person meets the criteria under clause (3) (c) is that the person demonstrates responsive behaviours.

(5) For the purposes of clause (3) (f), where a person will be placed on the waiting list for a high acuity priority access bed in a long-term care home, and will also be placed on the waiting list for the home other than for a high acuity priority access bed, all of the waiting lists for that home shall be counted as one list.

(6) An applicant shall be placed in the exchange category on the waiting list for a high acuity priority access bed in the home if either of the following circumstances exist:

1. The applicant meets the requirements set out in clauses 194 (1) (a) and (b), and the result of the exchange will be that the applicant will become a resident of a high acuity priority access bed in the long-term care home to which the applicant seeks admission and a resident in a high acuity priority access bed in the home will be discharged.

2. The placement co-ordinator becomes aware of the opportunity to exchange a resident in one high acuity priority access bed of a long-term care home who seeks admission to a second long-term care home and a resident of the second high acuity priority access bed in a long-term care home who seeks admission to the first. In this circumstance, each resident shall be placed in the exchange category of the appropriate waiting list.

(7) A person who was discharged from a high acuity priority access bed because they were absent on a medical or psychiatric absence for a longer time than permitted under section 150, and is applying for admission to a high acuity priority access bed, shall be placed in the re-admission category on the waiting list for a high acuity priority access bed.

(8) Applicants on a waiting list for a high acuity priority access bed in a long-term care home shall be ranked for admission in the following order of priority:

1. The highest priority shall be given to an applicant who is in the exchange category on the waiting list for the high acuity priority access bed. As among themselves, these applicants shall be ranked according to the following order of priority:

i. The highest priority shall be given to an applicant who was discharged from a high acuity priority access bed because they were absent on a medical or psychiatric absence for a longer time than permitted under section 150, and is applying for admission to the high acuity priority access bed. As among themselves, these applicants shall be ranked according to the date of their original admission to the high acuity priority access bed.

ii. The next highest priority shall be given to an applicant who meets the requirements for placement in category 1 on the waiting list for a long-term care home under section 188. As among themselves, these applicants shall be ranked according to the urgency of their need for admission.

iii. All other applicants shall be ranked on the waiting list according to the time at which they applied for authorization of their admission to the high acuity priority access bed.

2. The next highest priority shall be given to an applicant who is in the re-admission category on the waiting list for the high acuity priority access bed. As among themselves, these applicants shall be ranked according to the date of their original admission to the high acuity priority access bed.

3. The next highest priority shall be given to an applicant who meets the requirements for placement in category 1 on the waiting list for a long-term care home under section 188. As among themselves, these applicants shall be ranked according to the urgency of their need for admission.

4. All other applicants shall be ranked on the waiting list according to the time at which they applied for authorization of their admission to the high acuity priority access bed.

(9) In this section,

"technology-based care" means care requiring any specialized medical device, instrument, apparatus, appliance, software application, implant or other article intended by the manufacturer to be used, alone or in combination, for the prevention, monitoring, treatment or alleviation of complex disease, disability, injury or disorder.

Admission to high acuity priority access beds

231. (1) The appropriate placement co-ordinator shall authorize the admission of an applicant to a high acuity priority access bed only if,

(a) the applicant's admission may be authorized under section 203; and

(b) the applicant meets the requirements for placement on a waiting list for admission to a high acuity priority access bed set out in subsection 230 (3) when the vacancy arises.

(2) Despite clause (1) (b), if there is no applicant on the waiting list for admission to a high acuity priority access bed who meets the requirements in subsection 230 (3) when the vacancy arises, an applicant from the waiting list that is required to be kept under section 182 may be admitted to the bed.

(3) The appropriate placement co-ordinator shall keep the licensee informed as to whether or not there is at least one person on the waiting list that is required to be kept under subsection 230 (2).

Discharge and transfer, high acuity priority access beds

232. (1) A licensee of a long-term care home shall discharge a resident from a high acuity priority access bed if,

(a) the interdisciplinary reassessment required under section 233 indicates that the resident no longer requires and benefits from the type of care described in clause 230 (3) (c); and

(b) alternative arrangements have been made for the care required by the resident.

(2) The licensee of a long-term care home may transfer a resident who is being discharged from a high acuity priority access bed under subsection (1) to another bed in the home.

(3) A resident who is transferred under subsection (2) is deemed to have been discharged from the high acuity priority access bed and admitted to the home.

(4) The licensee may transfer residents out of a high acuity priority access bed and into another bed in the home despite the rules concerning transfer lists in section 239, subject to the first priority being given to residents described in clause 239 (1) (f) and despite subsection 239 (7).

(5) The licensee of a long-term care home shall transfer a resident who was admitted to a high acuity priority access bed from the waiting list kept under section 182 to another bed in the home in the class of accommodation chosen by the resident as soon as such a bed becomes available.

(6) Subsection (5) applies despite the rules concerning transfer lists in section 239, subject to first priority being given to residents described in clause 239 (1) (f) and despite subsection 239 (7).

(7) A resident who is transferred under subsection (5) is deemed to have been admitted to the home.

(8) The licensee shall notify the placement co-ordinator of every transfer under this section within 24 hours.

Reassessment

233. (1) The licensee shall ensure that every resident in a high acuity priority access bed undergoes an interdisciplinary reassessment every three months, or sooner if there is a change in the resident's condition or circumstances, to determine whether the resident continues to require and is benefiting from the care provided in the high acuity priority access bed.

(2) Subsection (1) does not apply with respect to a resident who is admitted to a high acuity priority access bed from the waiting list kept under section 182.

Deemed basic accommodation

234. A resident who is admitted to a high acuity priority access bed from the waiting list kept under section 230 is deemed to be in long-stay basic accommodation for the purposes of sections 290 to 309 as long as the resident is occupying the high acuity priority access bed.

DIRECT ACCESS BEDS

Designation of beds, amendment and revocation, direct access beds

235. (1) The Minister may designate a specified number of long-stay program beds in a long-term care home as direct access beds, subject to any terms and conditions as the Minister may specify.

(2) A licensee shall comply with the terms and conditions of a designation.

(3) The Minister may, at any time,

(a) amend the terms and conditions of a designation; or

(b) revoke the designation, subject to any terms or conditions the Minister considers appropriate.

(4) The Minister shall advise the licensee for the long-term care home in which one or more direct access beds are designated and the appropriate placement co-ordinator in writing of,

(a) the designation and any terms and conditions to which it is subject;

(b) if the Minister amends the terms and conditions, the amended terms and conditions; and

(c) if the Minister revokes the designation, the revocation of the designation and any terms and conditions of the revocation.

(5) Immediately after being advised of a revocation under clause (4) (c), the appropriate placement co-ordinator shall,

(a) inform applicants on the waiting list for admission to the direct access bed that the designation is being revoked;

(b) cease the authorization of admissions to the direct access bed; and

(c) cease keeping a separate waiting list for the direct access bed in the long-term care home.

(6) Where a revocation is made under clause (4) (c), a resident who is occupying a direct access bed is deemed to have been discharged from the direct access bed and admitted to the long-term care home.

Waiting lists and ranking, direct access beds

236. (1) Sections 186 to 200 do not apply to an applicant seeking admission to a direct access bed within a long-term care home.

(2) The appropriate placement co-ordinator for a long-term care home shall keep a separate waiting list for admission to the direct access beds designated within the home in accordance with this Regulation that is in addition to and separate from any waiting list that is required to be kept under section 182.

(3) The appropriate placement co-ordinator shall place a person on a waiting list for admission to a direct access bed in a long-term care home if,

(a) the person requires immediate admission to a long-term care home;

(b) the person is determined by the placement co-ordinator to be eligible for long-term care home admission as a long-stay resident under section 172;

(c) the person occupies a bed in a hospital under the *Public Hospitals Act* that is specified in a designation made by the Minister under section 235; and

(d) the person requires an alternate level of care at the hospital specified in the designation for at least 60 days while waiting to be admitted to a long-term care home.

(4) Applicants on a waiting list for a direct access bed in a long-term care home shall be ranked for admission based upon the time at which the hospital in which they occupy a bed determines that they require an alternate level of care leading to discharge to a long-term care home.

(5) The appropriate placement co-ordinator shall,

(a) inform every applicant for a direct access bed and their substitute decision-maker, if any, that the applicant is only permitted to be on one waiting list for the home with the bed; and

(b) only place an applicant on the waiting list for a direct access bed in a long-term care home if the applicant or their substitute decision-maker, if any, consents to their being removed from every other waiting list for the home.

(6) Where a designation has been made under section 235, the appropriate placement co-ordinator shall,

(a) advise persons on the waiting lists for long-term care homes who meet the requirements under subsection (3) or their substitute decision-makers, if any, of the designation and ask them if they desire to be placed on the waiting list for a direct access bed; and

(b) place a person mentioned in clause (a) on the waiting list for a direct access bed if the person or their substitute decision-maker, if any, consents to their being placed on the list.

Admission to direct access beds

237. (1) The appropriate placement co-ordinator shall authorize the admission of an applicant to a direct access bed only if,

(a) the applicant's admission may be authorized under section 203; and

(b) the applicant meets the requirements for placement on a waiting list for admission to a direct access bed set out in subsection 236 (3) when the vacancy arises.

(2) Despite clause (1) (b), if there is no applicant on the waiting list for admission to a direct access bed when the vacancy arises, an applicant from the waiting list that is required to be kept under section 182 may be admitted to the bed.

(3) The appropriate placement co-ordinator shall keep the licensee informed as to whether or not there is at least one person on the waiting list that is required to be kept under subsection 236 (2).

Transfer, direct access beds

238. (1) The licensee of a long-term care home shall transfer a resident who was admitted to a direct access bed from the waiting list kept under section 182 to another bed in the home in the class of accommodation chosen by the resident as soon as such a bed becomes available.

(2) Subsection (1) applies despite the rules concerning transfer lists in section 239, subject to first priority being given to residents described in clause 239 (1) (f) and despite subsection 239 (7).

(3) A resident who is transferred under subsection (1) is deemed to have been admitted to the home.

(4) The licensee shall notify the placement co-ordinator of every transfer under subsection (1) within 24 hours.

(5) A resident occupying a direct access bed who was not admitted to a direct access bed from the waiting list kept under section 182 and who desires to transfer to another class of accommodation in the long-term care home shall be transferred in accordance with the rules set out in section 239, but is deemed to continue to occupy a direct access bed.

TRANSFER LIST

Transfer list

239. (1) Every licensee of a long-term care home shall keep a transfer list consisting of,

(a) the names of the residents of the home who are requesting a transfer from preferred accommodation in the home to basic accommodation in the home;

(b) the names of the residents of the home who are requesting a transfer from private accommodation in the home to semi-private accommodation in the home;

(c) the names of the residents of the home who are requesting a transfer from basic accommodation in the home to semi-private accommodation in the home;

(d) the names of the residents of the home who are requesting a transfer from basic accommodation in the home to private accommodation in the home;

(e) the names of the residents of the home who are requesting a transfer from semi-private accommodation in the home to private accommodation in the home;

(f) the names of residents of the home who are requesting a transfer from a bed that is closing within 16 weeks to another bed in the home; and

(g) where the home has a unit or area within the home that is primarily engaged in serving the interests of persons of a particular religion, ethnic origin or linguistic origin, the names of residents,

(i) who are requesting a transfer to the unit or area or out of the unit or area and based on the class of accommodation requested, and

(ii) who are in the unit or area and are requesting a change in class of accommodation within that unit or area.

(2) The licensee shall place the name of a resident on the transfer list referred to in subsection (1) when the request for a transfer is received.

(3) The licensee shall determine whether or not a resident who occupied a room with their spouse and who continues to occupy a bed in that room wishes to request a transfer to basic accommodation and, where the resident so wishes and makes a request, the licensee shall place the name of the resident on the transfer list.

(4) The licensee shall make the determination under subsection (3) within 30 days after the day the spouse ceases to occupy the room with the resident.

(5) The licensee shall,

(a) give priority for transfers to residents described in clause (1) (f); and

(b) among residents described in clause (1) (f), give priority for transfers based on order of time of admission to the home, with those admitted earlier ranking highest.

(6) The licensee shall, on request, notify each resident on the transfer list, the resident's substitute decision-maker or any other person designated by the resident or substitute decision-maker of the resident's position on the transfer list.

(7) In filling vacancies for basic accommodation, the licensee shall alternate on a bed-by-bed basis between,

(a) residents who are requesting a transfer from preferred accommodation in the home to basic accommodation; and

(b) admissions authorized by the appropriate placement co-ordinator.

(8) The licensee is not required to alternate under subsection (7),

(a) if there is no one waiting for basic accommodation under clause (7) (a) or (b) when a vacancy arises; or

(b) during a period of time for which the Director directs the appropriate placement co-ordinator to cease authorizing admissions to the home under subsection 56 (1) of the Act.

(9) Despite subsection (7), the licensee shall give residents described in clause (1) (f) priority over residents who are requesting a transfer from preferred accommodation in the home to basic accommodation and applicants whose admission is authorized by the appropriate placement co-ordinator.

(10) The licensee shall keep a record setting out the filling of vacancies, including the date on which the vacancy was filled.

SPECIAL CIRCUMSTANCES

Admissions process, special circumstances

240. (1) This section applies when the Director has made a determination that residents of a long-term care home urgently need to be relocated to another home to protect their health or safety.

(2) The Director shall advise the appropriate placement co-ordinator of the determination.

(3) Where a resident of one home is to be relocated to another home operated by the same licensee, the appropriate placement co-ordinator and the licensee are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the relocation and the following modifications are made respecting the application of Part IV of the Act:

1. The resident is deemed to be eligible for admission to the second home.
2. An application for authorization of admission is not required with respect to the resident.
3. The licensee is deemed to have approved the resident's admission under subsection 51 (7) of the Act.
4. Subject to paragraph 5, the resident shall be placed in category 1 of the waiting list referred to in section 188.
5. Residents who are to be relocated to a second home operated under a temporary emergency licence shall be ranked for admission based on urgency of need.
6. The appropriate placement co-ordinator shall authorize the admission only if the resident consents to the admission.

(4) Where a resident of one home is to be relocated to another home operated by a different licensee, the appropriate placement co-ordinator and the licensee are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the relocation and the following modifications are made respecting the application of Part IV of the Act:

1. The resident is deemed to be eligible for admission to the second home.
2. The resident is not required to make the application for authorization of admission in writing, as long as they have provided consent to the disclosure of all information necessary for the appropriate placement co-ordinator to deal with the application.

3. The appropriate placement co-ordinator shall co-ordinate the provision, to the licensee of the home for which authorization of admission is sought, of as much information as is available in the circumstances about the resident's physical and mental health, requirements for medical treatment and health care, functional capacity, requirements for personal care, behaviour and behaviour during the preceding year. This information shall be provided by the licensee of the resident's original home and may be communicated orally.
4. The licensee shall, either orally or in writing, approve or withhold approval of the admission in accordance with subsections 51 (7) to (9) of the Act within 24 hours of receiving the information under paragraph 3.
5. If the licensee withholds approval of the person's admission, the licensee shall provide the appropriate placement co-ordinator with the written notice referred to in subsection 51 (9) of the Act, if requested to do so by the appropriate placement co-ordinator. The notice shall be provided within five business days of the request of the appropriate placement co-ordinator and a copy of the notice shall also be provided to the Director.
6. Subject to paragraph 7, the resident shall be placed in category 1 of the waiting list referred to in section 188.
7. Residents who are to be relocated to a second home operated under a temporary emergency licence shall be ranked for admission based on urgency of need.
8. The appropriate placement co-ordinator shall authorize the admission only if the resident consents to the admission and the licensee approves the admission.

(5) Where a resident who was relocated under this section applies for re-admission to the original home, the appropriate placement co-ordinator and the licensee are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the re-admission and the following modifications are made respecting the application of Part IV of the Act:

1. The resident is deemed to be eligible for admission to the original home.
2. The resident is not required to make the application for authorization of admission in writing.
3. The licensee is deemed to have approved the resident's admission under subsection 51 (7) of the Act.
4. The appropriate placement co-ordinator shall authorize the admission only if the resident consents to the admission.

Special circumstances, convalescent care

241. (1) This section applies in the special circumstance of processing the admission of a person to a long-term care home as a short-stay resident in the convalescent care program, so as to expedite, through prompt admission to that program, the program's purpose of facilitating restoring a person's strength, endurance or functioning so that they can return to their residence.

(2) Where an applicant may be admitted to the convalescent care program, placement co-ordinators and licensees are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect admissions to the convalescent care program in accordance with this section.

(3) The following modifications are made to the application of section 50 of the Act:

1. Before the person submits an application for determination of eligibility for admission, the placement co-ordinator shall provide the person with information about the process for admission to a long-term care home as a short-stay resident in the convalescent care program, including,
    i. the nature of the referral process for admission under this section,
    ii. the factors that the placement co-ordinator will take into consideration when referring the applicant to a bed in the convalescent care program, and
    iii. the fact that the person will only be admitted to a home with their consent, in accordance with clause 51 (11) (d) and section 52 of the Act.
2. If, after receiving the information referred to in paragraph 1, the person proceeds with an application under section 50 of the Act, the application shall include, in addition to anything else required under that section, the person's consent to the disclosure of all the information necessary to deal with the application and the person's admission to a home.

(4) After the person has been determined to be eligible for long-term care home admission, the following modifications are made to the application of section 51 of the Act:

1. The placement co-ordinator shall refer the applicant to one or more homes with a convalescent care program. In determining to which home or homes to refer the applicant, the placement co-ordinator shall take into consideration the following factors:
    i. The applicant's condition and circumstances.

ii. The applicant's preferences, including any preferences relating to the proximity of the home or homes to the applicant's family, home and community and support networks.

2. If a home to which the applicant is being referred is not in the geographic area of the placement co-ordinator making the referral, that placement co-ordinator shall co-ordinate with the appropriate placement co-ordinator for that home.

3. Instead of the applicant applying for authorization of admission, the appropriate placement co-ordinator shall provide the necessary information to the licensee or licensees of the home or homes to which the applicant is being referred.

4. In subsections 51 (7) to (10) and (14) of the Act,

i. any reference to a "selected" home shall be read as applying to a home to which the applicant is referred,

ii. the licensee's written notice of withholding of approval or withdrawal of approval required under subsections 51 (9) and (14) of the Act is only required to be given to the appropriate placement co-ordinator, but the appropriate placement co-ordinator shall provide a copy to the applicant upon request.

(5) For the purposes of applying this Regulation under the circumstances where this section applies,

(a) subsections 179 (3) and (4) of this Regulation shall be read as if they said "three business days" rather than "five business days";

(b) subsection 179 (5) of this Regulation shall be read as if it said "one business day" rather than "three business days";

(c) clause 183 (1) (b) of this Regulation does not apply;

(d) Column 2 of Item 9 of the Table to section 200 of this Regulation shall be read as if it referred to the time at which the applicant agreed to proceed with an application under section 50 of the Act;

(e) paragraph 2 of subsection 202 (4) of this Regulation shall be read as if it said that the licensee shall give the written notice of the withdrawal of approval for the applicant's admission only to the appropriate placement co-ordinator, but that the appropriate placement co-ordinator shall provide a copy to the applicant upon request;

(f) clause 203 (1) (a) of this Regulation shall be read as if it only required that the requirements set out in subsection 51 (11) of the Act be complied with.

(6) If a person to whom this section applies does not choose to participate in the process under this section, the placement co-ordinator shall, if the person so desires, provide information about alternative services, make appropriate referrals on behalf of the person and assist in arranging alternative accommodation, care or services for the person as is appropriate in the circumstances.

(7) A person may not apply for admission to a long-term care home as a short-stay resident in the convalescent care program other than through the process under this section.

Special circumstances, pandemic, hospital admissions

242. (1) This section applies in the special circumstance of processing the admission to a long-term care home of a person who occupies a bed in a hospital under the *Public Hospitals Act* during a pandemic, so as to expedite the reduction of severe capacity pressures facing the hospital.

(2) Where a person described in subsection (1) requires admission to a long-term care home, placement co-ordinators and licensees are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the admission and the following modifications are made respecting the application of Part IV of the Act:

1. The placement co-ordinator shall make a determination of eligibility for admission to a long-term care home based on as much information as is available in the circumstances about the person's,

i. physical and mental health,

ii. requirements for medical treatment and health care,

iii. functional capacity,

iv. requirements for personal care, and

v. behaviour.

2. After the person has been determined to be eligible for long-term care home admission, the placement co-ordinator shall select the home for the person even if the person is already on a waiting list for one or more homes.

3. In selecting a home under paragraph 2, the placement co-ordinator shall take into consideration the following factors:

i. The person's condition and circumstances.

ii. The person's preferences, including any preferences relating to the proximity of the home or homes to the applicant's family, home and community and support networks.

iii. The class of accommodation requested by the person.

4. If the home selected by the placement co-ordinator is not in the geographic area of the placement co-ordinator making the offer, that placement co-ordinator shall co-ordinate with the appropriate placement co-ordinator for that home.

5. If the person has not already made an application for authorization of admission, they are not required to make the application for authorization of admission, so long as they have provided consent to the disclosure of all information necessary for the appropriate placement co-ordinator to deal with the application.

6. The appropriate placement co-ordinator shall co-ordinate the provision, to the licensee of the home for which authorization of admission is sought, of as much information as is available in the circumstances about the matters listed in paragraph 1, and this information may be communicated orally.

7. The licensee shall, either orally or in writing, approve or withhold approval of the admission in accordance with subsections 51 (7) to (9) of the Act, as modified by this section, within five days of receiving the information under paragraph 6, and if the licensee withholds approval of the person's admission, the licensee shall, at the time of withholding, either orally or in writing inform the appropriate placement co-ordinator of the ground or grounds on which the licensee is withholding approval and a brief explanation of why, but is not required to notify the person.

8. Where the person is waiting for admission to a regular long-stay bed, the person shall be placed in category 1 of the waiting list referred to in section 188 in respect of every waiting list on which they are placed, unless the person would otherwise be placed in a higher ranking category.

9. The appropriate placement co-ordinator shall authorize admission to a home only if the information provided to the licensee under paragraph 6 was obtained by the placement co-ordinator within the six months preceding the authorization.

10. The appropriate placement co-ordinator may authorize the person's admission to preferred accommodation in the home even if basic accommodation has been requested, and in such a case, the licensee shall make the accommodation available as basic accommodation.

11. The appropriate placement co-ordinator shall authorize admission only if the person consents to the admission.

Special circumstances, pandemic, residents admitted previously

243. (1) This section applies where a resident was admitted to a long-term care under section 208.2 of Ontario Regulation 79/10 (General) made under the former Act or where a person consented to the admission under section 208.2 of that Regulation but did not move into the home before the coming into force of this section.

(2) Where this section applies, placement co-ordinators and licensees are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the admission and the following modifications are made respecting the application of Part IV of the Act:

1. The resident is deemed to be eligible for admission to the home or homes they have selected.

2. The resident is not required to make the application for authorization of admission in writing, as long as they have provided consent to the disclosure of all information necessary for the appropriate placement co-ordinator to deal with the application.

3. The licensee of the resident's home shall assist the placement co-ordinator by providing information about the care that is being given to the resident and information that the licensee has about the resident's,

   i. physical and mental health,

   ii. requirements for medical treatment and health care,

   iii. functional capacity,

   iv. requirements for personal care, and

   v. behaviour.

4. The appropriate placement co-ordinator shall co-ordinate the provision, to the licensee of the home for which authorization of admission is sought, of as much information as is available in the circumstances about the matters listed in paragraph 3 and the licensee shall make the decision whether to approve or withhold approval for admission based on this information.

5. For the purposes of ranking the resident within a category under sections 190, 191, 192, 193, 194 and 220, the time for which the resident applied for authorization of admission is deemed to be the date of the resident's admission to the home under section 208.2 of Ontario Regulation 79/10 (General) made under the former Act if that date is earlier than the one that would otherwise apply.

6. The appropriate placement co-ordinator shall place the resident in category 1 of the waiting list referred to in section 188 for the resident's first choice of home, unless the resident would otherwise be placed in a higher ranking category,

but the appropriate placement co-ordinator shall not place the resident in category 1 of the waiting list referred to in section 188 for a transfer to a subsequent home unless the resident meets the requirements for that category.

7. The appropriate placement co-ordinator shall authorize the admission only if the resident consents to the admission.

Pandemic, admissions from community

244. (1) This section applies in the special circumstance of processing the admission to a long-term care home during a pandemic of a person, other than a person described in section 242.

(2) Where a person described in subsection (1) requires admission to a long-term care home, placement co-ordinators and licensees are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the admission and the following modifications are made respecting the application of Part IV of the Act:

1. The placement co-ordinator shall make a determination of eligibility for admission to a long-term care home based on as much information as is available in the circumstances about the person's,
   i. physical and mental health,
   ii. requirements for medical treatment and health care,
   iii. functional capacity,
   iv. requirements for personal care, and
   v. behaviour.
2. The appropriate placement co-ordinator shall co-ordinate the provision, to the licensee of the home for which authorization of admission is sought, of as much information as is available in the circumstances about the matters listed in paragraph 1, and this information may be communicated orally.
3. The licensee shall, either orally or in writing, approve or withhold approval of the admission in accordance with subsections 51 (7) to (9) of the Act, as modified by this section, within five days of receiving the information under paragraph 2, and if the licensee withholds approval of the person's admission, the licensee shall, at the time of withholding, either orally or in writing inform the appropriate placement co-ordinator of the ground or grounds on which the licensee is withholding approval and a brief explanation of why, but is not required to notify the person.
4. Subsection 184 (1) does not apply if the reason a person refuses to consent to admission to a home is that there is a pandemic.
5. The appropriate placement co-ordinator shall authorize the admission only if the person consents to the admission.

Re-admission, pandemic discharges

245. (1) Where a person who was discharged under section 160 of this Regulation or section 147.1 of Ontario Regulation 79/10 (General) made under the former Act seeks re-admission to the home from which they were discharged three months or less from the date of discharge, placement co-ordinators and licensees are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the re-admission and the following modifications are made respecting the application of Part IV of the Act:

1. The person is deemed to be eligible for admission to the home.
2. The person is not required to make the application for authorization of admission in writing.
3. The licensee is deemed to have approved the person's admission under subsection 51 (7) of the Act.
4. The person shall be placed in the re-admission category of the waiting list referred to in section 195 or section 220, whichever applies, unless the person would otherwise be placed in a higher ranking category.
5. The appropriate placement co-ordinator shall authorize the admission only if the person consents to the admission.

(2) Where a person who was discharged under section 160 of this Regulation or section 147.1 of Ontario Regulation 79/10 (General) made under the former Act seeks re-admission to the home from which they were discharged after more than three months from the date of discharge, placement co-ordinators and licensees are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the re-admission and the following modifications are made respecting the application of Part IV of the Act:

1. The person is deemed to be eligible for admission to the home.
2. The person is not required to make the application for authorization of admission in writing, as long as they have provided consent to the disclosure of all information necessary for the appropriate placement co-ordinator to deal with the application.
3. The appropriate placement co-ordinator shall co-ordinate the provision, to the licensee of the home for which authorization of admission is sought, of as much information as is available in the circumstances about the person's,

i. physical and mental health,

ii. requirements for medical treatment and health care,

iii. functional capacity,

iv. requirements for personal care, and

v. behaviour.

4. The information under paragraph 3 may be communicated orally.

5. The licensee shall, either orally or in writing, approve or withhold approval of the admission in accordance with subsections 51 (7) to (9) of the Act, as modified by this section, within five days of receiving the information under paragraph 3.

6. If the licensee withholds approval of the person's admission, the licensee shall provide the appropriate placement co-ordinator with the written notice referred to in subsection 51 (9) of the Act, if requested to do so by the appropriate placement co-ordinator, within five business days of the request of the appropriate placement co-ordinator, and the placement co-ordinator shall provide a copy of the notice to the person seeking re-admission.

7. The person shall be placed in the re-admission category of the waiting list referred to in section 195 or section 220, whichever applies, unless the person would otherwise be placed in a higher ranking category.

8. The appropriate placement co-ordinator shall authorize the admission only if the person consents to the admission.

TRANSITIONAL, ADMISSIONS

Transitional, admissions

246. (1) This section applies when a person had applied for a determination of eligibility for or authorization of admission to a long-term care home under the former Act before the coming into force of this section and the person has not yet been admitted to the home.

(2) If the appropriate placement co-ordinator offered to authorize the person's admission to a home and the person accepted the offer before the coming into force of this section and moves into the home after the coming into force of this section, then the provisions of the former Act continue to apply to the offer.

(3) If the appropriate placement co-ordinator offered to authorize the person's admission to a home and the person did not accept the offer prior to the coming into force of this section, this Regulation applies to the offer as if the offer had been made under this Regulation.

(4) If, before the coming into force of this section, the appropriate placement co-ordinator did not offer to authorize the person's admission to a home, this Regulation applies to the application.

Transitional, short-stay residents

247. Where, during the calendar year that this section comes into force, a person was admitted to a home under the former Act as a short-stay resident in the respite care, convalescent care or interim bed program, the total length of stay in the program shall be counted for the purposes of subsections 206 (4) and (5) and section 214.

PART V
COUNCILS

Detailed allocation

248. For the purposes of subparagraph 9 iii of subsection 63 (1) and subparagraph 7 iii of subsection 66 (1) of the Act,

"detailed allocation" means the reconciliation report for a calendar year, together with the auditor's report on that reconciliation report, that is submitted to the Minister under clause 288 (1) (a) and to,

(a) the local health integration network for the geographic region in which the long-term care home is located as is, or was previously, required by regulations made under the *Local Health System Integration Act, 2006*, or

(b) the Agency, as is required by regulations made under the *Connecting Care Act, 2019*.

PART VI
OPERATION OF HOMES

ADMINISTRATOR

Administrator

249. (1) Every licensee of a long-term care home shall ensure that the home's Administrator works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week.
2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week.
3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week.

(2) An Administrator who is attending a meeting or training related to their position as Administrator is considered to be working on site at the home as long as they are available by telephone.

(3) Subject to subsection (4), the licensee shall ensure that everyone hired as an Administrator,

(a) has a post-secondary degree from a program that is a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that is a minimum of two years in duration;

(b) has at least three years working experience,

(i) in a managerial or supervisory capacity in the health or social services sector, or

(ii) in another managerial or supervisory capacity, if they have already successfully completed the course mentioned in clause (d);

(c) has demonstrated leadership and communications skills; and

(d) has successfully completed or, subject to subsection (5), is enrolled in, a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time.

(4) A person who was working or employed as an Administrator on July 1, 2010 and has continued to work or be employed in that position may be hired for another position as an Administrator in a different long-term care home if the person,

(a) worked or was employed as an Administrator in a long-term care home,

(i) on a full-time basis for at least three years during the five years immediately before being employed in the different home, or

(ii) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being employed in the different home; and

(b) has successfully completed or, subject to subsection (5), is enrolled in, a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time.

(5) The licensee shall cease to employ as an Administrator a person who was required to be enrolled in a program described in clause (3) (d) or (4) (b) if the person ceases to be enrolled in the program or fails to successfully complete the program within the following periods:

1. For a program that includes at least 400 hours of instruction time, the maximum period is five years from the day the person is hired as an Administrator.
2. For a program that includes more than 200 but less than 400 hours of instruction time, the maximum period is three years from the day the person is hired as an Administrator.
3. For a program that includes 200 or less hours of instruction time, the maximum period is two years from the day the person is hired as an Administrator.

DIRECTOR OF NURSING AND PERSONAL CARE

Director of Nursing and Personal Care

250. (1) Every licensee of a long-term care home shall ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 19 beds or fewer, at least four hours per week.
2. In a home with a licensed bed capacity of more than 19 but fewer than 30 beds, at least eight hours per week.
3. In a home with a licensed bed capacity of more than 29 but fewer than 40 beds, at least 16 hours per week.
4. In a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week.
5. In a home with a licensed bed capacity of 65 beds or more, at least 35 hours per week.

(2) For homes with a licensed bed capacity of more than 39 beds, a Director of Nursing and Personal Care who is attending a meeting or training related to their position as a Director of Nursing and Personal Care is considered to be working on site at the home as long as they are available by telephone.

(3) The licensee shall ensure that everyone hired as a Director of Nursing and Personal Care,

(a) has at least one year of experience working as a registered nurse in the long-term care sector;

(b) has at least three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting; and

(c) has demonstrated leadership and communication skills.

(4) Despite subsection (3), a person who was working or employed as a Director of Nursing and Personal Care in a long-term care home immediately before July 1, 2010 may be hired as a Director of Nursing and Personal Care in a different home if the person worked or was employed as a Director of Nursing and Personal Care in a long-term care home,

(a) on a full-time basis for at least three years during the five years immediately before being employed in the different home; or

(b) on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being employed in the different home.

(5) Subsection 77 (4) of the Act and subsection (1) of this section do not apply during a pandemic.

MEDICAL DIRECTOR

Medical Director

251. (1) Every licensee of a long-term care home shall enter into a written agreement with the Medical Director for the home that provides for at least the following:

1. The term of the agreement.
2. The responsibilities of the licensee.
3. The responsibilities or duties of the Medical Director under clause 78 (3) (b) of the Act, as set out in subsection (4) of this section.
4. That the Medical Director will complete,
   i. the Ontario Long Term Care Clinicians' Medical Director course within 12 months after the Medical Director first begins to perform their duties and responsibilities or, if the Medical Director was the Medical Director of the home when this section comes into force, within 12 months after this section comes into force, and
   ii. such other training as is specified in the agreement, within the time period specified in the agreement.
5. The minimum number of hours the Medical Director is required to spend on-site at the home for each month and the specific duties the Medical Director must perform onsite, as required by the licensee.

(2) A licensee is not required to comply with paragraphs 4 and 5 of subsection (1) with respect to a Medical Director who was the Medical Director of the home when this section comes into force until six months after this section comes into force.

(3) The Medical Director of a long-term care home may not be,

(a) the licensee of the home;

(b) a person having a controlling interest in the licensee; or

(c) in the case of a licensee that is a corporation, a member of the board of the corporation.

(4) For the purposes of clause 78 (3) (b) of the Act, the Medical Director has the following responsibilities and duties:

1. Development, implementation, monitoring and evaluation of medical services.
2. Advising on and approving clinical policies and procedures.
3. Communication of expectations to attending physicians and registered nurses in the extended class, including communicating relevant medical policies and procedures.
4. Addressing issues relating to resident care, after-hours coverage and on-call coverage.
5. Attendance and participation in interdisciplinary committees and quality improvement activities.
6. Providing oversight of resident clinical care in the home.

SCREENING MEASURES AND ONGOING DECLARATIONS

Hiring staff, accepting volunteers

252. (1) This section applies where a police record check is required before a licensee hires a staff member or accepts a volunteer as set out in subsection 81 (2) of the Act.

(2) The police record check must be,

(a) conducted by a police record check provider within the meaning of the *Police Record Checks Reform Act, 2015*; and

(b) conducted within six months before the staff member is hired or the volunteer is accepted by the licensee.

(3) The police record check must be a vulnerable sector check referred to in paragraph 3 of subsection 8 (1) of the *Police Record Checks Reform Act, 2015*, and be conducted to determine the person's suitability to be a staff member or volunteer in a long-term care home and to protect residents from abuse and neglect.

(4) The licensee shall require that the person provide the licensee, before the person is hired as a staff member or accepted as a volunteer, with a signed declaration disclosing the following:

1. All the following that occurred with respect to the person:
    i. every charge for an offence prescribed under subsection 255 (1) with which the person has been charged,
    ii. every order of a judge or justice of the peace made against the person in respect of an offence prescribed under subsection 255 (1), including a peace bond, probation order, prohibition order or warrant to arrest, and
    iii. every conviction for an offence prescribed under subsection 255 (1) or any other outcome of a charge for such an offence.
2. All the following that occurred with respect to the person:
    i. every commencement of a proceeding that could lead to a finding of guilt of an act of misconduct prescribed under subsection 255 (2), and
    ii. every finding of guilt of an act of misconduct prescribed under subsection 255 (2).

(5) Paragraph 1 of subsection (4) applies with respect to any charge, order or conviction or other outcome that occurred since the date the person's police record check under subsection (2) was conducted.

(6) Subparagraph 2 i of subsection (4) does not apply with respect to a proceeding that ended more than five years before the staff member is hired or the volunteer accepted.

(7) Subparagraph 2 ii of subsection (4) does not apply with respect to,

(a) a finding of guilt that resulted in a suspension if the suspension ended more than five years before the staff member is hired or the volunteer accepted; or

(b) a finding of guilt that did not result in a suspension, if the finding of guilt occurred more than five years before the staff member is hired or the volunteer accepted.

Declarations for staff and volunteers

253. (1) The licensee of a long-term care home shall require every person who is a staff member or volunteer at the home to provide the licensee with signed declarations disclosing the following:

1. All the following that occurred with respect to the person:
    i. every charge for an offence prescribed under subsection 255 (1) with which the person has been charged,
    ii. every order of a judge or justice of the peace made against the person in respect of an offence prescribed under subsection 255 (1), including a peace bond, probation order, prohibition order or warrant to arrest, and
    iii. every conviction for an offence prescribed under subsection 255 (1) or any other outcome of a charge for such an offence.
2. All the following that occurred with respect to the person:
    i. every commencement of a proceeding that could lead to a finding of guilt of an act of misconduct prescribed under subsection 255 (2), and
    ii. every finding of guilt of an act of misconduct prescribed under subsection 255 (2).

(2) Declarations under subsection (1) apply with respect to any charge, order, conviction or other outcome, commencement of a proceeding or finding of guilt that the person became aware of since this section came into force and shall be provided promptly after the person became aware.

(3) The licensee of a long-term care home shall require every person who is a staff member or volunteer at the home on the day this section comes into force to provide the licensee with signed declarations disclosing all the following that occurred with respect to the person:

1. Every commencement of a proceeding that could lead to a finding of guilt of an act of misconduct prescribed under subsection 255 (2).
2. Every finding of guilt of an act of misconduct prescribed under subsection 255 (2).

(4) Paragraph 1 of subsection (3) does not apply with respect to a proceeding that ended more than five years before this section came into force.

(5) Paragraph 2 of subsection (3) does not apply with respect to,

(a) a finding of guilt that resulted in a suspension if the suspension ended more than five years before this section came into force; or

(b) a finding of guilt that did not result in a suspension, if the finding of guilt occurred more than five years before this section came into force.

(6) The licensee of a long-term care home shall require the declaration of a staff member or volunteer under subsection (3) to be provided within one month after the staff member first works, or volunteer first volunteers, at the home after this section comes into force.

Exceptions

254. (1) The requirements under subsection 81 (2) of the Act and sections 252 and 253 of this Regulation do not apply if the person who is, or who is being hired to be, a staff member who will perform work at the home,

(a) falls under clause (b) or (c) of the definition of "staff" in subsection 2 (1) of the Act;

(b) will only provide occasional maintenance or repair services to the home;

(c) will not provide direct care to residents; and

(d) will be monitored and supervised, in accordance with the licensee's policies and procedures referred to in subsection 92 (3), while they provide services to the home.

(2) When a licensee hires a Medical Director, or a physician or registered nurse in the extended class is retained or appointed under subsection 88 (2) or (3), the following modifications to the requirements of section 81 of the Act and section 252 of this Regulation apply:

1. Subsection 81 (2) of the Act does not apply.
2. Section 252 applies, despite paragraph 1 and subsection 252 (1), with the following modifications:
    i. Subsections 252 (2) and (3) do not apply.
    ii. Subsection 252 (5) applies to any charge, order or conviction or other outcome that occurred since the date the person was admitted to their College, unless subsection 255 (4) applies to the person.

(3) When a licensee hires a staff member or accepts a volunteer during a pandemic, the following modifications to the requirements of section 81 of the Act and section 252 of this Regulation apply:

1. Subsection 81 (2) of the Act does not apply.
2. Section 252 applies, despite paragraph 1 and subsection 252 (1), with the following modifications:
    i. subsections 252 (2) and (3) do not apply,
    ii. if a police record check that complied with subsections 252 (2) and (3) was provided to the licensee, subsection 252 (5) applies,
    iii. if a police record check that complied with subsections 252 (2) and (3) was not provided to the licensee, subsection 252 (5) does not apply and paragraph 1 of subsection 252 (4) applies with respect to any charge, order or conviction or other outcome, regardless of when they occurred.

(4) If a staff member is hired or a volunteer is accepted during a pandemic and no police record check that complies with subsections 252 (2) and (3) was provided to the licensee, the licensee shall ensure that a such police record check is provided to the licensee within three months after the staff member was hired or the volunteer was accepted, and the licensee shall keep the results of the record check in accordance with the requirements in section 278 or 279 as applicable.

(5) If a staff member was hired or a volunteer was accepted during a pandemic before this section came into force and no police record check that complied with subsections 215 (2) and (3) of Ontario Regulation 79/10 (General) made under the former Act was provided to the licensee, the licensee shall ensure that a police record check that complies with subsections 252 (2) and (3) of this Regulation is provided to the licensee within three months after this section comes into force and the licensee shall keep the results of the record check in accordance with the requirements in section 278 or 279 as applicable.

(6) Subsections (4) and (5) do not apply with respect to a person who is no longer a staff member or volunteer at the time the police record check would have been required under those subsections.

Prescribed offences and misconduct

255. (1) The following offences are prescribed for the purposes of clause 81 (4) (a) of the Act:

1. Any offence under the Act, the *Long-Term Care Homes Act, 2007*, the *Nursing Homes Act*, the *Charitable Institutions Act* or the *Homes for the Aged and Rest Homes Act*.
2. Any offence referenced at section 742.1 of the *Criminal Code* (Canada).
3. Any offence under the *Cannabis Act* (Canada), the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada).
4. Any other provincial or federal offence if the offence involved,
   i. improper or incompetent treatment or care of a vulnerable person that resulted in harm or a risk of harm of any kind to the vulnerable person, including but not limited to physical, emotional, psychological or financial harm,
   ii. abuse or neglect of a vulnerable person that resulted in harm or risk of harm of any kind to the vulnerable person, including but not limited to physical, emotional, psychological or financial harm,
   iii. unlawful conduct that intentionally resulted in harm or a risk of harm of any kind to a vulnerable person, including but not limited to physical, emotional, psychological or financial harm, or
   iv. misuse or misappropriation of a vulnerable person's money.

(2) The following acts of professional misconduct are prescribed for the purposes of clause 81 (4) (b) of the Act:

1. An act of misconduct as a member of a health profession as defined in the *Regulated Health Professions Act, 1991*.
2. An act of misconduct as a member of a regulated profession as defined in the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006*.
3. An act of misconduct under any other scheme governing a profession, occupation or commercial activity, including a scheme a person is not required to participate in in order to practice or engage in the profession, occupation or activity.

(3) For the purposes of clause 81 (4) (b) of the Act, a person is found guilty of an act of professional misconduct if a finding of professional misconduct is made against the person by a regulatory authority, a professional association or a body that regulates a profession, occupation or activity.

(4) Subsection 81 (4) of the Act does not apply with respect to,

(a) a conviction for an offence that resulted in a sentence of imprisonment if the sentence was completed more than five years before the staff member first works, or the volunteer first volunteers, at the home or more than five years before the person becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure;

(b) a conviction for an offence that did not result in a sentence of imprisonment if the conviction occurred more than five years before the staff member first works, or the volunteer first volunteers, at the home or more than five years before the person becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure;

(c) a finding of guilt for an act of misconduct that resulted in a suspension if the suspension ended more than five years before the staff member first works, or the volunteer first volunteers, at the home or more than five years before the person becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure;

(d) a finding of guilt for an act of misconduct that did not result in a suspension, if the finding of guilt occurred more than five years before the staff member first works, or the volunteer first volunteers, at the home or more than five years before the person becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(5) In this section,

"professional misconduct" includes incompetence; ("faute professionnelle")

"vulnerable person" means a vulnerable person as defined in the *Police Record Checks Reform Act, 2015*. ("personne vulnérable")

Screening measures and declarations for directors and management

256. (1) Every licensee of a long-term care home shall ensure that screening measures are conducted before permitting any person to be a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(2) The screening measures shall include police record checks.

(3) The police record check must be,

(a) conducted by a police record check provider within the meaning of the *Police Record Checks Reform Act, 2015*; and

(b) subject to subsection (4), conducted within six months before the person becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(4) Where a person will become a member of the licensee's board of directors, its board of management or committee of management or other governing structure as a result of their election under the *Municipal Elections Act, 1996*, the person must provide a police record check in accordance with this section that was conducted no earlier than six months prior to the date their term of office begins and no later than one month after their term of office begins.

(5) The police record check must be a criminal record check referred to in paragraph 1 of subsection 8 (1) of the *Police Record Checks Reform Act, 2015*, and be conducted to determine the person's suitability to be a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(6) Subsections 252 (4) to (7) apply, with necessary modifications, with respect to a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(7) Subsections 253 (1) and (2) apply, with necessary modifications, with respect to a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(8) When a person becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure during a pandemic, the following apply:

1. Subsections (2) to (5) do not apply.
2. If a police record check that complied with subsections (3), (4) and (5), as applicable, was provided to the licensee, subsection 252 (5), as applicable under subsection (6), applies.
3. If a police record check that complied with subsections subsections (3), (4) and (5),as applicable, was not provided to the licensee,
    i. subsection 252 (5), as applicable under subsection (6), does not apply and paragraph 1 of subsection 252 (4), as applicable under subsection (6), applies with respect to any charge, order or conviction or other outcome, regardless of when they occurred, and
    ii. the licensee shall ensure that a police record check that complies with (3), (4) and (5), as applicable, is provided to the licensee within three months after the person became a member of the licensee's board of directors, its board of management or committee of management or other governing structure, and that the results of the check are kept in accordance with the requirements in section 280,
    iii. subparagraph ii does not apply with respect to a person who is no longer a member of the licensee's board of directors, its board of management or committee of management or other governing structure at the time the police record check would have been required under subparagraph ii.

(9) The licensee of a long-term care home shall require every person who was a member of the licensee's board of directors, its board of management or committee of management or other governing structure on the day this section came into force to provide the licensee, within one month after this section came into force, with a signed declaration disclosing the following, and shall keep the declarations in accordance with the requirements in section 280:

1. All the following that occurred with respect to the person:
    i. every charge for an offence prescribed under subsection 255 (1) with which the person has been charged,
    ii. every order of a judge or justice of the peace made against the person in respect of an offence prescribed under subsection 255 (1), including a peace bond, probation order, prohibition order or warrant to arrest, and that
    iii. every conviction for an offence prescribed under subsection 255 (1) or any other outcome of a charge for such an offence.
2. All the following that occurred with respect to the person:
    i. every commencement of a proceeding that could lead to a finding of guilt of an act of misconduct prescribed under subsection 255 (2), and
    ii. every finding of guilt of an act of misconduct prescribed under subsection 255 (2).

(10) Subparagraph 2 i of subsection (9) does not apply with respect to a proceeding that ended more than five years before this section came into force.

(11) Subparagraph 2 ii of subsection (9) does not apply with respect to,

(a) a finding of guilt that resulted in a suspension if the suspension ended more than five years before this section came into force; or

(b) a finding of guilt that did not result in a suspension, if the finding of guilt occurred more than five years before this section came into force.

(12) The licensee of a long-term care home shall require every person who was a member of the licensee's board of directors, its board of management or committee of management or other governing structure on the day this section came into force to provide the licensee, within six months after this section came into force, with a police record check that complies with subsections (3), (4) and (5), as applicable, and shall keep the result of the check accordance with the requirements in section 281.

(13) Subsection (9) does not apply with respect to a person,

(a) who, one month after this section came into force, is no longer a member of the licensee's board of directors, its board of management or committee of management or other governing structure; or

(b) who is a member of the licensee's board of directors, its board of management or committee of manager or other governing structure as a result of their election under the *Municipal Elections Act, 1996* and if their term of office ends on November 14, 2022.

(14) Subsection (11) does not apply with respect to a person who, six months after this section came into force, is no longer a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(15) With respect to a person who becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure within six months after this section came into force,

(a) subsections (2) to (5) and subsection (8) do not apply; and

(b) subsections (12) and (14) apply, with necessary modifications.

TRAINING AND ORIENTATION

Training and orientation program

257. (1) Every licensee of a long-term care home shall ensure that a training and orientation program for the home is developed and implemented to provide the training and orientation required under sections 82 and 83 of the Act.

(2) The licensee shall ensure that, at least annually, the program is evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

(3) The licensee shall keep a written record relating to each evaluation under subsection (2) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Designated lead

258. The licensee shall ensure that there is a designated lead for the training and orientation program.

Orientation

259. (1) For the purposes of paragraph 11 of subsection 82 (2) of the Act, the following are additional areas in which training shall be provided:

1. The licensee's written procedures for handling complaints and the role of staff in dealing with complaints.
2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.
3. Cleaning and sanitizing of equipment relevant to the staff member's responsibilities.

(2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,

(a) hand hygiene;

(b) modes of infection transmission;

(c) signs and symptoms of infectious diseases;

(d) respiratory etiquette;

(e) what to do if experiencing symptoms of infectious disease;

(f) cleaning and disinfection practices;

(g) use of personal protective equipment including appropriate donning and doffing; and

(h) handling and disposing of biological and clinical waste including used personal protective equipment.

(3) Subsection 82 (3) of the Act does not apply during a pandemic, and instead, the training required under section 82 of the Act must be provided,

(a) within one week of when the person begins performing their responsibilities, with respect to the matters set out in paragraphs 1, 3, 4, 7, 8 and 9 of subsection 82 (2) of the Act; and

(b) within three months of when the person begins performing their responsibilities, with respect to the remaining matters set out in subsection 82 (2) of the Act.

Retraining

260. (1) The intervals for the purposes of subsection 82 (4) of the Act are annual intervals.

(2) Despite subsection (1), retraining in an area described in paragraph 2 or 10 of subsection 82 (2) of the Act is not required for a person if, since the last training or retraining, there has been no change in the area that is relevant to the person's responsibilities.

(3) For the purposes of subsection 82 (6) of the Act,

(a) the assessments required by paragraph 1 of that subsection shall be conducted at least annually; and

(b) the further training needs identified by the assessments shall be addressed in the manner the licensee considers appropriate.

(4) On the day this section comes into force, staff members who have received their training or retraining at the times or intervals set out in the former Act and its regulations are deemed to have received such training or retraining under subsections 82 (2) and (4) of the Act.

(5) Any staff members who have been deemed to have received training or retraining under subsection (4) shall be required to receive their next retraining under subsection 82 (4) of the Act at the times or intervals that training would have been required under the former Act and its regulations.

Additional training — direct care staff

261. (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management.
4. Pain management, including pain recognition of specific and non-specific signs of pain.
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.
6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs.

(2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 82 (7) of the Act based on the following:

1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 82 (7) of the Act.
2. If the licensee assesses the individual training needs of a staff member, the staff member is only required to receive training based on their assessed needs.

(3) The licensee shall ensure that the training required under paragraph 2 of subsection 82 (7) of the Act includes training in techniques and approaches related to responsive behaviours.

(4) The licensee shall ensure that the training required under paragraph 4 of subsection 82 (7) of the Act includes training in the application, use and potential dangers of physical devices used to restrain residents and personal assistance services devices.

(5) The licensee shall ensure that the training required under paragraph 5 of subsection 82 (7) of the Act includes training in all the areas required under section 61 of this Regulation.

(6) On the day this section comes into force, direct care staff who have received their training at the times or intervals set out in the former Act and its regulations are deemed to have received training under subsection 82 (7) of the Act.

(7) Any direct care staff who have been deemed to have received training under subsection (6) shall be required to receive their next training under subsection 82 (7) of the Act at the times or intervals that training would have been required under the former Act and its regulations.

Exemptions, training

262. (1) Subject to subsection (2), a licensee of a long-term care home is exempt from the requirements under section 82 of the Act with respect to persons who,

(a) fall under clause (b) or (c) of the definition of "staff" in subsection 2 (1) of the Act;

(b) will only provide occasional maintenance or repair services to the home; and

(c) will not provide direct care to residents.

(2) The licensee shall ensure that the persons described in clauses (1) (a) to (c) are provided with information about the items listed in paragraphs 1, 3, 4, 5, 7, 8 and 9 of subsection 82 (2) of the Act before providing their services.

(3) A licensee is not required to comply with the training requirements under subsection 82 (7) of the Act until six months after this section comes into force with respect to the following persons:

1. Medical Directors.
2. Physicians or registered nurses in the extended class retained or appointed under subsection 88 (2) or (3).

Orientation for volunteers

263. (1) Every licensee of a long-term care home shall ensure that every volunteer receives the orientation provided for in section 83 of the Act.

(2) For the purposes of clause 83 (f) of the Act, the following are the other areas on which information shall be provided:

1. Resident safety, including information on reporting incidents, accidents and missing residents, and information on wheelchair safety.
2. Emergency and evacuation procedures.
3. Infection prevention and control, including what is set out in subsection 259 (2).
4. Escorting residents.
5. Mealtime assistance, if the volunteer is to provide such assistance.
6. Communication techniques to meet the needs of the residents.
7. Techniques and approaches to respond to the needs of residents with responsive behaviours.

INFORMATION

Information for residents, etc.

264. (1) For the purposes of clause 84 (2) (n) of the Act,

"non-arm's length relationship" means the relationship between two parties engaged in a non-arm's length transaction within the meaning of subsection 314 (1).

(2) For the purposes of clause 84 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 84 of the Act includes information about the following:

1. The resident's ability under subsection 88 (2) of this Regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 88 (1).
2. The resident's obligation to pay the basic accommodation charge as described in subsection 94 (3) of the Act.
3. The obligation of the resident to pay accommodation charges during a medical, psychiatric, vacation or casual absence as set out in section 308 of this Regulation.
4. The method to apply to the Director for a reduction in the charge for basic accommodation and the supporting documentation that may be required, including,
    i. the resident's Notice of Assessment issued under the *Income Tax Act* (Canada) for the resident's most recent taxation year,
    ii. the resident's proof of income statement (option "C" print) from the Canada Revenue Agency for the resident's most recent taxation year, or
    iii. the resident's written authorization to electronically obtain income information for the resident's most recent taxation year from the Canada Revenue Agency.
5. A list of the charges that a licensee is prohibited from charging a resident under subsection 94 (1) of the Act.
6. The list of goods and services permitted under paragraph 3 of subsection 94 (1) of the Act that a resident may purchase from the licensee and the charges for those goods and services.

7. The resident's ability to have money deposited in a trust account under section 286 of this Regulation.
8. The Ministry's toll-free telephone number for making complaints about homes and its hours of service.
9. The current version of the visitor policy made under section 267 of this Regulation.

(3) A licensee is exempt from subsection 84 (1) of the Act with respect to a resident,

(a) who is being relocated to another long-term care home operated by the same licensee and section 240 of this Regulation applies; or

(b) who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee.

Posting of information

265. (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

1. The fundamental principle set out in section 1 of the Act.
2. The home's licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 104 (3) of the Act.
3. The most recent audited reconciliation report provided for in clause 288 (1) (a) of this Regulation.
4. The Ministry's toll-free telephone number for making complaints about homes and its hours of service.
5. Together with the explanation required under clause 85 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 28 of the Act.
6. Any notice of public consultation that the Director provides to the licensee and identifies to be for posting in the home.
7. The physical address of the long-term care home.
8. The approximate number of licensed beds at the home.
9. Direct contact information, including a telephone number and email address that are monitored regularly for,
   i. the Administrator, and
   ii. the Director of Nursing and Personal Care.
10. The current version of the visitor policy made under section 267.
11. Any notice of administrative penalty issued against the licensee under section 158 of the Act.

(2) The licensee shall ensure that the information referred to in clauses 85 (3) (a), (e), (f), (i) (j) and (k) of the Act, as well as the fundamental principle set out in section 1 of the Act and the telephone number referred to in paragraph 4 of subsection (1), is posted in print with a font size of at least 16.

(3) The licensee shall ensure that the information referred to in paragraphs 7, 8 and 9 of subsection (1) are posted on each floor of the home.

(4) The licensee shall ensure that the fundamental principle set out in section 1 of the Act and the Residents' Bill of Rights are posted in both English and French.

(5) Where a home is located in an area that does not have access to a 911 call centre, the licensee shall ensure that the contact information and telephone numbers for local emergency services, including police, fire and ambulance services, are posted in a conspicuous and easily accessible location on each floor of the home.

REGULATED DOCUMENTS

Regulated documents

266. (1) For the purposes of section 86 of the Act, the following are regulated documents:

1. Any agreement between the licensee and a resident or a person authorized to enter into such an agreement on the resident's behalf for any of the charges referred to in subsection 94 (1) of the Act.
2. Any document containing a consent or directive with respect to "treatment" as defined in the *Health Care Consent Act, 1996*, including a document containing a consent or directive with respect to a "course of treatment" or a "plan of treatment" under that Act.

(2) Where a licensee has presented for signature a document to which subsection (1) applies, the licensee shall ensure that every one who signs it is provided with a copy of the signed document.

(3) Subject to subsection (4), an agreement relating to basic accommodation or preferred accommodation must be separate from any other agreement, and only includes provisions relating to the following:

1. The amount of the charge, subject to any reduction in the charge approved by the Director, and the financial obligation of the resident to pay the charge.
2. The licensee's obligation to provide the goods and services included in basic accommodation or preferred accommodation.
3. The licensee's obligation under subsection 309 (1) to give the resident at least 30 days written notice of any increases in accommodation charges.
4. If applicable, any reasonable interest charges for missed, incomplete or late payments. This shall include a statement that if a licensee decides to charge interest for missed, incomplete or late payments, the licensee is prohibited from charging interest to a resident who has applied for a rate reduction under section 303 until the Director has approved the maximum amount that may be charged for accommodation under that section.
5. The licensee's obligation to provide a monthly statement as set out in section 311.

(4) Subsection (3) does not preclude a provision for the termination of the agreement relating to basic accommodation or preferred accommodation.

(5) An agreement under paragraph 3 of subsection 94 (1) of the Act for charges other than for accommodation must include provisions relating to the following, but may contain other provisions:

1. A description of all goods and services to which the agreement applies, including the quantity, if applicable.
2. The licensee's obligation to provide the goods and services.
3. The charge for the goods and services and the financial obligation of the resident to pay for them.
4. That if the goods and services are not provided to the resident, the licensee is prohibited from charging the fee for them.
5. That the resident or the authorized person entering into the agreement on the resident's behalf must be notified in writing of any increase in the charge for the goods and services at least 30 days before the licensee charges the increased amount.
6. The termination of the agreement, including,
   i. that if the goods and services have not been provided, the resident may terminate the agreement without penalty,
   ii. that the resident may terminate the agreement at any time without notice to the licensee, and
   iii. that the licensee may terminate the agreement on providing at least 30 days written notice to the resident.

(6) A document containing a consent or directive with respect to "treatment" as defined in the *Health Care Consent Act, 1996*, including a document containing a consent or directive with respect to a "course of treatment" or a "plan of treatment" under that Act,

(a) must meet the requirements of that Act, including the requirement for informed consent to treatment under that Act;

(b) must not contain any provisions dealing with any of the charges referred to in subsection 94 (1) of the Act or other financial matters;

(c) must contain a statement indicating that the consent may be withdrawn or revoked at any time; and

(d) must set out the text of section 89 of the Act.

VISITOR POLICY

Visitor policy

267. (1) Every licensee of a long-term care home shall establish and implement a written visitor policy which at a minimum,

(a) includes the process for visitor access during non-outbreak situations and during an outbreak of a communicable disease or an outbreak of a disease of public health significance, an epidemic or a pandemic;

(b) includes the process for documenting and keeping a written record of,

(i) the designation of a caregiver; and

(ii) the approval from a parent or legal guardian to permit persons under 16 years of age to be designated as a caregiver, if applicable;

(c) complies with all applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the *Health Protection and Promotion Act*; and

(d) ensures that essential visitors continue to have access to the long-term care home during an outbreak of a communicable disease, an outbreak of a disease of public health significance, an epidemic or a pandemic, subject to any applicable laws.

(2) Every licensee of a long-term care home shall maintain visitor logs for a minimum of 30 days which include, at a minimum,

(a) the name and contact information of the visitor;

(b) the time and date of the visit; and

(c) the name of the resident visited.

(3) Every licensee of a long-term care home shall ensure that the current version of the visitor policy is provided to the Residents' Council and Family Council, if any.

(4) In this section,

"essential visitor" means,

(a) a caregiver,

(b) a support worker who visits a home to provide support to the critical operations of the home or to provide essential services to residents,

(c) a person visiting a very ill resident for compassionate reasons including, but not limited to, hospice services or end-of-life care, or

(d) a government inspector with a statutory right to enter a long-term care home to carry out their duties.

EMERGENCY PLANS

Emergency plans

268. (1) This section applies to the emergency plans required under subsection 90 (1) of the Act.

(2) Every licensee of a long-term care home shall ensure that the emergency plans for the home are recorded in writing.

(3) In developing and updating the plans, the licensee shall,

(a) consult with entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities and resources that will be involved in responding to the emergency, and keep a record of the consultation;

(b) ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community; and

(c) consult with the Residents' Council and Family Council, if any.

(4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,
   i. outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics,
   ii. fires,
   iii. community disasters,
   iv. violent outbursts,
   v. bomb threats,
   vi. medical emergencies,
   vii. chemical spills,
   viii. situations involving a missing resident,
   ix. loss of one or more essential services,
   x. gas leaks,

xi. natural disasters and extreme weather events,

xii. boil water advisories, and

xiii. floods.

2. Evacuation plans for the home, including, at a minimum,

i. a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency,

ii. identification of a safe evacuation location for which the licensee has obtained agreement in advance that residents, staff, students, volunteers and others can be evacuated to,

iii. a transportation plan to move residents, staff, students, volunteers and others to the evacuation location, and

iv. a plan to transport critical medication, supplies and equipment during an evacuation to the evacuation location to ensure resident safety.

3. Resources, supplies, personal protective equipment and equipment vital for the emergency response being set aside and readily available at the home including, without being limited to, hand hygiene products and cleaning supplies, as well as a process to ensure that the required resources, supplies, personal protective equipment and equipment have not expired.

4. Identification of entities that may be involved in or that may provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities and resources that will be involved in responding to the emergency and the current contact information for each entity.

5. Identification of the roles and responsibilities of the entities referred to in paragraph 4 and a plan for consulting with such entities on their involvement.

6. A plan for food and fluid provision in an emergency.

7. A plan to ensure that in an emergency all residents have timely access to all drugs that have been prescribed for them.

(5) The licensee shall ensure that the emergency plans address the following components:

1. Plan activation, including identifying who or which entity declares there is an emergency at the home and who or which entity declares that the emergency is over at the home, as agreed upon by the entities the licensee consulted with under clause (3) (a).

2. Lines of authority.

3. A communications plan.

4. Specific staff roles and responsibilities.

(6) The licensee shall ensure that the communications plan referred to in paragraph 3 of subsection (5) includes a process for the licensee to ensure frequent and ongoing communication to residents, substitute decision-makers, if any, staff, volunteers, students, caregivers, the Residents' Council and the Family Council, if any, on the emergency in the home including at the beginning of the emergency, when there is a significant status change throughout the course of the emergency, and when the emergency is over.

(7) Every licensee of a long-term care home shall ensure that, in addition to making the current recorded version of the emergency plans available on its website, physical copies of it are made available on request.

(8) The licensee shall ensure that the emergency plans for the home are evaluated and updated,

(a) at least annually, including the updating of all emergency contact information of the entities referred to in paragraph 4 of subsection 268 (4); and

(b) within 30 days of the emergency being declared over, after each instance that an emergency plan is activated.

(9) In evaluating and updating the plan as required under subsection (8), every licensee shall ensure that the entities involved in the emergency response are provided an opportunity to offer feedback.

(10) The licensee shall,

(a) on an annual basis test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies, violent outbursts, gas leaks, natural disasters, extreme weather events, boil water advisories, outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, pandemics and floods, including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service

providers as defined in the *Connecting Care Act, 2019*, partner facilities and resources that will be involved in responding to the emergency;

(b) test all other emergency plans at least once every three years, including arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities and resources that will be involved in responding to the emergency;

(c) conduct a planned evacuation at least once every three years; and

(d) keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans.

(11) If there is a conflict or an inconsistency between a provision of the fire code under the *Fire Protection and Prevention Act, 1997* and a provision of an emergency plan, the fire code prevails to the extent of the conflict or inconsistency.

(12) The licensee shall keep current all arrangements with entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities and resources that will be involved in responding to the emergency.

(13) Every licensee of a long-term care home shall ensure that the emergency plans address recovery from an emergency, including,

(a) requiring that residents, their substitute decision-makers, if any, staff, volunteers, and students be debriefed after the emergency;

(b) establishing how to resume normal operations in the home; and

(c) establishing how to support those in the home who experienced distress during the emergency.

(14) Every licensee of a long-term care home shall ensure that staff, volunteers and students are trained on the emergency plans,

(a) before they perform their responsibilities; and

(b) at least annually thereafter.

(15) In this section,

"emergency" means an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that requires immediate action to ensure the safety of persons in the home.

(16) Where, immediately before the coming into force of this section, an emergency plan was in place for a long-term care home that complied with section 87 of the former Act that emergency plan is continued as an emergency plan and is deemed to have met the emergency plan requirements under section 90 of the Act until three months after the coming into force of this section.

Emergency plans, additional requirements

269. (1) In addition to the requirements in section 268, every licensee of a long-term care home shall ensure that an emergency plan related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics or pandemics also,

(a) identifies an area of the home to be used for isolating residents as required;

(b) includes a process to divide both staff and residents into cohorts as required;

(c) includes staffing contingency plans during an emergency for all programs required under the Act and this Regulation;

(d) includes policies to manage staff who may have been exposed to an infectious disease;

(e) includes a process to manage symptomatic residents and staff; and

(f) includes a process for an Outbreak Management Team and identifies members of that Team and their roles and responsibilities.

(2) The licensee shall ensure that the local medical officer of health appointed under the *Health Protection and Promotion Act* or their designate is invited to participate in developing, updating, testing, evaluating and reviewing any emergency plan related to a matter of public health significance.

(3) The licensee shall ensure that the infection prevention and control lead designated under subsection 102 (5) is involved in developing, updating, evaluating, testing and reviewing the emergency plans related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics.

(4) A licensee is not required to comply with this section until three months after the coming into force of this section.

Attestation

270. (1) Every licensee of a long-term care home shall prepare an attestation as required by section 90 of the Act in a form approved by the Minister which includes,

(a) the licensee's legal name;

(b) the name of the home;

(c) the date of the attestation;

(d) the full name of the person attesting;

(e) a statement attesting that the requirements in section 90 of the Act and sections 268 and 269 of this Regulation have been complied with;

(f) a statement attesting that all of the information and answers provided in the attestation are complete, true, and correct; and

(g) a statement attesting that the licensee understands that any misrepresentation, falsification, or omission of any material facts in the attestation may render the attestation void.

(2) The attestation must be completed by the Administrator of the home.

(3) The licensee shall ensure that the attestation is submitted annually to the Director.

(4) A licensee is not required to comply with this section until three months after the coming into force of this section.

Website

271. (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,

(a) the physical address of the long-term care home;

(b) the approximate number of licensed beds at the home;

(c) direct contact information, including a telephone number and email address that are monitored regularly for,

(i) the licensee or a senior officer of the licensee or, in the case of a municipal home or a First Nations home approved under Part IX of the Act, a person who is on the committee of management,

(ii) the Administrator,

(iii) the Director of Nursing and Personal Care, and

(iv) all infection prevention and control leads for the home;

(d) the Ministry's toll-free telephone number for making complaints about homes;

(e) the current report required under subsection 168 (1);

(f) the current version of the emergency plans for the home as provided for in section 268;

(g) the current version of the visitor policy made under section 267; and

(h) on the homepage of the website, clear, comprehensible and prominent disclosure that the long-term care home does not have air conditioning available in resident bedrooms, where applicable.

(2) A licensee is not required to have a website that is open to the public where the home is in a location in the province that does not have consistent and reliable internet service.

(3) A licensee is not required to comply with subsection (1) until three months after the coming into force of this section.

CMOH and MOH

272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the *Health Protection and Promotion Act* are followed in the home.

Communications equipment

273. Every licensee of a long-term care home shall ensure that the home has access to reliable communications equipment, including for the purpose of obtaining emergency assistance, at all times, including in the event of a power outage.

RECORDS

Resident records

274. Every licensee of a long-term care home shall ensure that,

(a) a written record is created and maintained for each resident of the home; and

(b) the resident's written record is kept up to date at all times.

Records of current residents

275. Every licensee of a long-term care home shall ensure that the records of the residents of the home are kept at the home.

Retention of resident records

276. (1) Every licensee of a long-term care home shall ensure that the record of every former resident of the home is retained by the licensee for at least 10 years after the resident is discharged from the home.

(2) A record kept under subsection (1) must be kept at the home for at least the first year after the resident is discharged from the home.

Records relating to residents, revocation of licence

277. When the Director makes an order revoking a licence under section 159 of the Act, the licensee shall turn over to the Director or a person designated by the Director, on a date specified by the Director, all the records that are in the possession or control of the licensee and that pertain to the residents of the long-term care home, including all records that are required to be retained under section 276.

Staff records

278. (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that a record is kept for each staff member of the home that includes at least the following with respect to the staff member:

1. The staff member's qualifications, previous employment and other relevant experience.
2. Where applicable, a verification of the staff member's current certificate of registration with the College of the regulated health profession of which they are a member, or verification of the staff member's current registration with the regulatory body governing their profession.
3. Where applicable, the results of the staff member's police record check under subsection 81 (2) of the Act.
4. If subsection 81 (4) of the Act applied with respect to a staff member, a record showing that the staff member has not been convicted of an offence prescribed under subsection 255 (1) of this Regulation or found guilty of an act of professional misconduct prescribed under subsection 255 (2).
5. Where applicable, the staff member's declarations under subsection 252 (4) and section 253.

(2) The licensee is not required to keep the record provided for in subsection (1) with respect to a staff member who falls under clause (b) or (c) of the definition of "staff" in subsection 2 (1) of the Act and,

(a) will only provide occasional maintenance or repair services to the home; and

(b) will not provide direct care to residents.

(3) Where the licensee obtains the information set out in paragraphs 3, 4 and 5 of subsection (1) from the staff member, the licensee shall keep a record of that information with respect to the staff member.

(4) The licensee is only required to ensure that the record under subsection (1) includes the matters set out in paragraphs 2, 3, 4 and 5 of that subsection with respect to a staff member who falls under clause (c) of the definition of "staff" in subsection 2 (1) of the Act and,

(a) who will provide direct care to residents; or

(b) who does not fall under clauses (2) (a) and (b) of this section.

Volunteer records

279. (1) Every licensee of a long-term care home shall ensure that a record is kept for each volunteer that includes at least the following with respect to the volunteer:

1. Where applicable, the results of the volunteer's police record check under subsection 81 (2) of the Act.
2. If subsection 81 (4) of the Act applied with respect to a volunteer, a record showing that the volunteer has not been convicted of an offence prescribed under subsection 255 (1) or found guilty of an act of professional misconduct prescribed under subsection 255 (2).
3. Where applicable, the volunteer's declarations under subsection 252 (4) and section 253.

(2) Where the licensee obtains the information set out in paragraphs 1, 2 and 3 of subsection (1) from the volunteer, the licensee shall keep a record of that information with respect to the volunteer.

Records for directors, management

280. (1) Every licensee of a long-term care home shall ensure that a record is kept for each member of the licensee's board of directors, its board of management or committee of management or other governing structure that includes at least the following with respect to the member:

1. Where applicable, the results of the member's police record check under subsection 256 (2).
2. If subsection 81 (4) of the Act applied with respect to the member, a record showing that the member has not been convicted of an offence prescribed under subsection 255 (1) or found guilty of an act of professional misconduct prescribed under subsection 255 (2).
3. Where applicable, the member's declarations under subsection 252 (4) and section 253.

(2) Where the licensee obtains the information set out in paragraphs 1, 2 and 3 of subsection (1) from the member, the licensee shall keep a record of that information with respect to the member.

Records, where kept

281. (1) Every licensee of a long-term care home shall ensure that the following records are kept at the home:

1. The records of current staff members.
2. The records of current volunteers.
3. The records of the current members of the licensee's board of directors, its board of management or committee of management or other governing structure.

(2) If a staff member works at more than one long-term care home operated by the licensee, the licensee shall ensure that the record of the staff member is readily available at each home where the staff member works.

(3) If a volunteer volunteers at more than one long-term care home operated by the licensee, the licensee shall ensure that the record of the volunteer is readily available at each home where the volunteer volunteers.

(4) If a member of the licensee's board of directors, its board of management or committee of management or other governing structure has responsibilities that extend to more than one long-term care home operated by the licensee, the licensee shall ensure that the record of the member is readily available at each home to which the member's responsibilities apply.

Retention of records

282. Every licensee of a long-term care home shall retain the records required under section 281 in accordance with the following:

1. If a staff member ceases to work at the home, the record shall be retained for at least seven years after the staff member ceased to work at the home and, for at least the first year, the record shall be retained at the home.
2. If a volunteer ceases to volunteer at the home, the record shall be retained for at least seven years after the volunteer ceased to volunteer at the home and, for at least the first year, the record shall be retained at the home.
3. If a member of the licensee's board of directors, its board of management or committee of management or other governing structure ceases to have responsibilities that extend to the home, the record shall be retained for at least seven years after the member ceased to have responsibilities that extend to the home and, for at least the first year, the record shall be retained at the home.

Transitional, records

283. (1) Subject to subsection (2), sections 274 to 282 apply, to the extent possible, with respect to records that were required to be kept or retained under the former Act.

(2) Where a portion of a record was not required to be kept at a long-term care home immediately before this section came into force, it is not necessary to keep that portion at the home.

REPORTS

Annual reports

284. (1) Every licensee of a long-term care home shall, in every calendar year, submit a report to the Director on or before a date stipulated by the Director, in a form stipulated by the Director.

(2) The report shall include the following:

1. A confirmation that the information provided by the Director from information the Ministry has on file with respect to the licensee is correct or, if it is not correct, the corrected information.
2. Anything that the licensee was required to have previously notified the Director of under section 111 of the Act, but did not.

3. Anything that the licensee was required to have previously notified the Director of under subsection 324 (2) of this Regulation, but did not.

4. Any other information stipulated by the Director that the licensee was required to have previously provided to the Director or the Minister under the Act or the regulations, but did not.

(3) The period covered by the first annual report under this section by a licensee who was required to submit annual reports under section 239 of Ontario Regulation 79/10 (General) made under the former Act shall include the period since the end of the year covered by the last annual report under that section and that section applies with respect to that period.

Reports re key personnel

285. Every licensee of a long-term care home shall report to the Director the name and contact information of,

(a) the Medical Director;

(b) any registered nurses in the extended class working in the home;

(c) the Administrator;

(d) the Director of Nursing and Personal Care;

(e) the nutrition manager;

(f) every registered dietitian who is a member of the staff of the home; and

(g) the designated lead for each of the housekeeping, laundry and maintenance programs.

TRUST ACCOUNTS

Trust accounts

286. (1) Every licensee of a long-term care home shall establish and maintain at least one non-interest bearing trust account at a financial institution in which the licensee shall deposit all money entrusted to the licensee's care on behalf of a resident.

(2) The licensee shall ensure that the balance of the money in the trust account does not exceed the amount for which the account is insured through the Canada Deposit Insurance Corporation or another entity that provides deposit insurance.

(3) The licensee shall keep petty cash trust money in the home, composed of money withdrawn from a trust account, that is sufficient to meet the daily cash needs of the residents who have money deposited in a trust account on their behalf.

(4) No licensee shall,

(a) hold more than $5,000 in a trust account for any resident at any time;

(b) commingle resident funds held in trust with any other funds held by the licensee; or

(c) charge a resident, or a person acting on behalf of a resident, a transaction fee for withdrawals, deposits, or anything else related to money held in trust.

(5) Every licensee shall establish a written policy and procedures for the management of resident trust accounts and the petty cash trust money, which must include,

(a) a system to record the written authorizations required under subsection (8); and

(b) the hours when the resident, or the person acting on behalf of the resident, can make deposits to or withdrawals from the resident's funds in a trust account and make withdrawals from the petty cash trust money.

(6) The licensee shall provide a copy of the written policy and procedures to every resident and person acting on behalf of a resident who asks to have money deposited into a trust account.

(7) The licensee shall,

(a) provide a resident, or a person acting on behalf of a resident, with a written receipt for all money received by the licensee from the resident, or any other person, for deposit in a trust account on behalf of the resident;

(b) where the licensee has deposited in a trust account money received from any person on behalf of a resident, make part or all of the money available to the resident or a person acting on behalf of the resident,

(i) in accordance with the instructions of the resident or a person acting on behalf of the resident in respect of the property the resident or the person is legally authorized to manage, and

(ii) upon the resident, or the person acting on behalf of the resident, signing an acknowledgement that the resident, or the person acting on behalf of the resident, received the funds;

(c) maintain a separate ledger for each trust account showing all deposits to and withdrawals from the trust account, the name of the resident for whom the deposit or withdrawal is made and the date of each deposit or withdrawal;

(d) maintain a separate book of account for each resident for whom money is deposited in a trust account;

(e) on the written demand of a resident, or a person acting on behalf of a resident, make the residents' book of account referred to in clause (d) available for inspection by the resident or the person during any business day;

(f) provide to the resident, or to a person acting on behalf of a resident, a quarterly itemized written statement respecting the money held by the licensee in trust for the resident, including deposits and withdrawals and the balance of the resident's funds as of the date of the statement; and

(g) with respect to each resident for whom money is deposited in a trust account, retain for a period of not less than seven years,

(i) the books of account, ledgers, deposit books, deposit slips, pass-books, monthly bank statements, cheque books and cancelled cheques applicable to the trust account,

(ii) the written instructions and authorizations and acknowledgements of receipt of funds of the resident and the person acting on behalf of the resident, and

(iii) the written receipts and statements provided to the resident, or a person acting on behalf of a resident.

(8) A resident, or a person acting on behalf of a resident, who wishes to pay a licensee for charges under section 94 of the Act with money from a trust account shall provide the licensee with a written authorization that specifies what the charge is for, including a description of the goods or services provided, the frequency and timing of the withdrawal and the amount of the charge.

(9) Where a written authorization has been provided under subsection (8), the licensee is not required to obtain a written acknowledgement of receipt of funds for every authorized withdrawal, but must include these withdrawals in the quarterly itemized statement under clause (7) (f).

(10) The licensee shall have every trust account audited annually,

(a) by a public accountant licensed under the *Public Accounting Act, 2004*; or

(b) in the case of a municipal home or a joint home approved under Part IX of the Act, by the municipal auditor who audits the books of account and ledgers of the home.

(11) The licensee shall make the results of the annual audit available to the Director on request.

(12) A licensee, including a municipality, municipalities or a board of management referred to in section 136 of the Act, shall not receive, hold or administer the property of a resident in trust other than as provided for in this section.

(13) In this section,

"financial institution" means,

(a) a bank listed in Schedule I or II to the *Bank Act* (Canada),

(b) a trust corporation registered under the *Trust and Loan Companies Act* (Canada), or

(c) a credit union incorporated under the *Credit Unions and Caisses Populaires Act, 2020*; ("institution financière")

"person acting on behalf of a resident" means a person legally authorized to manage property for a resident. ("personne agissant pour le compte d'un résident")

Transitional, trust accounts

287. (1) Clause 286 (7) (g) applies to records that a licensee was retaining under clause 241 (7) (g) of Ontario Regulation 79/10 (General) made under the former Act before the day this section came into force.

(2) The first audit required under subsection 286 (10) for a trust account shall cover the entire period for which an audit had not yet been conducted as required under Ontario Regulation 79/10 (General) made under the former Act before the day this section came into force.

PART VII
FUNDING

RECONCILIATION AND RECOVERY

Reconciliation and recovery

288. (1) Every licensee of a long-term care home shall submit a reconciliation report to the Minister,

(a) in each calendar year for the previous calendar year; and

(b) for any other period within a calendar year required by the Minister.

(2) A reconciliation report under subsection (1) shall be submitted in the form and manner, with the content, and by the date specified by the Minister.

(3) Before submitting the reconciliation report required under clause (1) (a), the licensee shall ensure that the report is audited annually by a person licensed under the *Public Accounting Act, 2004* or, in the case of a municipal home or a joint home approved under Part IX of the Act, by the municipal auditor who audits the books of account and ledgers of the home.

(4) The Minister may dispense with the requirement to submit a reconciliation report under clause (1) (a).

(5) If the funding paid to the licensee by the Minister under subsection 93 (1) of the Act in respect of the home exceeds the allowable subsidy for the reconciliation period, the excess funding paid is a debt owing by the licensee to the Crown in right of Ontario and, in addition to any other methods available to recover the debt, the Minister may deduct the excess funding paid from subsequent payments to the licensee or may direct the Agency, if it provides funding to the licensee under the *Connecting Care Act, 2019*, to deduct it from the payments of funding.

(6) If the funding paid to a licensee by the Minister under subsection 93 (1) of the Act in respect of the home is less than the allowable subsidy for the reconciliation period, the Minister shall pay the difference to the licensee or direct the Agency, if it provides funding to the licensee under the *Connecting Care Act, 2019*, to pay it to the licensee.

(7) In this section,

"allowable subsidy" means the allowable subsidy as determined by the Minister in accordance with the reconciliation reports, any agreement between the Ministry and the licensee pertaining to the payment of funds, any conditions attached to the funding and all applicable Ministry policies for the management, payment and use of funds.

NON-ALLOWABLE RESIDENT CHARGES

Non-allowable resident charges

289. The following charges are prohibited for the purposes of paragraph 4 of subsection 94 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
   i. the Agency under section 21 of the *Connecting Care Act, 2019* including goods and services funded by the Agency under a service accountability agreement, and
   ii. the Minister under section 93 of the Act.
2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including the Agency, or a municipal government in Ontario.
3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and the Agency.
4. Charges for goods and services provided without the resident's consent.
5. Charges, other than the accommodation charge that every resident is required to pay under subsections 94 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 150 of this Regulation or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home.
6. Charges for accommodation under paragraph 1 or 2 of subsection 94 (1) of the Act for residents in the short-stay convalescent care program.
7. Transaction fees for deposits to and withdrawals from a trust account required by section 286, or for anything else related to a trust account.
8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted.

CHARGES FOR ACCOMMODATION

Determination of payments

290. The maximum amounts that may be charged by a licensee under paragraphs 1 and 2 of subsection 94 (1) of the Act shall be determined in accordance with sections 291 to 304.

Maximum amounts of payments

291. (1) The maximum daily amount that may be charged by a licensee for providing a short-stay resident with accommodation is $40.24, subject to the annual adjustment described in section 297.

(2) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with basic accommodation for less than a full month is $62.18, subject to the annual adjustment described in section 297.

(3) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with basic accommodation for a full month shall be determined by multiplying the applicable daily amount, as determined under subsection (2), by 30.4167 and rounding it down to the nearest cent.

(4) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for less than a full month is $74.96, subject to the annual adjustment described in section 297.

(5) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for a full month shall be determined by multiplying the applicable daily amount, as determined under subsection (4), by 30.4167 and rounding it down to the nearest cent.

(6) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with private accommodation for less than a full month is $88.82, subject to the annual adjustment described in section 297.

(7) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with private accommodation for a full month shall be determined by multiplying the applicable daily amount, as determined under subsection (6), by 30.4167 and rounding it down to the nearest cent.

Exceptions — maximum amounts of payments

292. (1) Subsections 291 (4) to (7) do not apply in any of the following circumstances:

1. Where a licensee provides a long-stay resident with semi-private accommodation or private accommodation in a bed, other than a class A bed, that is not subject to a design manual applicable under a development agreement to which the home was subject.
2. Where, before July 1, 2012, a long-stay resident occupies a bed in a room for which a licensee provides semi-private accommodation or private accommodation and the resident continues to occupy that bed on or after that date.
3. Where, on or after July 1, 2012, a licensee provides a long-stay resident with semi-private accommodation or private accommodation described in paragraphs 1 or 2 and, on or after that date, the resident occupies a bed in a room for which a licensee provides the resident with semi-private accommodation or private accommodation in any of the following:
   i. A related temporary long-term care home.
   ii. A re-opened long-term care home.
   iii. A replacement long-term care home.
   iv. A long-term care home under section 240.
4. Where a long-stay resident in a long-term care home was an applicant in the re-admission category on the waiting list for the long-term care home in accordance with section 195 or the specialized unit in accordance with subsection 220 (3) and a licensee provided the resident with semi-private accommodation or private accommodation in any of the circumstances described in paragraphs 1 to 3 immediately before the resident was discharged from the long-term care home or specialized unit, as the case may be.

(2) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for less than a full month in the circumstances described in subsection (1) is $70.70, subject to the annual adjustment described in section 297.

(3) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (2), by 30.4167 and rounding it down to the nearest cent.

(4) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with private accommodation for less than a full month in the circumstances described in subsection (1) is $81.35, subject to the annual adjustment described in section 297.

(5) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (4), by 30.4167 and rounding it down to the nearest cent.

(6) A licensee shall not charge a long-stay resident to whom subsection (1) applied more than the amounts set out in this section if the resident is transferred to a semi-private room or private room and the resident did not request the transfer.

(7) A licensee shall not charge a long-stay resident to whom paragraph 3 of subsection (1) applied more than the amounts set out in this section if the room that the resident next occupies is a semi-private room or private room in a home described in that paragraph.

Exceptions — occupancy on or after July 1, 2013 in certain circumstances

293. (1) Subsections 291 (4) to (7) do not apply in any of the following circumstances:

1. Where, on or after July 1, 2013, a long-stay resident occupies a bed in a room for which a licensee provides semi-private accommodation or private accommodation and the following criteria are satisfied:
   i. The bed is of a type described in paragraph 1 of subsection 292 (1).
   ii. The resident did not occupy the bed before July 1, 2012.
   iii. On or after July 1, 2012 but before July 1, 2013, the resident occupied any bed that is not of a type described in paragraph 1 of subsection 292 (1) in a room for which the licensee provided the same type of accommodation.
2. Where a licensee provided a long-stay resident with semi-private accommodation or private accommodation described in paragraph 1 and, on or after July 1, 2013, the resident occupies a bed in a room for which a licensee provides the resident with semi-private accommodation or private accommodation in any of the following:
   i. A related temporary long-term care home.
   ii. A re-opened long-term care home.
   iii. A replacement long-term care home.
   iv. A long-term care home under section 240.
3. Where a long-stay resident in a long-term care home was an applicant in the re-admission category on the waiting list for the long-term care home in accordance with section 195 or the specialized unit in accordance with subsection 220 (3) and a licensee provided the resident with semi-private accommodation or private accommodation in either of the circumstances described in paragraphs 1 and 2 immediately before the resident was discharged from the long-term care home or specialized unit, as the case may be.

(2) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for less than a full month in the circumstances described in subsection (1) is $71.75, subject to the annual adjustment described in section 297.

(3) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (2), by 30.4167 and rounding it down to the nearest cent.

(4) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with private accommodation for less than a full month in the circumstances described in subsection (1) is $83.22, subject to the annual adjustment described in section 297.

(5) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (4), by 30.4167 and rounding it down to the nearest cent.

(6) A licensee shall not charge a long-stay resident to whom subsection (1) applied more than the amounts set out in this section if the resident is transferred to a semi-private room or private room and the resident did not request the transfer.

(7) A licensee shall not charge a long-stay resident to whom paragraph 2 of subsection (1) applied more than the amounts set out in this section if the room that the resident next occupies is a semi-private room or private room in a home described in that paragraph.

Exceptions — occupancy on or after September 1, 2014 in certain circumstances

294. (1) Subsections 291 (4) to (7) do not apply in any of the following circumstances:

1. Where, on or after September 1, 2014, a long-stay resident occupies a bed in a room for which a licensee provides semi-private accommodation or private accommodation and the following criteria are satisfied:
   i. The bed is of a type described in paragraph 1 of subsection 292 (1).
   ii. The resident did not occupy the bed before July 1, 2013.
   iii. On or after July 1, 2013 but before September 1, 2014, the resident occupied any bed that is not of a type described in paragraph 1 of subsection 292 (1) in a room for which the licensee provided the same type of accommodation.
2. Where a licensee provided a long-stay resident with semi-private accommodation or private accommodation described in paragraph 1 and, on or after September 1, 2014, the resident occupies a bed in a room for which a licensee provides the resident with semi-private accommodation or private accommodation in any of the following:
   i. A related temporary long-term care home.
   ii. A re-opened long-term care home.
   iii. A replacement long-term care home.

iv. A long-term care home under section 240.

3. Where a long-stay resident in a long-term care home was an applicant in the re-admission category on the waiting list for the long-term care home in accordance with section 195 or the specialized unit in accordance with subsection 220 (3) and a licensee provided the resident with semi-private accommodation or private accommodation in either of the circumstances described in paragraphs 1 and 2 immediately before the resident was discharged from the long-term care home or specialized unit, as the case may be.

(2) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for less than a full month in the circumstances described in subsection (1) is $72.83, subject to the annual adjustment described in section 297.

(3) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (2), by 30.4167 and rounding it down to the nearest cent.

(4) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with private accommodation for less than a full month in the circumstances described in subsection (1) is $85.08, subject to the annual adjustment described in section 297.

(5) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (4), by 30.4167 and rounding it down to the nearest cent.

(6) A licensee shall not charge a long-stay resident to whom subsection (1) applied more than the amounts set out in this section if the resident is transferred to a semi-private room or private room and the resident did not request the transfer.

(7) A licensee shall not charge a long-stay resident to whom paragraph 2 of subsection (1) applied more than the amounts set out in this section if the room that the resident next occupies is a semi-private room or private room in a home described in that paragraph.

Exceptions — occupancy on or after July 1, 2015 in certain circumstances

295. (1) Subsections 292 (4) to (7) do not apply in any of the following circumstances:

1. Where, on or after July 1, 2015, a long-stay resident occupies a bed in a room for which a licensee provides semi-private accommodation or private accommodation and the following criteria are satisfied:
   i. The bed is not of a type described in paragraph 1 of subsection 292 (1).
   ii. The resident did not occupy the bed before September 1, 2014.
   iii. On or after September 1, 2014 but before July 1, 2015, the resident occupied any bed that is of a type described in paragraph 1 of subsection 292 (1) in a room for which the licensee provided the same type of accommodation.
2. Where a licensee provided a long-stay resident with semi-private accommodation or private accommodation described in paragraph 1 and, on or after July 1, 2015, the resident occupies a bed in a room for which a licensee provides the resident with semi-private accommodation or private accommodation in any of the following:
   i. A related temporary long-term care home.
   ii. A re-opened long-term care home.
   iii. A replacement long-term care home.
   iv. A long-term care home under section 240.
3. Where a long-stay resident in a long-term care home was an applicant in the re-admission category on the waiting list for the long-term care home in accordance with section 195 or the specialized unit in accordance with subsection 220 (3) and a licensee provided the resident with semi-private accommodation or private accommodation in either of the circumstances described in paragraphs 1 and 2 immediately before the resident was discharged from the long-term care home or specialized unit, as the case may be.

(2) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for less than a full month in the circumstances described in subsection (1) is $73.89, subject to the annual adjustment described in section 297.

(3) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with semi-private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (2), by 30.4167 and rounding it down to the nearest cent.

(4) The maximum daily amount that may be charged by a licensee for providing a long-stay resident with private accommodation for less than a full month in the circumstances described in subsection (1) is $86.96, subject to the annual adjustment described in section 297.

(5) The maximum monthly amount that may be charged by a licensee for providing a long-stay resident with private accommodation for a full month in the circumstances described in subsection (1) shall be determined by multiplying the applicable daily amount, as determined under subsection (4), by 30.4167 and rounding it down to the nearest cent.

(6) A licensee shall not charge a long-stay resident to whom subsection (1) applied more than the amounts set out in this section if the resident is transferred to a semi-private room or private room and the resident did not request the transfer.

(7) A licensee shall not charge a long-stay resident to whom paragraph 2 of subsection (1) applied more than the amounts set out in this section if the room that the resident next occupies is a semi-private room or private room in a home described in that paragraph.

Exceptions — pandemic

296. (1) This section applies in respect of residents who were admitted to a long-term care home under section 208.2 of Ontario Regulation 79/10 (General) made under the former Act on or after April 23, 2021 and before this section comes into force.

(2) The licensee of a long-term care home to which a resident described in subsection (1) is admitted shall not charge the resident any amount for accommodation if,

(a) at the time of admission, the long-term care home was not the resident's first choice of home;

(b) in the case of a resident who, at the time of admission, was on at least one waiting list for admission to another home, the resident continues to be on a waiting list for admission to another home;

(c) in the case of a resident who, at the time of admission, was not on any waiting list for admission to a home, the resident was placed on a waiting list within 30 days after admission; and

(d) the resident has not refused an offer of admission to their first choice of home since being admitted to the long-term care home.

Annual adjustment — Consumer Price Index

297. (1) This section applies to the following provisions:

1. Subsections 291 (1), (2), (4) and (6).
2. Subsections 292 (2) and (4).
3. Subsections 293 (2) and (4).
4. Subsections 294 (2) and (4).
5. Subsections 295 (2) and (4).
6. Paragraphs 1 and 2 of subsection 303 (9).

(2) On July 1 each year, the amounts set out in the provisions referred to in subsection (1) shall be adjusted in accordance with the following rules:

1. Subject to paragraphs 2 and 3, the amounts that applied immediately before the applicable July 1 date shall be adjusted by the percentage change between,
   i. the Consumer Price Index for the previous calendar year, and
   ii. the Consumer Price Index for the calendar year immediately preceding the previous calendar year.
2. If the percentage change described in paragraph 1 is greater than 2.5 per cent, the amounts shall instead be adjusted by 2.5 per cent.
3. If the percentage change described in paragraph 1 is negative, the amounts shall instead not be adjusted.
4. After applying the adjustment described in paragraph 1, 2 or 3, the adjusted amounts shall be rounded down to the nearest cent.

(3) The adjustment under subsection (2) that would otherwise take effect on July 1, 2022 shall instead take effect on October 1, 2022, but shall be calculated with reference to the calendar years that would otherwise apply.

(4) For the purposes of subsection (2), the Consumer Price Index for a calendar year is the Consumer Price Index for Canada (All-items) for the calendar year, as reported by Statistics Canada under the authority of the *Statistics Act* (Canada).

(5) The Minister may publish the adjusted amounts on a government website.

Term

298. (1) In section 303,

"term", subject to subsections (2), (3) and (4), means the period that starts on the latest of,

(a) the 90th day before the day on which the completed application for reduction is submitted to the Director by the licensee,

(b) the day that the appropriate placement co-ordinator authorized the resident's admission to the long-term care home, and

(c) in the case of an application for a renewal of a reduction, the day after the last term ended,

and ends on the earliest of,

(d) the first June 30 following the day on which the term starts,

(e) the 90th day immediately preceding the day in which the resident's next completed application for reduction is submitted to the Director by the licensee, and

(f) the termination date, if any, specified by the Director in processing the application.

(2) The Director may change the start of the term if the Director believes there is sufficient evidence that a delay in submitting a completed application for a reduction was beyond the control of the applicant.

(3) The Director shall not change the start of the term to a time that is more than one year before the date the completed application was submitted.

(4) A term does not end if the resident transfers to basic accommodation in another long-term care home during the term.

Annual net income

299. (1) In section 303,

"annual net income" means the amount determined by the Director to be the resident's annual net income, and subject to subsections (2) to (5), means the amount indicated on line 23600 of the resident's Notice of Assessment issued under the *Income Tax Act* (Canada) for the resident's most recent taxation year or on the resident's proof of income statement (option "C" print) from the Canada Revenue Agency for the resident's most recent taxation year minus,

(a) the taxes payable that were reported on line 43500 of the Notice of Assessment or on line 43500 of the proof of income statement (option "C" print),

(b) payments made under the *Universal Child Care Benefit Act* (Canada),

(c) payments from a registered disability savings plan, as defined in subsection 146.4 (1) of the *Income Tax Act* (Canada),

(d) the death benefit payable under the *Canada Pension Plan* or a provincial pension plan as defined in the *Canada Pension Plan*,

(e) a lump sum representing income that was used to pay for the consumer contribution for an assistive device under the Assistive Devices Program administered by the Ministry of Health, up to the amount approved under that program,

(f) a lump sum representing income that was used to pay for the accommodation in a previous term, but that is determined by the Director to not be available to the resident in the current term,

(g) any amount payable for a period of time when the resident was not receiving a reduction in the amount payable for basic accommodation pursuant to section 303 that the Director has determined is not available to the resident in the current term, in an amount determined by the Director.

(2) Where line 23600 of the Notice of Assessment or line 23600 of the proof of income statement (option "C" print) for the resident's most recent taxation year does not include income that is required to be accessed from the following sources, the net amount from those sources shall be included in the determination of annual net income:

1. All benefits, entitlements, supplements, settlements, or other financial assistance that the resident may be entitled to, or eligible for, from the Government of Canada, the government of any province or territory in Canada, any municipal government in Canada and any private policy of insurance.

2. All benefits, entitlements, supplements, settlements or other financial assistance that the resident may be entitled to, or eligible for, from any foreign country.

3. Any support payments due and owing to the resident under an agreement or court order for support existing at the time of the application, and that are determined by the Director to be reasonably collectible by the resident.

4. In the case of a resident who is a sponsored immigrant, the financial support from the resident's sponsor, pursuant to the sponsor's undertaking to support the resident made under the *Immigration and Refugee Protection Act* (Canada).

(3) Any benefits under the *War Veterans Allowance Act* (Canada) or *Pension Act* (Canada) or under the *Veterans Health Care Regulations* under the *Department of Veterans Affairs Act* (Canada) and any non-taxable benefits under the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* (Canada) shall not be considered in determining annual net income.

(4) Any benefits, entitlements, supplements, settlements or other financial assistance that the resident receives pursuant to an Act of the Parliament of Canada, legislature of a province or territory, or any foreign government, that are directed for a specified purpose and that the Director determines should not be considered in determining annual net income shall not be considered in determining annual net income.

(5) Despite the requirement under section 303 to provide a Notice of Assessment or proof of income statement (option "C" print) for the most recent taxation year, where a resident was admitted to a home within the year before the application was submitted, and the resident has not been issued a Notice of Assessment, the Director may consider other supporting documentation demonstrating the resident's income to determine the equivalent of the resident's annual net income.

Private policy of insurance

300. In section 299,

"private policy of insurance" means the following benefits, other than benefits from a government:

1. Income replacement benefits.
2. Death benefits.
3. Survivor benefits.
4. Money received in insurance settlements or awarded by the court, including payments received through structured settlements payable through monthly annuity payments and any benefits payable under the Statutory Accident Benefit Schedule under the *Insurance Act*.
5. Benefits of any nature or kind, including any benefits that provide for partial or full reimbursement of accommodation charges.

Dependant

301. (1) In section 303, subject to subsections (2), (3), (4) and (5),

"dependant" means,

(a) a spouse who was living with the resident immediately before the resident was admitted to the long-term care home or, if the resident has been continuously in more than one long-term care home or other institution, including a hospital, immediately before the resident was first admitted to the long-term term care home or other institution, or

(b) a child of the resident who,

(i) is under 18 years of age, or

(ii) is under 25 years of age and who is in full-time attendance at a recognized secondary or post-secondary educational institution, and is financially dependent on the resident.

(2) A spouse or child who is living in a long-term care home, hospital or any other facility that is government funded is not a dependant.

(3) A spouse who is eligible to receive a pension under Part I of the *Old Age Security Act* (Canada) is not a dependant.

(4) A spouse or child who is a part of a benefit unit, other than the benefit unit of the resident, that is receiving income support under the *Ontario Disability Support Program Act, 1997* or basic financial assistance under the *Ontario Works Act, 1997* is not a dependant.

(5) A spouse or child who is not part of the benefit unit of a resident who is receiving income support under the *Ontario Disability Support Program Act, 1997* or basic financial assistance under the *Ontario Works Act, 1997* is not a dependant.

Dependant annual net income

302. In section 303, a dependant's annual net income shall be determined in the same manner as a resident's annual net income, with necessary modification, except that,

(a) a dependant who is a child under 18 years of age whose income is less than the basic personal exemption amount under the *Income Tax Act* (Canada) is deemed to have a net annual income of nil; and

(b) the income of a dependant who is a child under 18 years of age whose income is equal to or greater than the basic personal exemption amount under the *Income Tax Act* (Canada) shall be determined without including the basic personal exemption amount.

Reduction in basic accommodation charge

303. (1) Where a long-stay resident of a long-term care home has accessed all sources of income to maximize their annual net income, the resident may apply to the Director for a reduced amount payable by the resident for basic accommodation during a term determined in accordance with subsection (7).

(2) An application,

(a) must be in a form and manner acceptable to the Director;

(b) must include any supporting documentation required by the Director; and

(c) must include the Notice of Assessment issued under the *Income Tax Act* (Canada) or the proof of income statement (option "C" print) from the Canada Revenue Agency for the resident's most recent taxation year, unless,

(i) the resident is receiving income support under the *Ontario Disability Support Program Act, 1997*,

(ii) the Public Guardian and Trustee is the guardian of property for the resident, or

(iii) the resident has provided written authorization to electronically obtain income information for the resident's most recent taxation year from the Canada Revenue Agency.

(3) Upon the request of a resident, a licensee shall provide assistance in completing the application.

(4) The licensee shall,

(a) verify that all parts of the application are provided by the resident;

(b) submit the application in a form and manner acceptable to the Director;

(c) ensure that the information is recorded correctly;

(d) retain a copy of the application; and

(e) notify the resident of the amount payable for basic accommodation as determined by the Director.

(5) The licensee shall not submit an application with information that the licensee knows, ought to know or reasonably suspects to be false or incomplete.

(6) Where a failure by a licensee to comply with subsection (4) or (5) results in the maximum amount determined under subsection (7) to be incorrect, the licensee shall be solely liable for the difference in amount and shall repay the difference in a manner as determined by the Director.

(7) Despite section 291, where a resident has applied for a reduction under this section, the Director shall determine the maximum monthly amount that may be charged by a licensee for providing a resident with basic accommodation during a term as follows, and the licensee shall not charge the resident more than that amount for the basic accommodation:

1. Divide the resident's annual net income by 12, and subtract an allowance of the amount set out in paragraph 1 of subsection 32 (1) of Ontario Regulation 222/98 (General) made under the *Ontario Disability Support Program Act, 1997*. Subject to paragraphs 2 to 4, the resulting amount is the maximum monthly amount that may be charged.
2. Where the resident requests a reduction to retain income to support one or more dependants, subtract the amount determined under subsection (9), (11) or (12) from the amount determined under paragraph 1.
3. Where the calculations under paragraph 1, or where paragraph 2 applies, under paragraphs 1 and 2, would result in a negative number, the amount is deemed to be nil.
4. Where the calculations under paragraph 1, or where paragraph 2 applies, under paragraphs 1 and 2, would result in a number greater than the maximum monthly amount under subsection 292 (3), the amount is the amount under subsection 292 (3).

(8) Despite section 292 and subsection (7), where the resident is receiving income support under the *Ontario Disability Support Program Act, 1997*, the annual net income divided by 12 as required by paragraph 1 of subsection (7) is deemed to be an amount equal to the total of the amounts set out in paragraphs 1 and 2 of subsection 32 (1) of Ontario Regulation 222/98 (General) made under that Act.

(9) The amount to be subtracted for the purposes of paragraph 2 of subsection (7) shall be determined as follows:

1. For the first dependant to be supported add $1,462.87, subject to subsection (11), unless the dependant is a child living with a parent or other person with lawful custody.
2. For each dependant to be supported to whom paragraph 1 does not apply, add $630.72, subject to subsection (11).
3. For each dependant to be supported, subtract the dependant's annual net income divided by 12 from the sum of the amounts determined by paragraphs 1 and 2.
4. Where the calculation under paragraph 3 would result in a negative number, the amount is deemed to be nil.

(10) The amounts set out in paragraphs 1 and 2 of subsection (9) are subject to the annual adjustment described in section 297.

(11) Where a resident received a reduction in the amount payable for basic accommodation under section 253 of Ontario Regulation 79/10 (General) made under the former Act, immediately before the coming into force of this section, and is not

eligible to have an amount subtracted under subsection (9), the Director may determine the amount for the purposes of paragraph 2 of subsection (7).

(12) Where a resident received a reduction in the amount payable for basic accommodation to support a spouse or child, immediately before the coming into force of this section, and that reduction was not based on an application under section 253 of Ontario Regulation 79/10 (General) made under the former Act, the Director may determine the amount for the purposes of paragraph 2 of subsection (7).

(13) A resident who has not entered into an agreement mentioned in subsection (14) shall not be charged more than the amount payable for basic accommodation where the resident continues to occupy a bed in a room that was occupied with their spouse, and,

(a) the spouse no longer occupies the room with the resident;

(b) the resident has requested a transfer to basic accommodation in the home; and

(c) the resident has not yet been transferred to basic accommodation in the home in accordance with subsection 239 (7).

(14) A resident shall enter into an agreement with the licensee for preferred accommodation, in accordance with paragraph 2 of subsection 94 (1) of the Act, where the resident wishes to continue to occupy a bed in a room that was occupied with their spouse and that room has ceased to be a standard room, and where the resident does not enter into an agreement, the licensee may transfer the resident to a standard room in accordance with subsection 239 (7), as if the resident had requested a transfer to a basic accommodation at the time the room ceased to be a standard room.

(15) Any amounts determined under this section for periods of less than a month, shall be determined by the Director proportionately.

(16) The Director may retroactively adjust the maximum amount payable that was determined for the same resident in prior terms before determining the maximum monthly amount that the resident may be charged under the current application.

(17) If the Director determines that the resident should have paid a higher maximum amount in prior terms, the resident shall repay the difference to the licensee before obtaining any further reduction under this section.

(18) The Director may deny an application if, in the Director's opinion,

(a) the resident has not provided sufficient proof of financial need; or

(b) the resident has provided false information on an application for a reduction.

(19) Where the Director comes to the opinion that a resident has provided false information on an application for reduction after the Director has already determined the maximum amount payable by the resident based on the false information, the Director may,

(a) retroactively deny the application; or

(b) retroactively adjust the maximum amount payable that was determined for the resident based on the false information.

(20) Where the Director determines that the resident should have paid a higher maximum amount under subsection (19), the resident shall repay the difference to the licensee before receiving any further reduction under this section.

Restriction, interest charges

304. Where a resident has applied for a reduction under section 303, a licensee of a long-term care home may not charge the resident interest for missed, incomplete or late payments until the Director has made a determination of the maximum amount payable by the resident under that section.

Resident in interim bed

305. A resident in an interim bed is deemed to be a long-stay resident for the purposes of sections 291 to 304.

Payment for first and last day

306. (1) A long-stay resident shall pay the amount charged for accommodation under either paragraph 1 or 2 of subsection 94 (1) of the Act for a full day,

(a) for the day the placement co-ordinator authorizes the resident's admission to the home; and

(b) for the day the resident is discharged from the home.

(2) Despite subsection (1), a long-stay resident shall not pay the amount charged for accommodation under either paragraph 1 or 2 of subsection 94 (1) of the Act for a full day for the day the resident is discharged from the home if the resident is admitted to another long-term care home on the same day.

(3) A short-stay resident shall pay the amount charged for accommodation under either paragraph 1 or 2 of subsection 94 (1) of the Act for a full day for the day the placement co-ordinator authorizes the resident's admission to the home, but shall

not pay the amount charged for accommodation under either paragraph 1 or 2 of subsection 94 (1) of the Act for the day the resident is discharged from the home.

Payment for day following discharge

307. If, at the request of a person who has been discharged from a long-term care home as a long-stay resident, at the request of a member of the person's family or at the request of a person notified by the licensee of the discharge, the licensee allows the discharged person, the family member or the notified person to have access, on the day following the day of discharge, to the room in which the discharged person was living before being discharged, the licensee may charge the discharged person the amount that the licensee would have charged the person for accommodation for the day following the day of discharge had the person been a long-stay resident living in the room on that day.

Responsibility for payment during absence

308. During an absence contemplated by section 150, a resident continues to be responsible for the payment of the maximum amounts that may be charged by the licensee to the resident for the same class of accommodation that was provided to the resident immediately before the absence.

Notice of accommodation charge increase

309. (1) Before increasing the amount payable by a resident for accommodation, the licensee of a long-term care home shall give the resident at least 30 days written notice of the licensee's proposal to increase the amount payable and the amount of the proposed increase.

(2) An increase by a licensee of the amount payable by a resident for accommodation is void if the licensee has not given the notice required by this section.

(3) Subsections (1) and (2) do not apply to an increase in the basic accommodation amount payable by a resident who has been charged a reduced amount under section 303 if the increase,

(a) follows a reapplication by the resident for a reduction; or

(b) results from the resident's failure to reapply for a reduction at the end of the term for which the original reduction was in effect.

PREFERRED ACCOMMODATION

Preferred accommodation maximum

310. Every licensee of a long-term care home shall ensure that no more than 60 per cent of the licensed bed capacity of the home is designated as preferred accommodation.

STATEMENTS

Statements

311. (1) Every licensee of a long-term care home shall, within 30 days after the end of each month, provide each resident or the resident's attorney under the *Powers of Attorney Act*, or person exercising a continuing power of attorney for property or a guardian of property under Part I of the *Substitute Decisions Act, 1992*, with an itemized statement of the charges made to the resident within the month.

(2) For greater certainty, subsection (1) applies with respect to the month in which a resident is discharged.

ACCOUNTS AND RECORDS

Licensee to retain records

312. For the purposes of section 95 of the Act, every licensee of a long-term care home shall keep, for each long-term care home operated by the licensee,

(a) complete current books of account relating to the long-term care home that,

(i) contain sufficient detail to support the information required in any reconciliation reports requested by the Minister or the Agency,

(ii) set out all of the revenue and expenditures of the home,

(iii) contain a separate record of money received by the licensee for the home from sources other than under the Act, the *Local Health System Integration Act, 2006* or the *Connecting Care Act, 2019*, and

(iv) are audited annually by a person licensed under the *Public Accounting Act, 2004* or, in the case of a municipal home or a joint home approved under Part IX of the Act, by the municipal auditor who audits the books of account and ledgers of the home;

(b) reconciliation reports as required by,

(i) the Minister under section 288, or

(ii) the Agency in regulations under the *Connecting Care Act, 2019*;

(c) any financial report requested by the Director under section 91 of the Act and the records used to produce that report;

(d) any agreement between the Minister and the licensee for funding provided under section 93 of the Act and any service accountability agreement required by section 22 of the *Connecting Care Act, 2019*, the records and reports required under those agreements and the records used to produce those records and reports;

(e) any written agreement for charges between the licensee and a resident or a person authorized to enter into an agreement on the resident's behalf;

(f) all applications that the licensee is required to retain under clause 303 (4) (d);

(g) records indicating the amounts the licensee has charged residents; and

(h) records to substantiate that the licensee has provided residents with accommodation, care, services, programs and goods.

Requirements for records

313. (1) For the purposes of section 95 of the Act, every licensee of a long-term care home shall ensure that a record required to be kept under section 312 is retained for a period of at least seven years from the last day of the year in which the record was made, except in the case of an agreement mentioned in clause 312 (d) or (e), which must be kept for a period of at least seven years from the earlier of the date that the agreement ends or it is terminated by either party to the agreement.

(2) Subsection (1) applies, to the extent possible, with respect to records that were required to be retained under section 263 of Ontario Regulation 79/10 (General) made under the former Act.

Non-arm's length transactions

314. (1) For the purposes of section 96 of the Act and this Regulation,

"non-arm's length transaction" means a transaction where a licensee spends money to acquire the supply of direct care services to or direct care goods for a long-term care home that is entered into between a licensee and an associate of the licensee.

(2) Subject to subsection (3), a licensee of a long-term care home shall not enter into a non-arm's length transaction unless,

(a) the supplier has been selected from an open, fair and transparent competitive procurement process involving at least three unrelated bids and has demonstrated economy, efficiency and effectiveness for the money spent superior to that of the other bidders; and

(b) the licensee keeps a record documenting the transaction and the details of the competitive procurement process.

(3) If a licensee is unable to meet the requirement under clause (2) (a), the licensee may enter into the transaction with the prior written approval of the Director.

(4) A licensee shall apply to the Director for the written approval under subsection (3) in the form and manner acceptable to the Director.

(5) A licensee may not exercise an option to extend or renew an agreement for a non-arm's length transaction unless the supplier has demonstrated economy, efficiency and effectiveness for the money.

(6) Every licensee shall submit to the Director by March 31 in every calendar year, or at any other time required by the Director, a report that sets out, for the previous calendar year, or a time stipulated by the Director, every non-arm's length transaction for goods and services provided during that year or time, including a description of the services or goods received and the money spent for the goods and services.

(7) Subsections (5) and (6) apply whether or not the agreement or transaction took place before this section came into force.

(8) This section does not apply to the agreement with the Medical Director required under section 251.

PART VIII
LICENSING

Definition

315. In this Part,

"security interest" has the same meaning as in section 110 of the Act.

Premises that do not require licence

316. Subsection 98 (1) of the Act does not apply to,

(a) a home for special care that is licensed under the *Homes for Special Care Act*;

(b) a residential premises funded under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*;

(c) a residential hospice if the nursing care provided at the hospice for its residents is funded, directly or indirectly, by the Government of Ontario or the Government of Canada; or

(d) a retirement home.

Non-profit and for-profit

317. The following clarifications are made to the meaning of "non-profit" and "for-profit" for the purposes of the Act and this Regulation:

1. A non-profit entity is an entity that meets any of the following criteria:
   i. being a corporation without share capital,
      A. to which the *Not-for-Profit Corporations Act, 2010* applies, or
      B. that is incorporated under a general or special Act of the Parliament of Canada,
   ii. being a municipality or a board of management for a municipal home,
   iii. being a council of a band under the *Indian Act* (Canada) or a board of management for a First Nations home, or
   iv. being a corporation with share capital whose equity shares are owned by an entity or entities described in subparagraph i, ii or iii.
2. A non-profit long-term care home is,
   i. a long-term care home whose licensee is a non-profit entity, or
   ii. a municipal home, joint home or First Nations home approved under Part IX of the Act.
3. A for-profit entity is an entity that is not a non-profit entity.
4. A for-profit long-term care home is a long-term care home that is not a non-profit long-term care home.

Limits on eligibility for licence

318. (1) For the purposes of clause 101 (1) (b) of the Act,

"design manual" means the design manual applicable under the development agreement to which the home or beds are subject.

(2) For the purposes of clause 101 (1) (f) of the Act, a prospective licensee that is not a corporation is ineligible to be issued a licence for a long-term care home if,

(a) the past conduct relating to the operation of a long-term care home or any other matter or business of anyone who has a controlling interest in the prospective licensee does not afford reasonable grounds to believe that the home will be operated in accordance with the law and with honesty and integrity;

(b) it has not been demonstrated that those with a controlling interest in the prospective licensee, along with the prospective licensee, are competent to operate a long-term care home in a responsible manner in accordance with the Act and the regulations and are in a position to furnish or provide the required services; or

(c) the past conduct relating to the operation of a long-term care home or any other matter or business of anyone who has a controlling interest in the prospective licensee does not afford reasonable grounds to believe that the home will not be operated in a manner that is prejudicial to the health, safety or welfare of its residents.

Conditions of a licence — development agreements

319. For the purposes of subsection 104 (3) of the Act, a development agreement for the home to which the licence relates is an agreement entered into under this Act.

Non-profit to for-profit circumstances

320. For the purposes of subsection 108 (8) of the Act, a non-profit entity may transfer a licence or beds to a for-profit entity where both of the following conditions are met:

1. A debt or the performance of some other obligation of the non-profit entity is secured by a security interest in the licence.

2. The non-profit entity is in default of any obligation secured by the security interest and,

   i. the non-profit entity made reasonable efforts to avoid the default, or

   ii. the holder of the security interest compels the transfer by exercising the security interest, whether or not the non-profit entity made reasonable efforts to avoid the default.

Limits on share transfers: non-profit subsidiaries

321. (1) It is a condition of a licence held by a non-profit entity that is a share capital corporation described in subparagraph 1 iv of section 317 that the corporation shall not,

(a) allow the transfer of equity shares issued by the corporation from a shareholder that is a non-profit entity to a for-profit entity; or

(b) issue equity shares to a for-profit entity.

(2) Subsection (1) does not prevent a transfer of equity shares where the following conditions are met:

1. A debt or the performance of some other obligation of the shareholder is secured by a security interest in the equity shares.

2. The shareholder is in default of any obligation secured by the security interest and,

   i. the shareholder made reasonable efforts to avoid the default, or

   ii. the holder of the security interest compels the transfer by exercising the security interest, whether or not the shareholder made reasonable efforts to avoid the default.

Person with security interest operating home through management contract

322. A long-term care home may not be managed under a contract provided for in subsection 110 (1) of the Act without the approval of the Director under section 113 of the Act.

Approval of gaining controlling interest

323. (1) The approval that is required under subsection 112 (1) of the Act when a person gains a controlling interest in a licensee must be obtained before the controlling interest is gained.

(2) Subsection (1) does not apply where a person's gaining of a controlling interest results from the person becoming an associate of another person due to the application of the following provisions of this Regulation:

1. Clause 5 (3) (a), where the corporation referred to therein is the licensee.

2. Clause 5 (3) (b), where the partnership referred to therein is the licensee.

3. Clause 5 (3) (h).

(3) Where an exception in subsection (2) applies,

(a) the person is not required to obtain approval under section 112 of the Act; and

(b) the notification required under subsection 111 (2) of the Act of the person's gaining the controlling interest shall be provided within 15 days of the licensee becoming aware of the person's having gained a controlling interest.

Requirements for management contracts

324. (1) A contract described in subsection 113 (1) of the Act respecting the management of a long-term care home (a "management contract") is required to,

(a) provide that the management of the home managed under the contract cannot be subcontracted or assigned;

(b) provide that any change in who has a controlling interest in the manager under the contract is deemed to be a material amendment to the contract that requires the Director's approval under subsection 113 (6) of the Act;

(c) make adequate provision for the transition of the management of the home from the manager to the licensee or another manager upon the termination or expiry of the contract or the withdrawal or expiry of the Director's approval;

(d) require the manager to operate the home in accordance with the requirements under the Act;

(e) require the manager to keep the licensee adequately informed about the operation of the home, including promptly giving the licensee any document served on or notice given to the licensee by being delivered to the home;

(f) acknowledge that funding under the Act will be paid to the licensee, not to the manager directly; and

(g) acknowledge that the Director's approval of the contract can be withdrawn under subsection 113 (5) of the Act at any time without liability.

(2) Where a management contract exists with respect to a long-term care home, it is a condition of the licence that the licensee notify the Director, in writing, no later than 15 days after the occurrence of the event, of the following events:

1. An amendment to the contract.
2. The termination or expiry of the contract, or any other event that results in the manager ceasing to manage the home.

(3) For greater clarity, if the approval of the Director is required under subsection 113 (6) of the Act for the amendment of a management contract,

(a) paragraph 1 of subsection 113 (4) of the Act applies with respect to approving the amendment; and

(b) paragraph 2 of subsection 113 (4) of the Act does not apply unless the amendment is a deemed amendment under clause (1) (b).

Temporary licences and temporary emergency licences — exemptions

325. (1) For the purposes of sections 114 and 115 of the Act, the following provisions of the Act do not apply with respect to a temporary licence or a temporary emergency licence:

1. Clause 116 (2) (b).
2. Subsection 116 (3).
3. Subsection 116 (4).

(2) Despite paragraph 1 of subsection (1), a temporary licence may not be amended so that its total term is for more than five years, and a temporary emergency licence may not be amended so that its total term is for more than one year.

(3) The Director may stipulate, as a condition under subsection 104 (2) of the Act, one or more other provisions of the Act or the regulations that do not apply with respect to a temporary licence or temporary emergency licence, but only if the Director is satisfied,

(a) that it would be unreasonable, under the circumstances, not to make such a stipulation; and

(b) that it is preferable, in the interests of the residents, that the licence be issued subject to such a stipulation than that it not be issued at all.

(4) A stipulation under subsection (3) may provide for one or more alternative conditions that the licensee is to comply with instead of the provision or provisions of the Act or the regulations set out in the stipulation.

(5) A stipulation under subsection (3) may provide that the provision or provisions of the Act or the regulations set out in the stipulation do not apply with respect to the licence,

(a) for a time set out in the stipulation; or

(b) for the full term of the licence.

Amendments with consent

326. A licence may be amended under subsection 116 (1) of the Act only if the Director approves the amendment.

Licence with beds of different terms

327. The following rules apply in respect of a licence for a long-term care home in which there are beds that are subject to different terms under the licence:

1. The licence expires when the term of the last bed under the licence expires.
2. Where the Director exercises their power under clause 107 (3) (a) of the Act to amend the licence to reduce the number of beds allowed under the licence by the number of unoccupied and unavailable beds, the Director may apply the reduction to either the beds that are actually unoccupied and unavailable, or to the beds that are subject to the shortest terms.
3. The provisions in section 116 of the Act referring to the extension of the term of a licence apply to the extension of the term of any bed under the licence.

PART IX
MUNICIPAL HOMES AND FIRST NATIONS HOMES

PART IX HOMES

Definition

328. In this Part,

"Part IX home" means a municipal home, joint home or First Nations home approved under Part IX of the Act.

Application of Act to Part IX homes

329. The following clarifications are made respecting the application of the Act to Part IX of the Act:

1. Sections 100 and 101 of the Act do not apply to subsection 103 (1) of the Act as it applies to Part IX homes.
2. Sections 100 and 101 of the Act apply where, under paragraph 2 of subsection 113 (4) of the Act, a municipality or board of management contracts someone else to manage a Part IX home.
3. Section 100 of the Act does not apply to Part IX homes by virtue of paragraph 2 of subsection 116 (4) of the Act.
4. A temporary emergency licence under section 115 of the Act may be issued to a municipality or a board of management, and such a licence may be revoked under section 159 of the Act.
5. If a temporary licence or temporary emergency licence is issued under clause 114 (1) (a) or 115 (1) (a) of the Act and the licence is issued to,
   i. a municipality, sections 135 to 137 of the Act apply with respect to the home operated under the licence,
   ii. a board of management under section 128 of the Act, sections 136 and 137 of the Act apply with respect to the home operated under the licence, or
   iii. a board of management under section 132 of the Act, section 136 of the Act applies with respect to the home operated under the licence.
6. Where a temporary licence or temporary emergency licence is issued to a municipality or a board of management, Part VIII of the Act applies with respect to the licence, subject to the following:
   i. the municipality or board of management is exempt from subsections 111 (1) and (2) of the Act,
   ii. the municipality or board of management is exempt from subsection 111 (3) of the Act subject to the condition that it must notify the Minister in writing of anything that it would otherwise be required to notify the Director of under that subsection,
   iii. the municipality or board of management is exempt from section 112 of the Act.

Composition of committees of management

330. (1) A committee of management appointed under section 135 of the Act shall,

(a) in the case of a municipal home, be composed of not fewer than three members; and

(b) in the case of a joint home, be composed of not fewer than two members of the council of each of the municipalities maintaining and operating the joint home.

(2) A committee of management that existed under section 132 of the former Act continues as a committee of management under section 135 of the Act.

Application of Part VIII of Regulation

331. The following modifications to Part VIII of this Regulation are made with respect to Part IX homes:

1. In subsection 324 (2) and section 326, "licence" shall be read as "approval" and "Director" shall be read as "Minister".

TERRITORIAL DISTRICT HOMES

Application and interpretation

332. (1) Sections 333 to 345 apply with respect to homes under section 128 of the Act.

(2) In sections 333 to 345,

"board" means a board of management described in Schedules 1 to 6 to this Regulation; ("conseil")

"supporting municipality" has the same meaning as in subsection 131 (5) of the Act. ("municipalité participante")

Objects

333. The objects of a board are to operate and maintain one or more municipal homes.

Established as corporation

334. (1) Every board is a corporation.

(2) Subsection 91 (1) of the *Not-for-Profit Corporations Act, 2010* applies with respect to a board.

Rights, powers, etc.

335. (1) Every board has the capacity, rights, powers and privileges of a natural person for carrying out its objects, except as limited by subsection (2).

(2) The powers of a board under subsection (1) are subject to the same restrictions that would apply by virtue of subsection 17 (1) of the *Municipal Act, 2001* if the board were a municipality.

(3) For greater clarity, a board may make those investments that a municipality is permitted to make under section 418 of the *Municipal Act, 2001*.

Requirements for members

336. (1) An individual is qualified to be a member of a board if the individual,

(a) is at least 18 years of age;

(b) is a resident of the district for which the board is the board of management; and

(c) is not employed by the board of management or any of the supporting municipalities.

(2) An individual ceases to be a member if the individual,

(a) is convicted of an indictable offence;

(b) becomes incapacitated;

(c) is absent from three consecutive board meetings unless the absence is authorized by a resolution of the board; or

(d) ceases to be qualified under subsection (1).

Membership — general

337. (1) For the purpose of determining the membership of a board, the districts for which the boards have been established are divided into the areas set out in the Schedules to this Regulation.

(2) For each board described in the heading of a Schedule, the number of members, the areas in a district that they represent and the manner of their appointment shall be that set out in the Schedule.

(3) A member shall be appointed for a term not exceeding four years.

(4) A member may be reappointed.

Quorum

338. A majority of members constitutes a quorum for a board.

Chair

339. (1) Each board shall, at its first meeting in each year, appoint one of its members as chair.

(2) A member's term as chair ends at the first meeting of the board in the next year.

(3) The chair may be reappointed.

(4) No member shall serve as chair for more than four consecutive terms.

(5) Despite subsection (2), the chair ceases to be chair if they cease to be a member.

(6) If the office of chair becomes vacant, the board shall appoint another member as chair.

Notice

340. (1) The board shall promptly give written notice to the Director and to the Administrator of each municipal home for which the board is responsible,

(a) of any change in the membership of the board; and

(b) of any change in who the chair is.

(2) If a change in the membership of the board results in the seat of a member appointed by a municipality or municipalities being vacant, the board shall also promptly give written notice to the municipality or municipalities.

Operating costs

341. (1) For the purposes of clause 129 (3) (b) of the Act, the prescribed percentage is 25 per cent.

(2) For the purposes of subsection 129 (4) of the Act, an operating line of credit with a financial institution is prescribed as an additional means by which a board of management may borrow.

(3) For the purposes of clauses 129 (5) (b) and (6) (b) of the Act, the prescribed percentage is 50 per cent, but only if every supporting municipality of the board has passed a resolution supporting the board's ability to borrow up to that percentage.

Capital costs

342. For the purposes of subsection 130 (3) of the Act, a board may borrow such sums as the board considers necessary to meet the capital costs it estimates under subsection 130 (1) of the Act in either of the following circumstances:

1. Every supporting municipality of the board has passed a resolution that,
   i. supports such borrowing by the board, and
   ii. acknowledges that any repayments on the borrowed sums that the board is required to make that are not covered by the available current revenues of the board are subject to apportionment to supporting municipalities under subsection 129 (1) of the Act.
2. The board is refinancing existing debt.

Apportionments by boards of management

343. (1) Amounts that supporting municipalities are required to pay to a board under sections 129 and 130 of the Act shall be apportioned, correct to three decimal places, among the supporting municipalities in the proportion of the amount of the total weighted assessment of each municipality to the total weighted assessment of all the supporting municipalities.

(2) The amounts that supporting municipalities are required to pay to a board under section 129 or 130 of the Act are due at the times established by the board.

(3) If a supporting municipality or municipalities have not made a payment within the time period established under subsection (2) and the board is required to borrow under subsection 129 (4) or 130 (3) of the Act as a result, the board may apportion the borrowing costs reasonably attributable to the late or missed payment among those supporting municipalities.

(4) A board that borrows under subsection 129 (4) or 130 (3) of the Act may apportion the cost of any repayment of the borrowed sums that the board is required to make and that is not covered by the available current revenue of the board as an apportionment under subsection 129 (1) of the Act.

(5) In this section,

"equivalent assessment" means the amount determined by dividing the compensation a municipality is entitled to be paid by the Minister of Finance for a hydro-electric generating station located in the municipality in respect to revenues foregone as a result of the enactment of paragraph 28 of subsection 3 (1) of the *Assessment Act* by the tax rate for the industrial property class for the year prior to the previous year; ("évaluation équivalente")

"weighted assessment" means,

(a) with respect to a property that is in a subclass to which section 313 of the *Municipal Act, 2001* applies, the taxable assessment or exempt assessment subject to a payment in lieu for the property, according to the annual return for the year prior to the previous year provided to the Minister under section 294 of the *Municipal Act, 2001*, reduced by the percentage reduction that applies to the tax rate for properties of that subclass and multiplied by the tax ratio of the property class that the property is in established under section 308 of the *Municipal Act, 2001* for that year, and

(b) with respect to any other property, the taxable assessment or exempt assessment subject to a payment in lieu, according to the annual return for the year prior to the previous year provided to the Minister under section 294 of the *Municipal Act, 2001* or equivalent assessment for a property, multiplied by the tax ratio of the property class that the property is in established under section 308 of the *Municipal Act, 2001* for that year. ("évaluation pondérée")

Division of territorial districts

344. (1) For the purposes of Part IX of the Act, the Territorial District of Nipissing is divided into two parts as follows:

1. Nipissing East composed of that part of the Territorial District of Nipissing lying east of the easterly boundary of the geographic Townships of Commanda, Blyth, Notman, Hammel, Gooderham, Flett, Hartle and Eldridge, or its projection.
2. Nipissing West composed of that part of the Territorial District of Nipissing lying west of the line described in paragraph 1.

(2) For the purposes of Part IX of the Act, the Territorial District of Parry Sound is divided into two parts as follows:

1. Parry Sound West composed of that part of the Territorial District of Parry Sound lying within the boundaries of the geographic Townships of Blair, Brown, Burpee, Burton, Carling, Christie, Conger, Cowper, Ferguson, Ferrie, Foley, Harrison, Hagerman, Henvey, Humphrey, McDougall, McKellar, McKenzie, McMurrich, Monteith, Mowatt, Shawanaga and Wallbridge.
2. Parry Sound East composed of that part of the Territorial District of Parry Sound other than Parry Sound West.

(3) For the purposes of Part IX of the Act, the Territorial District of Algoma is divided into two parts as follows:

1. Algoma comprising all of the Territorial District of Algoma, except for the territory described in paragraph 2.
2. Sault Ste. Marie comprising the parts of the Territorial District of Algoma within the boundaries of the City of Sault Ste. Marie and the territory without municipal organization that is within the planning area for the Sault Ste. Marie North Planning Board.

Transitional, boards of management

345. (1) A board of management that existed under the former Act and that is described in the heading to a Schedule to this Regulation continues as a board of management under section 128 of the Act.

(2) A member of a board of management to which subsection (1) applies continues in office until their term would have otherwise ended.

(3) The chair of a board of management to which subsection (1) applies continues in office until the first meeting of the board in the year following the year this section comes into force.

PART X
COMPLIANCE AND ENFORCEMENT

Where notice may be given of inspection

346. For the purposes of clause 147 (b) of the Act, notice may be given of the following inspections:

1. Inspections of beds in an existing long-term care home that are not yet covered by the home's licence or approval.
2. Inspections to ensure compliance with a closure plan under section 361.
3. Inspections that are initiated solely because the licensee has requested an inspection.

Factors to be taken into account

347. (1) For the purposes of sections 154 to 157 of the Act, in determining what actions to take or orders to make where there has been a finding of non-compliance with a requirement under the Act, an inspector or Director shall take all of the following factors into account, and shall take only those factors into account:

1. The severity of the non-compliance and, in cases where there has been harm or the risk of harm to one or more residents arising from the non-compliance, the severity of the harm or risk of harm.
2. The scope of the non-compliance and, in cases where there has been harm or risk of harm arising from the non-compliance, the scope of the harm or risk of harm.
3. The licensee's history of compliance, in any home, with requirements under the Act and with requirements under the former Act and the regulations under that Act and any service agreement required by that Act.

(2) In determining whether to make an order under section 159 of the Act, the Director may take into account,

(a) the factors referred to in subsection (1), where applicable; and

(b) any other factors the Director considers relevant.

(3) In this section,

"scope" means pervasiveness throughout the home.

Re-inspection fees

348. Where an inspector conducts an inspection to determine compliance with an order made under section 155 of the Act,

(a) the fee for the first inspection is nil; and

(b) the fee for each subsequent inspection to determine compliance with that order or with a subsequent order under that section is $500.

Administrative monetary penalties

349. (1) This section applies where there has been a failure by a licensee to comply with a requirement under the Act, resulting in the issuance of a notice of administrative penalty under section 158 of the Act by the Director or an inspector.

(2) The Table to this section sets out,

(a) in Column 1, the sections of the Act and this Regulation that are requirements for which a notice of administrative penalty may be issued; and

(b) in Column 3, the amount of the administrative penalty, unless otherwise specified in the Act or this Regulation.

(3) The Director may issue a notice of administrative penalty for a licensee's failure to comply with a requirement listed in Column 1 of the Table where,

(a) the Director issues an order under section 155 of the Act as a result of the licensee's failure to comply; or

(b) an inspector,

(i) issues a written notification to the licensee and refers the matter to the Director in accordance with paragraph 4 of subsection 154 (1) of the Act, and

(ii) makes an order under section 155 of the Act as a result of the licensee's failure to comply.

(4) Where the Director issues a notice of administrative penalty under subsection (3) for a licensee's first failure to comply with a requirement listed in Column 1 of the Table, the amount of the administrative penalty is the amount set out for that item in Column 3 of the Table.

(5) Where the Director issues a notice of administrative penalty under subsection (3) for a licensee's second or subsequent failure to comply with the same requirement set out in Column 1 of the Table, the amount of the administrative penalty is,

(a) for the second failure, twice the amount set out for that item in Column 3 of the Table;

(b) for the third failure, three times the amount set out for that item in Column 3 of the Table;

(c) for the fourth failure, four times the amount set out for that item in Column 3 of the Table; and

(d) for each subsequent failure, five times the amount set out for that item in Column 3 of the Table.

(6) An inspector or the Director must issue a notice of administrative penalty where,

(a) a licensee has failed to comply with an order made under section 155 of the Act following an inspection conducted to determine compliance with the order; or

(b) a licensee's failure to comply with a requirement listed in Column 1 of the Table results in,

(i) an order being made under section 155 of the Act, and

(ii) at any time during the three years immediately before the date the order in subclause (i) was made, the licensee failed to comply with the same requirement which also resulted in an order being made under section 155 of the Act.

(7) For the purposes of subclause (6) (b) (ii), a licensee will be deemed to have incurred a failure to comply with a requirement of the Act where the following apply:

1. An order was made under section 153 or section 154 of the former Act.
2. The same requirement that the licensee failed to comply with under the former Act continues to be a requirement under the Act.
3. The order referred to in paragraph 1 was made no more than three years prior to the date of the order referred to in subclause (6) (b) (i).

(8) Where a notice of administrative penalty is issued pursuant to clause (6) (b), the administrative penalty for the licensee's second failure to comply listed in Column 1 of the Table is the amount set out for that item in Column 3 of the Table, and if a subsequent failure occurs, the administrative penalty is,

(a) for the third failure, twice the amount set out for that item in Column 3 of the Table;

(b) for the fourth failure, three times the amount set out for that item in Column 3 of the Table;

(c) for the fifth failure, four times the amount set out for that item in Column 3 of the Table; and

(d) for each subsequent failure, five times the amount set out for that item in Column 3 of the Table.

(9) Where a notice of administrative penalty is issued pursuant to clause 6 (a) for a licensee's first failure to comply with an order made under section 155 of the Act, subsection (8) applies with necessary modifications, and for that purpose, the first failure is deemed to be the licensee's second failure to comply with the order.

TABLE

Item	Column 1 Requirement under the Act	Column 2 Description of failure to comply	Column 3 Amount of administrative penalty, in dollars
1.	Act, s. 3 (1)	Residents' Bill of Rights	5,500
2.	Act, s. 11 (1)	Nursing and personal support services	5,500
3.	Act, s. 11 (3)	24-hour nursing care	5,500
4.	Act, s. 15	Dietary services and hydration	5,500
5.	Act, s. 23	Infection prevention and control program	5,500
6.	Act, s. 24	Duty to protect	5,500
7.	Act, s. 25	Policy to promote zero tolerance	5,500
8.	Act, s. 27	Licensee must investigate, respond and act	5,500
9.	Act, s. 28	Reporting certain matters to Director	5,500
10.	Act, s. 33	Policy to minimize restraining of residents, etc.	5,500
11.	Act, s. 34 (1)	Protection from certain restraining	5,500
12.	Act, s. 35	Restraining by physical devices	5,500

Item	Column 1 Requirement under the Act	Column 2 Description of failure to comply	Column 3 Amount of administrative penalty, in dollars
13.	Act, s. 76	Administrator	11,000
14.	Act, s. 77	Director of Nursing and Personal Care	11,000
15.	Act, s. 78	Medical Director	11,000
16.	This Regulation, s. 12	Doors in a home	5,500
17.	This Regulation, s. 18	Bed rails	5,500
18.	This Regulation, s. 19	Windows	5,500
19.	This Regulation, s. 35 (2)	Nursing and personal support services	5,500
20.	This Regulation, s. 35 (3)	Nursing and personal support services, staffing plan	5,500
21.	This Regulation, s. 53	Required programs	5,500
22.	This Regulation, s. 54	Falls prevention and management	5,500
23.	This Regulation, s. 55	Skin and wound care	5,500
24.	This Regulation, s. 56	Continence care and bowel management	5,500
25.	This Regulation, s. 57	Pain management	5,500
26.	This Regulation, s. 58	Responsive behaviours	5,500
27.	This Regulation, s. 74	Nutritional care and hydration programs	5,500
28.	This Regulation, s. 75	Weight changes	5,500
29.	This Regulation, s. 80	Registered dietitian	5,500
30.	This Regulation, s. 81	Nutrition manager	5,500
31.	This Regulation, s. 97	Hazardous substances	5,500
32.	This Regulation, s. 102	Infection prevention and control program	5,500
33.	This Regulation, s. 105	Police notification	5,500
34.	This Regulation, s. 115	Reports re critical incidents	5,500
35.	This Regulation, s. 119	Requirements relating to restraining by a physical device	5,500
36.	This Regulation, s. 121	Prohibited devices that limit movement	5,500
37.	This Regulation, s.138 (1)	Safe storage of drugs	5,500
38.	This Regulation, s.140	Administration of drugs	5,500
39.	This Regulation, s.147	Medication incidents and adverse drug reactions	5,500
40.	This Regulation, s. 249 (1)	Administrator	11,000
41.	This Regulation, s. 249 (3)	Administrator, qualifications	11,000
42.	This Regulation, s. 249 (4)	Administrator, qualifications exception	11,000
43.	This Regulation, s. 249 (5)	Administrator, program enrolment	11,000
44.	This Regulation, s. 250 (1)	Director of Nursing and Personal Care	11,000
45.	This Regulation, s. 250 (3)	Director of Nursing and Personal Care, qualifications	11,000
46.	This Regulation, s. 250 (4)	Director of Nursing and Personal Care, qualifications exception	11,000
47.	This Regulation, s. 268	Emergency plans	5,500
48.	Any requirement under the Act not otherwise provided for in this Table.	Failure to comply with any other requirement under the Act	1,100

Reasonable compensation

350. (1) For the purposes of paragraph 6 of subsection 159 (10) of the Act, the reasonable compensation that may be provided to a licensee for the use of the licensee's property where the Director has made an order under subsection 159 (5) of the Act is to be determined by employing the formula:

$$Comp = A \times B$$

where,

"Comp" is the amount of compensation,

"A" is the prescribed rate of interest multiplied by the long-term care home's most recent current value assessment under the *Assessment Act*, both as of the date of the order, divided by the number of days in the year,

"B" is the number of days between the date of the order and the day that revocation of the licence becomes effective and all of the residents of the home are relocated.

(2) In this section,

"number of days in the year" means 365, or, if the order is made in a leap year, 366; ("nombre de jours de l'année")

"prescribed rate of interest" means the higher of,

(a) the prescribed rate of interest as calculated under paragraph 4.1 of subsection 503 (2) of Regulation 183 of the Revised Regulations of Ontario, 1990 (General) made under the *Corporations Tax Act*, and

(b) one per cent. ("taux d'intérêt prescrit")

Protection of privacy in reports

351. (1) This section applies with respect to,

(a) the requirement to post an inspection report under clause 85 (3) (l) of the Act;

(b) the requirement to post an order under clause 85 (3) (m) of the Act;

(c) the obligation to give an inspection report to the Residents' Council or, where applicable, the Family Council under section 152 of the Act;

(d) the requirement to publish an inspection report under clause 180 (b) of the Act; and

(e) the requirement to publish an order under clause 180 (c) of the Act.

(2) Where an inspection report mentioned in clause (1) (a), (c) or (d) contains personal information or personal health information, only the following shall be posted, given or published, as the case may be:

1. Where there is a finding of non-compliance, a version of the report that has been edited by an inspector so as to provide only the finding and a summary of the evidence supporting the finding.
2. Where there is no finding of non-compliance, a version of the report that has been edited by an inspector so as to provide only a summary of the report.

(3) Where an order mentioned in clause (1) (b) or (e) contains personal information or personal health information, only a version of the order that has been edited by an inspector to provide a summary of the content of the order shall be posted or published, as the case may be.

(4) In this section,

"personal health information" means personal health information within the meaning of the *Personal Health Information Protection Act, 2004*; ("renseignements personnels sur la santé")

"personal information" means personal information within the meaning of the *Freedom of Information and Protection of Privacy Act*. ("renseignements personnels")

Transitional, compliance and enforcement

352. (1) Except as otherwise provided in this section and despite anything else in the Act, Part X of the Act and this Part apply with respect to a failure to comply with a requirement under the former Act before the coming into force of this section.

(2) For greater certainty, an order may be made under section 155 of the Act with respect to a failure to comply with a requirement under the former Act before the coming into force of this section.

(3) Despite subsection (1), the Director may not make an order under section 156 of the Act with respect to a failure to comply with a requirement under the former Act before the coming into force of this section, if an order had already been made under section 155 of the former Act in respect of the same failure to comply.

(4) Despite anything else in the Act, where a licence has been deemed to be replaced under section 199 of the Act, the Director may make an order under section 159 of the Act with respect to the licence,

(a) for any reason provided for in section 159 with respect to matters that occurred before the coming into force of this section, including, for greater certainty, a failure to comply with a requirement under the former Act; and

(b) for any reason for which the licensee's licence or approval, as the case may be, could have been revoked under the former Act.

(5) Where, immediately before the day this section came into force, there was a direction in effect under subsection 50 (1) of the former Act for the placement co-ordinator to cease authorizing admissions to a home, the placement co-coordinator is required to continue to comply with the direction and the direction continues to be in effect until it is complied with or is no longer necessary as determined by the Director.

(6) Where, immediately before the day this section came into force, the Director had control of and was operating and managing a municipal home or joint home under section 136 or 137 of the former Act, the Director shall cease occupying that home no later than one year from the date of occupation.

(7) When deciding whether to take control of a municipal home or joint home under section 140 or 141 of the Act, the Director may consider the licensee's failure to comply with requirements in the former Act, the regulations under that Act and a service agreement required under that Act that arose before this section came into force.

(8) On the day this section comes into force, a long-term care home that has been inspected at least once in the 2022 calendar year under the former Act is deemed to have met the inspection requirement under section 146 of the Act in respect of the 2022 calendar year.

PART XI
ADMINISTRATION, MISCELLANEOUS

SERVICE AND NOTICE

Service and notice

353. (1) Where, under the Act or this Regulation, any document is to be served by the Minister, the Director, an inspector or other employee of the Ministry, it is sufficiently served if it is,

(a) served personally;

(b) sent by registered mail addressed to the person who is to be served, at the last address for the person appearing on the records of the Ministry;

(c) sent by email to the last email address for the person appearing on the records of the Ministry; or

(d) sent by commercial courier to the person who is to be served, at the last address for the person appearing on the records of the Ministry.

(2) Where, under the Act or this Regulation, a notice or a copy of a report, a decision or anything similar is to be given by the Minister, the Director, an inspector or other employee of the Ministry, or by a person acting under section 140 of the Act, it may be served as provided for in subsection (1).

(3) For the purposes of clause (1) (a), a document may be served personally in accordance with the following:

1. Where service is on an individual, by delivering a copy of the document personally to the individual.
2. Where service is on a sole proprietorship, by delivering a copy of the document personally to the sole proprietor or to a person apparently authorized to accept the delivery in an office of the sole proprietor.
3. Where service is on a partnership, by delivering a copy of the document personally to a partner or to a person apparently authorized to accept the delivery in an office of the partnership.
4. Where service is on a corporation other than a municipality, board of management, local health integration network or the Agency, by delivering a copy of the document personally to an officer of the corporation or to a person apparently authorized to accept the delivery in an office of the corporation.
5. Where service is on a municipality, by delivering a copy of the document personally to the mayor, warden, reeve or other chief officer of the municipality, to the clerk of the municipality or to a person apparently authorized to accept the delivery in the head office of the municipality.
6. Where service is on a board of management, by delivering a copy of the document personally to the chair of the board.
7. Where service is on a local health integration network, by delivering a copy of the document personally to the chief executive officer of the local health integration network, to an officer of the local health integration network, or to a person apparently authorized to accept the delivery in the head office of the local health integration network.
8. Where service is on the Agency, by delivering a copy of the document personally to the chief executive officer of the Agency, to an officer of the Agency, or to a person apparently authorized to accept the delivery in the head office of the Agency.

(4) A person effecting personal service under subsection (3) need not provide the original document or have it in their possession.

(5) In addition to the other methods of service provided for in this section, service under sections 107, 155, 156, 157, 159 and subsection 169 (6) of the Act or delivery of a copy of a report or notice under section 140 or 141 of the Act may be effected by delivering a copy of the order, notice or report personally to the Administrator or to a person apparently in charge of the long-term care home that is the subject of the order, decision, report or notice.

(6) Where, under the Act or this Regulation, any document is to be served on the Director, it is sufficiently served if it is,

(a) served personally on the Director who is to be served;

(b) sent by registered mail to the address of the Director who is to be served;

(c) sent by email to the email address provided by the office of the Director who is to be served; or

(d) served by any other method authorized by the Director.

(7) Where, under the Act or this Regulation, a notice or a copy of a report or anything similar is to be given to the Director, it shall be served as provided for in subsection (6).

(8) Where, under the Act or this Regulation, anything is to be served on or notice is to be provided to the Minister, it is sufficiently served or provided if it is served on the Director as provided for in subsection (6).

(9) For the purposes of clause (6) (a), a document may be served personally by delivering a copy to the Director or to a person apparently authorized to accept the delivery in the Director's office.

(10) Despite subsection (6), a request for review under subsection 169 (2) of the Act shall be served in the manner provided for in the order that is to be reviewed.

(11) If service is made by registered mail, the service is deemed to be made on the fifth day after the day of mailing.

(12) If service is made by email, the service is deemed to be made on the following day, if the document was served after 4 p.m.

(13) If service is made by commercial courier, the service is deemed to be made on the second business day after the commercial courier received the document.

NOTICE OF INDIRECT COLLECTION

Notice of indirect collection

354. Where the Director provides the licensee of a home with a notice of indirect collection containing the information described in subsection 39 (2) of the *Freedom of Information and Protection of Privacy Act*, the licensee shall post the notice in a conspicuous place in the home where it is likely to come to the attention of the staff.

DISCLOSURE OF PERSONAL INFORMATION

Disclosure related to other Acts

355. Where the Minister or Director is of the opinion that it is advisable to do so, the Minister or Director shall disclose personal information about an individual,

(a) to a College within the meaning of the *Regulated Health Professions Act, 1991* for the purpose of the administration or enforcement of the *Drug and Pharmacies Regulation Act*, the *Regulated Health Professions Act, 1991* or an Act named in Schedule 1 to that Act; and

(b) to the Ontario College of Social Workers and Social Service Workers for the purpose of the administration or enforcement of the *Social Work and Social Service Work Act, 1998*.

CONSTRUCTION, RENOVATION, ETC., OF HOMES

Construction, renovation, etc., of homes

356. (1) A licensee of a long-term care home shall not commence operation of the home under a new licence or approval until the Director has approved the home and its equipment.

(2) A licensee shall not allow alterations, additions, renovations, maintenance or repairs to be made to the home or its equipment that do not maintain or improve upon the functional aspects of the home or equipment.

(3) A licensee may not commence any of the following work without first receiving the approval of the Director:

1. Alterations, additions or renovations to the home.
2. Other work on the home or work on its equipment, if doing the work may significantly disturb or significantly inconvenience residents.

(4) A licensee who is applying for the Director's approval under subsection (3) shall provide the Director with,

(a) plans or specifications relating to the work to be done; and

(b) a work plan describing how the work will be carried out, including how residents will be affected and what steps will be taken to address any adverse effects on residents.

(5) A licensee who has received the Director's approval under subsection (3) shall ensure that the work is carried out in accordance with the plan or specifications and work plan provided under subsection (4).

(6) The Director may make it a condition of an approval under subsection (3) that the licensee obtain the Director's further approval before beginning to use any addition to the home or any part of the home on which work was done.

CLOSURE OF BEDS

Closure of beds

357. (1) A licensee of a long-term care home shall give notice when one or more beds in the home are to be closed,

(a) with the written permission of the Director under subsection 107 (3) of the Act for the beds not to be available for occupancy;

(b) because the beds are being transferred to another location under section 108 of the Act; or

(c) because the term of the licence for those beds is due to expire.

(2) Notice is not required under this section with respect to,

(a) beds that need to be closed suddenly because of an event that could not have reasonably been predicted by the licensee;

(b) beds under a temporary licence under clause 114 (1) (b) of the Act with a term of 16 weeks or less;

(c) beds under a temporary emergency licence under clause 115 (1) (b) of the Act; or

(d) beds that are being closed because the home is being closed.

(3) A notice under this section must be given to,

(a) the resident occupying the bed, their substitute decision-maker, if any, and any other person either of them may direct;

(b) the appropriate placement co-ordinator; and

(c) the Director.

(4) Subject to subsection (5), a notice under this section given to a person referred to in clause (3) (a) must state,

(a) that the licensee intends to close the bed; and

(b) that the resident may be subject to discharge if they are still occupying the bed at the time it closes.

(5) The notice shall not contain the information provided for in clause (4) (b) if, because of when the notice is given, the resident cannot be discharged under section 159.

(6) A notice under this section must be given at least 16 weeks before the bed is to be closed.

(7) The Director may agree to a shorter notice period than the one required under subsection (6), or to dispensing with notice.

Transfer, closed beds

358. (1) This section applies with respect to a transfer to a bed that is to be closed in a long-term care home,

(a) if notice was required under section 357 and given or dispensed with; or

(b) if clause 357 (2) (b) or (c) applies.

(2) Before a resident is transferred into the bed, the licensee shall give notice to the resident, and to their substitute decision-maker, if any, and any other person either of them may direct.

(3) A notice under subsection (2) must state,

(a) that the licensee intends to close the bed; and

(b) that the resident may be subject to discharge if they are still occupying the bed at the time it closes.

(4) The resident may refuse to be transferred into the bed.

CLOSURE OF HOMES

Closure of a home, notice to Director

359. (1) A licensee of a long-term care home shall not close the home without giving notice as provided for in this section.

(2) This section does not apply,

(a) if the licence is revoked; or

(b) if the licence is a temporary emergency licence under clause 115 (1) (a) of the Act.

(3) A licensee who intends to close a home shall give the Director written notice of the intended closure.

(4) The notice must,

(a) set out the date of the intended closure; and

(b) be given to the Director at least,

(i) five years before the date of the intended closure,

(ii) in the case of a temporary licence under clause 114 (1) (a) of the Act, three years before the intended closure date, or

(iii) in the case of a closure of a home upon the expiry of the licence for the home, before the date provided for in the policy made under subsection 106 (1) of the Act.

(5) The licensee may withdraw the notice with the written consent of the Director.

(6) The licensee may change the closure date with the written consent of the Director.

(7) The licence or approval for the home is deemed to be surrendered on the closure date.

(8) A notice under section 308 of Ontario Regulation 79/10 (General) made under the former Act that was given before this section came into force is deemed to be notice under this section.

Closure of home, notice to residents and applicants

360. (1) The licensee of a home that is to be closed shall give notice of the closure to every resident of the home, to their substitute decision-maker, if any, and to any other person either of them may direct.

(2) This section does not apply,

(a) if the licence is revoked; or

(b) if the licence is a temporary emergency licence under clause 115 (1) (a) of the Act.

(3) A notice under subsection (1) must be given at least 16 weeks before the home is to be closed, except in the case of a temporary licence under clause 114 (1) (a) of the Act with a term of less than 16 weeks, in which case the notice must be given within the time provided for in the temporary licence.

Closure plans and closure agreements

361. (1) This section applies when a home is closed, except,

(a) when a licence is revoked under section 159 of the Act; and

(b) in the case of a temporary emergency licence under clause 115 (1) (a) of the Act.

(2) The licensee shall, in consultation with the Director, the appropriate placement co-ordinator and the Agency, develop a closure plan for the home that the Director determines is sufficient to adequately provide for,

(a) the relocation of the residents;

(b) the closure of the home; and

(c) the satisfaction of the requirements the licensee is required to meet with regard to the home.

(3) The closure plan must be given to the Director,

(a) at least 14 months before the closure date; or

(b) in the case of a temporary licence under clause 114 (1) (a) of the Act that is revoked under paragraph 1 of subsection 114 (2) of the Act, on or before the date set out in the revocation order.

(4) The licensee shall comply with the closure plan.

(5) The licensee shall enter into a closure agreement with the Director providing for requirements the licensee must meet at or around the time the home closes and after.

(6) The licensee shall enter into the closure agreement,

(a) at least six months before the closure date; or

(b) in the case of a temporary licence under clause 114 (1) (a) of the Act that is revoked under paragraph 1 of subsection 114 (2) of the Act, on or before the date set out in the revocation order.

Shorter notice periods and deadlines

362. (1) Where, under section 359, 360 or 361, a licensee is required to give notice by a certain date, or submit a closure plan or enter into a closure agreement by a certain date, the Director may agree to a shorter notice period or to a plan being submitted or an agreement entered into by a later date.

(2) Without limiting the generality of subsection (1), a temporary licence under clause 114 (1) (a) of the Act may provide for a shorter notice period or to a plan being submitted or an agreement entered into by a later date.

Closure of home under temporary emergency licence

363. (1) This section applies to a licensee of a home with a temporary emergency licence under clause 115 (1) (a) of the Act.

(2) The licensee shall not close the home except as provided for in the licence or as agreed to by the Director.

(3) Subsection (2) does not apply if the licence is revoked.

(4) The licensee shall co-operate with the Director, the appropriate placement co-ordinator and the Agency with respect to closing the home and relocating its residents.

Special rules re Part IX homes

364. The following additional rules apply respecting the closing of homes established under Part IX of the Act:

1. A southern municipality shall not close a home that it is required to maintain under section 122 of the Act.
2. The notice of closure under section 359 for a home maintained under section 128 of the Act shall include certified copies of by-laws agreeing to the closure passed by a majority of municipalities in the territorial district.

Extension until all residents relocated

365. (1) If a long-term care home is being closed but not all residents have been relocated by the closure date, the Director may extend the term of any licence for the home, subject to such conditions as the Director may stipulate, until all residents have been relocated.

(2) Part VIII of the Act does not apply with respect to an extension under subsection (1).

FEES

Fees

366. (1) Fees are payable to the Director for each of the following:

1. The transfer of a licence or beds under a licence under section 108 of the Act.
2. The approval of the gaining of a controlling interest in a licensee under section 112 of the Act.
3. The approval of a management contract under section 113 of the Act, including the approval of a material amendment to a management contract under subsection 113 (6) of the Act.
4. The amendment of a licence under section 116 of the Act.

(2) The fee under this section is payable at the time application is made to the Director for the transfer, approval or amendment.

(3) The fee is not refundable if the Director's approval is not given.

(4) Subject to subsections (5) to (7), the total fee shall be determined by adding each of the following amounts payable:

1. An amount of $750 for processing the application.
2. An amount of $750 for making a determination or decision if required under section 99 of the Act.
3. An amount of $750 for taking anything into account under clause 100 (1) (a) of the Act if the transfer, approval or amendment is subject to any restriction under section 100 of the Act.
4. An amount of $750 for taking anything into account under clause 100 (1) (b) of the Act if the transfer, approval or amendment is subject to any restriction under section 100 of the Act.
5. An amount of $1,500 if the transfer, approval or amendment is subject to section 101 of the Act.
6. An amount of $1,800 for each public meeting that is required if public consultation is required under clause 109 (1) (c) or (d) of the Act.
7. An amount of $75 per licence for each licence to be issued, reissued or amended.
8. An amount of $3,000 for each pre-sale inspection that the Ministry conducts at the applicant's request.
9. An amount of $750 for reviewing a management contract if the application is for the approval of the management contract.
10. An amount of $750 for reviewing an amendment of a licence if the application is for the amendment of a licence.

(5) The Director may reduce a fee if an amount was included in the fee for something that was not done.

(6) The fee for the amendment of a licence shall be reduced by 50 per cent if the only change is a change in the name of the licensee or the long-term care home.

(7) The Director may reduce a fee if, because of the following circumstances listed below, the fee would otherwise be excessive in relation to what is required to process the application or applications:

1. Amounts were included in the fee under paragraph 3 of subsection (4) more than once in respect of the application of clause 100 (1) (a) of the Act to the same person under one application or under two or more applications made at or around the same time.
2. Amounts were included in the fee under paragraph 4 of subsection (4) more than once in respect of the application of clause 100 (1) (b) of the Act to the same person under one application or under two or more applications made at or around the same time.
3. An amount was included in the fee under paragraph 3 or 4 of subsection (4) in respect of the application of clause 100 (1) (a) or (b) of the Act and the application of the clause was, as a result of the particular circumstances involved, very simple.
4. Amounts were included in the fee under paragraph 5 of subsection (4) more than once in respect of the application of section 101 of the Act to the same person under one application or under two or more applications made at or around the same time.

(8) For the purposes of this section,

"application" includes a request for approval of a proposed transfer under subsection 108 (4) of the Act.

Fees for audits and financial reviews

367. (1) The Director may require a licensee to pay a fee, in an amount that the Director determines to be reasonable considering all the circumstances, where,

(a) an inspector has, under clause 150 (1) (i) of the Act, called upon an expert who is not an employee of the Ministry to conduct an audit or a financial review; and

(b) the audit or review was necessary because of a failure on the part of the licensee to comply with a requirement under the Act, or the audit or review revealed a failure to comply with a requirement under the Act.

(2) The fee under subsection (1) shall not exceed the costs incurred by the Ministry in retaining the expert.

EXEMPTIONS

Exemptions, certain homes

368. (1) Subject to subsection (2), the long-term care homes set out in the Table to this section are exempt from Part IV of the Act.

(2) Clause 51 (11) (d) and sections 52 and 56 of the Act apply to the long-term care homes set out in the Table to this section, except that references to the placement co-ordinator shall be read as references to the licensee of the home.

TABLE

Item	Long-Term Care Home
1.	Iroquois Lodge Nursing Home, Ohsweken
2.	Wikwemikong Nursing Home, Wikwemikong
3.	Akwesasne Adult Care Centre, Cornwall
4.	Oneida Nation of the Thames Long-Term Care Home, Southwold

Exemptions, homes with EldCap beds

369. (1) In this section,

"home with EldCap beds" means one of the following homes:

(a) Atikokan General Hospital (Atikokan),

(b) Bignucolo Residence (The) (Chapleau),

(c) Emo Health Centre (Emo),

(d) Espanola Nursing Home (Espanola),

(e) Geraldton District Hospital (Geraldton),

(f) North Shore Health Network — Eldcap Unit (Blind River),

(g) Hornepayne Community Hospital (Hornepayne),

(h) Lady Dunn Health Centre (Wawa),

(i) Lakeland Long Term Care (Parry Sound),

(j) Santé Manitouwadge Health (Manitouwadge),

(k) Nipigon District Memorial Hospital (Nipigon),

(l) Rainy River Health Centre (Rainy River),

(m) Rosedale Centre (Matheson),

(n) Smooth Rock Falls Hospital (Smooth Rock Falls),

(o) William A. "Bill" George Extended Care Facility (Sioux Lookout); ("foyer ayant des lits du programme EldCap")

"hospital" means,

(a) the Sioux Lookout Meno Ya Win Health Centre in the case of the home with EldCap beds within the meaning of clause (o) of the definition of "home with EldCap beds" in this subsection,

(b) the hospital site where the EldCap beds are located, in the case of homes with EldCap beds within the meaning of clauses (a), (b), (c), (e), (g), (h), (j), (k), (l), (m) and (n) of the definition of "home with EldCap beds" in this subsection. ("hôpital")

(2) The following apply with respect to homes with EldCap beds within the meaning of clauses (a), (b), (c), (e), (g), (h), (j), (k), (l), (m), (n) and (o) of the definition of "home with EldCap beds" in subsection (1):

1. The licensee is exempt from sections 4, 20 and 78, clause 95 (a) and section 96 of the Act.
2. The licensee is exempt from subsections 11 (3) and (4) of the Act, as long as a registered nurse is on duty and present anywhere on the site, including the hospital.
3. The references in section 110, subsection 111 (3) and section 113 of the Act and sections 322 and 324 of this Regulation to "long-term care home" or "home" shall be read as references to parts of the hospital site that are used only by or for residents of the long-term care home.
4. The licensee is exempt from the following provisions of this Regulation:
    i. clauses 20 (c) and (e),
    ii. section 21,
    iii. subsection 70 (2),
    iv. subsection 72 (2),
    v. section 73,
    vi. subsection 78 (5),
    vii. section 81,
    viii. section 82,
    ix. section 83,
    x. subsection 91 (4),
    xi. subsection 98 (2),
    xii. section 251,
    xiii. section 288,
    xiv. clauses 312 (a), (b) and (h).
5. The licensee is exempt from section 313, except as it applies to clauses 312 (c), (d), (e), (f) and (g).
6. The licensee is exempt from the requirement that physiotherapy services be on site under clause 65 (a).
7. The licensee is exempt from the requirements in subsection 66 (1) unless therapy services are provided in the home or the hospital.
8. The licensee is exempt from section 67 if the therapy services are not provided in the home or the hospital.
9. The licensee may meet the requirements or measures provided for in the following provisions through the hospital:
    i. sections 76 and 77, subsections 78 (1), (2), (3), (4), (6) and (7), sections 79, 80, 92, 93, 94, 95, 96 and 97,
    ii. sections 123, 124, 125, 141 and 148.
10. The licensee is exempt from subsection 249 (1), but must have an Administrator who is either a member of staff of the licensee or the hospital and who is on duty anywhere on the site, including the hospital.

11. The licensee is exempt from subsection 249 (3) as long as the Administrator meets one of the requirements set out in that subsection.

12. In meeting the requirements of sections 268 and 269, the licensee may use the emergency plan of the hospital.

13. The licensee is exempt from sections 270 and 271.

14. The licensee is exempt from section 278 as long as staff records are kept in the hospital and the records contain all the information required under that section and are accessible to an inspector.

15. The licensee is exempt from section 279 as long as volunteer records are kept in the hospital and the records contain all the information required under that section and are accessible to an inspector.

16. The licensee is exempt from section 280 as long as records about the members of the licensee's board of directors, its board of management or committee of management or other governing structure are kept in the hospital and the records contain all the information required under that section and are accessible to an inspector.

17. The licensee is exempt from section 281 as long as the records are kept by the hospital and the records are kept for the period set out in section 282.

18. The licensee is exempt from subsection 356 (2) except that provision shall apply to alterations, additions or renovations to the area or equipment that is used only by or for residents of the long-term care home.

19. The licensee is exempt from subsection 356 (3) except that,

    i. subject to subparagraph ii, paragraphs 1 and 2 of that subsection apply to the area or equipment that is used only by or for residents of the home,

    ii. the approval of the Director is also required before the licensee commences any alterations, additions, renovations, maintenance or repairs to any part of the hospital if doing the work may significantly disturb or significantly inconvenience residents of the home.

20. For greater certainty, the closure of all the EldCap beds is the closure of the home for the purposes of sections 357 to 363.

(3) The following apply with respect to homes with EldCap beds within the meaning of clauses (a), (b), (c), (e), (g), (h), (j), (k), (l), (m) and (n) of the definition of "home with EldCap beds" in subsection (1):

1. The licensee is exempt from the following provisions of this Regulation:

    i. subparagraph 1 ii of subsection 12 (1),

    ii. paragraph 3 of subsection 12 (1),

    iii. section 13.

2. The licensee is exempt from subparagraph 1 iii of subsection 12 (1) except that the doors shall be equipped with an audible door alarm system.

3. The licensee is exempt from subsection 23 (5) if there is a cooling area, that meets the requirements under that subsection, in the hospital and the cooling area is used for the residents of the home.

4. The licensee may meet the requirements or measures provided for in sections 138 and 139 through the hospital.

(4) The following apply with respect to homes with EldCap beds within the meaning of clauses (d), (f) and (i) of the definition of "home with EldCap beds" in subsection (1):

1. The licensee is exempt from clause 95 (a) and section 96 of the Act.

2. The licensee is exempt from the following sections of the Act, subject to the following conditions,

    i. the licensee is exempt from section 4 if it relies on the mission statement of the adjoining long-term care home,

    ii. the licensee is exempt from section 20 if its organized volunteer program is part of the organized volunteer program of the adjoining long-term care home,

    iii. the licensee is exempt from section 42 if its continuous quality improvement initiative is part of the initiative of the adjoining long-term care home.

3. The licensee is exempt from the following provisions of this Regulation, subject to the following conditions:

    i. the licensee is exempt from the requirements in section 22 if the adjoining long-term care home meets the requirements under section 22 that apply to the adjoining long-term care home and the generator can maintain everything required under clauses 22 (1) (a), (b) and (c) with respect to the licensee's home,

ii. the licensee is exempt from subsection 23 (5) if there is a cooling area that meets the requirements under that subsection in the adjoining long-term care home and the cooling area is used for the residents of the licensee's home,

iii. the licensee is exempt from the requirements under section 34 if it relies on the measures that are in place in the adjoining long-term care home and those measures meet the requirements under section 34,

iv. the licensee is exempt from the requirement that physiotherapy services be on site under clause 65 (a) if the services are on site in the adjoining long-term care home,

v. the licensee is exempt from the requirement under subsection 66 (1) if the therapy services are provided on site in the adjoining long-term care home,

vi. the licensee is exempt from the requirements under sections 70, 72, 98 and 101 if the designated lead for the adjoining long-term care home is the designated lead with respect to the licensee's home and the lead meets the requirements under the relevant section.

4. The licensee is exempt from section 288 and clauses 312 (a), (b) and (h).

5. The licensee is exempt from section 313, except as it applies to clauses 312 (c), (d), (e), (f) and (g).

6. The licensee may meet the requirements or measures provided for in the following provisions of this Regulation through the adjoining long-term care home:

i. sections 71, 76, 77, 78, 79, 80, subsection 81 (1), sections 82, 83 and 84, subsections 91 (2), (3) and (4) and sections 92, 93, 94, 95, 96 and 100,

ii. sections 123, 124, 125, 128, 130, 138, 139, 141, 145, subsection 147 (3) and section 148,

iii. sections 257, 258, 259, 260 and 261,

iv. section 263.

7. The licensee may meet the requirements provided for in the following provisions of this Regulation if the measures required under those provisions are in place in the adjoining long-term care home and are used for the licensee's home:

i. sections 107, 108, 110, 111 and 112,

ii. sections 264 and 265.

8. In meeting the requirements of subsection 249 (1), the number of hours worked by the Administrator may be calculated based on the total number of EldCap beds and the number of beds in the adjoining home, and the Administrator may be on duty on site either in the home with the EldCap beds or the adjoining home.

9. In meeting the requirements of section 249, the number of hours worked by the Director of Nursing and Personal Care may be calculated based on the total number of EldCap beds and the number of beds in the adjoining long-term care home.

10. In meeting the requirements of Part III, the licensee may integrate its continuous quality improvement initiative with that of the adjoining long-term care home.

11. In meeting the requirements of sections 268 and 269, the licensee may integrate its emergency plan with that of the adjoining long-term care home.

12. The licensee is exempt from sections 270 and 271.

13. The licensee is exempt from the requirements of section 276 if resident records are retained in the adjoining long-term care home and meet the requirements of that section.

14. The licensee is exempt from section 278 if staff records are kept in the adjoining long-term care home and the records contain all the information required under that section.

15. The licensee is exempt from section 281 if the staff records are kept by the licensee of the adjoining long-term care home and the records are kept for the period set out in section 282.

16. The licensee may meet the requirements under section 286 through the measures that are in place in the adjoining long-term care home.

(5) The following apply with respect to homes with EldCap beds within the meaning of clauses (d) and (f) of the definition of "home with EldCap beds" in subsection (1):

1. The licensee is exempt from subsections 11 (3) and (4) of the Act, as long as a registered nurse is on duty and present anywhere on the site, including the site of the adjoining long-term care home.

2. The placement co-ordinator is exempt from subsection 182 (1) with respect to the EldCap beds and shall keep one waiting list for the EldCap beds and the beds in the adjoining long-term care home.

(6) The following apply with respect to homes with EldCap beds within the meaning of clause (i) of the definition of "home with EldCap beds" in subsection (1):

1. The licensee is exempt from subsection 11 (3) of the Act, as long as a registered nurse is on duty and present anywhere on the site, including the site of the adjoining long-term care home.
2. If there is a management contract under section 113 of the Act under which the licensee of the adjoining home manages the EldCap beds, the placement co-ordinator is exempt from subsection 182 (1) of this Regulation with respect to the EldCap beds and shall keep one waiting list for the EldCap beds and the beds in the adjoining long-term care home.

Exemptions, alternative settings

370. (1) The following apply to a place that has short-stay program beds but no long-stay program beds and that also has beds for people who are not long-term care home residents:

1. The licensee is exempt from sections 4, 20 and 42 and subsection 43 (4) of the Act.
2. The licensee is exempt from subsections 11 (3) and (4) of the Act, as long as a registered nurse is on duty and present anywhere at the place where the beds are located.
3. The licensee is exempt from sections 62 and 64 of the Act unless a resident of the home wishes to form a Residents' Council.
4. The licensee is exempt from section 78 of the Act if there are fewer than 23 long-term care beds.
5. The licensee is exempt from clause 84 (2) (o) and clause 85 (3) (p) of the Act if there is no Residents' Council at the place where the beds are located.
6. The licensee is exempt from the requirement in subsection 43 (1) of the Act to ensure that at least once in every year the survey mentioned in that subsection is taken, but shall ensure that an opportunity is provided to each resident and the resident's family to complete the survey when the resident is being discharged from the home.
7. The licensee is exempt from the requirements in subsection 43 (5) of the Act unless there is a Residents' Council or Family Council in the home.
8. The references in section 110 subsection 111 (3) and section 113 of the Act and sections 322 and 324 of this Regulation to "long-term care home" or "home" shall be read as references to parts of the place that are used only by or for residents of the long-term care home.
9. The licensee is exempt from the following provisions of this Regulation:
    i. subparagraph 1 ii of subsection 12 (1),
    ii. paragraph 3 of subsection 12 (1),
    iii. section 13,
    iv. clause 14 (a),
    v. clauses 20 (c) and (e),
    vi. section 21,
    vii. subsection 66 (1),
    viii. subsection 70 (2),
    ix. subsection 72 (2),
    x. section 73,
    xi. section 81,
    xii. section 82,
    xiv. subsection 98 (2).
10. The licensee is exempt from subparagraph 1 iii of subsection 12 (1) except that the doors shall be equipped with an audible door alarm system.
11. The licensee is exempt from section 19, except for the requirement to have a screen.

12. The licensee is exempt from the requirements in subsection 22 (1) if the licensee has guaranteed access to a generator for the home that can be operational within three hours of a power outage and the generator can maintain everything required under clauses 22 (1) (a), (b) and (c).

13. The licensee is exempt from the requirement that physiotherapy services be on site under clause 65 (a).

14. The licensee is exempt from section 67 if the therapy services are not provided at the place where the beds are located.

15. The licensee is exempt from clause 77 (1) (f) unless there is a Residents' Council for the home.

16. The licensee is exempt from subsection 249 (3) as long as the Administrator meets one of the requirements set out in that subsection.

17. The licensee is exempt from subsection 356 (2) except that provision shall apply to alterations, additions or renovations to the area or equipment that is used only by or for residents of the long-term care home.

18. The licensee is exempt from subsection 356 (3) except that,

    i. subject to subparagraph ii, paragraphs 1 and 2 of that subsection apply to the area or equipment that is used only by or for residents of the long-term care home,

    ii. the approval of the Director is also required before the licensee commences any alterations, additions, renovations, maintenance or repairs to any part of the place if doing the work may significantly disturb or significantly inconvenience residents of the home.

19. For greater certainty, the closure of all the long-term care beds is the closure of the home for the purposes of sections 357 to 363.

(2) Despite subsection 51 (7) of the Act, the licensee shall not approve for admission an applicant who requires the safety and security features from which the licensee is exempt under this section.

PART XII
TRANSITION

Designation of placement co-ordinators

371. A designation of a placement co-ordinator under section 40 of the former Act continues to apply under the Act until the designation is revoked.

Designations of units, beds, etc.

372. Any designation of specialized units or beds by the Director under Part III of the former Act or designation of beds by the Minister under Part III of the former Act continue to apply under the Act until the designation expires, is replaced or is revoked.

Determinations and decisions under former Act

373. (1) A determination by the Minister under section 96 of the former Act shall be deemed to be a determination under section 99 of the Act.

(2) A determination by the Minister that a restriction is, or is not, needed under section 97 of the former Act shall be deemed to be a determination by the Minister under section 100 of the Act.

(3) A decision by the Director under section 98 of the former Act that a person is eligible to be issued a licence, or for any other purpose for which a determination of eligibility was required under section 98 of the former Act, shall be deemed to be a decision of the Director under section 101 of the Act.

Undertakings

374. An undertaking given under section 100 of the former Act shall be deemed to be an undertaking under section 103 of the Act.

Permission under former Act relating to unavailable beds

375. A written permission of the Director referred to in subsection 104 (3) of the former Act that was given before this section came into force is deemed to be permission referred to in subsection 107 (3) of the Act.

Requests for approval of transfers

376. If a request for approval of a proposed transfer was submitted under section 105 of the former Act but not dealt with before the coming into force of this section, that request shall be deemed to be a request for approval of a proposed transfer under section 108 of the Act.

Consultations, etc. under former Act

377. Any consultation or determination under section 106 of the former Act that occurred before this section came into force is deemed to be a consultation or determination under section 109 of the Act.

Security interests

378. Section 110 of the Act applies to anyone to whom section 107 of the former Act applied immediately before this section came into force.

Notice of certain changes

379. (1) Subject to subsection (2), a licensee is only required to give a notification required under section 111 of the Act with respect to events that occur on or after the day this section comes into force.

(2) A licensee is required to give a notification required under section 111 of the Act with respect to an event that occurred before the day this section comes into force if the licensee was required to give notification with respect to the event under the former Act but had not done so.

Approvals under former Act relating to gaining controlling interest

380. (1) Where, at the time of the coming into force of this section, an application for the approval of a person's gaining a controlling interest in a licensee under section 109 of the former Act had been made and not yet dealt with, the application shall be deemed to be a request for approval under section 112 of the Act.

(2) An approval by the Director under section 109 of the former Act that was given before this section came into force is deemed to be an approval under section 112 of the Act.

(3) A person who, before January 18, 2022, gained a controlling interest, as defined in this Regulation, in a licensee, is not required to obtain approval under section 112 of the Act if they were not required to obtain approval under section 109 of the former Act before that date.

(4) A person who, on or after January 18, 2022, gained a controlling interest, as defined in this Regulation, in a licensee, is not required to obtain approval under section 112 of the Act until one year after section 112 of the Act comes into force, if they were not required to obtain approval under section 109 of the former Act, or would not have been required to obtain approval under section 109 of the former Act if that section were still in force.

Approval of management contracts under former Act

381. An approval by the Director under section 110 of the former Act that was given before this section came into force is deemed to be an approval under section 113 of the Act.

Approvals under former Act relating to municipal homes

382. An approval under section 120, 121, 123 or 124 of the former Act given or deemed to have been given before this section came into force is deemed to be an approval under section 123, 124, 126 or 127 of the Act.

Records

383. Except as otherwise provided in this Regulation for particular records, the requirements, under the Act, to retain records apply, with necessary modifications, to records required under the former Act.

Directives

384. A directive issued by the Minister under section 174.1 of the former Act continues to apply under the Act until it is revoked.

Funding

385. Any funding that the Minister may have provided under the former act is deemed for the purposes of Part VII of the Act to have been provided under the Act.

Agreements

386. Any agreement entered into under the former Act shall be deemed to be an agreement entered into under the Act.

Inspectors

387. The appointment of an inspector under section 141 of the former Act continues to apply under the Act as if it were made under the Act.

Transitional — Staffing Qualifications

388. (1) Subject to subsection (2), a licensee of a long-term care home is not required to comply with a requirement set out in the Act or this Regulation respecting qualifications for members of staff until 12 months after the coming into force of this section, as long as the person holding the position, in the reasonable opinion of the licensee, has the adequate skills, training and knowledge to perform the duties required of that position.

(2) Subsection (1) does not apply with respect to,

(a) a Medical Director;

(b) a Director of Nursing and Personal Care;

(c) a physician;

(d) a registered nurse;

(e) a registered nurse in the extended class;

(f) a registered practical nurse;

(g) an Infection prevention and control lead; and

(h) a registered dietitian.

(3) A licensee shall cease to employ a staff member to whom subsection (1) applies if the staff member does not meet the applicable requirements under the Act and this Regulation within 13 months after the coming into force of this section.

(4) A licensee shall keep records of all staff to whom subsection (1) applies and provide statistical information respecting the situation to the Director monthly or upon request.

(5) The records as required by subsection (4) shall include at a minimum the number of staff working in the home to whom subsection (1) applies and their position.

Transitional — minimum staffing hours

389. (1) Subject to subsection (2), a licensee is not required to comply with requirements in the Act and this Regulation respecting minimum staffing hours until six months after the coming into force of this section, as long as all care requirements associated with the position are met.

(2) Subsection (1) does not apply to the requirements under section 8 or 9 of the Act.

PART XIII
AMENDEMENTS TO THIS REGULATION AND COMMENCEMENT

Amendments to this Regulation

390. (1) Section 77 of this Regulation is revoked and the following substituted:

Menu planning

77. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

(a) is a minimum of 21 days in duration;

(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;

(c) includes a choice of beverages at all meals and snacks;

(d) includes a minimum of one entrée and side dish at all three meals and dessert at lunch and dinner;

(e) includes a choice of other available entrées and side dishes at all three meals and a choice of other desserts at lunch and dinner, to meet residents' specific needs or food preferences;

(f) includes a choice of snacks in the afternoon and evening; and

(g) provides for a variety of foods every day, including fresh produce and local foods in season.

(2) The licensee shall ensure that, prior to being in effect, each menu cycle,

(a) is reviewed by the Residents' Council for the home;

(b) is evaluated by, at a minimum, the nutrition manager and registered dietitian who are members of the staff of the home; and

(c) is approved for nutritional adequacy by a registered dietitian who is a member of the staff of the home, and who must take into consideration,

(i) subsection (1),

(ii) the residents' preferences, and

(iii) current Dietary Reference Intakes (DRIs) relevant to the resident population.

(3) The licensee shall ensure that a written record is kept of the evaluation under clause (2) (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented.

(4) The licensee shall ensure that each resident is offered a minimum of,

(a) three meals daily;

(b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and

(c) a snack in the afternoon and evening.

(5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack.

(6) The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle.

(7) The licensee shall ensure that meals and snacks are served at times agreed upon by the Residents' Council and the Administrator or the Administrator's designate.

(8) The licensee shall ensure that food and beverages, including water, that are appropriate for the residents' diets are accessible to staff and available to residents on a 24-hour basis.

(2) Section 105 of this Regulation is amended by striking out "police force" and substituting "police service".

(3) Clause 191 (2) (a) of this Regulation is revoked and the following substituted:

(a) the applicant is not a resident of a long-term care home, and requires or is receiving high service levels of home and community care services under the *Connecting Care Act, 2019*;

(4) Clause 192 (2) (a) of this Regulation is revoked and the following substituted:

(a) the applicant is not a resident of a long-term care home, and requires or is receiving high service levels of home and community care services under the *Connecting Care Act, 2019*;

(5) Section 242 of this Regulation is revoked and the following substituted:

Special circumstances, pandemic, hospital admissions

242. (1) This section applies in the special circumstance of processing the admission to a long-term care home of a person who occupies a bed in a hospital under the *Public Hospitals Act* during a pandemic, so as to expedite the reduction of severe capacity pressures facing the hospital.

(2) Where a person described in subsection (1) requires admission to a long-term care home, placement co-ordinators and licensees are exempt from complying with the requirements under Part IV of the Act to the extent necessary to effect the admission and the following modifications are made respecting the application of Part IV of the Act:

1. The placement co-ordinator shall make a determination of eligibility for admission to a long-term care home based on as much information as is available in the circumstances about the person's,
   i. physical and mental health,
   ii. requirements for medical treatment and health care,
   iii. functional capacity,
   iv. requirements for personal care, and
   v. behaviour.
2. If the person has not already made an application for authorization of admission, they are not required to make the application for authorization of admission, so long as they have provided consent to the disclosure of all information necessary for the appropriate placement co-ordinator to deal with the application.
3. The appropriate placement co-ordinator shall co-ordinate the provision, to the licensee of the home for which authorization of admission is sought, of as much information as is available in the circumstances about the matters listed in paragraph 1, and this information may be communicated orally.
4. The licensee shall, either orally or in writing, approve or withhold approval of the admission in accordance with subsections 51 (7) to (9) of the Act, as modified by this section, within five days of receiving the information under paragraph 3, and if the licensee withholds approval of the person's admission, the licensee shall, at the time of withholding, either orally or in writing inform the appropriate placement coordinator of the ground or grounds on which the licensee is withholding approval and a brief explanation of why, but is not required to notify the person.
5. Subject to paragraph 6, the placement co-ordinator shall follow the applicable requirements related to waiting list categories and ranking within categories in sections 187 to 201 for admission to a long-stay bed.
6. When a person has applied for authorization of admission to a long-term care home before the coming into force of this section the following rules apply:
   i. If the placement co-ordinator has not authorized the admission prior to the coming into force of this section, the placement co-ordinator shall reassess the person's application to ensure that it complies with the waiting list categories in sections 187 to 198 to ensure that the person is placed in the appropriate waiting list category.
   ii. If the placement co-ordinator has authorized the admission prior to the coming into force of this section but the resident has not moved into the home, where the person is waiting for admission to a regular long-stay bed, the

person shall be placed in category 1 of the waiting list referred to in section 188 in respect of every waiting list on which they are placed, unless the person would otherwise be placed in a higher ranking category.

7. The appropriate placement co-ordinator shall authorize admission to a home only if the information provided to the licensee under paragraph 3 was obtained by the placement co-ordinator within the six months preceding the authorization.

8. The appropriate placement co-ordinator shall authorize admission only if the person consents to the admission.

(6) Section 316 of this Regulation is amended by striking out "or" at the end of clause (c), by adding "or" at the end of clause (d) and by adding the following clause:

(e) a premises owned or operated by a health service provider or an Ontario Health Team funded under section 21 of the *Connecting Care Act, 2019* to provide home and community care services that include residential accommodation within the meaning of Ontario Regulation 187/22 (Home and Community Care Services) made under that Act at the premises on the day that section 1 of that Regulation came into force.

(7) Paragraph 15 of subsection 370 (1) of this Regulation is revoked and the following substituted:

15. The licensee is exempt from subsection 77 (7) unless there is a Residents' Council for the home.

Commencement

391. (1) Except as otherwise provided in this section, this Regulation comes into force on the day it is filed.

(2) Sections 1 to 389 and Schedules 1 to 6 come into force on the later of the day section 204 of Schedule 1 (*Fixing Long-Term Care Act, 2021*) to the *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021* comes into force and the day this Regulation is filed.

(3) Subsections 390 (1) and (7) come into force on the latest of the following days:

1. **The day section 204 of Schedule 1 (*Fixing Long-Term Care Act, 2021*) to the *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021* comes into force.**
2. **July 11, 2022.**
3. **The day this Regulation is filed.**

(4) Subsection 390 (2) comes into force on the latest of the following days:

1. **The day section 204 of Schedule 1 (*Fixing Long-Term Care Act, 2021*) to the *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021* comes into force.**
2. **The day subsection 2 (1) of Schedule 1 (*Police Services Act, 2018*) to the *Safer Ontario Act, 2018* comes into force.**
3. **The day this Regulation is filed.**

(5) Subsections 390 (3), (4) and (6) come into force on the latest of the following days:

1. **The day section 204 of Schedule 1 (*Fixing Long-Term Care Act, 2021*) to the *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021* comes into force.**
2. **The day section 3 of Schedule 1 to the *Connecting People to Home and Community Care Act, 2020* comes into force.**
3. **The day this Regulation is filed.**

(6) Subsection 390 (5) comes into force on the latest of the following days:

1. **The day section 204 of Schedule 1 (*Fixing Long-Term Care Act, 2021*) to the *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021* comes into force.**
2. **October 11, 2022.**
3. **The day this Regulation is filed.**

SCHEDULE 1
THE BOARD OF MANAGEMENT FOR THE DISTRICT OF KENORA

The board of management for the District of Kenora shall consist of nine members and the areas they represent and the manner of their appointment shall be as follows:

1. Three members at large to be appointed by the Lieutenant Governor in Council.
2. Area 1, represented by three members to be appointed jointly by the municipal councils of,
   i. the City of Kenora, and

ii. the Township of Sioux Narrows-Nestor Falls.

3. Area 2, represented by two members to be appointed jointly by the municipal councils of,
   i. the City of Dryden,
   ii. the Township of Machin,
   iii. the Township of Ignace,
   iv. the Municipality of Sioux Lookout, and
   v. the Township of Pickle Lake.
4. Area 3, represented by one member to be appointed jointly by the municipal councils of,
   i. the Township of Ear Falls, and
   ii. the Municipality of Red Lake.

SCHEDULE 2
THE BOARD OF MANAGEMENT FOR THE DISTRICT OF MANITOULIN

The board of management for the District of Manitoulin shall consist of seven members and the areas they represent and the manner of their appointment shall be as follows:

1. Two members at large to be appointed by the Lieutenant Governor in Council.
2. Area 1, represented by two members to be appointed jointly by the municipal councils of,
   i. the Town of Northeastern Manitoulin and The Islands, and
   ii. the Township of Assiginack.
3. Area 2, represented by one member to be appointed jointly by the municipal councils of,
   i. the Municipality of Central Manitoulin, and
   ii. the Township of Tehkummah.
4. Area 3, represented by one member to be appointed jointly by the municipal councils of,
   i. the Town of Gore Bay, and
   ii. the Township of Billings.
5. Area 4, represented by one member to be appointed jointly by the municipal councils of,
   i. the Municipality of Gordon/Barrie Island,
   ii. the Township of Burpee and Mills, and
   iii. the Township of Cockburn Island.

SCHEDULE 3
THE BOARD OF MANAGEMENT FOR THE DISTRICT OF NIPISSING EAST

The board of management for the District of Nipissing East shall consist of seven members and the areas they represent and the manner of their appointment shall be as follows:

1. Two members at large to be appointed by the Lieutenant Governor in Council.
2. Area 1, represented by three members to be appointed by the municipal council of the City of North Bay.
3. Area 2, represented by one member to be appointed jointly by the municipal councils of,
   i. the Town of Mattawa,
   ii. the Township of South Algonguin,
   iii. the Township of Calvin, and
   iv. the Township of Papineau-Cameron.
4. Area 3, represented by one member to be appointed jointly by the municipal councils of,
   i. the Township of Bonfield,
   ii. the Township of Chisholm,

iii. the Township of East Ferris, and

iv. the Township of Mattawan.

SCHEDULE 4
THE BOARD OF MANAGEMENT FOR THE DISTRICT OF NIPISSING WEST

The board of management for the District of Nipissing West shall consist of seven members and the areas they represent and the manner of their appointment shall be as follows:

1. Two members at large to be appointed by the Lieutenant Governor in Council.
2. Area 1, represented by four members to be appointed by the municipal council of the Municipality of West Nipissing.
3. Area 2, represented by one member to be appointed by the municipal council of the Municipality of Temagami.

SCHEDULE 5
THE BOARD OF MANAGEMENT FOR THE DISTRICT OF PARRY SOUND EAST

The board of management for the District of Parry Sound East shall consist of seven members and the areas they represent and the manner of their appointment shall be as follows:

1. Two members at large to be appointed by the Lieutenant Governor in Council.
2. Area 1, represented by two members to be appointed jointly by the municipal councils of,
   i. the Municipality of Powassan,
   ii. the Township of Nipissing, and
   iii. the Municipality of Callander.
3. Area 2, represented by one member to be appointed jointly by the municipal councils of,
   i. the Village of South River,
   ii. the Village of Sundridge, and
   iii. the Township of Machar.
4. Area 3, represented by one member to be appointed jointly by the municipal councils of,
   i. the Municipality of Magnetawan,
   ii. the Township of Joly,
   iii. the Township of Strong, and
   iv. the Village of Burk's Falls.
5. Area 4, represented by one member to be appointed jointly by the municipal councils of,
   i. the Township of Armour,
   ii. the Town of Kearney,
   iii. the Township of Perry, and
   iv. the Township of Ryerson.

SCHEDULE 6
THE BOARD OF MANAGEMENT FOR THE DISTRICT OF PARRY SOUND WEST

The board of management for the District of Parry Sound West shall consist of seven members and the areas they represent and the manner of their appointment shall be as follows:

1. Two members at large to be appointed by the Lieutenant Governor in Council.
2. Area 1, represented by two members to be appointed by the municipal council of the Town of Parry Sound.
3. Area 2, represented by one member to be appointed jointly by the municipal councils of,
   i. the Township of The Archipelago,
   ii. the Township of Carling, and
   iii. the Municipality of McDougall.

4. Area 3, represented by one member to be appointed by the municipal council of the Township of Seguin.
5. Area 4, represented by one member to be appointed jointly by the municipal councils of,
    i. the Municipality of Whitestone,
    ii. the Township of McKellar, and
    iii. the Township of McMurrich/Monteith.

16/22

RÈGLEMENT DE L'ONTARIO 246/22

pris en vertu de la

LOI DE 2021 SUR LE REDRESSEMENT DES SOINS DE LONGUE DURÉE

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PARTIE I
INTERPRÉTATION

DÉFINITIONS

Définitions

1. Les définitions qui suivent s'appliquent au présent règlement.

«absence médicale» Absence d'un résident d'un foyer de soins de longue durée afin de recevoir des soins médicaux autres que des soins psychiatriques ou de subir une évaluation médicale autre qu'une évaluation psychiatrique. («medical absence»)

«absence occasionnelle» Absence d'un résident d'un foyer de soins de longue durée pour une période d'au plus 48 heures à une fin autre que la réception de soins médicaux ou psychiatriques ou la réalisation d'une évaluation médicale ou psychiatrique. («casual absence»)

«absence pour vacances» Absence d'un résident d'un foyer de soins de longue durée pour une période de plus de 48 heures à une fin autre que la réception de soins médicaux ou psychiatriques ou la réalisation d'une évaluation médicale ou psychiatrique. («vacation absence»)

«absence psychiatrique» Absence d'un résident d'un foyer de soins de longue durée afin de recevoir des soins psychiatriques ou de subir une évaluation psychiatrique. («psychiatric absence»)

«ancienne loi» S'entend de la *Loi de 2007 sur les foyers de soins de longue durée*. («former Act»)

«auteur d'une demande de continuum de soins» Relativement à un foyer de soins de longue durée offrant un continuum de soins, s'entend d'une personne qui réside depuis une date antérieure au 1er juillet 1994 dans un lieu mentionné en regard du foyer à la colonne 2 du tableau de continuum de soins. («continuum of care applicant»)

«cannabis» S'entend au sens du paragraphe 2 (1) de la *Loi sur le cannabis* (Canada). («cannabis»)

«cannabis récréatif» S'entend du cannabis, sauf s'il s'agit de ce qui suit :

a) une drogue contenant du cannabis à laquelle s'applique le *Règlement sur le cannabis* (Canada);

b) du cannabis thérapeutique;

c) du cannabis identifié dans les règlements pris en vertu de la *Loi sur la réglementation des médicaments et des pharmacies* comme étant un médicament pour l'application de cette loi;

d) du cannabis qui est un produit de santé naturel auquel s'applique le *Règlement sur les produits de santé naturels* (Canada);

e) du chanvre industriel au sens du *Règlement sur le chanvre industriel* (Canada);

f) un dérivé ou un produit d'un dérivé qui est soustrait à l'application de la *Loi sur le cannabis* (Canada) en application du *Règlement sur le chanvre industriel* (Canada). («recreational cannabis»)

«cannabis thérapeutique» Cannabis produit ou obtenu à des fins thérapeutiques conformément à la partie 14 du *Règlement sur le cannabis* (Canada) ou à une ordonnance judiciaire. («medical cannabis»)

«capacité en lits autorisés» Nombre total de lits autorisés ou approuvés du foyer, à l'exception des lits suivants :

a) les lits qui ne sont pas disponibles pour être occupés sur autorisation écrite du directeur donnée en application du paragraphe 107 (3) de la Loi;

b) les lits visés par un permis d'urgence temporaire délivré en vertu de l'alinéa 115 (1) b) de la Loi. («licensed bed capacity»)

«chambre à deux lits» S'entend :

a) dans le cas d'un foyer de soins de longue durée auquel s'appliquait un manuel de conception dans le cadre d'une entente de développement à laquelle le foyer était assujetti, d'une chambre comptant un lit reliée à une autre chambre comptant un lit par des toilettes communicantes, à l'exclusion d'une chambre désignée par le titulaire de permis comme chambre standard;

b) dans le cas de tous les autres foyers de soins de longue durée, d'une chambre comptant deux lits, à l'exclusion d'une chambre désignée par le titulaire de permis comme chambre standard. («semi-private room»)

«chambre individuelle» S'entend :

a) dans le cas d'un foyer de soins de longue durée auquel s'appliquait un manuel de conception dans le cadre d'une entente de développement à laquelle le foyer était assujetti, d'une chambre comptant un lit munie de toilettes communicantes privées, à l'exclusion d'une chambre désignée par le titulaire de permis comme chambre standard;

b) dans le cas de tous les autres foyers de soins de longue durée, d'une chambre comptant un lit, à l'exclusion d'une chambre désignée par le titulaire de permis comme chambre standard. («private room»)

«chambre standard» S'entend :

a) dans le cas d'un foyer de soins de longue durée auquel s'appliquait un manuel de conception dans le cadre d'une entente de développement à laquelle le foyer était assujetti, d'une chambre comptant un ou deux lits qui assure l'intimité de chaque résident, qui est munie de toilettes communicantes et qui est désignée comme chambre standard par le titulaire de permis;

b) dans le cas de tous les autres foyers de soins de longue durée :

(i) soit d'une chambre comptant trois lits ou plus,

(ii) soit d'une chambre comptant deux lits occupée par des conjoints le 1er avril 2011 ou après cette date, tant que les conjoints continuent de l'occuper,

(iii) soit d'une chambre comptant moins de trois lits désignée par le titulaire de permis comme chambre standard. («standard room»)

«climatisation» S'entend en outre de tout système de refroidissement mécanique capable de maintenir la température à un niveau confortable pour les résidents pendant les périodes de chaleur. («air conditioning»)

«comportements réactifs» Comportements indiquant souvent, selon le cas :

a) un besoin non satisfait d'une personne, notamment sur les plans cognitif, physique, affectif, social ou environnemental;

b) une réaction à des circonstances, dans l'environnement social ou physique, pouvant être frustrantes, effrayantes ou troublantes pour une personne. («responsive behaviours»)

«coordonnateur des placements compétent» S'entend au sens du paragraphe 51 (2) de la Loi. («appropriate placement co-ordinator»)

«diététiste agréé» Membre de l'Ordre des diététistes de l'Ontario titulaire d'un certificat d'inscription à la catégorie temporaire ou générale délivré en application de la *Loi de 1991 sur les diététistes*. («registered dietitian»)

«dossier» S'entend au sens du paragraphe 150 (9) de la Loi. («record»)

«entente de développement» Accord visant l'aménagement, le réaménagement ou la réfection d'un foyer de soins de longue durée ou de lits dans un foyer de soins de longue durée. («development agreement»)

«exercice» La période qui commence le 1er avril d'une année et se termine le 31 mars de l'année suivante. **(**«fiscal year»**)**

«fournisseur de services pharmaceutiques» Le fournisseur de services pharmaceutiques visé à l'article 128. («pharmacy service provider»)

«foyer de soins de longue durée de remplacement» S'entend, lorsque tout ou partie des lits d'un foyer de soins de longue durée doivent être fermés de façon permanente, du nouveau foyer de soins de longue durée, s'il y en a un, qui doit être exploité par le même titulaire de permis et qui doit servir à remplacer les lits devant être fermés dans le foyer original. («replacement long-term care home»)

«foyer de soins de longue durée offrant un continuum de soins» Foyer de soins de longue durée figurant à la colonne 1 du tableau de continuum de soins. («continuum of care long-term care home»)

«foyer de soins de longue durée réouvert» S'entend, lorsque tout ou partie des lits d'un foyer de soins de longue durée doivent être fermés de façon temporaire, du même foyer une fois que ces lits sont réouverts. («re-opened long-term care home»)

«foyer de soins de longue durée temporaire lié» S'entend, lorsque tout ou partie des lits d'un foyer de soins de longue durée doivent être fermés de façon temporaire ou permanente, d'un autre foyer de soins de longue durée, s'il y en a un, qui est exploité par le même titulaire de permis et qui doit fournir des lits aux résidents du foyer original de façon temporaire jusqu'à ce que des lits du foyer de soins de longue durée réouvert ou du foyer de soins de longue durée de remplacement soient disponibles à leur intention. («related temporary long-term care home»)

«hébergement à deux lits» Relativement à un foyer de soins de longue durée, s'entend du logement dans une chambre à deux lits du foyer, des services d'entretien ménager, de l'entretien et de l'utilisation du foyer, des services de diététique, des services de buanderie et de linge de maison, des services administratifs et du soutien nutritionnel. («semi-private accommodation»)

«hébergement individuel» Relativement à un foyer de soins de longue durée, s'entend du logement dans une chambre individuelle du foyer, des services d'entretien ménager, de l'entretien et de l'utilisation du foyer, des services de diététique,

des services de buanderie et de linge de maison, des services administratifs et du soutien nutritionnel. («private accommodation»)

«incident lié à un médicament» Événement évitable lié à la prescription, à la commande, à la préparation, à l'entreposage, à l'étiquetage, à l'administration ou à la distribution d'un médicament, ou encore à la transcription d'une ordonnance. S'entend notamment, selon le cas :

a) d'un acte d'omission ou de commission, qu'il donne lieu ou non à un préjudice ou à des blessures chez un résident ou à son décès;

b) d'un événement évité de justesse au cours duquel un incident ne touche pas un résident, mais qui, s'il l'avait touché, aurait donné lieu à un préjudice ou à des blessures chez lui ou à son décès. («medication incident»)

«jour férié» S'entend des jours suivants :

a) les samedis;

b) les dimanches;

c) le jour de l'An;

d) le jour de la Famille;

e) le Vendredi saint;

f) la fête de Victoria;

g) la fête du Canada;

h) le premier lundi du mois d'août;

i) la fête du Travail;

j) le jour de l'Action de Grâces;

k) le jour de Noël;

l) le 26 décembre;

m) si le jour de l'An ou la fête du Canada tombe un samedi ou un dimanche, le lundi suivant;

n) si le jour de Noël tombe un samedi ou un dimanche, les lundi et mardi suivants;

o) si le jour de Noël tombe un vendredi, le lundi suivant;

p) tout jour proclamé tel par le gouverneur général ou le lieutenant-gouverneur. («holiday»)

«jour ouvrable» Jour autre qu'un jour férié. («business day»)

«lit d'accès prioritaire aux anciens combattants» Lit désigné comme tel en application de l'article 57 de la Loi. («veterans' priority access bed»)

«lits de catégorie A» Lits qui, le jour précédent l'entrée en vigueur de la présente définition, étaient des lits de catégorie A au sens du paragraphe 187 (18) de l'ancienne loi. («class A beds»)

«lit provisoire» Lit d'un foyer de soins de longue durée visé par le programme de séjour de courte durée en lit provisoire. («interim bed»)

«maladie importante sur le plan de la santé publique» Maladie importante sur le plan de la santé publique au sens de la *Loi sur la protection et la promotion de la santé.* («disease of public health significance»)

«maladie transmissible» Maladie transmissible au sens de la *Loi sur la protection et la promotion de la santé*. («communicable disease»)

«médicament topique» Médicament sous forme de liquide, de crème, de gel, de lotion, d'onguent, d'aérosol ou de poudre appliqué sur la peau et destiné à n'affecter que la partie sur laquelle il est appliqué. («topical»)

«ordonnance» Directive d'un prescripteur autorisant la préparation d'un ou de plusieurs médicaments pour un résident. («prescription»)

«personnel infirmier autorisé» Les membres du personnel qui sont :

a) soit des infirmières autorisées ou des infirmiers autorisés;

b) soit des infirmières auxiliaires autorisées ou des infirmiers auxiliaires autorisés. («registered nursing staff»)

«pharmacien» Membre de l'Ordre des pharmaciens de l'Ontario titulaire d'un certificat d'inscription à titre de pharmacien. («pharmacist»)

«préposé au service d'alimentation» Membre du personnel d'un foyer de soins de longue durée qui participe habituellement à l'entreposage, à la préparation, à la cuisson, à la livraison ou au service de nourriture, au nettoyage de l'équipement et des ustensiles de cuisine, ou au maintien de la cuisine et des dépenses dans un état propre et hygiénique, à l'exclusion toutefois du gestionnaire de la nutrition assigné au foyer. («food service worker»)

«prescripteur» Personne autorisée en vertu d'une loi sur une profession de la santé au sens de la *Loi de 1991 sur les professions de la santé réglementées* à prescrire un médicament au sens de cette loi. («prescriber»)

«prescrit» En ce qui a trait à un médicament, s'entend du fait pour un prescripteur d'en ordonner la préparation pour le résident. («prescribed»)

«profession de la santé réglementée» Profession de la santé mentionnée à l'annexe 1 de la *Loi de 1991 sur les professions de la santé réglementées*. («regulated health profession»)

«programme de séjour de courte durée» Programme dans le cadre duquel une personne est admise à un foyer de soins de longue durée pour un séjour d'un nombre défini de jours. («short-stay program»)

«programme de séjour de longue durée» Programme autre qu'un programme de séjour de courte durée. («long-stay program»)

«réaction indésirable à un médicament» Réaction nuisible et non intentionnelle d'un résident à un médicament ou à une combinaison de médicaments qui survient lorsque le médicament est utilisé selon des doses normales ou selon des doses expérimentales pour les besoins du diagnostic, du traitement ou de la prévention d'une maladie ou de la modification d'une fonction organique. («adverse drug reaction»)

«résident en séjour de courte durée» Résident admis à un programme de séjour de courte durée. («short-stay resident»)

«résident en séjour de longue durée» Résident admis à un programme de séjour de longue durée. («long-stay resident»)

«substance désignée» S'entend au sens de la *Loi réglementant certaines drogues et autres substances* (Canada). («controlled substance»)

«tableau de continuum de soins» Le tableau intitulé «Continuum of Care Table», disponible auprès du ministère et daté de mars 2010. («Continuum of Care Table»).

Définition : «mauvais traitements»

2. (1) Les définitions qui suivent s'appliquent dans le cadre de la définition de «mauvais traitements» au paragraphe 2 (1) de la Loi.

«exploitation financière» Le détournement ou la mauvaise utilisation de l'argent ou des biens d'un résident. («financial abuse»)

«mauvais traitements d'ordre affectif» S'entend, selon le cas :

a) de gestes, actes, comportements ou remarques menaçants, insultants, intimidants ou humiliants et, notamment, de l'isolement social forcé, de l'ostracisme, du délaissement, du manque de reconnaissance ou de l'infantilisation de la part d'une personne autre qu'un résident;

b) de gestes, actes, comportements ou remarques menaçants ou intimidants de la part d'un résident qui suscitent la crainte ou la peur chez un autre résident, si le résident responsable de ces gestes, actes, comportements ou remarques en comprend la nature et les conséquences. («emotional abuse»)

«mauvais traitements d'ordre physique» Sous réserve du paragraphe (2), s'entend :

a) soit de l'usage de la force physique de la part d'une personne autre qu'un résident pour causer des lésions corporelles ou de la douleur;

b) soit de l'administration ou de la privation de médicaments à une fin inappropriée;

c) soit de l'usage de la force physique de la part d'un résident pour causer des lésions corporelles à un autre résident. («physical abuse»)

«mauvais traitements d'ordre sexuel» S'entend :

a) sous réserve du paragraphe (3), soit d'attouchements, de comportements ou de remarques de nature sexuelle, consensuels ou non, ou d'une exploitation sexuelle dont un résident est victime de la part d'un titulaire de permis ou d'un membre du personnel;

b) soit d'attouchements, de comportements ou de remarques de nature sexuelle non consensuels ou d'une exploitation sexuelle dont un résident est victime de la part d'une autre personne qu'un titulaire de permis ou un membre du personnel. («sexual abuse»)

«mauvais traitements d'ordre verbal» S'entend, selon le cas :

a) de toute forme de communication verbale de nature menaçante, intimidante, dénigrante ou dégradante, de la part d'une personne autre qu'un résident, qui a pour effet de diminuer chez un résident son sentiment de bien-être, de dignité ou d'estime de soi;

b) de toute forme de communication verbale de nature menaçante ou intimidante, de la part d'un résident, qui amène un autre résident à craindre pour sa sécurité, si le résident qui en est responsable en comprend la nature et les conséquences. («verbal abuse»).

(2) Est exclu de l'alinéa a) de la définition de «mauvais traitements d'ordre physique» au paragraphe (1), l'usage de la force qui est approprié dans le cadre de la prestation de soins ou au titre de l'aide fournie à un résident pour se livrer aux activités de la vie quotidienne, sauf si cet usage est abusif compte tenu des circonstances.

(3) Sont exclus de la définition de «mauvais traitements d'ordre sexuel» au paragraphe (1) :

a) les attouchements, les comportements ou les remarques de nature clinique qui sont appropriés dans le cadre de la prestation de soins ou au titre de l'aide fournie à un résident pour se livrer aux activités de la vie quotidienne;

b) les attouchements, les comportements ou les remarques de nature sexuelle consensuels entre un résident et un titulaire de permis ou un membre du personnel qui s'affichent dans le cadre d'une relation intime ayant commencé avant que le résident soit admis au foyer de soins de longue durée ou avant que le titulaire de permis ou le membre du personnel ne devienne tel.

Définition : «hébergement»

3. Les définitions qui suivent s'appliquent dans le cadre de la Loi et du présent règlement.

«hébergement» Relativement à un foyer de soins de longue durée, s'entend de l'hébergement avec services de base ou avec services privilégiés au foyer. («accommodation»)

«hébergement avec services de base» Relativement à un foyer de soins de longue durée, s'entend du logement dans une chambre standard du foyer, des services d'entretien ménager, de l'entretien et de l'utilisation du foyer, des services de diététique, des services de buanderie et de linge de maison, des services administratifs et du soutien nutritionnel. («basic accommodation»)

«hébergement avec services privilégiés» Relativement à un foyer de soins de longue durée, s'entend de l'hébergement dans une chambre individuelle ou dans une chambre à deux lits. («preferred accommodation»)

Définition : «fournisseur de soins»

4. La définition qui suit s'applique dans le cadre de la Loi et du présent règlement, à l'exception de l'article 39 de la Loi et de l'article 173 du présent règlement.

«fournisseur de soins» Particulier qui, à la fois :

a) est un membre de la famille ou un ami d'un résident ou une personne qui a de l'importance pour le résident;

b) est en mesure de se conformer à toutes les lois applicables, notamment les directives, ordres, orientations, conseils ou recommandations applicables que donne le médecin-hygiéniste en chef ou un médecin-hygiéniste nommé en vertu de la *Loi sur la protection et la promotion de la santé*,

c) fournit une ou plusieurs formes de soutien ou d'aide pour répondre aux besoins du résident, y compris un soutien physique direct comme pour les activités de la vie quotidienne ou un soutien social, spirituel ou affectif, qu'il soit rémunéré ou non,

d) est désigné par le résident ou son mandataire spécial habilité à donner cette désignation, le cas échéant,

e) dans le cas d'un particulier âgé de moins de 16 ans, a reçu l'autorisation d'un parent ou d'un tuteur légal pour être désigné comme fournisseur de soins.

Intérêts majoritaires

5. (1) Pour l'application de la Loi et du présent règlement et sans préjudice du sens de l'expression «intérêts majoritaires», une personne est réputée détenir des intérêts majoritaires dans un titulaire de permis si, seule ou avec une ou plusieurs personnes qui ont des liens avec elle, directement ou indirectement, elle a directement ou indirectement le droit ou la capacité direct ou indirect, à titre bénéficiaire ou autre, de diriger la gestion et les politiques du titulaire.

(2) Sans préjudice de la portée générale du paragraphe (1), une personne est réputée, pour l'application de la Loi et du présent règlement, détenir des intérêts majoritaires dans un titulaire de permis si, seule ou avec une ou plusieurs personnes qui ont des liens avec elle, elle détient des intérêts majoritaires dans une personne qui détient des intérêts majoritaires dans un titulaire de permis, et ainsi de suite.

(3) Pour l'application du présent article, une personne est réputée avoir des liens avec une autre personne si, selon le cas :

a) l'une est une personne morale dont l'autre est un dirigeant ou un administrateur;

b) l'une est une société de personnes dont l'autre est un associé;

c) l'une est une personne morale dont l'autre a le contrôle, directement ou indirectement;

d) les deux sont des personnes morales et le particulier ou la personne morale qui, directement ou indirectement, a le contrôle de l'une des personnes a également, directement ou indirectement, le contrôle de l'autre;

e) les deux sont parties à une convention de vote fiduciaire qui a trait aux actions ou au contrôle d'une personne morale;

f) les deux personnes font partie d'un groupe de personnes qui, pendant essentiellement la même période, ont acquis collectivement le droit ou la capacité, directement ou indirectement, à titre bénéficiaire ou autre, de diriger la gestion et les politiques d'un titulaire de permis;

g) les deux personnes sont parties à une entente ou à un arrangement visant à coordonner l'exercice de leurs intérêts dans le titulaire de permis;

h) l'une est le parent, le frère, la soeur, l'enfant ou le conjoint de l'autre ou a un autre lien de parenté avec l'autre et partage sa résidence;

i) les deux ont des liens, au sens des alinéas a) à h), avec la même personne.

Définition : «médicament»

6. La définition qui suit s'applique dans le cadre de la Loi et du présent règlement.

«médicament» S'entend d'une substance ou d'une préparation qui contient une substance visée aux alinéas a) à d) de la définition de «médicament» au paragraphe 1 (1) de la *Loi sur la réglementation des médicaments et des pharmacies*, y compris une substance qui serait exclue de cette définition par l'effet de ses alinéas f) à i), à l'exclusion toutefois d'une substance visée à son alinéa e).

Définition : «négligence»

7. La définition qui suit s'applique dans le cadre de la Loi et du présent règlement.

«négligence» S'entend du défaut de fournir à un résident les traitements, les soins, les services ou l'aide nécessaires à sa santé, à sa sécurité ou à son bien-être. S'entend en outre d'une inaction ou d'une tendance à l'inaction qui compromet la santé, la sécurité ou le bien-être d'un ou de plusieurs résidents.

Définition : «personnel infirmier permanent»

8. La définition qui suit s'applique dans le cadre du paragraphe 11 (3) de la Loi et du présent règlement.

«personnel infirmier permanent» Membre du personnel infirmier autorisé qui travaille dans un foyer de soins de longue durée à intervalles fixes ou préarrangés.

Définition : «ancien combattant»

9. La définition qui suit s'applique dans le cadre de l'article 57 de la Loi et du présent règlement.

«ancien combattant» S'entend au sens du paragraphe 2 (1) de la *Loi sur les allocations aux anciens combattants* (Canada).

Mention de l'avis de cotisation

10. Si un résident a fourni une autorisation écrite relativement à l'obtention de l'Agence du revenu du Canada, par voie électronique, de renseignements sur son revenu pour la plus récente année d'imposition, toute mention dans une disposition du présent règlement de renseignements figurant dans un avis de cotisation ou une preuve de revenu (imprimé de l'option «C») est réputée inclure la mention des mêmes renseignements obtenus de l'Agence du revenu du Canada par voie électronique.

POLITIQUES ET DOSSIERS

Respect des politiques et dossiers

11. (1) Si la Loi ou le présent règlement exige que le titulaire de permis d'un foyer de soins de longue durée ait, établisse ou par ailleurs mette en place un plan, une politique, un protocole, un programme, une marche à suivre, une stratégie, une initiative ou un système, le titulaire de permis est tenu de veiller à ce que ceux-ci :

a) soient conformes à toutes les exigences applicables de la Loi et mis en oeuvre conformément à celles-ci;

b) soient respectés.

(2) Si la Loi ou le présent règlement exige que le titulaire de permis conserve un dossier, le titulaire veille à ce que le dossier soit conservé sous une forme lisible et utilisable qui permet d'en produire facilement une copie intégrale.

PARTIE II
RÉSIDENTS : DROITS, SOINS ET SERVICES

FOYER SÛR ET SÉCURITAIRE

Portes dans le foyer

12. (1) Le titulaire de permis d'un foyer de soins de longue durée veille au respect des règles suivantes :

1. Toutes les portes donnant sur un escalier et sur l'extérieur du foyer, à l'exception des portes donnant sur des aires sécuritaires à l'extérieur qui empêchent les résidents de sortir, y compris les balcons et les terrasses, ou des portes auxquelles les résidents n'ont pas accès, doivent être, à la fois :
   i. gardées fermées et verrouillées,
   ii. dotées d'un système de contrôle d'accès sous tension en tout temps,
   iii. dotées d'une alarme sonore qui permet d'annuler les appels uniquement au point d'activation et qui :
      A. soit est branchée sur le système de communication bilatérale entre les résidents et le personnel,
      B. soit est branchée sur un panneau de contrôle audiovisuel qui lui-même est branché sur le poste infirmier le plus près de la porte et muni d'un interrupteur de réarmement manuel à chaque porte.
2. Toutes les portes donnant sur des aires sécuritaires à l'extérieur qui empêchent les résidents de sortir, y compris les balcons et les terrasses, doivent être dotées de verrous pour empêcher leur accès non supervisé par les résidents.
3. Toutes les portes donnant sur les aires non résidentielles doivent être dotées de verrous pour empêcher leur accès non supervisé par les résidents. Elles doivent être gardées fermées et verrouillées quand elles ne sont pas supervisées par le personnel.
4. Les verrous sur les portes de chambre à coucher, de salle de toilette, de cabinet d'aisances ou de salle de douche doivent être conçus et entretenus de sorte qu'ils puissent être aisément désengagés de l'extérieur en cas d'urgence.
5. Toutes les alarmes des portes donnant sur l'extérieur doivent être branchées sur une source d'alimentation de secours, sauf si le foyer n'est pas desservi par une génératrice, auquel cas le personnel du foyer surveille ces portes conformément aux marches à suivre énoncées dans les plans de mesures d'urgence du foyer.

(2) Le titulaire de permis veille à ce que soit adoptée une politique écrite qui traite des périodes pendant lesquelles les portes donnant sur des aires sécuritaires à l'extérieur doivent être déverrouillées ou verrouillées pour permettre ou empêcher, selon le cas, leur accès non supervisé par les résidents.

Ascenseurs

13. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les ascenseurs du foyer soient équipés de façon à empêcher que les résidents aient accès aux aires dont l'accès leur est interdit.

Superficie

14. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque étage du foyer où résident des résidents ait une superficie suffisante pour permettre ce qui suit :

a) l'achèvement de la documentation par le personnel;

b) l'entreposage sécuritaire des dossiers des résidents.

Ameublement

15. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le foyer soit doté d'un ameublement intérieur et extérieur suffisant, notamment de tables, de canapés, de chaises et de lampes, pour répondre aux besoins des résidents.

(2) Le titulaire de permis veille à ce qui suit :

a) les lits des résidents sont dotés d'un matelas ferme et confortable d'au moins 10,16 centimètres d'épaisseur, à moins qu'une contre-indication ne soit énoncée dans le programme de soins d'un résident;

b) les lits des résidents peuvent être élevés à la tête et sont munis d'une tête de lit et d'un pied de lit;

c) les résidents ne dorment pas dans des lits-cages pliants, des lits de repos, des couchettes superposées ou des lits de camp, sauf dans une situation d'urgence;

d) une table de nuit est prévue pour chaque résident;

e) un fauteuil confortable est prévu dans la chambre à coucher de chaque résident ou le résident qui le souhaite peut s'en procurer un s'il le désire;

f) un placard est prévu pour chaque résident dans sa chambre à coucher.

Rideaux de séparation

16. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque chambre à coucher occupée par plus d'un résident soit dotée d'un nombre suffisant de rideaux de séparation pour assurer l'intimité de chaque résident.

Barres d'appui

17. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque douche réservée aux résidents soit munie d'au moins deux barres d'appui aisément accessibles, dont au moins une sur le même mur que le robinet et au moins une autre sur un mur adjacent.

Côtés de lit

18. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que, si des côtés de lit sont utilisés, les critères suivants soient respectés :

a) le résident est évalué et son lit est évalué conformément aux pratiques fondées sur des données probantes et, en l'absence de telles pratiques, conformément aux pratiques couramment admises, afin de réduire au minimum les risques que le lit pose pour le résident;

b) des mesures sont prises pour empêcher que le résident soit coincé, compte tenu de toutes les possibilités de coincement existantes;

c) les autres questions de sécurité découlant de l'utilisation de côtés de lit, notamment la hauteur et la fiabilité du taquet de sécurité, sont abordées.

(2) Le paragraphe (1) s'applique en plus des exigences qui s'appliquent lorsque des côtés de lit sont utilisés comme appareil mécanique pour la contention prévue à l'article 35 de la Loi ou comme appareil d'aide personnelle visé à l'article 36 de la Loi.

Fenêtres

19. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque fenêtre du foyer qui ouvre sur l'extérieur et à laquelle ont accès les résidents soit dotée d'une moustiquaire et à ce qu'elle ne puisse pas être ouverte de plus de 15 centimètres.

Système de communication bilatérale

20. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le foyer soit doté d'un système de communication bilatérale entre les résidents et le personnel qui réunit les conditions suivantes :

a) il est aisément visible, accessible et utilisable par les résidents, le personnel et les visiteurs en tout temps;

b) il est sous tension en tout temps;

c) il permet d'annuler les appels uniquement au point d'activation;

d) il est accessible à partir de chaque lit, cabinet d'aisances, salle de bain et salle de douche qu'utilisent les résidents;

e) il est disponible dans toute aire à laquelle ont accès les résidents;

f) il indique clairement, lorsqu'il est activé, d'où provient le signal;

g) dans le cas d'un système doté d'une alarme sonore pour alerter le personnel, il est calibré de sorte que le personnel puisse l'entendre.

Éclairage

21. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que l'éclairage soit maintenu conformément aux exigences suivantes :

1. Dans un foyer auquel un manuel de conception, autre qu'un manuel antérieur à 2009, s'appliquait en vertu d'une entente de développement auquel le foyer était assujetti :
    i. tous les couloirs et tous les escaliers encloisonnés doivent disposer de niveaux minimums d'éclairage continu et uniforme de 322,92 lux,
    ii. toutes les autres aires du foyer, notamment les chambres à coucher des résidents et les vestibules, les salles de toilette, les salles de bain et les salles de douche doivent disposer de niveaux minimums d'éclairage de 322,92 lux.
2. Dans tous les autres foyers :
    i. tous les couloirs doivent disposer de niveaux minimums d'éclairage continu et uniforme de 215,28 lux,
    ii. tous les escaliers doivent disposer de niveaux minimums d'éclairage continu et uniforme de 322,92 lux,

iii. le lit de chaque résident, lorsqu'il est en position de lecture, doit disposer de niveaux minimums d'éclairage de 376,73 lux,

iv. chaque armoire à médicaments doit disposer de niveaux minimums d'éclairage de 1 076,39 lux,

v. toutes les autres aires du foyer doivent disposer de niveaux minimums d'éclairage de 215,28 lux.

Génératrices

22. (1) Sous réserve des paragraphes (2) et (3), le titulaire de permis d'un foyer de soins de longue durée veille à ce que le foyer soit desservi par une génératrice qui est disponible en tout temps et capable de maintenir, en cas de panne d'électricité, les éléments suivants :

a) le système de chauffage;

b) l'éclairage de sécurité dans les passages, les couloirs et les escaliers et aux sorties;

c) les services essentiels, notamment l'équipement des services de diététique nécessaire pour entreposer la nourriture à des températures sûres et préparer et livrer les repas et les collations, le système de communication bilatérale entre les résidents et le personnel, les ascenseurs et l'équipement de survie, de sécurité et de secours.

(2) Le titulaire de permis d'un foyer n'est pas tenu de se conformer au paragraphe (1) jusqu'au 31 décembre 2024 si le foyer comprend des lits, autres que les lits de catégorie A ou les lits visés par un permis d'urgence temporaire, non assujettis à un manuel de conception qui s'applique dans le cadre d'une entente de développement à laquelle le foyer était assujetti.

(3) Le titulaire de permis d'un foyer auquel s'applique le paragraphe (2) veille à ce que le foyer ait un accès garanti à une génératrice prête à fonctionner dans les trois heures d'une panne d'électricité et capable de maintenir tous les éléments visés aux alinéas (1) a), b) et c).

Exigences en matière de refroidissement

23. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit élaboré par écrit à l'intention du foyer, conformément aux pratiques fondées sur des données probantes, un plan de prévention et de gestion des maladies liées à la chaleur qui répond aux besoins des résidents.

(2) Le plan de prévention et de gestion des maladies liées à la chaleur doit, au minimum :

a) préciser les facteurs de risque particuliers qui peuvent occasionner des maladies liées à la chaleur et exiger que le personnel surveille à intervalles réguliers si les résidents sont exposés à ces facteurs et prenne les mesures appropriées en conséquence;

b) préciser des symptômes de maladies liées à la chaleur et exiger que le personnel surveille à intervalles réguliers si les résidents présentent ces symptômes et prenne les mesures appropriées en conséquence;

c) préciser les interventions et stratégies particulières que le personnel doit mettre en oeuvre pour prévenir ou atténuer, d'une part, les facteurs de risque précisés qui peuvent occasionner des maladies liées à la chaleur chez les résidents et, d'autre part, les symptômes précisés de ces maladies;

d) prévoir notamment l'utilisation de systèmes de refroidissement, d'équipement et d'autres ressources appropriés, au besoin, pour protéger les résidents des maladies liées à la chaleur;

e) comprendre un protocole pour communiquer de manière appropriée le plan de prévention et de gestion des maladies liées à la chaleur aux résidents, au personnel, aux bénévoles, aux mandataires spéciaux, aux visiteurs, au conseil des résidents du foyer, au conseil des familles du foyer, s'il y en a, et à d'autres personnes si cela est approprié.

(3) Le plan de prévention et de gestion des maladies liées à la chaleur du foyer est évalué et mis à jour au moins une fois par année conformément aux pratiques fondées sur des données probantes.

(4) Chaque année, le titulaire de permis met en oeuvre, entre le 15 mai et le 15 septembre, le plan de prévention et de gestion des maladies liées à la chaleur du foyer. Il doit également le mettre en oeuvre :

a) chaque jour où la température extérieure prévue par Environnement et Changement climatique Canada pour la zone où se trouve le foyer est de 26 degrés Celsius ou plus à un moment quelconque de la journée;

b) chaque fois que la température dans une aire du foyer, telle que la mesure le titulaire de permis conformément aux paragraphes 24 (2) et (3), atteint 26 degrés Celsius ou plus, pour le reste de la journée et le lendemain.

(5) Si la climatisation centrale n'est pas disponible au foyer, le titulaire de permis veille à ce que le foyer soit doté d'au moins une aire de refroidissement désignée distincte pour chaque groupe de 40 résidents.

(6) Le titulaire de permis veille à ce que chaque aire de refroidissement désignée dans le foyer soit dotée d'une climatisation qui fonctionne, au besoin, pour maintenir la température dans l'aire de refroidissement à un niveau confortable pour les résidents pendant la période et aux moments visés au paragraphe (4).

(7) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que, au plus tard le 22 juin 2022, toutes les chambres à coucher des résidents soient dotées de la climatisation.

(8) Si un permis pour des lits de soins de longue durée est délivré après l'entrée en vigueur du présent article et avant le 1er janvier 2023 pour des lits qui n'étaient pas autorisés comme lits de soins de longue durée, immédiatement avant la délivrance du permis, le titulaire de permis veille au respect du paragraphe (7) dans les six mois suivant la date de début de la validité du permis.

(9) Le titulaire de permis n'est pas tenu de se conformer au paragraphe (7) s'il a fourni au directeur des renseignements, des plans ou d'autres documents et que le directeur est convaincu que le titulaire de permis a démontré, à sa satisfaction, ce qui suit, selon le cas :

a) la structure, les matériaux ou le système électrique actuels du foyer de soins de longue durée ne peuvent pas supporter ou être raisonnablement modifiés pour supporter la fourniture de la climatisation dans les chambres à coucher des résidents;

b) le titulaire de permis a fait des efforts raisonnables pour conclure une ou des ententes en vue de l'achat, de la livraison et de l'installation de l'équipement ou des matériaux, ou bien de l'équipement et des matériaux, nécessaires à la fourniture de la climatisation conformément aux exigences du présent article, mais, pour des motifs raisonnablement indépendants de sa volonté, il n'a pas été en mesure de conclure de telles ententes;

c) le titulaire de permis a conclu une ou des ententes en vue de l'achat, de la livraison et de l'installation de l'équipement ou des matériaux, ou bien de l'équipement et des matériaux, nécessaires à la fourniture de la climatisation conformément aux exigences du présent article, mais la livraison ou l'installation, ou les deux, de cet équipement ou de ces matériaux, ou des deux, a été retardée pour des motifs raisonnablement indépendants de sa volonté.

(10) S'il est convaincu qu'une situation mentionnée à l'alinéa (9) a), b) ou c) existe, le directeur en avise le titulaire de permis par écrit et peut préciser la date avant laquelle le titulaire de permis doit lui fournir des renseignements à jour, des plans ou d'autres documents qui lui permettront d'évaluer s'il demeure convaincu que le paragraphe (9) s'applique toujours.

Température ambiante

24. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que la température ambiante du foyer soit maintenue à au moins 22 degrés Celsius.

(2) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que la température soit mesurée et consignée, au minimum, dans les aires suivantes du foyer :

1. Au moins deux chambres à coucher de résidents dans différentes parties du foyer.
2. Une aire commune pour les résidents à chaque étage du foyer, y compris un salon, une aire où mangent les résidents ou un couloir.
3. Chaque aire de refroidissement désignée, s'il y en a dans le foyer.

(3) La température qui doit être mesurée en application du paragraphe (2) est consignée au moins une fois le matin, une fois l'après-midi, entre 12 h et 17 h, et une fois le soir ou la nuit.

(4) Outre les exigences prévues au paragraphe (2), le titulaire de permis veille à ce que, en ce qui concerne chaque chambre à coucher de résident qui n'est pas dotée de la climatisation, la température soit mesurée et consignée une fois par jour, l'après-midi, entre midi et 17 heures.

(5) Le titulaire de permis tient, pendant au moins un an, un dossier où sont consignées les températures mesurées en application des paragraphes (2), (3) et (4).

Plomberie

25. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que tous les accessoires de plomberie du foyer qui sont dotés de tuyaux soient munis d'un dispositif anti-refoulement.

Observation des instructions du fabricant

26. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le personnel utilise l'ensemble de l'équipement, des fournitures, des appareils, des appareils fonctionnels et des aides pour changer de position du foyer conformément aux instructions du fabricant.

PROGRAMMES DE SOINS PROVISOIRES ET PROGRAMMES DE SOINS

Programme de soins provisoire élaboré dans les 24 heures d'une admission

27. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit élaboré un programme de soins provisoire dans les 24 heures de l'admission de chaque résident et à ce qu'il soit communiqué au personnel chargé des soins directs dans le même délai.

(2) Le programme de soins provisoire doit identifier le résident et doit comprendre au minimum les renseignements suivants à son sujet :

1. Les risques qu'il peut courir, notamment les risques de chute, ainsi que les interventions nécessaires pour les atténuer.
2. Les risques qu'il peut faire courir aux autres, notamment ses comportements déclencheurs éventuels, ainsi que les mesures de sécurité nécessaires pour les atténuer.
3. Le type et le niveau d'aide dont il a besoin pour se livrer aux activités de la vie quotidienne.
4. Sa routine habituelle et ses besoins en matière de confort.
5. Les médicaments et traitements dont il a besoin.
6. Son état de santé connu, notamment les allergies et autres maladies, qu'il a et dont le titulaire de permis devrait prendre connaissance dès son admission, y compris les interventions en la matière.
7. L'état de sa peau, y compris les interventions en la matière.
8. Les directives données concernant le régime alimentaire, notamment en ce qui a trait à la texture des aliments, la consistance des liquides et les restrictions alimentaires.

(3) Le titulaire de permis veille à ce que le programme de soins provisoire établisse ce qui suit :

a) les soins prévus pour le résident;

b) des directives claires à l'intention du personnel et d'autres personnes qui fournissent des soins directs au résident.

(4) Le titulaire de permis veille à ce que les soins prévus dans le programme de soins provisoire soient fondés sur une évaluation du résident et de ses besoins et préférences, ainsi que sur l'évaluation, les réévaluations et les renseignements que fournit le coordonnateur des placements aux termes de l'article 51 de la Loi.

(5) Le titulaire de permis veille à ce que le résident, son mandataire spécial, s'il en a un, et toute autre personne désignée par l'un ou l'autre aient la possibilité de participer, dans la mesure du possible, à l'élaboration et à la mise en oeuvre du programme de soins provisoire du résident et aux réexamens et révisions du programme.

(6) Le titulaire de permis veille à ce que les soins prévus dans le programme de soins provisoire soient fournis au résident, tel que le précise le programme.

(7) Le titulaire de permis veille à ce que le personnel et les autres personnes qui fournissent des soins directs à un résident soient tenus au courant du contenu du programme de soins provisoire du résident et à ce que l'accès à ce plan soit facile et immédiat.

(8) Le titulaire de permis veille à ce que la fourniture et les résultats des soins prévus dans le programme de soins provisoire soient documentés.

(9) Le titulaire de permis veille à ce que le résident soit réévalué et à ce que son programme de soins provisoire soit réexaminé et révisé lorsque, selon le cas :

a) les besoins du résident en matière de soins évoluent;

b) les soins prévus dans le programme ne sont plus nécessaires;

c) les soins prévus dans le programme se sont révélés inefficaces.

(10) Lorsque le programme de soins provisoire fait l'objet d'une révision parce que les soins qui y sont prévus se sont révélés inefficaces, le titulaire de permis veille à ce que la révision tienne compte de méthodes différentes.

(11) Le titulaire de permis veille à ce que le résident, son mandataire spécial, s'il en a un, et toute autre personne désignée par l'un ou l'autre reçoivent une explication du programme de soins provisoire.

(12) Le paragraphe (11) n'exige pas la divulgation de renseignements dans les cas où l'accès à un dossier des renseignements pourrait être refusé en vertu de la *Loi de 2004 sur la protection des renseignements personnels sur la santé*.

(13) Le présent article n'a pas pour effet de restreindre le droit d'accès, prévu par la *Loi de 2004 sur la protection des renseignements personnels sur la santé*, à un programme de soins provisoire.

(14) Les dispositions suivantes de la Loi et du présent règlement s'appliquent à un programme de soins provisoire élaboré en application du présent article comme s'il s'agissait d'un programme de soins élaboré en application de l'article 6 de la Loi :

1. La disposition 19 du paragraphe 3 (1) de la Loi.
2. Le paragraphe 34 (4) de la Loi.
3. Les paragraphes 35 (1) et (2) de la Loi.

4. Les paragraphes 36 (3) et (4) de la Loi.

5. L'article 32 du présent règlement.

6. Le paragraphe 38 (2) du présent règlement.

7. L'alinéa 56 (2) b) du présent règlement.

8. L'alinéa 126 a) du présent règlement.

(15) Le présent article cesse de s'appliquer à l'égard d'un résident lorsqu'un programme de soins est élaboré pour le résident en application de l'article 6 de la Loi.

(16) Le titulaire de permis est soustrait à l'application du présent article à l'égard d'un résident qui, selon le cas :

a) est réinstallé dans un autre foyer de soins de longue durée qu'exploite le même titulaire de permis, auquel cas l'article 240 du présent règlement s'applique;

b) est transféré à un foyer de soins de longue durée temporaire lié, à un foyer de soins de longue durée réouvert ou à un foyer de soins de longue durée de remplacement qu'exploite le même titulaire de permis.

Programme de soins initial

28. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qui suit :

a) les évaluations nécessaires à l'élaboration d'un programme de soins initial aux termes du paragraphe 6 (6) de la Loi sont achevées dans les 14 jours de l'admission du résident;

b) le programme de soins initial est élaboré dans les 21 jours de l'admission.

(2) Le titulaire de permis est soustrait à l'application du paragraphe 6 (6) de la Loi et du présent article à l'égard d'un résident qui, selon le cas :

a) est réinstallé dans un autre foyer de soins de longue durée qu'exploite le même titulaire de permis, auquel cas l'article 240 du présent règlement s'applique;

b) est transféré à un foyer de soins de longue durée temporaire lié, à un foyer de soins de longue durée réouvert ou à un foyer de soins de longue durée de remplacement qu'exploite le même titulaire de permis.

(3) Le titulaire de permis est soustrait à l'application de l'article 6 de la Loi et du présent article à l'égard d'un résident qui est admis en séjour de courte durée dans le cadre du programme de relève.

(4) Il demeure entendu qu'un programme de soins initial est un «programme de soins» pour l'application de la Loi et du présent règlement.

Programme de soins

29. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qu'il soit satisfait aux exigences du présent article à l'égard de chaque programme de soins.

(2) Le programme de soins doit, à la fois :

a) identifier le résident et comprendre des données démographiques à son sujet;

b) identifier toutes les personnes qui ont participé à l'élaboration du programme ainsi que les dates de leur participation.

(3) Le programme de soins doit être fondé au minimum sur l'évaluation interdisciplinaire de ce qui suit au sujet du résident :

1. Sa routine habituelle.

2. Sa capacité cognitive.

3. Son habileté à communiquer, notamment son ouïe et son langage.

4. Son acuité visuelle.

5. Ses humeurs et comportements habituels, notamment s'il a tendance à errer, ses comportements réactifs qui ont été relevés, le cas échéant, ses comportements déclencheurs éventuels et les fluctuations dans son fonctionnement à différents moments de la journée.

6. Son bien-être psychologique.

7. Son fonctionnement physique, ainsi que le type et le niveau d'aide dont il a besoin pour se livrer aux activités de la vie quotidienne, notamment en ce qui a trait à son hygiène et à sa toilette.

8. Les fonctions de continence, notamment l'évacuation vésicale et anale.

9. Toute maladie diagnostiquée.

10. Son état de santé, notamment les allergies qu'il a, les douleurs qu'il ressent, les risques de chute qu'il court et ses autres besoins particuliers.
11. Les risques saisonniers associés aux maladies liées à la chaleur, y compris les mesures de protection exigées pour prévenir ou atténuer ces maladies.
12. Son état buccodentaire, notamment son hygiène buccale.
13. Son état nutritionnel, notamment sa taille, son poids et les risques qu'il court en matière de soins alimentaires.
14. Son état d'hydratation et les risques qu'il court en la matière.
15. L'état de sa peau, notamment tout signe d'altération de l'intégrité épidermique et ses problèmes de pieds.
16. Ses activités courantes et ses intérêts.
17. Ses médicaments et traitements.
18. S'il suit des traitements particuliers et subit des interventions particulières.
19. Les risques qu'il pose en matière de sécurité.
20. S'il a la nausée et des vomissements.
21. Ses habitudes de sommeil et ses préférences en la matière.
22. Ses préférences culturelles, spirituelles et religieuses ainsi que ses besoins et préférences compte tenu de son âge.
23. Les possibilités de sa mise en congé.

(4) Le titulaire de permis veille à ce qu'un diététiste agréé qui fait partie du personnel du foyer :

a) effectue une évaluation nutritionnelle pour tous les résidents au moment de leur admission et chaque fois qu'un changement important se produit dans l'état de santé d'un résident;

b) effectue une évaluation portant sur les questions visées aux dispositions 13 et 14 du paragraphe (3).

(5) Le titulaire de permis est soustrait à l'application du présent article à l'égard d'un résident qui est admis en séjour de courte durée dans le cadre du programme de relève.

Réunion sur les soins

30. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qui suit :

a) les membres de l'équipe interdisciplinaire qui fournissent des soins à un résident se réunissent dans les six semaines qui suivent l'admission du résident et au moins une fois par année pour discuter du programme de soins et toutes les autres questions qui ont de l'importance pour le résident et son mandataire spécial, s'il en a un;

b) le résident, son mandataire spécial, s'il en a un, et toute personne désignée par l'un ou l'autre ont la possibilité de participer pleinement aux réunions;

c) la date, le nom des participants et les résultats des réunions sont consignés dans un dossier.

(2) Le titulaire de permis est dispensé de l'obligation, prévue à l'alinéa (1) a), de tenir une réunion sur les soins dans les six semaines de l'admission d'un résident qui, selon le cas :

a) est réinstallé dans un autre foyer de soins de longue durée qu'exploite le même titulaire de permis, auquel cas l'article 240 du présent règlement s'applique;

b) est transféré à un foyer de soins de longue durée temporaire lié, à un foyer de soins de longue durée réouvert ou à un foyer de soins de longue durée de remplacement qu'exploite le même titulaire de permis.

(3) Le titulaire de permis est soustrait à l'application du présent article à l'égard d'un résident qui est admis en séjour de courte durée dans le cadre du programme de relève.

(4) Le titulaire de permis veille à ce que la réunion sur les soins qu'exige le paragraphe (1) ait lieu dans les trois mois suivant la date à laquelle le Règlement de l'Ontario 95/20 (Streamlining Requirements for Long-Term Care Homes) pris en vertu de la *Loi de 2020 sur la réouverture de l'Ontario (mesures adaptables en réponse à la COVID-19)* cesse d'être en vigueur si aucune réunion sur les soins n'a été tenue depuis l'admission du résident ou si la dernière réunion sur les soins concernant un résident a eu lieu plus d'un an avant la date à laquelle ce règlement cesse d'être en vigueur.

Programme de soins : disposition transitoire

31. Si, immédiatement avant l'entrée en vigueur du présent article, un programme de soins visé à l'article 6 de l'ancienne loi est en place à l'égard d'un résident, ce programme est maintenu comme programme de soins visé à l'article 6 de la Loi. Pour ce qui est d'établir le moment où il doit être réexaminé et révisé, le programme est réputé avoir été élaboré ou révisé en

application de l'article 6 de la Loi le même jour de son élaboration ou de sa révision en application de l'article 6 de l'ancienne loi.

Changements apportés au programme de soins : consentement

32. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que, lorsqu'un résident est réévalué et que son programme de soins est réexaminé et révisé en application du paragraphe 6 (10) de la Loi, tout consentement pertinent donné ou toute directive pertinente donnée à l'égard d'un «traitement» au sens de la *Loi de 1996 sur le consentement aux soins de santé*, notamment à l'égard d'une «série de traitements» ou d'un «plan de traitement» au sens de cette loi, y compris tout document réglementé visé à la disposition 2 du paragraphe 266 (1) du présent règlement, soit réexaminé et, au besoin, révisé.

CIBLES ET AUGMENTATIONS PÉRIODIQUES

Période de calcul applicable

33. (1) Le présent article énonce les périodes de calcul applicables pour les cibles et les augmentations périodiques établies aux articles 8 et 9 de la Loi.

(2) Pour l'application des dispositions 2 et 3 du paragraphe 8 (4) de la Loi et du paragraphe 9 (3) de la Loi, la période de calcul applicable est la période de calcul commençant le 1er avril d'une année et se terminant le 31 mars de l'année suivante.

(3) La période de calcul applicable pour l'application de la disposition 1 du paragraphe 8 (4) de la Loi et du paragraphe 9 (4) de la Loi est la période commençant le 1er janvier 2022 et se terminant le 31 mars 2022.

EXIGENCES GÉNÉRALES : PROGRAMMES

Exigences générales

34. (1) Le titulaire de permis d'un foyer de soins de longue durée veille au respect des règles suivantes à l'égard de chacun des programmes structurés exigés aux articles 11 à 20 de la Loi et de chacun des programmes interdisciplinaires exigés à l'article 53 du présent règlement :

1. Une description du programme doit être consignée par écrit et comprendre les buts et objectifs du programme ainsi que les politiques, marches à suivre et protocoles pertinents. Elle doit prévoir des méthodes permettant de réduire les risques et de surveiller les résultats, notamment des protocoles pour diriger les résidents vers des ressources spécialisées au besoin.
2. Si, dans le cadre du programme, le personnel a recours à de l'équipement, des fournitures, des appareils, des appareils fonctionnels ou des aides pour changer de position en ce qui concerne un résident, l'équipement, les fournitures, les appareils ou les aides sont appropriés pour le résident compte tenu de son état.
3. Le programme doit être évalué et mis à jour au moins une fois par année conformément aux pratiques fondées sur des données probantes et, en l'absence de telles pratiques, conformément aux pratiques couramment admises.
4. Le titulaire de permis consigne dans un dossier chaque évaluation visée à la disposition 3, notamment la date de l'évaluation, le nom des personnes qui y ont participé, un résumé des modifications apportées et la date à laquelle ces modifications ont été mises en oeuvre.

(2) Le titulaire de permis veille à ce que les mesures prises à l'égard d'un résident dans le cadre d'un programme, notamment les évaluations, les réévaluations, les interventions et les réactions du résident aux interventions, soient documentées.

(3) Le titulaire de permis n'est tenu de se conformer aux exigences du présent article à l'égard des soins palliatifs et de la philosophie de soins palliatifs exigés en vertu de l'article 12 de la Loi que six mois après l'entrée en vigueur du présent article.

SERVICES INFIRMIERS ET SERVICES DE SOUTIEN PERSONNEL

Services infirmiers et services de soutien personnel

35. (1) Le présent article et les articles 36 à 52 s'appliquent à ce qui suit :

a) le programme structuré de services infirmiers exigé à l'alinéa 11 (1) a) de la Loi;

b) le programme structuré de services de soutien personnel exigé à l'alinéa 11(1) b) de la Loi.

(2) Le titulaire de permis d'un foyer de soins de longue durée veille à l'établissement d'un plan de dotation en personnel écrit pour les programmes visés aux alinéas (1) a) et b).

(3) Le plan de dotation en personnel doit :

a) prévoir une dotation en personnel variée qui est compatible avec les besoins évalués des résidents en matière de soins et de sécurité et qui satisfait aux exigences de la Loi et du présent règlement;

b) énoncer l'organisation et l'horaire des quarts du personnel;

c) promouvoir la continuité des soins en réduisant au minimum le nombre de membres du personnel différents qui fournissent des services infirmiers et des services de soutien personnel à chaque résident;

d) comprendre un plan d'urgence pour la dotation en personnel des soins infirmiers et des soins personnels pour parer aux situations où le personnel, notamment le personnel qui doit fournir les soins infirmiers qu'exige le paragraphe 11 (3) de la Loi, est incapable de se présenter au travail;

e) être évalué et mis à jour au moins une fois par année conformément aux pratiques fondées sur des données probantes et, en l'absence de telles pratiques, conformément aux pratiques couramment admises.

(4) Le titulaire de permis consigne dans un dossier chaque évaluation visée à l'alinéa 3 e), notamment la date de l'évaluation, le nom des personnes qui y ont participé, un résumé des modifications apportées et la date à laquelle ces modifications ont été mises en oeuvre.

Soins personnels

36. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque résident du foyer reçoive tous les jours des soins personnels individualisés, notamment les soins d'hygiène et le toilettage.

Bain

37. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque résident du foyer prenne un bain au moins deux fois par semaine en utilisant la méthode de son choix ou plus souvent compte tenu de ses besoins en matière d'hygiène, sauf si la chose est contre-indiquée en raison d'un état pathologique.

(2) Pour l'application du présent article, «bain» s'entend notamment des bains, des douches et des toilettes complètes à l'éponge.

Soins buccaux

38. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque résident du foyer reçoive des soins buccaux lui permettant de conserver l'intégrité des tissus buccaux. On entend notamment ce qui suit par soins buccaux :

a) les soins de la bouche matin et soir, notamment le nettoyage des prothèses dentaires;

b) une aide physique ou des conseils pour aider tout résident qui, pour quelque raison que ce soit, ne peut pas se brosser les dents;

c) une offre d'évaluation dentaire annuelle et d'autres services dentaires préventifs, sous réserve de l'autorisation du paiement par le résident ou son mandataire spécial, si un paiement est exigé.

(2) Le titulaire de permis veille à ce que chaque résident reçoive de l'aide, au besoin, pour insérer ses prothèses dentaires avant les repas et à tout autre moment lorsque le résident le demande ou que son programme de soins l'exige.

Soins des pieds et des ongles

39. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque résident du foyer reçoive des services de soins de base et de soins préventifs pour les pieds, notamment la coupe des ongles des pieds, afin d'assurer son confort et de prévenir les infections.

(2) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque résident du foyer reçoive des soins pour les ongles des mains, notamment la coupe des ongles.

Techniques de transfert et de changement de position

40. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les membres du personnel utilisent des appareils ou des techniques de transfert et de changement de position sécuritaires lorsqu'ils aident les résidents.

Effets personnels et aides personnelles

41. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque résident du foyer ait ses effets personnels, notamment ses aides personnelles, comme des prothèses dentaires, des lunettes et des aides auditives :

a) étiquetés, dans les 48 heures de son admission et, dans le cas de nouveaux effets, de leur acquisition;

b) nettoyés au besoin.

(2) Le titulaire de permis veille à ce que chaque résident reçoive, au besoin, l'aide voulue pour utiliser des aides personnelles.

Avis : objets personnels

42. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les résidents ou leur mandataire spécial soient avisés lorsque, selon le cas :

a) l'équipement ou les aides personnelles des résidents ne sont pas en bon état ou ont besoin de réparations;

b) les résidents ont besoin de nouveaux objets personnels.

Appareils d'aide à la mobilité

43. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que des appareils d'aide à la mobilité, notamment des fauteuils roulants, des déambulateurs et des cannes, soient en tout temps mis à la disposition des résidents qui en ont besoin à court terme.

Tenue vestimentaire

44. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque résident du foyer reçoive au besoin l'aide voulue pour s'habiller et à ce qu'il soit habillé de façon appropriée compte tenu du moment de la journée et de ses préférences et à ce qu'il porte des vêtements propres qui lui appartiennent et des chaussures propres appropriées.

Routines au coucher et au moment du repos

45. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les routines de chaque résident du foyer au coucher et au moment du repos soient appuyées et individualisées afin de promouvoir son confort, son repos et son sommeil.

Soins en fin de vie

46. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque résident reçoive des soins en fin de vie, au besoin, fournis d'une manière qui répond à ses besoins.

Méthodes de communication

47. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soient élaborées et mises en oeuvre des stratégies permettant de répondre aux besoins des résidents dont l'aptitude à communiquer et à verbaliser est compromise, des résidents ayant une déficience cognitive et des résidents qui ne peuvent pas communiquer dans la ou les langues utilisées au foyer.

Disponibilité des fournitures

48. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les fournitures, l'équipement et les appareils et dispositifs nécessaires pour répondre aux besoins des résidents en matière de soins infirmiers et de soins personnels soient aisément disponibles au foyer.

Soins infirmiers 24 heures sur 24 : exceptions

49. (1) Les circonstances suivantes sont les seules dans lesquelles au moins une infirmière autorisée ou un infirmier autorisé qui est à la fois un employé du titulaire de permis et un membre du personnel infirmier permanent du foyer n'est pas tenu d'être de service et présent au foyer en tout temps, comme l'exige le paragraphe 11 (3) de la Loi :

1. Pour les foyers dont la capacité en lits autorisés est de 64 lits ou moins :
    i. il peut être fait appel à une infirmière autorisée ou à un infirmier autorisé qui travaille au foyer conformément à un contrat ou à une entente entre l'infirmière autorisée ou l'infirmier autorisé et le titulaire de permis et qui fait partie du personnel infirmier permanent,
    ii. dans une situation d'urgence où le plan d'urgence visé à l'alinéa 35 (3) d) du présent règlement ne permet pas de satisfaire à l'exigence prévue au paragraphe 11 (3) de la Loi :
        A. soit il peut être fait appel à une infirmière autorisée ou à un infirmier autorisé qui travaille au foyer conformément à un contrat ou à une entente entre le titulaire de permis et une agence de placement ou un tiers si le directeur des soins infirmiers et des soins personnels ou une infirmière autorisée ou un infirmier autorisé qui est à la fois un employé du titulaire de permis et un membre du personnel infirmier permanent peut être rejoint au téléphone,
        B. soit il peut être fait appel à une infirmière auxiliaire autorisée ou à un infirmier auxiliaire autorisé qui fait partie du personnel infirmier permanent si le directeur des soins infirmiers et des soins personnels ou une infirmière autorisée ou un infirmier autorisé qui est à la fois un employé du titulaire de permis et un membre du personnel infirmier permanent peut être rejoint au téléphone.
2. Pour les foyers dont la capacité en lits autorisés est de plus de 64 lits, mais moins de 129 lits :
    i. dans le cas d'un départ en congé planifié ou prolongé d'un employé du titulaire de permis qui est une infirmière autorisée ou un infirmier autorisé et un membre du personnel infirmier permanent, il peut être fait appel à une infirmière autorisée ou à un infirmier autorisé qui travaille au foyer conformément à un contrat ou à une entente avec le titulaire de permis et qui fait partie du personnel infirmier permanent,
    ii. dans une situation d'urgence où le plan d'urgence visé à l'alinéa 35 (3) d) du présent règlement ne permet pas de satisfaire à l'exigence prévue au paragraphe 11 (3) de la Loi, il peut être fait appel à une infirmière autorisée ou à un infirmier autorisé qui travaille au foyer conformément à un contrat ou à une entente entre le titulaire de permis et une agence de placement ou un tiers si, à la fois :

A. le directeur des soins infirmiers et des soins personnels ou une infirmière autorisée ou un infirmier autorisé qui est à la fois un employé du titulaire de permis et un membre du personnel infirmier permanent peut être rejoint au téléphone,

B. une infirmière auxiliaire autorisée ou un infirmier auxiliaire autorisé qui est à la fois un employé du titulaire de permis et un membre du personnel infirmier permanent est de service et présent au foyer.

3. Pour tous les foyers, dans le cas où une pandémie empêche une infirmière autorisée ou un infirmier autorisé de se rendre au foyer et où le plan d'urgence visé à l'alinéa 35 (3) d) du présent règlement ne permet pas de satisfaire à l'exigence prévue au paragraphe 11 (3) de la Loi :

i. il peut être fait appel à une infirmière autorisée ou à un infirmier autorisé qui travaille au foyer conformément à un contrat ou à une entente avec le titulaire de permis ou qui travaille au foyer conformément à un contrat ou à une entente entre le titulaire de permis et une agence de placement ou un tiers,

ii. il peut être fait appel à une infirmière auxiliaire autorisée ou à un infirmier auxiliaire autorisé qui est un employé du titulaire de permis ou qui travaille au foyer conformément à un contrat ou à une entente avec le titulaire de permis ou qui travaille au foyer conformément à un contrat ou à une entente entre le titulaire de permis et une agence de placement ou un tiers si le directeur des soins infirmiers et des soins personnels ou une infirmière autorisée ou un infirmier autorisé est disponible pour consultation,

iii. il peut être fait appel à un membre d'une profession de la santé réglementée qui, à la fois, est un membre du personnel du foyer et possède un ensemble de compétences qui lui permettrait, de l'avis raisonnable du titulaire de permis, de fournir des soins à un résident si le directeur des soins infirmiers et des soins personnels ou une infirmière autorisée ou un infirmier autorisé est disponible pour consultation.

(2) La définition qui suit s'applique au présent article.

«situation d'urgence» Situation imprévue de nature grave qui empêche une infirmière autorisée ou un infirmier autorisé de se rendre au foyer de soins de longue durée.

Exemption : petit foyer adjacent à un hôpital

50. Le titulaire de permis d'un foyer de soins de longue durée est soustrait à l'application des paragraphes 11 (3) et (4) de la Loi à l'égard du foyer si les conditions suivantes sont remplies :

1. Le foyer a une capacité en lits autorisés de 39 lits ou moins.
2. Le foyer est adjacent à un hôpital au sens de la *Loi sur les hôpitaux publics*.
3. Une infirmière autorisée ou un infirmier autorisé est de service et présent n'importe où sur les lieux, y compris à l'hôpital.

Accréditation des infirmières et infirmiers

51. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque membre du personnel qui exerce des fonctions à titre d'infirmière autorisée ou d'infirmier autorisé, d'infirmière auxiliaire autorisée ou d'infirmier auxiliaire autorisé ou d'infirmière autorisée ou d'infirmier autorisé de la catégorie supérieure soit titulaire du certificat d'inscription approprié en vigueur décerné par l'Ordre des infirmières et infirmiers de l'Ontario.

Qualités requises des préposés aux services de soutien personnel

52. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque personne qu'il embauche comme préposé aux services de soutien personnel ou pour fournir de tels services, indépendamment de son titre :

a) ait terminé avec succès un programme à l'intention des préposés aux services de soutien personnel qui satisfait aux exigences du paragraphe (2);

b) lui ait fourni une preuve d'obtention de diplôme délivrée par le fournisseur du programme d'enseignement.

(2) Le programme à l'intention des préposés aux services de soutien personnel doit :

a) d'une part, satisfaire :

(i) soit aux normes figurant dans le document intitulé *Normes pour le programme : Préposé aux services de soutien personnel*, daté de juillet 2014 et publié initialement par le ministère de la Formation et des Collèges et Universités,

(ii) soit aux normes figurant dans le document intitulé *Normes de formation : Préposé aux services de soutien personnel*, daté d'octobre 2014 et publié initialement par le ministère de la Formation et des Collèges et Universités;

b) d'autre part, durer au moins 600 heures, incluant à la fois le temps passé en classe et le temps passé à acquérir une expérience pratique de travail.

(3) Malgré le paragraphe (1), le titulaire de permis peut embaucher comme préposé aux services de soutien personnel ou pour fournir de tels services, selon le cas :

a) une infirmière autorisée ou un infirmier autorisé ou bien une infirmière auxiliaire autorisée ou un infirmier auxiliaire autorisé qui réunit les conditions suivantes :

(i) de l'avis du directeur des soins infirmiers et des soins à la personne, cette personne possède des compétences et des connaissances suffisantes pour exercer les fonctions de préposé aux services de soutien personnel,

(ii) cette personne est titulaire du certificat d'inscription approprié en vigueur décerné par l'Ordre des infirmières et infirmiers de l'Ontario;

b) une personne qui travaillait ou était employée comme préposé aux services de soutien personnel dans un foyer de soins de longue durée à quelque moment que ce soit au cours des 12 mois précédant le 1er juillet 2011 si cette personne :

(i) avait travaillé à temps plein comme préposé aux services de soutien personnel pendant au moins trois ans au cours des cinq années ayant précédé son embauche,

(ii) avait travaillé à temps partiel comme préposé aux services de soutien personnel pendant l'équivalent d'au moins trois ans à temps plein au cours des sept années ayant précédé son embauche;

c) une personne qui est inscrite à un programme d'enseignement pour les infirmières autorisées et infirmiers autorisés ou pour les infirmières auxiliaires autorisées et infirmiers auxiliaires autorisés et qui, de l'avis du directeur des soins infirmiers et des soins à la personne, possède des compétences et des connaissances suffisantes pour exercer les fonctions de préposé aux services de soutien personnel;

d) une personne qui est inscrite à un programme visé au paragraphe (2) et qui est en voie d'acquérir l'expérience pratique de travail qui constitue l'une des exigences du programme, à condition qu'elle travaille sous la supervision d'un membre du personnel infirmier autorisé et d'un instructeur du programme;

e) une personne qui réunit les conditions suivantes :

(i) elle détient un diplôme ou un certificat conféré dans un autre territoire à l'issue d'un programme d'au moins 600 heures, incluant à la fois le temps passé en classe et le temps passé à acquérir une expérience pratique de travail,

(ii) elle possède un ensemble de compétences équivalant, de l'avis raisonnable du titulaire de permis, à celui que devrait posséder, selon les attentes du titulaire de permis, une personne ayant terminé un programme visé à l'alinéa (2) a),

(iii) elle a fourni au titulaire de permis une preuve d'obtention de diplôme délivrée par le fournisseur du programme d'enseignement;

f) une personne qui est inscrite à un programme d'au moins 600 heures, incluant à la fois le temps passé en classe et le temps passé à acquérir une expérience pratique de travail, qui satisfait à l'un des types de normes énoncées ci-dessous, à condition qu'elle travaille sous la supervision d'un membre du personnel infirmier autorisé et d'un instructeur du programme :

(i) les normes professionnelles établies par le ministère des Collèges et Universités,

(ii) les normes établies par l'Association nationale des collèges de carrières,

(iii) les normes établies par l'Association ontarienne de soutien communautaire;

g) une personne qui, au plus tard le 1er juillet 2018, a terminé avec succès un programme à l'intention des préposés aux services de soutien personnel qui satisfait aux exigences visées à l'alinéa f), autre que l'exigence relative au travail sous la supervision d'un membre du personnel infirmier autorisé, et qui a fourni au titulaire de permis une preuve d'obtention de diplôme délivrée par le fournisseur du programme d'enseignement.

(4) Le titulaire de permis met fin à l'emploi des personnes suivantes embauchées comme préposés aux services de soutien personnel ou pour fournir de tels services, indépendamment de leur titre :

a) les personnes tenues d'être inscrites à un programme visé à l'alinéa (3) c) ou d), si elles cessent d'être inscrites au programme ou ne le terminent pas avec succès dans les cinq ans qui suivent leur embauche;

b) les personnes tenues d'être inscrites à un programme visé à l'alinéa (3) f), si elles cessent d'être inscrites au programme ou ne le terminent pas avec succès au plus tard le 1er juillet 2018;

c) les personnes tenues d'être inscrites à un programme visé à l'alinéa (3) c), d) ou f), si elles ne fournissent pas au titulaire de permis une preuve d'obtention de diplôme délivrée par le fournisseur du programme d'enseignement dans les 90 jours qui suivent l'obtention du diplôme.

PROGRAMMES OBLIGATOIRES

Programmes obligatoires

53. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soient élaborés et mis en oeuvre au foyer les programmes interdisciplinaires suivants :

1. Un programme de prévention et de gestion des chutes visant à diminuer le nombre de chutes et les risques de blessure.
2. Un programme de soins de la peau et des plaies visant le maintien d'une bonne intégrité épidermique, la prévention des plaies et des lésions de pression, et le recours à des interventions efficaces en la matière.
3. Un programme de facilitation des selles et de soins liés à l'incontinence visant à promouvoir la continence et à faire en sorte que les résidents soient propres et au sec et se sentent en confort.
4. Un programme de gestion de la douleur visant à déceler la douleur chez les résidents et à la gérer.

(2) En plus de devoir satisfaire aux exigences énoncées à l'article 34, chaque programme doit :

a) prévoir des protocoles de dépistage;

b) prévoir des outils d'évaluation et de réévaluation.

Prévention et gestion des chutes

54. (1) Le programme de prévention et de gestion des chutes doit au minimum prévoir des stratégies visant à diminuer les chutes ou à en atténuer les effets, notamment par la surveillance des résidents, le réexamen des régimes médicamenteux des résidents, la mise en oeuvre de méthodes axées sur les soins de rétablissement et l'utilisation d'équipement, de fournitures, d'appareils et d'accessoires fonctionnels.

(2) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le résident qui fait une chute fasse l'objet d'une évaluation et à ce que, si l'état ou la situation du résident l'exige, une évaluation postérieure à sa chute soit effectuée au moyen d'un outil d'évaluation approprié sur le plan clinique conçu expressément pour les chutes.

(3) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que l'équipement, les fournitures, les appareils et les accessoires fonctionnels visés au paragraphe (1) soient facilement accessibles au foyer.

Soins de la peau et des plaies

55. (1) Le programme de soins de la peau et des plaies doit au minimum prévoir ce qui suit :

1. La fourniture de soins de la peau réguliers visant à maintenir l'intégrité épidermique et à prévenir les plaies.
2. Des stratégies visant à promouvoir le confort et la mobilité des résidents ainsi que la prévention des infections, notamment grâce à la surveillance des résidents.
3. Des stratégies pour le transfert et les changements de position de résidents de façon à réduire et à prévenir les ruptures de l'épiderme et à réduire et à éliminer la pression, notamment grâce à l'utilisation d'équipement, de fournitures, d'appareils et d'aides pour changer de position.
4. Des traitements et des interventions, notamment la physiothérapie et les soins alimentaires.

(2) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qui suit :

a) le résident dont l'intégrité épidermique risque d'être altérée se fait évaluer la peau par un membre du personnel infirmier autorisé :

   (i) dans les 24 heures de son admission,

   (ii) dès son retour de l'hôpital, le cas échéant,

   (iii) dès son retour d'une absence de plus de 24 heures, le cas échéant;

b) le résident qui présente des signes d'altération de l'intégrité épidermique, notamment des ruptures de l'épiderme, des lésions de pression, des déchirures de la peau ou des plaies, à la fois :

   (i) se fait évaluer la peau par un membre du personnel infirmier autorisé, au moyen d'un outil d'évaluation approprié sur le plan clinique conçu expressément pour l'évaluation de la peau et des plaies,

   (ii) reçoit un traitement et subit des interventions immédiatement pour réduire ou éliminer la douleur, favoriser la guérison et prévenir l'infection, selon ce qui est nécessaire,

   (iii) est évalué par un diététiste agréé qui fait partie du personnel du foyer et toute modification apportée à son programme de soins alimentaires et d'hydratation est mise en oeuvre,

   (iv) est réévalué au moins une fois par semaine par un membre du personnel infirmier autorisé, si cela s'impose sur le plan clinique;

c) l'équipement, les fournitures, les appareils et les aides pour changer de position visés au paragraphe (1) sont facilement accessibles au foyer s'ils sont nécessaires pour éliminer la pression, traiter les lésions de pression, les déchirures de la peau ou les plaies et favoriser la guérison;

d) tout résident qui a besoin du personnel pour ses changements de position est changé de position toutes les deux heures ou plus fréquemment au besoin, compte tenu de son état et de la tolérance de sa charge tissulaire, sauf qu'il ne doit être changé de position pendant qu'il dort que si cela s'impose sur le plan clinique.

(3) La définition qui suit s'applique au présent article.

«signes d'altération de l'intégrité épidermique» Dégradation potentielle ou réelle du tissu épidermique ou dermique.

Facilitation des selles et soins liés à l'incontinence

56. (1) Le programme de facilitation des selles et de soins liés à l'incontinence doit au minimum prévoir ce qui suit :

1. Des traitements et des interventions visant à favoriser la continence.
2. Des traitements et des interventions visant à prévenir la constipation, notamment des protocoles de nutrition et d'hydratation.
3. Des programmes d'élimination, y compris des protocoles de facilitation des selles.
4. Des stratégies visant à maximiser l'indépendance, le confort et la dignité des résidents, notamment de l'équipement, des fournitures, des appareils et des appareils fonctionnels.
5. Une évaluation annuelle du niveau de satisfaction des résidents à l'égard de la gamme de produits pour incontinence, en consultation avec les résidents, les mandataires spéciaux et le personnel chargé des soins directs, évaluation dont le titulaire de permis tient compte lors de ses décisions d'achat, notamment au moment de la négociation ou de la renégociation des contrats avec les vendeurs.

(2) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qui suit :

a) chaque résident ayant des problèmes d'incontinence reçoit une évaluation comprenant l'identification des facteurs causals, des tendances, du type d'incontinence et de la possibilité de restaurer la fonction au moyen d'interventions particulières et, si l'état ou la situation du résident l'exige, une évaluation est effectuée au moyen d'un outil d'évaluation approprié sur le plan clinique conçu expressément aux fins d'évaluation de l'incontinence;

b) chaque résident ayant des problèmes d'incontinence a un plan individuel, fondé sur l'évaluation, qui fait partie de son programme de soins et qui vise à favoriser et à gérer la continence intestinale et vésicale et ce plan est mis en oeuvre;

c) chaque résident incapable d'aller seul aux toilettes à certains moments ou en tout temps reçoit du personnel l'aide voulue pour gérer et maintenir la continence;

d) chaque résident ayant des problèmes d'incontinence qui a été évalué comme pouvant éventuellement devenir entièrement ou partiellement continent reçoit du personnel l'aide et l'appui voulus pour le devenir;

e) les produits pour incontinence ne sont pas utilisés au lieu de fournir de l'aide à une personne pour aller aux toilettes;

f) divers produits pour incontinence sont mis à la disposition des résidents et du personnel et leur sont accessibles en tout temps, et ce, en quantité suffisante compte tenu de tous les changements exigés;

g) les résidents qui ont besoin de produits pour incontinence disposent d'assez de produits de rechange pour demeurer propres et au sec et se sentir en confort;

h) les résidents disposent de divers produits pour incontinence qui, à la fois :

(i) tiennent compte de leurs besoins individuels évalués,

(ii) leur sont bien adaptés,

(iii) contribuent à leur confort, à leur dignité et à leur intégrité épidermique et sont faciles à utiliser,

(iv) favorisent une indépendance continue, dans la mesure du possible,

(v) sont appropriés compte tenu du moment de la journée et du type particulier d'incontinence qu'a chacun d'eux.

Gestion de la douleur

57. (1) Le programme de gestion de la douleur doit au minimum prévoir ce qui suit :

1. Des méthodes de communication et d'évaluation visant les résidents qui ne peuvent exprimer leur douleur ou qui ont une déficience cognitive.
2. Des stratégies de gestion de la douleur, notamment des interventions non pharmacologiques, ainsi que des fournitures, des appareils et des appareils fonctionnels.

3. Des mesures visant à assurer des soins de confort.

4. La surveillance des réactions des résidents aux stratégies de gestion de la douleur et de l'efficacité de ces stratégies.

(2) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les résidents, lorsque leur douleur n'est pas soulagée au moyen des interventions initiales, soient évalués au moyen d'un outil d'évaluation approprié sur le plan clinique conçu expressément à cette fin.

COMPORTEMENTS RÉACTIFS

Comportements réactifs

58. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à l'élaboration de ce qui suit pour répondre aux besoins des résidents qui affichent des comportements réactifs :

1. Des méthodes écrites en matière de soins, notamment des protocoles de dépistage, des évaluations, des réévaluations et l'identification des comportements déclencheurs pouvant donner lieu à des comportements réactifs, notamment sur le plan cognitif, physique, affectif, social ou environnemental.

2. Des stratégies écrites, notamment des techniques et des mesures d'intervention, pour prévenir ou réduire au minimum les comportements réactifs ou pour y réagir.

3. Des protocoles permettant de surveiller les résidents et de présenter des rapports internes.

4. Des protocoles permettant de diriger les résidents vers des ressources spécialisées au besoin.

(2) Le titulaire de permis veille à ce que les éléments visés au paragraphe (1), formulés dans le cadre de tous les programmes et services, soient à la fois :

a) intégrés aux soins qui sont fournis à tous les résidents;

b) fondés sur les besoins évalués des résidents qui affichent des comportements réactifs;

c) coordonnés et mis en oeuvre selon une méthode interdisciplinaire.

(3) Le titulaire de permis veille à ce qui suit :

a) les éléments visés au paragraphe (1) sont élaborés et mis en oeuvre conformément aux pratiques fondées sur des données probantes et, en l'absence de telles pratiques, conformément aux pratiques couramment admises;

b) au moins une fois par année, les éléments visés au paragraphe (1) sont évalués et mis à jour conformément aux pratiques fondées sur des données probantes et, en l'absence de telles pratiques, conformément aux pratiques couramment admises;

c) divers éléments sont consignés dans un dossier se rapportant à chaque évaluation visée à l'alinéa b), notamment la date de l'évaluation, le nom des personnes qui y ont participé, un résumé des modifications apportées et la date à laquelle ces modifications ont été mises en oeuvre.

(4) Le titulaire de permis veille à ce qui suit pour chaque résident qui affiche des comportements réactifs :

a) les comportements déclencheurs du résident sont identifiés, dans la mesure du possible;

b) des stratégies sont élaborées et mises en oeuvre pour réagir à ces comportements, dans la mesure du possible;

c) des mesures sont prises pour répondre aux besoins du résident, notamment des évaluations, des réévaluations et des interventions, et les réactions du résident aux interventions sont documentées.

ALTERCATIONS ET AUTRES INTERACTIONS

Altercations entre les résidents et autres interactions

59. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que des mesures soient prises afin de réduire au minimum les risques d'altercations et d'interactions susceptibles de causer un préjudice entre et parmi les résidents, notamment :

a) en identifiant les facteurs, fondés sur une évaluation interdisciplinaire et sur les renseignements fournis au titulaire de permis ou au personnel ou fondés sur l'observation, susceptibles de déclencher de telles altercations;

b) en identifiant des mesures d'intervention et en les mettant en oeuvre.

COMPORTEMENTS ET ALTERCATIONS

Comportements et altercations

60. Le titulaire de permis d'un foyer de soins de longue durée veille à ce qui suit :

a) des marches à suivre et des mesures d'intervention sont élaborées et mises en oeuvre pour aider les résidents et les membres du personnel qui risquent de subir ou qui subissent un préjudice en raison des comportements d'un résident, notamment de ses comportements réactifs, et pour réduire au minimum les risques d'altercations et d'interactions susceptibles de causer un préjudice entre et parmi les résidents;

b) tous les membres du personnel chargé des soins directs sont informés au début de chaque quart de travail au sujet de chaque résident dont les comportements, notamment les comportements réactifs, exigent une surveillance accrue parce qu'ils peuvent lui faire courir un danger ou en faire courir un à d'autres personnes.

SOINS PALLIATIFS

Soins palliatifs

61. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les besoins du résident en matière de soins palliatifs soient satisfaits conformément au présent article.

(2) Le titulaire de permis veille à ce que l'évaluation interdisciplinaire des besoins du résident en matière de soins palliatifs à l'égard de son programme de soins tienne compte des besoins physiques, affectifs, psychologiques, sociaux, culturels et spirituels du résident.

(3) Le titulaire de permis veille à ce que le résident, son mandataire spécial, s'il en a un, et toute autre personne que désigne le résident ou son mandataire spécial, reçoivent une explication des options en matière de soins palliatifs qui sont disponibles, compte tenu de l'évaluation des besoins du résident en matière de soins palliatifs, lesquels peuvent notamment comprendre des premiers soins palliatifs et des soins en fin de vie.

(4) Le titulaire de permis veille à ce que, compte tenu de l'évaluation des besoins du résident en matière de soins palliatifs, les options en matière de soins palliatifs mises à la disposition du résident comprennent au moins ce qui suit :

a) des améliorations de la qualité de vie;

b) la gestion des symptômes;

c) un soutien psychosocial;

d) des soins en fin de vie, le cas échéant.

(5) Il est entendu que le titulaire de permis veille à ce que le consentement du résident soit reçu conformément à l'article 7 de la Loi avant de prendre toute mesure prévue au présent article et avant la prestation de soins palliatifs au résident.

SOINS DE RÉTABLISSEMENT

Soins de rétablissement

62. Les articles 63 à 70 s'appliquent au programme interdisciplinaire structuré axé sur les soins de rétablissement exigé au paragraphe 13 (1) de la Loi.

Intégration des soins de rétablissement dans les programmes

63. Le titulaire de permis d'un foyer de soins de longue durée veille à ce qui suit :

a) les méthodes axées sur les soins de rétablissement sont intégrées aux soins qui sont fournis à tous les résidents;

b) les méthodes axées sur les soins de rétablissement sont coordonnées de sorte que chaque résident puisse maintenir ou améliorer ses capacités fonctionnelles et cognitives dans tous les aspects de la vie quotidienne, dans la mesure de ses capacités.

Transfert et changement de position

64. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les membres du personnel, lors du transfert et du changement de position des résidents, utilisent des appareils et des techniques qui maintiennent ou améliorent, dans la mesure du possible, la capacité de port de poids, l'endurance et l'amplitude des mouvements des résidents.

Services de thérapeutique

65. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soient organisés à l'intention des résidents du foyer ou fournis à ceux-ci, en application de l'article 13 de la Loi, des services de thérapeutique qui comprennent ce qui suit :

a) la physiothérapie fournie sur les lieux aux résidents sur une base individuelle ou en groupe, compte tenu de leurs besoins évalués en matière de soins;

b) l'ergothérapie et des services d'orthophonie.

Espace et fournitures : services de thérapeutique

66. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit aménagé au foyer un espace sûr et approprié réservé à la fourniture de services de thérapeutique.

(2) Le titulaire de permis veille à ce qu'un approvisionnement suffisant en équipement thérapeutique soit disponible en tout temps pour répondre aux besoins des résidents.

Qualités du personnel préposé aux services de thérapeutique

67. (1) Sous réserve du paragraphe (2), le titulaire de permis d'un foyer de soins de longue durée veille à ce que les services de thérapeutique visés à l'article 65 et que le titulaire de permis organise ou fournit en application de l'article 13 de la Loi ne soient fournis que par des thérapeutes titulaires d'un certificat d'inscription en vigueur décerné par l'ordre approprié d'une profession de la santé réglementée.

(2) Les services de thérapeutique fournis par le titulaire de permis peuvent l'être par des membres du personnel de soutien qui sont des membres du personnel du foyer et qui travaillent sous la direction d'un membre de la profession de la santé réglementée appropriée et sous la supervision du responsable désigné exigé à l'article 70 et qui, selon le cas :

a) sous réserve du paragraphe (3), ont réussi un programme de formation en soins de rétablissement ou sont inscrits à un tel programme;

b) ont réussi un cours de formation pertinent offert par le titulaire de permis qui est conçu et supervisé par un thérapeute qualifié membre de l'ordre approprié d'une profession de la santé réglementée.

(3) Le titulaire de permis cesse d'employer comme membre du personnel de soutien quiconque était tenu d'être inscrit au programme visé à l'alinéa (2) a) s'il cesse d'être inscrit au programme en question ou ne le réussit pas dans les trois ans de son embauche.

(4) Les services de thérapeutique organisés par le titulaire de permis peuvent être fournis par des membres du personnel de soutien qui relèvent d'un membre d'une profession de la santé réglementée visé au paragraphe (1) et qui travaillent sous la direction et la supervision de ce membre.

Travail social et techniques de travail social

68. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit consignée par écrit une description des services de travail social et de techniques de travail social fournis au foyer et à ce que les techniques répondent aux besoins des résidents.

Qualités requises : travailleurs sociaux et techniciens en travail social

69. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les travailleurs sociaux ou les techniciens en travail social qui fournissent des services au foyer soient inscrits en application de la *Loi de 1998 sur le travail social et les techniques de travail social*.

Responsable désigné

70. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le programme de soins de rétablissement du foyer, notamment les services des travailleurs sociaux et des techniciens en travail social, soit coordonné par un responsable désigné.

(2) Le responsable désigné doit, selon le cas :

a) être titulaire d'un certificat d'inscription général en vigueur décerné par un ordre d'une profession de la santé réglementée ou par l'Ordre des travailleurs sociaux et des techniciens en travail social de l'Ontario;

b) à la fois :

(i) être titulaire d'un diplôme ou d'un grade d'études postsecondaires, décerné par un collège communautaire ou une université, en sciences du loisir, en kinésiologie, en loisirs thérapeutiques ou dans un autre domaine connexe,

(ii) avoir au moins un an d'expérience dans un milieu de soins de santé.

ACTIVITÉS RÉCRÉATIVES ET SOCIALES

Programme d'activités récréatives et sociales

71. (1) Le présent article et les articles 72 et 73 s'appliquent au programme structuré d'activités récréatives et sociales du foyer exigé au paragraphe 14 (1) de la Loi.

(2) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le programme comprenne ce qui suit :

a) un approvisionnement en fournitures et un équipement approprié dans le cadre du programme;

b) l'élaboration, la mise en oeuvre et la communication aux résidents et aux familles d'un horaire pour les activités récréatives et sociales offertes pendant la journée, les soirs et les fins de semaine;

c) des activités récréatives et sociales avec une gamme d'activités de loisirs et de détente ainsi que des sorties qui sont offertes tant à l'intérieur qu'à l'extérieur et dont la fréquence et le type bénéficient à tous les résidents et tiennent compte de leurs intérêts;

d) des occasions pour les résidents et leur famille de participer à l'élaboration d'activités récréatives et sociales et à l'établissement du calendrier les régissant;

e) la communication de renseignements aux résidents au sujet des activités communautaires susceptibles de les intéresser;

f) une aide et un appui permettant aux résidents de participer aux activités susceptibles de les intéresser s'ils ne sont pas en mesure de le faire de façon autonome.

Responsable désigné

72. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qu'un responsable soit désigné pour le programme d'activités récréatives et sociales.

(2) Le responsable désigné doit répondre aux exigences suivantes :

a) être titulaire d'un diplôme ou d'un grade d'études postsecondaires, décerné par un collège communautaire ou une université, en sciences du loisir, en loisirs thérapeutiques, en kinésiologie ou dans un autre domaine connexe;

b) avoir au moins un an d'expérience dans un milieu de soins de santé.

(3) Le paragraphe (2) ne s'applique qu'à l'égard des responsables désignés qui sont désignés après l'entrée en vigueur du présent article.

(4) Malgré le paragraphe (2), quiconque travaillait ou était employé comme responsable désigné dans un foyer de soins de longue durée immédiatement avant le 1er juillet 2010 peut être désigné comme tel dans un autre foyer de soins de longue durée s'il a travaillé ou a été employé à ce titre dans un foyer de soins de longue durée :

a) soit à temps plein pendant au moins trois années au cours des cinq années qui ont précédé immédiatement sa désignation dans l'autre foyer;

b) soit à temps partiel pendant l'équivalent d'au moins trois années à temps plein au cours des sept années qui ont précédé immédiatement sa désignation dans l'autre foyer.

Qualités requises : responsables des activités récréatives et sociales

73. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les membres du personnel qui fournissent des activités récréatives et sociales au foyer, selon le cas :

a) soient titulaires d'un diplôme ou d'un grade d'études postsecondaires, décerné par un collège communautaire ou une université, en sciences du loisir, en loisirs thérapeutiques, en kinésiologie ou dans un autre domaine connexe;

b) soient inscrits à un collège communautaire ou à une université dans un tel domaine.

(2) Le titulaire de permis cesse d'employer comme membre du personnel chargé des activités récréatives et sociales quiconque était tenu d'être inscrit au programme visé à l'alinéa (1) b) s'il cesse d'être inscrit au programme en question ou ne le réussit pas dans les trois ans de son embauche.

(3) Le présent article ne s'applique pas à l'égard :

a) d'un membre du personnel qui fournissait des activités récréatives et sociales au foyer immédiatement avant le 1er juillet 2010;

b) de quiconque était un membre du personnel qui fournissait des activités récréatives et sociales dans un foyer de soins de longue durée immédiatement avant le 1er juillet 2010 et qui y a travaillé ou y a été employé à titre de membre du personnel fournissant de telles activités :

(i) soit à temps plein pendant au moins trois années au cours des cinq années qui ont précédé immédiatement son emploi dans un autre foyer,

(ii) soit à temps partiel pendant l'équivalent d'au moins trois années à temps plein au cours des sept années qui ont précédé immédiatement son emploi dans un autre foyer.

PROGRAMMES DE SOINS ALIMENTAIRES ET D'HYDRATATION

Programmes de soins alimentaires et d'hydratation

74. (1) Le présent article et les articles 75 à 84 s'appliquent à ce qui suit :

a) le programme structuré de soins alimentaires et de services de diététique exigé à l'alinéa 15 (1) a) de la Loi;

b) le programme structuré d'hydratation exigé à l'alinéa 15 (1) b) de la Loi.

(2) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les programmes comprennent ce qui suit :

a) l'élaboration et la mise en oeuvre, en consultation avec un diététiste agréé faisant partie du personnel du foyer, de politiques et de marches à suivre ayant trait aux soins alimentaires, aux services de diététique et à l'hydratation;

b) le recensement des risques liés aux soins alimentaires, aux services de diététique et à l'hydratation;

c) la mise en oeuvre de mesures d'intervention permettant d'atténuer et de gérer de tels risques;

d) un système de surveillance et d'évaluation de l'ingestion d'aliments et de liquides des résidents dont les risques liés à l'alimentation et à l'hydratation sont identifiés;

e) un système de surveillance du poids pour mesurer et consigner à l'égard de chaque résident :

(i) son poids à son admission et tous les mois par la suite,

(ii) l'indice de sa masse corporelle et sa stature à son admission et une fois par année par la suite.

Changements de poids

75. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les résidents dont le poids subit les changements suivants soient évalués au moyen d'une méthode interdisciplinaire et à ce que des mesures soient prises et les résultats évalués :

1. Un changement d'au moins 5 % du poids corporel survenu sur un mois.
2. Un changement d'au moins 7,5 % du poids corporel survenu sur trois mois.
3. Un changement d'au moins 10 % du poids corporel survenu sur six mois.
4. Tout autre changement de poids qui compromet l'état de santé d'un résident.

Services de diététique

76. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que l'élément services de diététique du programme de soins alimentaires et de services de diététique comprenne ce qui suit :

a) la planification des menus;

b) la préparation alimentaire;

c) le service de restauration et de collation;

d) la disponibilité de fournitures et d'équipement pour la préparation alimentaire et le service de restauration et de collation.

Planification des menus

77. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le cycle de menus du foyer réponde aux critères suivants :

a) il dure au moins 21 jours;

b) il comprend des menus pour les régimes réguliers, les régimes thérapeutiques et les régimes à texture modifiée pour les repas et les collations;

c) il comprend des choix de mets principaux, de légumes et de desserts au déjeuner et au dîner;

d) il comprend des choix de boissons aux repas et aux collations;

e) il est approuvé par un diététiste agréé qui fait partie du personnel du foyer;

f) il est examiné par le conseil des résidents du foyer;

g) il est examiné et mis à jour au moins une fois par année.

(2) Le titulaire de permis veille à ce que les menus, à la fois :

a) garantissent aux résidents des éléments nutritifs, des fibres et un apport énergétique suffisants compte tenu des apports nutritionnels de référence (ANREF) en vigueur établis dans les rapports supervisés par l'organisme appelé United States National Academies et publiés par l'organisme appelé National Academy Press, dans leurs versions successives;

b) garantissent tous les jours une variété d'aliments, notamment des aliments frais en saison, provenant de tous les groupes alimentaires indiqués dans le Guide alimentaire canadien, dans ses versions successives.

(3) Le titulaire de permis veille à ce que soient offerts à chaque résident au moins :

a) trois repas par jour;

b) une boisson entre les repas le matin et l'après-midi et une boisson le soir après le dîner;

c) une collation l'après-midi et le soir.

(4) Le titulaire de permis veille à ce que les choix indiqués au menu planifié soient offerts et disponibles à chaque repas et collation.

(5) Le titulaire de permis veille à ce qu'un menu individualisé soit élaboré pour chaque résident lorsqu'il n'est pas possible de répondre à ses besoins dans le cadre du cycle de menus du foyer.

(6) Le titulaire de permis veille à ce qu'un petit déjeuner complet soit mis à la disposition des résidents jusqu'à au moins 8 h 30 et à ce que le repas du soir ne soit pas servi avant 17 heures.

(7) Le titulaire de permis veille à ce que des aliments et des boissons adaptés aux régimes des résidents soient accessibles par le personnel et disponibles pour les résidents 24 heures sur 24.

Préparation alimentaire

78. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit mis en place au foyer un système structuré de préparation alimentaire.

(2) Le système de préparation alimentaire doit prévoir au minimum ce qui suit :

a) un approvisionnement en denrées périssables pour 24 heures et un approvisionnement en denrées non périssables pour trois jours;

b) un approvisionnement en suppléments nutritifs ou en préparations entérales ou parentérales, selon le cas, pour trois jours;

c) des recettes standardisées et des feuilles de préparation pour tous les menus;

d) la préparation de tous les choix indiqués au menu conformément au menu planifié;

e) des substitutions de menu avec une valeur nutritive semblable;

f) la communication des substitutions de menu aux résidents et au personnel;

g) la documentation des substitutions de menu sur la feuille de préparation.

(3) Le titulaire de permis veille à ce que tous les aliments et liquides compris dans le système de préparation alimentaire soient préparés, entreposés et servis au moyen de méthodes qui, à la fois :

a) préservent le goût, la valeur nutritive, l'apparence et la qualité des aliments;

b) empêchent l'adultération, la contamination et les maladies d'origine alimentaire.

(4) Le titulaire de permis tient et conserve pendant au moins un an un dossier de ce qui suit :

a) les achats relatifs au système de préparation alimentaire, y compris les récépissés de livraison de produits alimentaires;

b) le cycle de menus approuvé;

c) les substitutions de menu.

(5) Si des aliments ou des boissons sont préparés au foyer de soins de longue durée pour des personnes qui ne sont pas des résidents du foyer, le titulaire de permis tient et conserve pendant au moins sept ans des dossiers qui précisent, pour chaque semaine :

a) le nombre de repas préparés pour ces personnes;

b) les recettes et les recouvrements à l'interne du titulaire de permis qui proviennent de la vente ou de la fourniture d'aliments et de boissons préparés au foyer, notamment de la cafétéria et du service de traiteur.

(6) Le titulaire de permis veille à ce que le foyer soit doté de ce qui suit :

a) un espace d'entreposage suffisant pour satisfaire aux exigences du foyer en matière de menu;

b) un équipement de restauration collective suffisant pour préparer, transporter et maintenir des aliments chauds et froids périssables à des températures sûres;

c) un équipement de restauration collective suffisant pour nettoyer et assainir toute la vaisselle, tous les ustensiles et tout l'équipement liés à la préparation alimentaire et au service de restauration et de collation.

(7) Le titulaire de permis veille à ce que soient mis en place au foyer les éléments suivants et à ce que son personnel s'y conforme :

a) des politiques et des marches à suivre relatives à l'utilisation et au nettoyage sécuritaires de l'équipement lié au système de préparation alimentaire et au service de restauration et de collation;

b) un calendrier de nettoyage pour tout l'équipement;

c) un calendrier de nettoyage pour les aires réservées à la préparation alimentaire, à la dépense et au lavage de la vaisselle.

Service de restauration et de collation

79. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le foyer offre un service de restauration et de collation qui comprend au minimum les éléments suivants :

1. La communication des menus hebdomadaires et quotidiens aux résidents.
2. Le service des repas dans une salle à manger commune, à moins que les besoins évalués des résidents n'indiquent le contraire.
3. La surveillance de tous les résidents durant les repas.
4. Un processus pour faire en sorte que les préposés au service d'alimentation et les autres membres du personnel chargés d'aider les résidents soient au courant des régimes, des besoins particuliers et des préférences des résidents.
5. Le service de la nourriture et des liquides à une température sûre et appétissante pour les résidents.
6. Suffisamment de temps pour que chaque résident mange à son propre rythme.
7. Le service des repas un plat après l'autre pour chaque résident, à moins que le résident ou ses besoins évalués n'indiquent le contraire.
8. La fourniture aux résidents des aides à l'alimentation, des appareils fonctionnels, de l'aide personnelle et de l'encouragement nécessaires pour leur permettre de manger et de boire en toute sécurité de façon aussi confortable et autonome que possible.
9. Des techniques adéquates pour aider les résidents à manger, notamment le positionnement sécuritaire des résidents qui ont besoin d'aide.
10. Un ameublement et un équipement appropriés dans les aires où mangent les résidents, notamment des chaises de salle à manger confortables et des tables de salle à manger d'une hauteur appropriée pour répondre aux besoins de tous les résidents ainsi que des chaises appropriées pour le personnel qui aide les résidents à manger.

(2) Le titulaire de permis veille à ce qui suit :

a) nul ne doit aider en même temps plus de deux résidents qui ont besoin d'une aide totale pour manger ou boire;

b) aucun repas n'est servi à un résident qui a besoin d'aide pour manger ou boire avant que quelqu'un soit disponible pour lui fournir l'aide dont il a besoin.

Diététiste agréé

80. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qu'au moins un diététiste agréé soit assigné à l'égard du foyer.

(2) Le titulaire de permis veille à ce qu'un diététiste agréé qui fait partie du personnel du foyer soit présent au foyer pendant au moins 30 minutes par mois pour chaque résident afin d'exercer des fonctions liées aux soins cliniques et aux soins alimentaires.

(3) Si un diététiste agréé du foyer est également gestionnaire de la nutrition pour le foyer, le temps qu'il passe comme tel n'entre pas dans le calcul du temps exigé au paragraphe (2).

Gestionnaire de la nutrition

81. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit assigné à l'égard du foyer au moins un gestionnaire de la nutrition qui dirige le programme de soins alimentaires et de services de diététique pour le foyer.

(2) Quiconque est embauché comme gestionnaire de la nutrition après l'entrée en vigueur du présent article doit être membre actif de la Société canadienne de gestion de la nutrition ou diététiste agréé.

(3) Malgré le paragraphe (2), quiconque travaillait ou était employé comme gestionnaire de la nutrition dans un foyer de soins de longue durée immédiatement avant le 1er juillet 2010 peut être embauché comme tel dans un autre foyer de soins de longue durée s'il a travaillé ou a été employé à ce titre dans un foyer de soins de longue durée :

a) soit à temps plein pendant au moins trois années au cours des cinq années qui ont précédé immédiatement son embauche dans l'autre foyer;

b) soit à temps partiel pendant l'équivalent d'au moins trois années à temps plein au cours des sept années qui ont précédé immédiatement son embauche dans l'autre foyer.

(4) Le titulaire de permis veille à ce qu'un gestionnaire de la nutrition soit présent chaque semaine au foyer et y travaille comme tel pendant le nombre d'heures minimal calculé conformément au paragraphe (5), sans compter les heures passées à s'acquitter d'autres responsabilités.

(5) Pour l'application du paragraphe (4), mais sous réserve du paragraphe (6), le nombre d'heures minimal par semaine est calculé comme suit :

$$M = A \times 8 \div 25$$

où :

«M» représente le nombre minimal d'heures par semaine;

«A» représente :

a) si le taux d'occupation du foyer s'élève à 97 % ou plus, la capacité en lits autorisés du foyer pour la semaine;

b) si le taux d'occupation du foyer s'élève à moins de 97 %, le nombre de résidents qui résident au foyer pour la semaine, y compris les résidents absents.

(6) Le directeur peut tenir compte des heures d'une semaine, le cas échéant, passées à préparer des repas et d'autres aliments et boissons fournis aux non-résidents dans le seul but d'établir si, à la fois :

a) le titulaire de permis satisfait aux exigences du paragraphe (4);

b) une partie du nombre minimal d'heures-personnes visé au paragraphe (4) sert à préparer les repas et autres aliments et boissons fournis aux non-résidents.

Cuisiniers

82. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qu'au moins un cuisinier qui occupe son poste pendant au moins 35 heures par semaine soit présent au foyer.

(2) Le titulaire de permis veille à ce que le cuisinier visé au paragraphe (1) qui est embauché le 1er juillet 2010 ou par la suite remplisse l'une ou l'autre des conditions suivantes :

a) il a une formation de chef cuisinier ou détient un diplôme ou un certificat en gestion culinaire conféré, selon le cas :

(i) par un collège ouvert en vertu de la *Loi de 2002 sur les collèges d'arts appliqués et de technologie de l'Ontario*,

(ii) par un collège privé d'enseignement professionnel inscrit, après avoir réussi un programme approuvé par le surintendant des collèges privés d'enseignement professionnel en vertu de la *Loi de 2005 sur les collèges privés d'enseignement professionnel*;

b) il détient un diplôme ou un certificat conféré dans un autre territoire et possède un ensemble de compétences qui équivalent, de l'avis raisonnable du titulaire de permis, à celles que devrait posséder, selon les attentes du titulaire de permis, une personne détenant un diplôme ou un certificat prévu à l'alinéa a);

c) il détient un certificat de qualification pour le métier de cuisinier ou de cuisinier d'établissement délivré :

(i) soit par le directeur de l'apprentissage conformément à la *Loi de 1998 sur l'apprentissage et la reconnaissance professionnelle*,

(ii) soit par le registraire de l'Ordre conformément à la *Loi de 2009 sur l'Ordre des métiers de l'Ontario et l'apprentissage*,

(iii) soit par le registraire de Métiers spécialisés Ontario conformément à la *Loi de 2021 ouvrant des perspectives dans les métiers spécialisés*;

d) il satisfait à l'exigence énoncée à l'alinéa 84 (4) c).

(3) Le titulaire de permis veille à ce que le cuisinier visé au paragraphe (1) qui était employé au foyer avant le 1er juillet 2010 remplisse l'une ou l'autre des conditions suivantes :

a) il possède les qualités exigées au paragraphe (2);

b) il a réussi un programme à l'intention des préposés au service d'alimentation dans un collège ouvert en vertu de la *Loi de 2002 sur les collèges d'arts appliqués et de technologie de l'Ontario* ou un programme à l'intention des préposés au service d'alimentation offert par un collège privé d'enseignement professionnel inscrit et approuvé par le surintendant des collèges privés d'enseignement professionnel en vertu de la *Loi de 2005 sur les collèges privés d'enseignement professionnel*;

c) il a suivi un programme de formation à l'intention des préposés à la manutention des aliments au sens de la définition donnée à ce terme au paragraphe 84 (5) au plus tard le 1er octobre 2020, à moins qu'il n'ait satisfait aux exigences de l'alinéa a) ou b) plus tôt.

(4) Malgré le paragraphe (2), quiconque travaillait ou était employé comme cuisinier dans un foyer de soins de longue durée immédiatement avant le 1er juillet 2010 peut être embauché comme tel dans un autre foyer de soins de longue durée si, à la fois :

a) il a travaillé ou a été employé à ce titre dans un foyer de soins de longue durée :

(i) soit à temps plein pendant au moins trois années au cours des cinq années qui ont précédé son emploi dans l'autre foyer,

(ii) soit à temps partiel pendant l'équivalent d'au moins trois années à temps plein au cours des sept années qui ont précédé son emploi dans l'autre foyer;

b) il a satisfait aux exigences du paragraphe (3) alors qu'il était à l'ancien foyer.

Préposés au service d'alimentation : nombre minimal

83. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le foyer compte un nombre suffisant de préposés au service d'alimentation pour assurer le nombre minimal d'heures-personnes, calculé conformément au paragraphe (2), nécessaires aux fins suivantes :

a) la préparation des repas et des collations des résidents;

b) la distribution et le service des repas des résidents;

c) la réception, l'entreposage et la gestion de l'inventaire des aliments des résidents et des fournitures pour leur service aux résidents;

d) le nettoyage et l'assainissement quotidiens de la vaisselle, des ustensiles et de l'équipement utilisés pour la préparation, la distribution et le service des repas des résidents.

(2) Pour l'application du paragraphe (1), mais sous réserve du paragraphe (3), le nombre minimal d'heures-personnes est calculé comme suit :

$$M = A \times 7 \times 0{,}45$$

où,

«M» représente le nombre minimal d'heures-personnes par semaine;

«A» représente :

a) si le taux d'occupation du foyer s'élève à 97 % ou plus, la capacité en lits autorisés du foyer pour la semaine;

b) si le taux d'occupation du foyer s'élève à moins de 97 %, le nombre de résidents qui résident au foyer pour la semaine, y compris les résidents absents.

(3) Un inspecteur peut tenir compte des heures d'une semaine, le cas échéant, passées à préparer des repas et d'autres aliments et boissons fournis aux non-résidents dans le seul but d'établir si, à la fois :

a) le titulaire de permis satisfait aux exigences du paragraphe (1);

b) une partie du nombre minimal d'heures-personnes visé au paragraphe (1) sert à préparer les repas et autres aliments et boissons fournis aux non-résidents.

Préposés au service d'alimentation : formation et qualités requises

84. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les préposés au service d'alimentation, à l'exception des cuisiniers auxquels s'applique l'article 82 :

a) soit aient réussi un programme à l'intention des préposés au service d'alimentation offert dans un collège ouvert en vertu de la *Loi de 2002 sur les collèges d'arts appliqués et de technologie de l'Ontario* ou dans un collège privé d'enseignement professionnel inscrit par le surintendant des collèges privés d'enseignement professionnel et dont la prestation a été autorisée par le surintendant en vertu de la *Loi de 2005 sur les collèges privés d'enseignement professionnel*, ou soient inscrits à de tels programmes;

b) soit aient réussi un programme d'apprentissage du métier de cuisinier, de cuisinier d'établissement ou d'aide-cuisinier conformément à la *Loi de 1998 sur l'apprentissage et la reconnaissance professionnelle*, à la *Loi de 2009 sur l'Ordre des métiers de l'Ontario et l'apprentissage* ou à la *Loi de 2021 ouvrant des perspectives dans les métiers spécialisés*;

c) soit aient conclu un contrat d'apprentissage enregistré visant le métier de cuisinier, de cuisinier d'établissement ou d'aide-cuisinier conformément à la *Loi de 1998 sur l'apprentissage et la reconnaissance professionnelle*, à la *Loi de 2009 sur l'Ordre des métiers de l'Ontario et l'apprentissage* ou à la *Loi de 2021 ouvrant des perspectives dans les métiers spécialisés*.

(2) Le titulaire de permis cesse d'employer comme préposé au service d'alimentation toute personne qui était tenue d'être inscrite à un programme visé au paragraphe (1) si :

a) dans le cas d'un programme visé à l'alinéa (1) a), cette personne cesse d'être inscrite au programme en question ou ne le réussit pas dans les trois ans de son embauche;

b) dans le cas d'un programme visé à l'alinéa (1) c), l'enregistrement du contrat d'apprentissage de cette personne est annulé, suspendu ou révoqué, ou celle-ci n'a pas reçu une attestation de réussite d'un programme conformément à la

Loi de 1998 sur l'apprentissage et la reconnaissance professionnelle ou à la *Loi de 2009 sur l'Ordre des métiers de l'Ontario et l'apprentissage* ou un certificat d'apprentissage conformément à la *Loi de 2021 ouvrant des perspectives dans les métiers spécialisés* selon le cas :

(i) dans les trois ans de son embauche, dans le cas d'un programme d'apprentissage du métier d'aide-cuisinier,

(ii) dans les cinq ans de son embauche, dans le cas d'un programme d'apprentissage du métier de cuisinier ou de cuisinier d'établissement.

(3) Malgré le paragraphe (1), quiconque travaillait ou était employé comme préposé au service d'alimentation dans un foyer de soins de longue durée immédiatement avant le 1er juillet 2010 peut être embauché comme tel dans un autre foyer si, à la fois :

a) il a travaillé ou a été employé à ce titre dans un foyer de soins de longue durée :

(i) soit à temps plein pendant au moins trois années au cours des cinq années qui ont précédé immédiatement son emploi dans l'autre foyer,

(ii) soit à temps partiel pendant l'équivalent d'au moins trois années à temps plein au cours des sept années qui ont précédé immédiatement son emploi dans l'autre foyer;

b) il a terminé un programme de formation à l'intention des préposés à la manutention des aliments au plus tard le 1er octobre 2010, sauf s'il a satisfait aux exigences du paragraphe (1) avant cette date.

(4) Le paragraphe (1) ne s'applique pas, selon le cas :

a) aux étudiants embauchés sur une base saisonnière ou à temps partiel qui ont terminé avec succès un programme de formation à l'intention des préposés à la manutention des aliments;

b) aux personnes qui possèdent les qualités requises énoncées au paragraphe 81 (2) ou 82 (2) ou aux personnes qui sont soustraites à l'obligation de posséder ces qualités du fait qu'elles satisfont aux exigences du paragraphe 81 (3) ou 82 (4);

c) aux titulaires d'un diplôme d'études postsecondaires en gestion de l'alimentation et de la nutrition ou d'un grade d'études postsecondaires en alimentation et en nutrition.

(5) La définition qui suit s'applique au présent article.

«programme de formation à l'intention des préposés à la manutention des aliments» Le programme de ce nom qu'offre ou approuve le conseil de santé du service de santé publique desservant le foyer de soins de longue durée.

SERVICES MÉDICAUX

Programme de services médicaux

85. Les articles 86 à 90 s'appliquent au programme structuré de services médicaux du foyer exigé à l'article 16 de la Loi.

Disponibilité des services médicaux

86. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les résidents aient accès à des services médicaux au foyer 24 heures sur 24.

Directives et ordonnances médicales individualisées

87. Le titulaire de permis d'un foyer de soins de longue durée veille à ce qu'aucune directive ou ordonnance médicale ne soit suivie à l'égard d'un résident, à moins qu'elle ne soit individualisée pour tenir compte de l'état et des besoins du résident.

MÉDECINS ET INFIRMIÈRES AUTORISÉES OU INFIRMIERS AUTORISÉS (CATÉGORIE SUPÉRIEURE)

Médecin traitant ou infirmière autorisée ou infirmier autorisé (catégorie supérieure)

88. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit un médecin soit une infirmière autorisée ou un infirmier autorisé de la catégorie supérieure fasse ce qui suit :

a) il fait passer à chaque résident un examen physique dès son admission et une fois par année par la suite et rédige un rapport des résultats de l'examen;

b) il est régulièrement présent au foyer pour y fournir des services, notamment des évaluations;

c) il assure la permanence après les heures normales de travail et la couverture de garde.

(2) Le résident ou son mandataire spécial peut retenir les services soit d'un médecin, soit d'une infirmière autorisée ou d'un infirmier autorisé de la catégorie supérieure pour fournir les services exigés au paragraphe (1).

(3) Si le résident ou son mandataire spécial ne retient les services ni d'un médecin, ni d'une infirmière autorisée ou d'un infirmier autorisé de la catégorie supérieure, le titulaire de permis en nomme un pour le résident, en consultation avec le directeur médical, le résident et son mandataire spécial, s'il en a un.

(4) Le titulaire de permis conclut l'entente écrite appropriée visée à l'article 89 ou 90 avec chaque médecin ou chaque infirmière autorisée ou infirmier autorisé de la catégorie supérieure dont les services ont été retenus ou qui a été nommé en application du paragraphe (2) ou (3).

(5) Le titulaire de permis veille à ce que l'examen physique annuel exigé en application de l'alinéa (1) a) ait lieu dans les trois mois suivant la date à laquelle le Règlement de l'Ontario 95/20 (Streamlining Requirements for Long-Term Care Homes) pris en vertu de la *Loi de 2020 sur la réouverture de l'Ontario (mesures adaptables en réponse à la COVID-19)* cesse d'être en vigueur, si le résident n'a subi aucun examen physique annuel dans l'année précédant la date à laquelle ce règlement cesse d'être en vigueur.

Entente : médecin traitant

89. L'entente écrite qui doit être conclue entre le titulaire de permis et un médecin en application du paragraphe 88 (4) doit prévoir au minimum ce qui suit :

a) la durée de l'entente;

b) les responsabilités du titulaire de permis;

c) les responsabilités ou les fonctions du médecin, notamment ce qui suit :

(i) l'obligation de rendre compte au directeur médical en ce qui a trait au respect des politiques, des marches à suivre et des protocoles en vigueur au foyer en matière de services médicaux,

(ii) la fourniture de services médicaux,

(iii) la permanence après les heures normales de travail et la couverture de garde.

Entente : infirmière autorisée ou infirmier autorisé de la catégorie supérieure

90. L'entente écrite qui doit être conclue entre le titulaire de permis et une infirmière autorisée ou un infirmier autorisé de la catégorie supérieure en application du paragraphe 88 (4) doit prévoir au minimum ce qui suit :

a) la durée de l'entente;

b) les responsabilités du titulaire de permis;

c) les responsabilités ou les fonctions de l'infirmière autorisée ou de l'infirmier autorisé de la catégorie supérieure, notamment ce qui suit :

(i) l'obligation de rendre compte au directeur médical en ce qui a trait au respect des politiques, des marches à suivre et des protocoles en vigueur au foyer en matière de services médicaux,

(ii) la fourniture de services,

(iii) la communication au titulaire de permis du nom du médecin avec lequel l'infirmière autorisée ou l'infirmier autorisé de la catégorie supérieure entretient des relations à caractère consultatif,

(iv) la permanence après les heures normales de travail et la couverture de garde.

PRATIQUES RELIGIEUSES ET SPIRITUELLES

Pratiques religieuses et spirituelles

91. (1) Le présent article s'applique au programme structuré du foyer visant à garantir aux résidents des occasions raisonnables d'observer leurs croyances religieuses et spirituelles qu'exige l'article 18 de la Loi.

(2) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le programme comprenne des dispositions pour assurer la fourniture, sur une base régulière, de services religieux, de ressources et de conseils d'ordre spirituel non confessionnels pour tous les résidents qui le désirent compte tenu de leur disponibilité au sein de la collectivité.

(3) Le titulaire de permis veille à ce qui suit :

a) des mécanismes sont mis en place pour appuyer et faciliter la participation des résidents au programme;

b) des dispositions sont prises pour offrir des entretiens individuels aux résidents qui le désirent, compte tenu de ce qui est disponible au sein de la collectivité;

c) des dispositions sont prises pour faciliter la participation au programme des résidents ayant une déficience auditive ou visuelle, compte tenu de ce qui est disponible au sein de la collectivité.

(4) Le titulaire de permis veille à ce que soit désigné pour le programme un responsable qui a les connaissances et l'expérience nécessaires pour coordonner des services religieux et un soutien spirituel dans un milieu multiconfessionnel.

SERVICES D'HÉBERGEMENT

Programmes de services d'hébergement

92. (1) Le présent article et les articles 93 à 98 s'appliquent aux programmes structurés qu'exige le paragraphe 19 (1) de la Loi.

(2) Si les services prévus dans le cadre des programmes sont fournis par un fournisseur de services qui n'est pas un de ses employés, le titulaire de permis veille à ce que soit conclue avec le fournisseur une entente écrite énonçant les attentes relativement aux services.

(3) Le titulaire de permis veille à ce que soient mises en place des politiques et des marches à suivre écrites pour surveiller et superviser les personnes qui fournissent à l'occasion des services d'entretien ou de réparation au foyer conformément à l'entente visée au paragraphe (2).

(4) Les politiques et les marches à suivre du titulaire de permis prévues au paragraphe (3) peuvent tenir compte de la question de savoir si la personne est assujettie aux exigences en matière de vérification de dossier de police et de déclarations énoncées aux articles 252 et 253.

Entretien ménager

93. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que des services d'entretien ménager soient fournis sept jours par semaine.

(2) Dans le cadre du programme structuré de services d'entretien ménager prévu à l'alinéa 19 (1) a) de la Loi, le titulaire de permis veille à ce que soient élaborées et mises en oeuvre des marches à suivre visant ce qui suit :

a) le nettoyage du foyer, notamment :

(i) les chambres à coucher des résidents, y compris les planchers, les tapis, les meubles, les rideaux de séparation et les surfaces de contact et celles des murs,

(ii) les aires communes et celles réservées au personnel, y compris les planchers, les tapis, les meubles, les surfaces de contact et les murs;

b) le nettoyage et la désinfection des articles suivants conformément aux instructions du fabricant et au moyen, au minimum, d'un désinfectant de faible niveau conformément aux pratiques fondées sur des données probantes et, en l'absence de telles pratiques, conformément aux pratiques couramment admises :

(i) l'équipement destiné aux soins des résidents, notamment les bains hydromasseurs, les baignoires, les chaises de douche et les fauteuils releveurs,

(ii) les fournitures et appareils, y compris les appareils d'aide personnelle, les appareils fonctionnels et les aides pour changer de position,

(iii) les surfaces de contact;

c) l'enlèvement et l'élimination sécuritaire des déchets secs et mouillés;

d) l'élimination des odeurs nauséabondes persistantes.

(3) Le titulaire de permis veille à ce que le responsable de la prévention et du contrôle des infections désigné en application du paragraphe 102 (5) participe au choix du désinfectant visé à l'alinéa (2) b).

(4) Le titulaire de permis veille à ce qu'un approvisionnement suffisant d'équipement d'entretien ménager et de fournitures de nettoyage soit aisément accessible à tout le personnel au foyer.

Lutte contre les ravageurs

94. (1) Dans le cadre des programmes structurés de services d'entretien ménager et de services d'entretien prévus aux alinéas 19 (1) a) et c) de la Loi, le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit mis en place au foyer un programme structuré de lutte préventive contre les ravageurs prévoyant le recours aux services d'un préposé au contrôle des ravageurs agréé et, notamment, la tenue de dossiers indiquant les dates des visites effectuées et les mesures prises.

(2) Le titulaire de permis veille à ce que des mesures immédiates soient prises pour éliminer les ravageurs.

Services de buanderie

95. (1) Dans le cadre du programme structuré de services de buanderie prévu à l'alinéa 19 (1) b) de la Loi, le titulaire de permis d'un foyer de soins de longue durée veille à ce qui suit :

a) des marches à suivre qui garantissent ce qui suit sont élaborées et mises en oeuvre :

(i) le linge de maison des résidents est changé au moins une fois par semaine ou plus souvent, au besoin,

(ii) les objets personnels et les vêtements des résidents sont étiquetés avec considération dans les 48 heures de leur admission ou de l'acquisition des vêtements, s'il s'agit de vêtements neufs,

(iii) les vêtements souillés des résidents sont recueillis, triés et nettoyés et ils leur sont retournés,

(iv) un processus permettant de signaler et de retrouver les vêtements et objets personnels perdus des résidents est prévu;

b) un approvisionnement suffisant en linge de maison, en débarbouillettes et en serviettes de bain propres est toujours accessible au foyer aux fins d'utilisation par les résidents;

c) le linge de maison, les débarbouillettes et les serviettes de bain sont toujours propres et sanitaires et sont maintenus en bon état et exempts de taches et d'odeurs;

d) des machines à laver et des sécheuses industrielles sont utilisées pour laver et sécher tout le linge.

(2) Malgré l'alinéa (1) d), le titulaire de permis peut fournir au foyer des machines à laver et des sécheuses résidentielles qui sont, à la fois :

a) accessibles aux résidents et aux membres de leur famille;

b) disponibles pour satisfaire aux besoins en matière de buanderie qui résultent de programmes, s'il n'est pas nécessaire d'avoir recours à un assainissement industriel pour répondre à ces besoins.

Services d'entretien

96. (1) Dans le cadre du programme structuré de services d'entretien prévu à l'alinéa 19 (1) c) de la Loi, le titulaire de permis d'un foyer de soins de longue durée veille à ce qui suit :

a) des services d'entretien sont disponibles sept jours par semaine au foyer pour faire en sorte que le bâtiment, notamment les aires à l'intérieur et à l'extérieur, et ses systèmes opérationnels soient maintenus en bon état;

b) des calendriers et des marches à suivre sont prévus en ce qui concerne l'entretien périodique, préventif et correctif.

(2) Le titulaire de permis veille à ce que soient élaborées et mises en oeuvre des marches à suivre qui garantissent ce qui suit :

a) le matériel électrique et non électrique, notamment les appareils de levage, sont maintenus en bon état et ils sont entretenus et nettoyés de manière à satisfaire au moins aux instructions du fabricant;

b) l'équipement, les appareils, les appareils fonctionnels et les aides pour changer de position au foyer sont maintenus en bon état, à l'exception des appareils d'aide personnelle ou de l'équipement des résidents;

c) les installations de chauffage, de ventilation et de climatisation sont nettoyées et en bon état et sont inspectées au moins tous les six mois par un particulier agréé, et une documentation est conservée au sujet de l'inspection;

d) les installations de plomberie, les toilettes, les éviers, les barres d'appui et les appareils et accessoires des salles de toilette sont entretenus et exempts de corrosion et de fissures;

e) les foyers à gaz ou les foyers électriques et le matériel thermique, sauf les installations de chauffage visées à l'alinéa c), sont inspectés par un particulier qualifié au moins une fois par année et une documentation est tenue à l'égard de l'inspection;

f) les chaudières et réservoirs à eau chaude sont entretenus au moins une fois par année, et une documentation est tenue à l'égard de l'entretien;

g) la température de l'eau qui alimente les baignoires, les douches et les lavabos qu'utilisent les résidents ne dépasse pas 49 degrés Celsius et est contrôlée par un dispositif de régulation de la température qui se trouve hors de la portée des résidents;

h) des mesures immédiates sont prises pour abaisser la température de l'eau lorsque celle-ci dépasse 49 degrés Celsius;

i) la température de l'eau chaude qui alimente les baignoires et les douches qu'utilisent les résidents est maintenue à au moins 40 degrés Celsius;

j) si le foyer utilise un système informatisé pour surveiller la température de l'eau, le système est vérifié tous les jours pour s'assurer qu'il est en bon état;

k) si le foyer n'utilise pas de système informatisé pour surveiller la température de l'eau, celle-ci est vérifiée une fois par quart de travail à des endroits choisis au hasard où les résidents ont accès à l'eau chaude.

(3) Le titulaire de permis veille à ce que les installations de ventilation mécanique du foyer fonctionnent en tout temps, sauf lorsque le foyer est alimenté en électricité au moyen d'une génératrice d'urgence.

Substances dangereuses

97. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les substances dangereuses du foyer soient étiquetées de façon appropriée et gardées hors de la portée des résidents en tout temps.

Responsable désigné : entretien ménager, services de buanderie et services d'entretien

98. (1) Le titulaire de permis veille à ce qu'un responsable soit désigné pour chacun des programmes d'entretien ménager, de services de buanderie et de services d'entretien. La même personne peut toutefois être désignée comme responsable de plus d'un programme.

(2) Le responsable désigné doit satisfaire aux exigences suivantes :

a) être titulaire d'un diplôme ou d'un grade d'études postsecondaires;

b) connaître les pratiques fondées sur des données probantes et, s'il n'en existe aucune, les pratiques couramment admises en ce qui a trait à l'entretien ménager, à la buanderie et à l'entretien, selon le cas;

c) avoir au moins deux ans d'expérience dans l'exercice de fonctions de gestion ou de supervision.

(3) Le paragraphe (2) ne s'applique qu'aux responsables désignés qui sont désignés après l'entrée en vigueur du présent article.

(4) Malgré le paragraphe (2), quiconque travaillait ou était employé comme responsable désigné dans un foyer de soins de longue durée immédiatement avant le 1er juillet 2010 peut être désigné comme tel dans un autre foyer de soins de longue durée s'il a travaillé ou a été employé à ce titre dans un foyer de soins de longue durée :

a) soit à temps plein pendant au moins trois années au cours des cinq années qui ont précédé immédiatement sa désignation dans l'autre foyer;

b) soit à temps partiel pendant l'équivalent d'au moins trois années à temps plein au cours des sept années qui ont précédé immédiatement sa désignation dans l'autre foyer.

ANIMAUX DE COMPAGNIE

Animaux de compagnie

99. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soient mises en place des politiques écrites concernant les animaux de compagnie au foyer.

BÉNÉVOLES

Programme de bénévolat

100. (1) Le présent article et l'article 101 s'appliquent au programme de bénévolat structuré exigé au paragraphe 20 (1) de la Loi.

(2) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qu'un membre du personnel surveille ou dirige les bénévoles lorsque cela s'impose pour garantir la sécurité des résidents.

Responsable désigné

101. (1) Le titulaire de permis veille à ce qu'un membre du personnel soit désigné comme responsable du programme de bénévolat.

(2) Le responsable désigné doit, à la fois :

a) avoir au moins un an d'expérience de travail auprès de personnes âgées dans le cadre d'un programme structuré ou au moins un an d'expérience de travail auprès de personnes dans un milieu de soins de santé;

b) avoir de l'expérience ou des connaissances dans le recrutement, le choix, l'orientation, le placement et la supervision de bénévoles.

PROGRAMME DE PRÉVENTION ET DE CONTRÔLE DES INFECTIONS

Programme de prévention et de contrôle des infections

102. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le programme de prévention et de contrôle des infections qu'exige le paragraphe 23 (1) de la Loi soit conforme aux exigences du présent article.

(2) Le titulaire de permis met en oeuvre ce qui suit :

a) les protocoles de surveillance que délivre le directeur à l'égard d'une maladie transmissible particulière ou d'une maladie importante sur le plan de la santé publique;

b) les normes ou protocoles que délivre le directeur à l'égard de la prévention et du contrôle des infections.

(3) Le directeur met régulièrement à jour les normes et protocoles visés au paragraphe (2) pour tenir compte des éléments de preuve pertinents et des meilleures pratiques.

(4) Le titulaire de permis veille à ce qui suit :

a) la coordination et la mise en oeuvre du programme sont fondées sur une approche d'équipe multidisciplinaire;

b) l'équipe interdisciplinaire de prévention et de contrôle des infections, qui comprend le responsable de la prévention et du contrôle des infections, le directeur médical, le directeur des soins infirmiers et des soins personnels, et l'administrateur, coordonne et met en oeuvre le programme;

c) l'équipe interdisciplinaire de prévention et de contrôle des infections se réunit au moins tous les trimestres et plus fréquemment lors d'une éclosion de maladie infectieuse au foyer;

d) le médecin-hygiéniste local nommé en vertu de la *Loi sur la protection et la promotion de la santé* ou la personne qu'il désigne est invité à assister aux réunions;

e) le programme est évalué et mis à jour au moins une fois par année conformément aux normes et protocoles que délivre le directeur en application du paragraphe (2);

f) chaque évaluation prévue à l'alinéa e), qui comprend notamment la date de l'évaluation, le nom des personnes qui y ont participé, un résumé des modifications apportées et la date à laquelle ces modifications ont été mises en oeuvre, est consignée dans un dossier.

g) le programme est mis en oeuvre d'une manière compatible avec, d'une part, le principe de précaution énoncé dans les normes et protocoles que délivre le directeur en application du paragraphe (2) et, d'autre part, les preuves médicales les plus récentes.

(5) Le titulaire de permis désigne un membre du personnel à titre de responsable de la prévention et du contrôle des infections. La formation de ce membre et son expérience en matière de pratiques de prévention et de contrôle des infections doivent notamment porter sur les éléments suivants :

a) les maladies infectieuses;

b) le nettoyage et la désinfection;

c) la collecte de données et l'analyse des tendances;

d) les protocoles de présentation de rapports;

e) la gestion des éclosions;

f) l'asepsie;

g) la microbiologie;

h) l'enseignement des adultes;

i) l'épidémiologie;

j) la gestion de programmes;

k) un certificat en vigueur en matière de prévention et de contrôle des infections délivré par le Certification Board of Infection Control and Epidemiology.

(6) Le titulaire de permis d'un foyer de soins de longue durée n'est tenu de se conformer aux exigences en matière de qualités requises applicables à l'égard du responsable de la prévention et du contrôle des infections prévues à l'alinéa (5) k) que trois ans après l'entrée en vigueur du présent article.

(7) Le titulaire de permis veille à ce que le responsable de la prévention et du contrôle des infections désigné en application du paragraphe (5) s'acquitte des responsabilités suivantes au foyer :

1. Il collabore avec l'équipe interdisciplinaire pour mettre en oeuvre le programme de prévention et de contrôle des infections.

2. Il gère et supervise le programme de prévention et de contrôle des infections.

3. Il surveille la formation sur la prévention et le contrôle des infections dispensée à l'ensemble du personnel, des fournisseurs de soins, des bénévoles, des visiteurs et des résidents.

4. Il vérifie les pratiques de prévention et de contrôle des infections au foyer.

5. Il effectue une surveillance régulière des maladies infectieuses.

6. Il convoque l'équipe de gestion des éclosions au début d'une éclosion et régulièrement tout au long d'une éclosion.

7. Il convoque l'équipe interdisciplinaire de prévention et de contrôle des infections visée au paragraphe (4) au moins une fois par trimestre et à intervalles plus fréquents au cours d'une éclosion de maladie infectieuse au foyer.

8. Il examine les renseignements recueillis conformément au paragraphe (9).

9. Il examine les résultats de dépistage quotidiens et mensuels qu'a recueillis le titulaire de permis afin d'établir si des mesures doivent être prises.

10. Il met en oeuvre les améliorations requises au programme de prévention et de contrôle des infections, comme l'exigent les vérifications visées à la disposition 4 ou par le titulaire de permis.

11. Il s'assure que soit mis en place un programme d'hygiène des mains conformément aux normes ou protocoles que délivre le directeur en application du paragraphe (2). Ce protocole doit comprendre au moins l'accès à des agents d'hygiène des mains aux divers points de service.

(8) Le titulaire de permis veille à ce que tout le personnel participe à la mise en oeuvre du programme, notamment tous les membres de l'équipe de leadership, y compris l'administrateur, le directeur médical, le directeur des soins infirmiers et des soins personnels, et le responsable de la prévention et du contrôle des infections.

(9) Le titulaire de permis veille à ce qui suit au cours de chaque quart de travail :

a) les symptômes indiquant la présence d'infections chez des résidents sont surveillés conformément aux normes ou protocoles que délivre le directeur en application du paragraphe (2);

b) les symptômes sont consignés et les mesures nécessaires sont prises immédiatement pour réduire la transmission, isoler les résidents et les mettre en groupe au besoin.

(10) Le titulaire de permis veille à ce que les renseignements recueillis en application du paragraphe (9) soient, d'une part, analysés chaque jour pour détecter la présence d'infections et, d'autre part, examinés au moins une fois par mois afin de déceler les tendances dans le but de réduire le nombre de cas d'infection et les épidémies.

(11) Le titulaire de permis veille à ce que soit mis en place ce qui suit :

a) un système de gestion des épidémies permettant de détecter, de gérer et de contrôler les épidémies de maladies infectieuses, avec notamment les responsabilités définies du personnel, les protocoles de présentation de rapports fondés sur les exigences que prévoit la *Loi sur la protection et la promotion de la santé*, les plans de communication et les protocoles qui permettent de recevoir des alertes médicales et d'intervenir en l'occurrence;

b) un plan écrit qui permet d'intervenir en cas d'éclosions de maladies infectieuses.

(12) Le titulaire de permis veille à ce que soient mises en place les mesures d'immunisation et de dépistage suivantes :

1. Chaque résident admis au foyer doit participer à un programme de dépistage de la tuberculose dans les 14 jours de son admission, sauf s'il a déjà participé à un tel programme dans les 90 jours précédant son admission et que le titulaire de permis a accès aux résultats documentés de ce dépistage.

2. Des immunisations contre l'influenza au moment approprié chaque année doivent être offertes aux résidents.

3. Des immunisations contre le pneumocoque, le tétanos et la diphtérie, conformément aux calendriers d'immunisation publique affichés sur le site Web du ministère de la Santé, doivent être offertes aux résidents.

4. Le personnel doit participer à un programme de dépistage de la tuberculose et d'autres maladies infectieuses conformément aux normes ou protocoles que délivre le directeur en application du paragraphe (2).

5. Un programme d'immunisation du personnel doit être prévu conformément aux normes ou protocoles que délivre le directeur en application du paragraphe (2).

(13) Le titulaire de permis est soustrait à l'application de la disposition 1 du paragraphe (12) à l'égard d'un résident qui, selon le cas :

a) est réinstallé dans un autre foyer de soins de longue durée qu'il exploite, auquel cas l'article 240 s'applique;

b) est transféré à un foyer de soins de longue durée temporaire lié, à un foyer de soins de longue durée réouvert ou à un foyer de soins de longue durée de remplacement qu'exploite le même titulaire de permis.

(14) Le titulaire de permis veille à ce que les immunisations des animaux de compagnie qui vivent au foyer ou qui visitent le foyer soient à jour.

(15) Sous réserve du paragraphe (16), le titulaire de permis d'un foyer de soins de longue durée veille à ce que le responsable de la prévention et du contrôle des infections désigné en application du présent article soit présent chaque semaine au foyer et y travaille régulièrement comme tel pendant les périodes suivantes :

1. Dans un foyer dont la capacité en lits autorisés est d'au plus 69 lits, au moins 17,5 heures par semaine.

2. Dans un foyer dont la capacité en lits autorisés est de plus de 69, mais de moins de 200 lits, au moins 26,25 heures par semaine.

3. Dans un foyer dont la capacité en lits autorisés est de 200 lits ou plus, au moins 35 heures par semaine.

(16) Le titulaire de permis d'un foyer de soins de longue durée tient compte de la complexité et de la vulnérabilité de la population résidente du foyer et établit si le responsable de la prévention et du contrôle des infections doit travailler plus que le nombre minimal d'heures exigé au paragraphe (15) ou désigner d'autres responsables de la prévention et du contrôle des infections, au besoin.

(17) La désignation d'un autre responsable de la prévention et du contrôle des infections en vertu du paragraphe (16) ne dégage pas le titulaire de permis de son obligation d'assurer le nombre minimum d'heures de travail prévu au paragraphe (15) par le responsable de la prévention et du contrôle des infections.

(18) Le titulaire de permis supervise l'élaboration et la mise en oeuvre d'un programme de gestion de la qualité visant à évaluer et à améliorer la prévention et le contrôle des infections au foyer conformément à la norme ou au protocole que délivre le directeur en application du paragraphe (2).

(19) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les coordonnées directes, y compris un numéro de téléphone et une adresse électronique qui sont régulièrement surveillés pour les responsables de la prévention et du contrôle des infections, soient fournies aux personnes ou entités suivantes :

a) le médecin-hygiéniste nommé en vertu de la *Loi sur la protection et la promotion de la santé* ou la personne qu'il désigne;

b) le carrefour de prévention et de contrôle des infections pertinent, s'il existe une personne ou une entité désignée comme carrefour pour le foyer en vertu d'une entente de financement avec le ministère de la Santé.

PRÉVENTION DES MAUVAIS TRAITEMENTS ET DE LA NÉGLIGENCE

Politique visant à promouvoir la tolérance zéro

103. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que sa politique écrite, prévue à l'article 25 de la Loi, visant à promouvoir la tolérance zéro en matière de mauvais traitements et de négligence envers les résidents réunisse les conditions suivantes :

a) elle contient des marches à suivre et des mesures d'intervention visant à aider et à appuyer les résidents qui ont été ou auraient été victimes de mauvais traitements ou de négligence;

b) elle contient des marches à suivre et des mesures d'intervention visant à composer avec les personnes qui ont infligé ou auraient infligé des mauvais traitements à des résidents ou commis une négligence envers eux, selon ce qui est approprié;

c) elle indique les mesures à prendre et les stratégies à suivre pour prévenir les mauvais traitements et la négligence;

d) elle indique la façon dont sera menée l'enquête sur les allégations de mauvais traitements et de négligence, notamment qui sera chargé de l'enquête et qui en sera avisé;

e) elle indique les exigences en matière de formation et de recyclage visant tous les membres du personnel, notamment en ce qui concerne ce qui suit :

(i) le lien entre le déséquilibre de pouvoir entre les membres du personnel et les résidents et le risque que soient infligés des mauvais traitements et que soit commise une négligence par ceux qui sont en situation de confiance et d'autorité et chargés des soins des résidents,

(ii) les circonstances qui peuvent entraîner des mauvais traitements et la négligence et la façon de les prévenir.

Avis : incidents

104. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le mandataire spécial du résident, s'il y en a un, et toute autre personne que précise le résident :

a) soient avisés dès qu'il prend connaissance d'un incident allégué, soupçonné ou observé de mauvais traitements ou de négligence envers le résident qui lui a causé une lésion physique ou des douleurs ou encore des souffrances qui pourraient nuire à sa santé ou à son bien-être;

b) soient avisés dans les 12 heures qui suivent le moment où il prend connaissance de tout autre incident allégué, soupçonné ou observé de mauvais traitements ou de négligence envers le résident.

(2) Le titulaire de permis veille à ce que le résident et son mandataire spécial, s'il en a un, soient avisés des résultats de l'enquête exigée en application du paragraphe 27 (1) de la Loi et ce, dès la fin de l'enquête.

(3) Malgré les paragraphes (1) et (2), le titulaire de permis n'est pas tenu d'aviser une personne de quoi que ce soit en application du présent article s'il a des motifs raisonnables de croire que la personne est responsable d'un incident allégué, soupçonné ou observé de mauvais traitements ou de négligence envers le résident, mais il peut le faire.

Avis : police

105. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le corps de police concerné soit immédiatement avisé de tout incident allégué, soupçonné ou observé de mauvais traitements ou de négligence envers un résident s'il soupçonne que l'incident constitue une infraction criminelle.

Évaluation

106. Le titulaire de permis d'un foyer de soins de longue durée veille à ce qui suit :

a) il est procédé promptement à une analyse de chaque cas de mauvais traitements ou de négligence envers un résident du foyer après qu'il en prend connaissance;

b) au moins une fois par année civile, il est procédé à une évaluation qui permet d'établir l'efficacité de la politique, visée à l'article 25 de la Loi, visant à promouvoir la tolérance zéro en matière de mauvais traitements et de négligence envers les résidents et de formuler les modifications et améliorations qui s'imposent afin de prévenir les récidives;

c) les résultats de l'analyse effectuée en application de l'alinéa a) sont pris en considération dans le cadre de l'évaluation;

d) les modifications et améliorations visées à l'alinéa b) sont mises en oeuvre promptement;

e) sont consignés promptement dans un dossier tout ce que prévoient les alinéas b) et d), notamment la date de l'évaluation, le nom des personnes qui y ont participé et la date à laquelle les modifications et améliorations ont été mises en oeuvre.

RAPPORTS ET PLAINTES

Marche à suivre relative aux plaintes : titulaire de permis

107. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les marches à suivre écrites exigées à l'alinéa 26 (1) a) de la Loi incorporent les exigences énoncées à l'article 108 du présent règlement.

Traitement des plaintes

108. (1) Le titulaire de permis veille à ce que chaque plainte écrite ou verbale qu'il reçoit ou que reçoit un membre du personnel concernant les soins fournis à un résident ou l'exploitation du foyer soit traitée comme suit :

1. La plainte fait l'objet d'une enquête et d'un règlement, dans la mesure du possible, et une réponse conforme à la disposition 3 est donnée dans les 10 jours ouvrables qui suivent la réception de la plainte. S'il est allégué dans la plainte qu'un préjudice ou un risque de préjudice, notamment un préjudice physique, a été causé à un ou plusieurs résidents, l'enquête est menée immédiatement.
2. Si la plainte ne peut pas faire l'objet d'une enquête et d'un règlement dans les 10 jours ouvrables, un accusé de réception de la plainte est donné dans les 10 jours ouvrables qui suivent la réception de la plainte. Il énonce notamment la date limite à laquelle l'auteur de la plainte peut raisonnablement s'attendre à un règlement et une réponse de suivi conforme à la disposition 3 est donnée dès que possible dans les circonstances.
3. La réponse fournie à l'auteur d'une plainte comprend ce qui suit :
    i. le numéro de téléphone sans frais du ministère à composer pour porter plainte au sujet des foyers, ses heures de service et les coordonnées de l'ombudsman des patients visé à la *Loi de 2010 sur l'excellence des soins pour tous et au ministère*,
    ii. une explication de ce qui suit, selon le cas :
        A. les mesures prises par le titulaire de permis pour régler la plainte,
        B. le fait que le titulaire de permis croit la plainte non fondée, motifs à l'appui,
    iii. si le titulaire de permis était tenu de transmettre immédiatement la plainte en application de l'alinéa 26 (1) c) de la Loi, une confirmation qu'il l'a fait.

(2) Le titulaire de permis veille à ce que soit tenu au foyer un dossier documenté où figurent notamment les renseignements suivants :

a) la nature de chaque plainte verbale ou écrite;

b) la date de réception de la plainte;

c) le type de mesures prises pour régler la plainte, notamment la date où elles ont été prises, l'échéancier des mesures à prendre et tout suivi nécessaire;

d) le règlement définitif, le cas échéant;

e) chaque date à laquelle une réponse a été donnée à l'auteur de la plainte et une description de la réponse;

f) toute réponse formulée à son tour par l'auteur de la plainte.

(3) Le titulaire de permis veille à ce qui suit :

a) le dossier documenté est examiné et analysé pour déceler les tendances au moins une fois chaque trimestre;

b) les résultats de l'examen et de l'analyse sont pris en considération pour décider des améliorations devant être apportées au foyer;

c) chaque examen effectué et les améliorations apportées en conséquence sont consignés dans un dossier.

(4) Les paragraphes (2) et (3) ne s'appliquent pas à l'égard des plaintes verbales que le titulaire de permis peut régler dans les 24 heures de leur réception.

(5) Si un titulaire de permis est tenu de transmettre immédiatement une plainte en application de l'alinéa 26 (1) c) de la Loi, il la transmet sous la forme et de la manière que le directeur estime acceptables :

a) soit pendant les heures normales de bureau du ministère, au directeur ou à son délégué;

b) soit en dehors des heures normales de bureau, en ayant recours à la méthode d'entrée en contact en cas d'urgence du ministère.

Exigences supplémentaires : article 26 de la Loi

109. (1) La plainte que le titulaire de permis est tenu de transmettre immédiatement au directeur en application de l'alinéa 26 (1) c) de la Loi est une plainte alléguant un préjudice ou risque de préjudice, notamment, un préjudice physique à un ou plusieurs résidents.

(2) Pour l'application du paragraphe 26 (2) de la Loi, le titulaire de permis veille également à communiquer au directeur, d'une manière que celui-ci estime acceptable, une copie de la partie du dossier documenté qu'il doit tenir en application du paragraphe 108 (2) qui a trait à la plainte.

Disposition transitoire : plaintes

110. Si une plainte a été portée avant l'entrée en vigueur du présent article, mais n'a fait l'objet d'aucun traitement définitif, elle est traitée comme le prévoit l'article 108 dans la mesure du possible.

Plaintes concernant certaines questions : rapport au directeur

111. (1) Le titulaire de permis d'un foyer de soins de longue durée qui reçoit une plainte écrite à l'égard d'un cas dont il fait ou a fait rapport au directeur aux termes de l'article 28 de la Loi présente au directeur une copie de la plainte et un rapport écrit documentant la réponse qu'il a donnée à l'auteur de la plainte en application du paragraphe 108 (1).

(2) Le titulaire de permis se conforme au paragraphe (1) dès qu'il termine son enquête au sujet de la plainte ou plus tôt si le directeur l'exige.

Titulaire de permis : rapport d'enquête visé au par. 27 (2) de la Loi

112. (1) Lorsqu'il fait rapport au directeur en application du paragraphe 27 (2) de la Loi, le titulaire de permis communique par écrit les renseignements suivants à l'égard de l'incident allégué, soupçonné ou observé de mauvais traitement d'un résident de la part de qui que ce soit ou de négligence envers un résident de la part du titulaire de permis ou du personnel qui a donné lieu au rapport :

1. Une description de l'incident, notamment le type d'incident, le secteur ou l'endroit où il s'est produit, la date et l'heure de l'incident, et les circonstances qui l'entourent.
2. Une description des particuliers impliqués dans l'incident, notamment :
    i. le nom de tous les résidents impliqués dans l'incident,
    ii. le nom des membres du personnel ou des autres personnes qui étaient présents lors de l'incident ou qui l'ont découvert,
    iii. le nom des membres du personnel qui sont intervenus ou qui interviennent suite à l'incident.
3. Les mesures prises par suite de l'incident, notamment :
    i. les soins qui ont été donnés ou les mesures qui ont été prises par suite de l'incident, et par qui,
    ii. une mention indiquant si un médecin ou une infirmière autorisée ou un infirmier autorisé de la catégorie supérieure a été contacté,
    iii. les autres autorités qui ont été contactées au sujet de l'incident, le cas échéant,

iv. si l'incident implique un résident, une mention indiquant si un membre de sa famille, une personne d'importance pour lui ou son mandataire spécial a été contacté ainsi que le nom de cette ou de ces personnes,

v. le résultat atteint ou l'état actuel du ou des particuliers impliqués dans l'incident.

4. Une analyse et les mesures de suivi, notamment :

i. les mesures immédiates qui ont été prises pour prévenir toute récidive,

ii. les mesures à long terme planifiées pour remédier à la situation et prévenir toute récidive.

5. Les nom et titre de la personne qui fait rapport au directeur, la date du rapport et une mention indiquant si un inspecteur a été contacté et, le cas échéant, la date de la prise de contact et le nom de l'inspecteur.

(2) Sous réserve du paragraphe (3), le titulaire de permis fait le rapport dans les 10 jours qui suivent le moment où il prend connaissance de l'incident allégué, soupçonné ou observé, ou plus tôt si le directeur l'exige.

(3) S'il n'est pas possible de fournir tout ce qu'exige le paragraphe (1) dans un rapport dans les 10 jours, le titulaire de permis fait un rapport préliminaire au directeur dans ce délai et lui présente un rapport final dans le délai que précise le directeur.

Non-application : certains membres du personnel

113. La disposition 4 du paragraphe 28 (5) de la Loi ne s'applique pas à un membre du personnel qui, à la fois :

a) est visé par l'alinéa b) ou c) de la définition de «personnel» au paragraphe 2 (1) de la Loi;

b) ne fournit qu'à l'occasion des services d'entretien ou de réparation au foyer;

c) ne fournit pas de soins directs aux résidents.

Disposition transitoire : enquête et rapports

114. (1) L'article 27 de la Loi et l'article 112 du présent règlement s'appliquent à l'égard de tout incident dont le titulaire de permis a pris connaissance ou qui lui a été signalé après l'entrée en vigueur du présent article et ce, même si l'incident est survenu avant l'entrée en vigueur de l'article, à moins qu'il n'ait fait l'objet d'une enquête et qu'il n'ait été réglé avant ce jour-là.

(2) L'article 28 de la Loi ne s'applique qu'à l'égard des cas qui se sont produits ou sont susceptibles de se produire après le 1er juillet 2010.

(3) L'article 29 de la Loi s'applique à l'égard des renseignements que reçoit le directeur après l'entrée en vigueur de cet article et ce, même si les renseignements ont trait à un cas qui s'est produit avant ce jour-là.

(4) L'article 30 de la Loi s'applique à l'égard des représailles qui sont exercées après l'entrée en vigueur de cet article et ce, même si les représailles ont trait à quoi que ce soit qui a été divulgué ou présenté en preuve avant ce jour-là, y compris tout ce qui est visé par l'article 26 de l'ancienne loi.

Rapports : incidents graves

115. (1) Le titulaire de permis d'un foyer de soins de longue durée veille, d'une part, à immédiatement informer le directeur, de façon aussi détaillée que possible dans les circonstances, des incidents suivants et, d'autre part, à faire suivre le rapport exigé au paragraphe (5) :

1. Une situation d'urgence au sens de l'article 268, notamment un incendie, une évacuation non planifiée ou l'accueil de personnes évacuées.

2. Un décès inattendu ou soudain, notamment un décès résultant d'un accident ou d'un suicide.

3. Un résident qui est porté disparu depuis trois heures ou plus.

4. Un résident porté disparu qui retourne au foyer avec une lésion ou des changements indésirables de son état peu importe la durée de sa disparition.

5. L'éclosion d'une maladie importante sur le plan de la santé publique ou d'une maladie transmissible au sens de la *Loi sur la protection et la promotion de la santé*.

6. La contamination d'une source d'approvisionnement en eau potable.

(2) Si le titulaire de permis est tenu de faire un rapport immédiatement en application du paragraphe (1) en dehors des heures de bureau, il le fait en suivant la méthode de communication en cas d'urgence après les heures de bureau en vigueur au ministère.

(3) Le titulaire de permis veille, d'une part, à aviser le directeur lorsque se produisent au foyer les incidents suivants et ce, au plus tard un jour ouvrable après l'incident, et, d'autre part à faire suivre le rapport exigé au paragraphe (5) :

1. Un résident qui est porté disparu depuis moins de trois heures et qui retourne au foyer sans aucune lésion ni aucun changement indésirable de son état.
2. Un risque environnemental qui a une incidence sur la fourniture de soins ou sur la sécurité ou le bien-être d'un ou de plusieurs résidents pendant une période de plus de six heures, notamment :
    i. une panne ou une défaillance du système de sécurité,
    ii. une panne d'un équipement important ou d'un système au foyer,
    iii. la perte de services essentiels,
    iv. une inondation.
3. Une substance désignée manque ou il existe une différence d'inventaire.
4. Sous réserve du paragraphe (4), un incident cause à un résident une lésion nécessitant son transport à l'hôpital et provoque un changement important dans son état de santé.
5. Un incident lié à un médicament ou une réaction indésirable à un médicament nécessite qu'un résident soit transporté à l'hôpital.

(4) S'il survient un incident qui cause une lésion à un résident et nécessite son transport à un hôpital, mais que le titulaire de permis n'est pas en mesure d'établir dans un jour ouvrable si la lésion a provoqué un changement important dans l'état de santé du résident, le titulaire fait ce qui suit :

a) il communique avec l'hôpital dans les trois jours civils après que l'incident s'est produit pour établir si la lésion a provoqué un changement important dans l'état de santé du résident;
b) s'il établit que la lésion a provoqué un changement important dans l'état de santé du résident ou qu'il n'est toujours pas en mesure d'établir si cette lésion a provoqué un tel changement, il avise le directeur de l'incident au plus tard trois jours ouvrables après l'incident et il fait suivre le rapport exigé au paragraphe (5).

(5) Le titulaire de permis qui est tenu d'informer le directeur d'un d'incident en application du paragraphe (1), (3) ou (4), dans les 10 jours qui suivent le moment où il prend connaissance de l'incident, ou plus tôt si le directeur l'exige, fait un rapport écrit au directeur où figurent les renseignements suivants à l'égard de l'incident :

1. Une description de l'incident, notamment le type d'incident, le secteur ou l'endroit où il s'est produit, la date et l'heure de l'incident et les circonstances qui l'entourent.
2. Une description des particuliers impliqués dans l'incident, notamment :
    i. le nom de tous les résidents impliqués dans l'incident,
    ii. le nom des membres du personnel ou des autres personnes qui étaient présents lors de l'incident ou qui l'ont découvert,
    iii. le nom des membres du personnel qui sont intervenus ou qui interviennent suite à l'incident.
3. Les mesures prises par suite de l'incident, notamment :
    i. les soins qui ont été donnés ou les mesures qui ont été prises par suite de l'incident, et par qui,
    ii. une mention indiquant si un médecin ou une infirmière autorisée ou un infirmier autorisé de la catégorie supérieure a été contacté,
    iii. les autres autorités qui ont été contactées au sujet de l'incident, le cas échéant,
    iv. si l'incident implique un résident, une mention indiquant si un membre de sa famille, une personne d'importance pour lui ou son mandataire spécial a été contacté ainsi que le nom de cette ou de ces personnes,
    v. le résultat atteint ou l'état actuel du ou des particuliers impliqués dans l'incident.
4. Une analyse et des mesures de suivi, notamment :
    i. les mesures immédiates qui ont été prises pour prévenir toute récidive,
    ii. les mesures à long terme planifiées pour remédier à la situation et prévenir toute récidive.
5. Les nom et titre de la personne qui a initialement fait rapport au directeur en application du paragraphe (1) ou (3), la date du rapport et une mention indiquant si un inspecteur a été contacté et, le cas échéant, la date de la prise de contact et le nom de l'inspecteur.

(6) Le titulaire de permis veille à ce que le mandataire spécial du résident, s'il y en a un, ou toute autre personne désignée par l'un ou l'autre soit avisé promptement d'une lésion ou d'une maladie grave qu'a le résident, conformément aux directives fournies par la ou les personnes qui doivent en être avisées.

(7) Si un événement s'est produit avant l'entrée en vigueur du présent article et qu'il devait être signalé au directeur en tant qu'incident en application de l'ancienne loi, mais qu'il ne l'a pas encore été, le titulaire de permis en fait rapport au directeur conformément aux exigences que prévoit la Loi.

(8) La définition qui suit s'applique au présent article.

«changement important» Changement majeur dans l'état de santé du résident qui, à la fois :

a) ne se résoudra pas sans d'autres interventions;

b) a une incidence sur plus d'un aspect de l'état de santé du résident;

c) exige une évaluation de la part de l'équipe interdisciplinaire ou une révision du programme de soins du résident.

MAUVAISE UTILISATION DE FONDS

Mauvaise utilisation de fonds

116. Pour l'application de la disposition 5 du paragraphe 28 (1) et de la disposition 6 du paragraphe 29 (1) de la Loi, «mauvaise utilisation» de fonds s'entend de l'utilisation de fonds octroyés par le ministère, par l'Agence ou par un réseau local d'intégration des services de santé :

a) soit à une fin autre que celle précisée comme condition applicable à l'octroi des fonds;

b) soit d'une manière non permise en raison d'une restriction précisée comme condition applicable à l'octroi des fonds.

DÉNONCIATIONS

Entités : article 30 de la Loi

117. Les entités suivantes sont des entités prescrites auxquelles l'alinéa 30 (1) c) de la Loi s'applique :

1. Les conseils des résidents.

2. Les conseils des familles, s'il y en a un.

RECOURS MINIMAL À LA CONTENTION

Politique visant le recours minimal à la contention

118. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que la politique écrite du foyer prévue à l'article 33 de la Loi traite de ce qui suit :

a) l'utilisation d'appareils mécaniques;

b) les fonctions et responsabilités du personnel, notamment :

(i) qui est autorisé à avoir recours à un appareil mécanique pour maîtriser un résident ou à dégager un résident d'un tel appareil,

(ii) veiller à ce que tout le personnel concerné soit au courant en tout temps lorsqu'un résident est maîtrisé au moyen d'un appareil mécanique;

c) la contention pour s'acquitter du devoir de common law visé au paragraphe 39 (1) de la Loi lorsqu'il est nécessaire de prendre des mesures immédiates pour éviter qu'une personne subisse ou cause à autrui un préjudice physique grave;

d) les types d'appareils mécaniques qu'il est permis d'utiliser;

e) la façon d'obtenir et de documenter le consentement à l'utilisation d'appareils mécaniques, prévue à l'article 35 de la Loi, et d'appareils d'aide personnelle, prévue à l'article 36 de la Loi;

f) les solutions de rechange à l'utilisation d'appareils mécaniques, notamment la façon de planifier, d'élaborer et de mettre en oeuvre de telles solutions grâce à une méthode interdisciplinaire;

g) le mode d'évaluation de l'utilisation de la contention qui se fait au foyer afin de réduire au minimum le recours à la contention et de veiller à ce que toute contention qui s'avère nécessaire soit faite conformément à la Loi et au présent règlement.

Exigences : contention au moyen d'un appareil mécanique

119. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les exigences suivantes soient respectées lorsqu'un résident est maîtrisé au moyen d'un appareil mécanique en vertu de l'article 35 de la Loi ou conformément au devoir de common law prévu à l'article 39 de la Loi :

1. Le personnel a recours à l'appareil mécanique conformément aux instructions du fabricant.

2. L'appareil mécanique est maintenu en bon état.

3. L'appareil mécanique n'est pas modifié si ce n'est pour les réglages de routine prévus dans les instructions du fabricant.

(2) Le titulaire de permis veille à ce que les exigences suivantes soient respectées lorsqu'un résident est maîtrisé au moyen d'un appareil mécanique en vertu de l'article 35 de la Loi :

1. Le personnel n'a recours à l'appareil mécanique que si un médecin ou encore une infirmière autorisée ou un infirmier autorisé de la catégorie supérieure l'a ordonné ou approuvé.
2. Le personnel a recours à l'appareil mécanique conformément aux instructions précisées par le médecin ou par l'infirmière autorisée ou l'infirmier autorisé de la catégorie supérieure.
3. Le résident qui est maîtrisé est surveillé au moins une fois l'heure par un membre du personnel infirmier autorisé ou par un autre membre du personnel qui est autorisé à cette fin par un membre du personnel infirmier autorisé.
4. Le résident est dégagé de l'appareil et changé de position au moins toutes les deux heures. (Cette exigence ne s'applique toutefois pas lorsque les côtés de lit sont utilisés si le résident peut lui-même changer de position.)
5. Le résident est dégagé et changé de position à tout autre moment si cela s'impose compte tenu de son état ou de sa situation.
6. L'état du résident n'est réévalué et l'efficacité de la mesure de contention n'est évaluée que par un médecin, une infirmière autorisée ou un infirmier autorisé de la catégorie supérieure traitant le résident ou un membre du personnel infirmier autorisé, au moins toutes les huit heures et à tout autre moment si cela s'impose compte tenu de l'état ou de la situation du résident.

(3) Si un résident est maîtrisé au moyen d'un appareil mécanique parce qu'il est nécessaire de prendre des mesures immédiates pour éviter qu'il subisse ou cause à autrui un préjudice physique grave, conformément au devoir de common law visé à l'article 39 de la Loi, le titulaire de permis veille à ce qui suit :

a) le résident est continuellement surveillé ou supervisé et dégagé de l'appareil mécanique et changé de position si cela s'impose compte tenu de son état ou de sa situation;

b) l'état du résident n'est réévalué que par un médecin, une infirmière autorisée ou un infirmier autorisé de la catégorie supérieure traitant le résident ou un membre du personnel infirmier autorisé, au moins toutes les 15 minutes et à tout autre moment si une réévaluation s'impose compte tenu de l'état ou de la situation du résident;

c) les dispositions de l'article 35 de la Loi sont respectées avant de continuer à maîtriser le résident au moyen d'un appareil mécanique lorsqu'il n'est plus nécessaire de prendre les mesures immédiates.

(4) Après le recours à un appareil mécanique conformément au devoir de common law visé à l'article 39 de la Loi, le titulaire de permis explique au résident ou, si celui-ci est incapable, à son mandataire spécial les raisons pour lesquelles l'appareil mécanique a été utilisé.

(5) Si un résident a été maîtrisé au moyen d'un appareil mécanique en vertu de l'article 35 de la Loi ou conformément au devoir de common law visé à l'article 39 de la Loi et qu'il est dégagé de l'appareil, ou que l'utilisation de l'appareil est abandonnée, le titulaire de permis veille à ce que des soins appropriés soient fournis par la suite pour assurer la sécurité et le confort du résident.

(6) Le titulaire de permis veille à ce qu'aucun appareil mécanique ne serve à maîtriser un résident, en vertu de l'article 35 de la Loi, lorsque celui-ci est au lit si ce n'est :

a) pour permettre une intervention clinique nécessitant que le corps ou une partie du corps du résident soit immobilisé;

b) lorsque l'appareil mécanique est un côté de lit utilisé conformément à l'article 18.

(7) Le titulaire de permis veille à ce que chaque utilisation d'un appareil mécanique pour maîtriser un résident en vertu de l'article 35 de la Loi soit documentée et, sans préjudice de la portée générale de la présente exigence, il veille à ce que les renseignements suivants soient documentés :

1. Les circonstances ayant entraîné le recours à l'appareil mécanique.
2. Les solutions de rechange envisagées et la raison pour laquelle elles ont été jugées inappropriées.
3. Le nom de la personne qui a donné l'ordre, l'appareil qui a été ordonné et les instructions ayant trait à l'ordre.
4. Le consentement.
5. Le nom de la personne qui a eu recours à l'appareil et le moment où le recours à l'appareil a eu lieu.
6. Toute évaluation, réévaluation et surveillance, y compris les réactions du résident.
7. Tout dégagement de l'appareil et tout changement de position.
8. Le retrait ou l'abandon de l'appareil, notamment le moment où cela s'est produit et les soins fournis par la suite.

(8) Le titulaire de permis veille à ce que chaque utilisation d'un appareil mécanique pour maîtriser un résident conformément au devoir de common law visé à l'article 39 de la Loi soit documentée et, sans préjudice de la portée générale de la présente exigence, il veille à ce que les renseignements suivants soient documentés :

1. Les circonstances ayant entraîné le recours à l'appareil mécanique.
2. Le nom de la personne qui a donné l'ordre, l'appareil qui a été ordonné et les instructions ayant trait à l'ordre.
3. Le nom de la personne qui a eu recours à l'appareil et le moment où le recours à l'appareil a eu lieu.
4. Toute évaluation, réévaluation et surveillance, y compris les réactions du résident.
5. Tout dégagement de l'appareil et tout changement de position.
6. Le retrait ou l'abandon de l'appareil, notamment le moment où cela s'est produit et les soins fournis par la suite.

Exigences : utilisation d'un appareil d'aide personnelle

120. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qu'un appareil d'aide personnelle utilisé aux termes de l'article 36 de la Loi pour aider un résident relativement à une activité courante de la vie soit retiré dès qu'il n'est plus requis pour fournir une telle aide, à moins que le résident ne demande de le garder.

(2) Le titulaire de permis veille à ce qui suit lorsqu'un appareil d'aide personnelle est utilisé aux termes de l'article 36 de la Loi :

a) l'appareil est maintenu en bon état;

b) le personnel a recours à l'appareil conformément aux instructions du fabricant;

c) l'appareil n'est pas modifié si ce n'est pour les réglages de routine prévus dans les instructions du fabricant.

Utilisation interdite d'appareils destinés à restreindre les mouvements

121. Pour l'application de l'article 38 de la Loi, le titulaire de permis d'un foyer de soins de longue durée veille à ce que les appareils suivants ne soient pas utilisés au foyer :

1. Des barres à roulettes sur un fauteuil roulant et sur une chaise d'aisance ou une toilette.
2. Des camisoles de force.
3. Tout appareil muni de verrous qui ne peuvent être dégagés qu'au moyen d'un appareil distinct, tel une clé ou un aimant.
4. Du matériel de contrainte aux quatre extrémités.
5. Tout appareil utilisé pour maîtriser un résident sur une chaise d'aisance ou une toilette.
6. Tout appareil que le personnel ne peut pas dégager sur-le-champ.
7. Des draps, des bandages de contention ou d'autres types de bandes ou de bandages, si ce n'est à une fin thérapeutique.

Évaluation

122. Le titulaire de permis d'un foyer de soins de longue durée veille à ce qui suit :

a) il est procédé, une fois par mois, à une analyse de l'utilisation d'un appareil mécanique pour maîtriser les résidents en vertu de l'article 35 de la Loi ou conformément au devoir de common law visé à l'article 39 de celle-ci;

b) il est procédé, au moins une fois par année civile, à une évaluation qui permet d'établir l'efficacité de la politique du titulaire de permis, prévue à l'article 33 de la Loi, et de formuler les modifications et améliorations qui s'imposent pour réduire au minimum le recours à la contention et veiller à ce que toute contention qui s'avère nécessaire soit faite conformément à la Loi et au présent règlement;

c) les résultats de l'analyse effectuée en vertu de l'alinéa a) sont pris en considération dans le cadre de l'évaluation;

d) les modifications ou améliorations qui s'imposent en vertu de l'alinéa b) sont mises en oeuvre promptement;

e) tous les éléments que prévoient les alinéas a), b) et d) sont consignés promptement dans un dossier, notamment la date de l'évaluation, le nom des personnes qui y ont participé et la date à laquelle les modifications ont été mises en oeuvre.

MÉDICAMENTS

Système de gestion des médicaments

123. (1) Le titulaire de permis d'un foyer de soins de longue durée élabore un système interdisciplinaire de gestion des médicaments qui prévoit une gestion sécuritaire des médicaments et qui maximise les résultats d'une pharmacothérapie efficace pour les résidents.

(2) Le titulaire de permis veille à ce que des politiques et des protocoles écrits soient élaborés pour le système de gestion des médicaments afin de veiller à ce que tous les médicaments utilisés au foyer soient acquis, préparés, reçus, entreposés, administrés, détruits et éliminés de façon rigoureuse.

(3) Les politiques et protocoles écrits doivent :

a) être élaborés, mis en oeuvre, évalués et mis à jour conformément aux pratiques fondées sur des données probantes et, en l'absence de telles pratiques, conformément aux pratiques couramment admises;

b) être examinés et approuvés par le directeur des soins infirmiers et des soins personnels et le fournisseur de services pharmaceutiques et, s'il y a lieu, par le directeur médical.

Évaluation trimestrielle

124. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les membres d'une équipe interdisciplinaire, devant notamment comprendre le directeur médical, l'administrateur du foyer, le directeur des soins infirmiers et des soins personnels et le fournisseur de services pharmaceutiques, se rencontrent au moins une fois tous les trois mois pour évaluer l'efficacité du système de gestion des médicaments au foyer et recommander les modifications à y apporter pour l'améliorer.

(2) Si le fournisseur de services pharmaceutiques est une personne morale, le titulaire de permis veille à ce qu'un pharmacien qui relève du fournisseur participe à l'évaluation trimestrielle.

(3) L'évaluation trimestrielle du système de gestion des médicaments doit comprendre au minimum ce qui suit :

a) un examen des tendances et caractéristiques en matière d'utilisation des médicaments au foyer, y compris l'utilisation de tout médicament ou mélange de médicaments, notamment des médicaments psychotropes, susceptibles de mettre les résidents en danger;

b) un examen des rapports sur tout incident lié à un médicament et sur toute réaction indésirable à un médicament visés aux paragraphes 147 (2) et (3) et sur tous les cas où des résidents ont été maîtrisés au moyen de l'administration d'un médicament lorsqu'il est nécessaire de prendre des mesures immédiates pour éviter qu'ils subissent ou causent à autrui un préjudice physique grave, conformément au devoir de common law visé à l'article 39 de la Loi;

c) le recensement des modifications à apporter pour améliorer le système, conformément aux pratiques fondées sur des données probantes et, en l'absence de telles pratiques, conformément aux pratiques couramment admises.

(4) Le titulaire de permis veille à ce que les modifications recensées lors de l'évaluation trimestrielle soient mises en oeuvre.

(5) Le titulaire de permis veille à ce que soient consignés dans un dossier les résultats de l'évaluation trimestrielle et les modifications qui ont été mises en oeuvre.

Évaluation annuelle

125. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les membres d'une équipe interdisciplinaire, laquelle doit notamment comprendre le directeur médical, l'administrateur du foyer, le directeur des soins infirmiers et des soins personnels, le fournisseur de services pharmaceutiques et un diététiste agréé faisant partie du personnel du foyer, se rencontrent chaque année pour évaluer l'efficacité du système de gestion des médicaments au foyer et recommander les modifications à y apporter pour l'améliorer.

(2) Si le fournisseur de services pharmaceutiques est une personne morale, le titulaire de permis veille à ce qu'un pharmacien qui relève du fournisseur participe à l'évaluation annuelle.

(3) L'évaluation annuelle du système de gestion des médicaments doit, à la fois :

a) comprendre un examen des évaluations trimestrielles effectuées l'année précédente comme le prévoit l'article 124;

b) être entreprise avec un outil d'évaluation conçu expressément à cette fin;

c) recenser les modifications à apporter pour améliorer le système, conformément aux pratiques fondées sur des données probantes et, en l'absence de telles pratiques, conformément aux pratiques couramment admises.

(4) Le titulaire de permis veille à ce que les modifications recensées lors de l'évaluation annuelle soient mises en oeuvre.

(5) Le titulaire de permis veille à ce que soient consignés dans un dossier les résultats de l'évaluation annuelle et les modifications qui ont été mises en oeuvre.

Directives et ordonnances médicales : médicaments

126. Le titulaire de permis d'un foyer de soins de longue durée veille à ce qui suit :

a) les directives ou ordonnances médicales autorisant l'administration d'un médicament à un résident sont réexaminées chaque fois que l'état du résident est évalué ou réévalué pour élaborer ou réviser son programme de soins comme l'exige l'article 6 de la Loi;

b) aucune directive ou ordonnance médicale autorisant l'administration d'un médicament à un résident n'est suivie, à moins qu'elle ne soit personnalisée pour tenir compte de l'état et des besoins du résident.

Renseignements disponibles dans chaque section ou unité accessible aux résidents

127. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les renseignements suivants soient disponibles au foyer dans chaque section ou unité accessible aux résidents :

1. Des documents de référence récents et pertinents sur les médicaments.
2. Les coordonnées du fournisseur de services pharmaceutiques.
3. Les coordonnées d'au moins un centre antipoison ou organisme semblable.

FOURNISSEUR DE SERVICES PHARMACEUTIQUES

Fournisseur de services pharmaceutiques

128. (1) Le titulaire de permis d'un foyer de soins de longue durée retient, pour le foyer, les services d'un fournisseur de services pharmaceutiques.

(2) Le fournisseur de services pharmaceutiques doit être titulaire d'un certificat d'agrément autorisant l'exploitation d'une pharmacie délivré en application de l'article 139 de la *Loi sur la réglementation des médicaments et des pharmacies*.

(3) Le titulaire de permis et le fournisseur de services pharmaceutiques doivent conclure un contrat écrit qui énonce les responsabilités du fournisseur.

(4) Le contrat écrit doit prévoir que le fournisseur de services pharmaceutiques :

a) fournisse des médicaments au foyer 24 heures sur 24, sept jours par semaine, ou prend des dispositions pour que les médicaments soient fournis par un autre titulaire d'un certificat d'agrément autorisant l'exploitation d'une pharmacie délivré en application de l'article 139 de la *Loi sur la réglementation des médicaments et des pharmacies*;

b) assume toutes les autres responsabilités que lui attribue le présent règlement.

Responsabilités du fournisseur de services pharmaceutiques

129. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le fournisseur de services pharmaceutiques participe aux activités suivantes :

1. L'élaboration, pour chaque résident du foyer, d'évaluations des médicaments et la constitution de dossiers sur l'administration et la réévaluation des médicaments, ainsi que la tenue de profils pharmaceutiques.
2. L'évaluation des résultats thérapeutiques des médicaments chez les résidents.
3. La gestion des risques et les activités d'amélioration de la qualité, notamment l'examen des incidents liés à des médicaments, des réactions indésirables à un médicament et de l'utilisation de médicaments.
4. L'élaboration de protocoles de vérification permettant au fournisseur de services pharmaceutiques d'évaluer le système de gestion des médicaments.
5. L'encadrement pédagogique du personnel du foyer en ce qui concerne les médicaments.
6. La destruction des médicaments en application de l'alinéa 148 (3) a) si la politique du titulaire de permis l'exige.

Système pour aviser le fournisseur de services pharmaceutiques

130. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit élaboré un système pour aviser le fournisseur de services pharmaceutiques dans les 24 heures qui suivent l'admission, le départ pour une absence médicale ou une absence psychiatrique, la mise en congé et le décès d'un résident.

OBTENTION ET CONSERVATION DE MÉDICAMENTS

Achat et manutention des médicaments

131. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qu'aucun médicament ne soit acquis, reçu ou entreposé par le foyer ou au foyer ou gardé par un résident en vertu du paragraphe 140 (8), à moins que le médicament, à la fois :

a) n'ait été prescrit à un résident ou obtenu aux fins de la réserve de médicaments en cas d'urgence visée à l'article 132;

b) n'ait été fourni par le fournisseur de services pharmaceutiques ou par le gouvernement de l'Ontario ou selon une disposition prise par l'un ou l'autre.

(2) Le paragraphe (1) ne s'applique pas si, en raison de circonstances exceptionnelles, le médicament prescrit à un résident ne peut pas être fourni par le fournisseur de services pharmaceutiques ou selon une disposition qu'il a prise.

Réserve de médicaments en cas d'urgence

132. Le titulaire de permis d'un foyer de soins de longue durée qui garde une réserve de médicaments en cas d'urgence pour le foyer veille à ce qui suit :

a) seuls sont gardés des médicaments approuvés à cette fin par le directeur médical en collaboration avec le fournisseur de services pharmaceutiques, le directeur des soins infirmiers et des soins personnels, et l'administrateur du foyer;

b) une politique écrite est adoptée pour régir l'emplacement de la réserve, les marches à suivre et l'échéancier à respecter pour le réapprovisionnement en médicaments, l'accès à la réserve, l'utilisation des médicaments de la réserve et le suivi, ainsi que la documentation à l'égard des médicaments qui y sont gardés;

c) au moins une fois par année, les personnes visées à l'alinéa a) effectuent une évaluation de l'utilisation des médicaments gardés dans la réserve afin d'établir les besoins en la matière;

d) les modifications recommandées lors de l'évaluation sont mises en oeuvre.

Réserve de médicaments

133. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les médicaments obtenus pour utilisation au foyer, sauf ceux obtenus aux fins de la réserve de médicaments en cas d'urgence, soient obtenus en fonction de l'utilisation qu'en font les résidents et à ce qu'aucune réserve de plus de trois mois ne soit conservée au foyer à quelque moment que ce soit.

Système de posologie surveillé

134. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qu'un système de posologie surveillé soit utilisé au foyer pour l'administration des médicaments.

(2) Le système de posologie surveillé doit mettre l'accent sur la facilité et l'exactitude de l'administration de médicaments aux résidents et appuyer les activités de surveillance et de vérification à leur égard.

Emballage des médicaments

135. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les médicaments demeurent dans le contenant ou l'emballage étiqueté d'origine que fournit le fournisseur de services pharmaceutiques ou le gouvernement de l'Ontario jusqu'à ce qu'ils soient administrés à un résident ou détruits.

Modifications apportées au mode d'administration

136. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit élaborée et approuvée par le directeur des soins infirmiers et des soins personnels et le fournisseur de services pharmaceutiques et, s'il y a lieu, le directeur médical, une politique qui régit les modifications apportées à l'administration d'un médicament en raison de modifications qu'a apportées au mode d'emploi une personne autorisée à prescrire des médicaments, notamment une interruption temporaire.

Pour faire suivre des médicaments avec un résident

137. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit élaborée et approuvée par le directeur des soins infirmiers et des soins personnels et le fournisseur de services pharmaceutiques et, s'il y a lieu, le directeur médical, une politique pour faire suivre avec lui un médicament qui a été prescrit à un résident qui quitte le foyer temporairement ou qui reçoit son congé.

Entreposage sécuritaire des médicaments

138. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qui suit :

a) les médicaments sont entreposés dans un endroit ou un chariot à médicaments qui réunit les conditions suivantes :

(i) il est réservé exclusivement aux médicaments et aux fournitures connexes,

(ii) il est sûr et verrouillé,

(iii) il protège les médicaments de la chaleur, de la lumière, de l'humidité ou d'autres conditions environnementales de façon à conserver leur efficacité,

(iv) il est conforme aux instructions du fabricant relatives à l'entreposage de médicaments;

b) les substances désignées sont entreposées dans une armoire distincte, verrouillée à double tour et fixée en permanence dans l'endroit verrouillé, ou dans un endroit distinct, également verrouillé, à l'intérieur du chariot à médicaments verrouillé.

(2) Le paragraphe (1) ne s'applique pas à l'égard des médicaments qu'un résident est autorisé à garder sur lui ou dans sa chambre conformément au paragraphe 140 (8).

Sécurité de la réserve de médicaments

139. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que des mesures soient prises pour assurer la sécurité de la réserve de médicaments, notamment les suivantes :

1. Tous les endroits où sont entreposés des médicaments sont gardés verrouillés en tout temps quand ils ne sont pas utilisés.
2. Seuls ont accès à ces endroits :
   i. les personnes qui peuvent préparer, prescrire ou administrer des médicaments au foyer,
   ii. l'administrateur du foyer.
3. Une vérification mensuelle des feuilles de calcul quotidien des substances désignées est effectuée afin de déceler tout écart et de prendre des mesures immédiates, le cas échéant.

Administration des médicaments

140. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qu'aucun médicament ne soit utilisé par un résident du foyer ou ne lui soit administré, à moins que le médicament ne lui ait été prescrit.

(2) Le titulaire de permis veille à ce que les médicaments soient administrés aux résidents conformément au mode d'emploi précisé par le prescripteur.

(3) Sous réserve des paragraphes (4), (5) et (6), le titulaire de permis veille à ce que nul autre qu'un médecin, un dentiste, une infirmière autorisée ou un infirmier autorisé, ou une infirmière auxiliaire autorisée ou un infirmier auxiliaire autorisé n'administre un médicament à un résident au foyer.

(4) Un membre du personnel infirmier autorisé peut permettre à un membre du personnel auquel il n'est pas par ailleurs permis d'administrer un médicament à un résident d'appliquer un médicament topique si les conditions suivantes sont réunies :

a) le membre du personnel a été formé en la matière par un membre du personnel infirmier autorisé;

b) le membre du personnel infirmier autorisé qui permet l'application est convaincu que le membre du personnel peut appliquer le médicament topique en toute sécurité;

c) le membre du personnel qui applique le médicament topique le fait sous la supervision du membre du personnel infirmier autorisé.

(5) Un membre du personnel infirmier autorisé peut permettre à une étudiante infirmière ou à un étudiant infirmier d'administrer des médicaments aux résidents si les conditions suivantes sont réunies :

a) le titulaire de permis a vérifié auprès de l'université ou du collège offrant le programme d'études en sciences infirmières auquel l'étudiante infirmière ou l'étudiant infirmier est inscrit que l'étudiante ou l'étudiant a reçu un enseignement ou une formation sur l'administration des médicaments dans le cadre du programme;

b) l'étudiante infirmière ou l'étudiant infirmier a reçu une formation, dispensée par un membre du personnel infirmier autorisé, sur les politiques et les protocoles écrits élaborés pour le système de gestion des médicaments prévu au paragraphe 123 (2);

c) le membre du personnel infirmier autorisé qui permet l'administration des médicaments est convaincu que l'étudiante infirmière ou l'étudiant infirmier peut les administrer en toute sécurité;

d) l'étudiante infirmière ou l'étudiant infirmier qui administre les médicaments le fait sous la supervision du membre du personnel infirmier autorisé.

(6) Le titulaire de permis veille à ce qu'aucun résident ne s'administre un médicament à moins que l'administration du médicament n'ait été approuvée par le prescripteur en consultation avec le résident.

(7) S'il est permis à un résident du foyer de s'administrer un médicament en vertu du paragraphe (6), le titulaire de permis veille à ce que des politiques écrites soient mises en place pour s'assurer que les résidents qui le font comprennent ce qui suit :

a) l'utilisation du médicament;

b) la nécessité du médicament;

c) la nécessité de surveiller et de documenter l'utilisation du médicament;

d) la nécessité qu'ils mettent le médicament en sûreté s'il leur est permis de le garder sur eux ou dans leur chambre en vertu du paragraphe (8).

(8) Le titulaire de permis veille à ce qu'aucun résident à qui il est permis de s'administrer un médicament en vertu du paragraphe (6) ne garde le médicament sur lui ou dans sa chambre si ce n'est :

a) avec l'autorisation d'un médecin, d'une infirmière autorisée ou d'un infirmier autorisé de la catégorie supérieure ou d'un autre prescripteur qui le traite;

b) conformément aux conditions que lui impose le médecin, l'infirmière autorisée ou l'infirmier autorisé de la catégorie supérieure, ou l'autre prescripteur.

(9) La définition qui suit s'applique au présent article.

«dentiste» Membre de l'Ordre royal des chirurgiens dentistes de l'Ontario. («dentist»)

«étudiante infirmière ou étudiant infirmier» Personne qui, à la fois :

a) est inscrite à un programme d'études dont la réussite répond aux exigences en matière d'études pour la délivrance d'un certificat d'inscription à titre d'infirmière autorisée ou d'infirmier autorisé ou à titre d'infirmière auxiliaire autorisée ou d'infirmier auxiliaire autorisé qui sont énoncées dans les règlements pris en vertu de la *Loi de 1991 sur les infirmières et infirmiers*;

b) travaille au foyer de soins de longue durée dans le cadre du placement clinique exigé par le programme d'études conformément à une entente conclue entre le titulaire de permis et l'université ou le collège offrant le programme d'études. («nursing student»)

(10) Le titulaire de permis n'est tenu de se conformer aux exigences prévues au paragraphe (3) se rapportant à l'administration de médicaments que 12 mois après l'entrée en vigueur du présent article, à condition que, si l'administration des médicaments implique l'accomplissement d'un acte autorisé énoncé au paragraphe 27 (2) de la *Loi de 1991 sur les professions de la santé réglementées*, la personne qui administre le médicament soit autorisée à accomplir l'acte autorisé en vertu de la loi sur les professions de la santé pertinente.

Produits de santé naturels

141. (1) Si un résident désire utiliser un médicament qui est un produit de santé naturel et qui n'a pas été prescrit, le titulaire de permis d'un foyer de soins de longue durée veille à ce que soient mis en place des politiques et marches à suivre écrites régissant l'utilisation, l'administration et l'entreposage du produit.

(2) Le présent règlement n'a pas pour effet d'empêcher un résident d'utiliser, conformément aux politiques et marches à suivre du titulaire de permis exigées par le paragraphe (1), un produit de santé naturel qui n'a pas été prescrit.

(3) Les articles 123 à 140 et 145 à 149 ne s'appliquent pas à l'égard des produits de santé naturels qui n'ont pas été prescrits.

(4) La définition qui suit s'applique au présent article.

«produit de santé naturel» Produit de santé naturel, au sens du *Règlement sur les produits de santé naturels* (Canada) pris en vertu de la *Loi sur les aliments et drogues* (Canada), autre qu'une substance désignée dans les règlements pris en vertu de la *Loi sur la réglementation des médicaments et des pharmacies* comme étant un médicament pour l'application de cette loi malgré l'alinéa f) de la définition de «médicament» au paragraphe 1 (1) de cette loi.

Cannabis récréatif

142. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soient mises en place des politiques et marches à suivre écrites régissant, en ce qui concerne les résidents, la culture, l'obtention, la consommation, l'administration, la possession, l'entreposage et la disposition du cannabis récréatif conformément à toutes les lois applicables, notamment la *Loi sur le cannabis* (Canada), et au *Règlement sur le cannabis* (Canada).

(2) Le présent règlement n'a pas pour effet d'empêcher un résident de cultiver, d'obtenir, de consommer, d'administrer, d'avoir en sa possession, d'entreposer ou de disposer du cannabis récréatif conformément aux politiques et marches à suivre du titulaire de permis comme l'exige le paragraphe (1).

(3) Les articles 123 à 141 et 143 à 149 ne s'appliquent pas à l'égard du cannabis récréatif.

Cannabis thérapeutique

143. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soient mises en place des politiques et marches à suivre écrites régissant, en ce qui concerne les résidents, la culture, l'obtention, la consommation, l'administration, la possession, l'entreposage et la disposition du cannabis thérapeutique conformément à toutes les lois applicables, notamment la *Loi sur le cannabis* (Canada), et au *Règlement sur le cannabis* (Canada).

(2) Les articles 131, 135, 138, 139, 140 et 148 ne s'appliquent pas à l'égard du cannabis thérapeutique.

Chanvre industriel et dérivés

144. Les articles 123 à 143 et 145 à 149 ne s'appliquent pas à l'égard de ce qui suit :

a) le chanvre industriel au sens du *Règlement sur le chanvre industriel* (Canada);

b) un dérivé ou un produit d'un dérivé qui est soustrait à l'application de la *Loi sur le cannabis* (Canada) en vertu du *Règlement sur le chanvre industriel* (Canada) et qui n'est pas un produit de santé naturel au sens de l'article 141 du présent règlement.

Dossier des médicaments commandés et reçus

145. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit établi, tenu et conservé au foyer pendant au moins deux ans un dossier des médicaments où sont consignés, à l'égard de chaque médicament commandé et reçu au foyer, les renseignements suivants :

1. La date de commande du médicament.
2. La signature de la personne qui passe la commande.
3. Le nom, la concentration et la quantité du médicament.
4. Le nom de l'endroit où la commande du médicament est passée.
5. Le nom du résident à qui le médicament est prescrit, le cas échéant.
6. Le numéro de l'ordonnance, le cas échéant.
7. La date de réception du médicament au foyer.
8. La signature de la personne qui accuse réception du médicament pour le compte du foyer.
9. Le cas échéant, les renseignements qu'exige le paragraphe 148 (4).

Régimes médicamenteux des résidents

146. Le titulaire de permis d'un foyer de soins de longue durée veille à ce qui suit :

a) lorsqu'un résident prend un médicament ou un mélange de médicaments, notamment des médicaments psychotropes, sa réaction ainsi que l'efficacité du médicament font l'objet d'une surveillance et sont documentées compte tenu du niveau de risque que le résident court en l'occurrence;

b) des mesures appropriées sont prises à la suite de tout incident lié à un médicament mettant en cause un résident et de toute réaction indésirable à un médicament ou à un mélange de médicaments, notamment des médicaments psychotropes;

c) une réévaluation documentée du régime médicamenteux de chaque résident est effectuée au moins une fois tous les trois mois.

Incidents liés à des médicaments et réactions indésirables à des médicaments

147. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque incident lié à un médicament mettant en cause un résident et chaque réaction indésirable à un médicament soient :

a) documentés, les mesures immédiates prises pour évaluer et préserver l'état de santé du résident étant également consignées dans un dossier;

b) signalés au résident, à son mandataire spécial, s'il en a un, au directeur des soins infirmiers et des soins personnels, au directeur médical, au prescripteur, au médecin traitant du résident ou à l'infirmière autorisée ou l'infirmier autorisé de la catégorie supérieure traitant le résident, et au fournisseur de services pharmaceutiques.

(2) Outre l'exigence prévue à l'alinéa (1) a), le titulaire de permis veille à ce qui suit :

a) tous les incidents liés à des médicaments et toutes les réactions indésirables à des médicaments sont documentés, examinés et analysés;

b) les mesures correctrices nécessaires sont prises;

c) tous les éléments exigés aux alinéas a) et b) sont consignés dans un dossier.

(3) Le titulaire de permis veille à ce qui suit :

a) un examen trimestriel est entrepris à l'égard de chaque incident lié à un médicament et de chaque réaction indésirable à un médicament qui est survenu au foyer depuis le dernier examen afin de réduire le nombre de ces incidents et réactions et d'empêcher toute récidive;

b) les modifications et améliorations recensées lors de l'examen sont mises en oeuvre;

c) tous les éléments exigés aux alinéas a) et b) sont consignés dans un dossier.

Destruction et élimination des médicaments

148. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que, dans le cadre du système de gestion des médicaments, soit élaborée au foyer une politique écrite qui prévoit le recensement, la destruction et l'élimination continus de ce qui suit :

a) les médicaments périmés;

b) les médicaments dont l'étiquette est illisible;

c) les médicaments placés dans des contenants qui ne satisfont pas aux exigences applicables aux données devant figurer sur les contenants, que précise le paragraphe 156 (3) de la *Loi sur la réglementation des médicaments et des pharmacies*;

d) les médicaments d'un résident si, selon le cas :

(i) le prescripteur traitant du résident ordonne que cesse l'utilisation du médicament,

(ii) le résident décède, à condition d'obtenir l'approbation écrite du signataire du certificat médical de décès visé par la *Loi sur les statistiques de l'état civil* ou du médecin traitant du résident,

(iii) le résident obtient son congé et on n'a pas fait suivre avec lui les médicaments qui lui ont été prescrits comme le prévoit l'article 137.

(2) La politique de destruction et d'élimination des médicaments doit également prévoir ce qui suit :

1. L'entreposage sûr et sécuritaire au foyer des médicaments devant être détruits et éliminés, dans un endroit distinct de celui où sont entreposés ceux destinés à être administrés aux résidents, jusqu'à leur destruction et élimination.

2. L'entreposage des substances désignées devant être détruites et éliminées dans un lieu d'entreposage verrouillé à double tour au foyer distinct de celui où sont entreposées celles destinées à être administrées aux résidents, jusqu'à leur destruction et élimination.

3. La destruction et l'élimination des médicaments d'une manière sûre et respectueuse de l'environnement, conformément aux pratiques fondées sur des données probantes et, en l'absence de telles pratiques, conformément aux pratiques couramment admises.

4. Les médicaments devant être détruits sont détruits conformément au paragraphe (3).

(3) Les médicaments doivent être détruits par les membres d'une équipe agissant de concert. Cette équipe doit se composer des personnes suivantes :

a) dans le cas de substances désignées, sous réserve des exigences applicables de la *Loi réglementant certaines drogues et autres substances* (Canada) ou de la *Loi sur les aliments et drogues* (Canada) :

(i) un membre du personnel infirmier autorisé nommé par le directeur des soins infirmiers et des soins personnels,

(ii) un médecin ou un pharmacien;

b) dans les autres cas :

(i) un membre du personnel infirmier autorisé nommé par le directeur des soins infirmiers et des soins personnels,

(ii) un autre membre du personnel nommé par le directeur des soins infirmiers et des soins personnels.

(4) Si des médicaments devant être détruits sont des substances désignées, la politique de destruction et d'élimination des médicaments doit prévoir que les membres de l'équipe composée des personnes visées à l'alinéa (3) a) consignent les renseignements suivants dans le dossier des médicaments :

1. La date de retrait du médicament de l'endroit où sont entreposés les médicaments.

2. Le nom du résident à qui le médicament était prescrit, le cas échéant.

3. Le numéro de l'ordonnance du médicament, le cas échéant.

4. Le nom, la concentration et la quantité du médicament.

5. Le motif de la destruction.

6. La date à laquelle le médicament a été détruit.

7. Le nom des membres de l'équipe qui ont détruit le médicament.

8. Le mode de destruction du médicament.

(5) Le titulaire de permis veille à ce qui suit :

a) le système de destruction et d'élimination des médicaments est vérifié au moins une fois par année afin de s'assurer que ses marches à suivre sont suivies et sont efficaces;

b) les modifications recensées lors de la vérification sont mises en oeuvre;

c) tous les éléments exigés aux alinéas a) et b) sont consignés dans un dossier.

(6) Pour l'application du présent article, un médicament est considéré comme étant détruit s'il est modifié ou dénaturé à tel point que sa consommation est devenue impossible ou improbable.

Maîtrise par l'administration d'un médicament : devoir de common law

149. (1) Une infirmière autorisée ou un infirmier autorisé peut ordonner l'administration d'un médicament pour l'application du paragraphe 39 (3) de la Loi.

(2) Le titulaire de permis veille à ce que chaque administration d'un médicament pour maîtriser un résident lorsqu'il est nécessaire de prendre des mesures immédiates pour éviter qu'il subisse ou cause à autrui un préjudice physique grave, conformément au devoir de common law visé à l'article 39 de la Loi, soit documentée et, sans préjudice de la portée générale de la présente exigence, il veille à ce que les renseignements suivants soient documentés :

1. Les circonstances ayant entraîné l'administration du médicament.
2. L'auteur de l'ordre, le médicament qui a été administré, la posologie, le mode d'administration du médicament, le ou les moments où le médicament a été administré, et la personne qui l'a administré.
3. La réaction du résident au médicament.
4. Toutes les évaluations, réévaluations et activités de surveillance du résident.
5. Les discussions tenues avec le résident ou, si celui-ci est incapable, avec son mandataire spécial, après l'administration du médicament afin de lui expliquer les raisons pour lesquelles le médicament a été utilisé.

ABSENCES

Absences

150. (1) S'il est satisfait aux exigences énoncées au paragraphe (2), mais sous réserve du paragraphe (3), le titulaire de permis d'un foyer de soins de longue durée veille à ce que le résident en séjour de longue durée du foyer qui revient d'une absence médicale, psychiatrique ou occasionnelle ou d'une absence pour vacances se voit offrir la même catégorie d'hébergement, la même chambre et le même lit qu'avant son absence.

(2) Les exigences visées au paragraphe (1) sont les suivantes :

a) dans le cas d'une absence médicale, l'absence ne dure pas plus de 30 jours;

b) dans le cas d'une absence psychiatrique, l'absence ne dure pas plus de 60 jours;

c) dans le cas d'une absence occasionnelle, la durée totale des absences du résident entre minuit un samedi donné et minuit le samedi suivant ne dépasse pas 48 heures;

d) dans le cas d'une absence pour vacances, la durée totale des absences du résident au cours de l'année civile ne dépasse pas 21 jours.

(3) Le titulaire de permis peut prendre des dispositions pour que le résident en séjour de longue durée se voie offrir un autre lit ou une autre chambre si les besoins du résident ont changé de sorte qu'un autre lit ou une autre chambre est nécessaire.

(4) S'il est satisfait aux exigences énoncées au paragraphe (5), le titulaire de permis d'un foyer de soins de longue durée veille à ce que le résident en séjour de courte durée du foyer qui revient d'une absence médicale, psychiatrique ou occasionnelle se voit offrir la même catégorie d'hébergement qu'avant son absence.

(5) Les exigences visées au paragraphe (4) sont les suivantes :

a) dans le cas d'une absence médicale ou psychiatrique :

(i) l'absence ne dure pas plus de 14 jours,

(ii) le résident retourne au foyer avant la fin de la période pour laquelle il y a été admis;

b) dans le cas d'une absence occasionnelle, entre minuit un samedi donné et minuit le samedi suivant :

(i) la durée totale des absences du résident ne dépasse pas 48 heures,

(ii) le résident retourne au foyer avant la fin de la période pour laquelle il y a été admis.

(6) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qui suit, avant qu'un résident du foyer parte pour une absence médicale ou psychiatrique :

a) sauf dans une situation d'urgence, un médecin ou une infirmière autorisée ou un infirmier autorisé de la catégorie supérieure qui traite le résident autorise son absence par écrit;

b) un préavis de l'absence médicale ou psychiatrique du résident est donné au mandataire spécial du résident, si le résident en a un, et à toute autre personne que désigne le résident ou le mandataire :

(i) au moins 24 heures avant que le résident parte du foyer,

(ii) dès que possible, si les circonstances ne permettent pas un préavis de 24 heures.

(7) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que, lorsqu'un résident du foyer part pour une absence médicale ou psychiatrique, les renseignements sur le régime médicamenteux du résident, ses allergies connues, ses diagnostics et ses exigences en matière de soins soient fournis à son fournisseur de soins de santé pendant l'absence.

Résidents absents

151. Les exigences prévues par le présent règlement concernant l'administration de soins ou d'un traitement à un résident ne s'appliquent pas à l'égard d'un résident qui est parti pour une absence médicale, psychiatrique ou occasionnelle, ou une absence pour vacances.

Consignation des absences

152. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque absence médicale, psychiatrique ou occasionnelle et chaque absence pour vacances d'un résident du foyer soient consignées.

Titulaire de permis : obligation de demeurer en contact

153. (1) Le titulaire de permis d'un foyer de soins de longue durée demeure en contact avec un résident qui est parti pour une absence médicale ou psychiatrique ou avec son fournisseur de soins de santé afin de fixer le moment de son retour au foyer.

(2) Le titulaire de permis d'un foyer de soins de longue durée est en contact avec un résident en séjour de longue durée du foyer qui est parti pour une absence pour vacances afin de fixer le moment de son retour au foyer.

Soins pendant une absence

154. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que, avant qu'un résident en séjour de longue durée du foyer parte pour une absence occasionnelle ou une absence pour vacances et avant qu'un résident en séjour de courte durée du foyer parte pour une absence occasionnelle :

a) un médecin ou une infirmière autorisée ou un infirmier autorisé de la catégorie supérieure qui traite le résident ou un membre du personnel infirmier autorisé du foyer consigne les soins qui doivent être administrés au résident pendant son absence;

b) un membre du personnel du titulaire de permis communique les renseignements suivants au résident ou à son mandataire spécial :

(i) la nécessité de prendre toutes les mesures raisonnables pour que le résident reçoive pendant son absence les soins qui doivent lui être administrés,

(ii) le fait que l'entière responsabilité des soins, de la sécurité et du bien-être du résident pendant son absence revient au résident ou à son mandataire spécial et non au titulaire de permis,

(iii) la nécessité d'aviser l'administrateur du foyer si le résident est admis à un hôpital pendant son absence ou si la date de son retour change.

Résident en séjour de courte durée en lit provisoire, résident en séjour de longue durée

155. Un résident visé par le programme de séjour de courte durée en lit provisoire est considéré comme un résident en séjour de longue durée pour l'application des dispositions suivantes du présent règlement :

1. L'article 150.
2. Le paragraphe 153 (2).
3. L'article 154.

MISES EN CONGÉ

Restriction : mise en congé

156. Nul titulaire de permis d'un foyer de soins de longue durée ne doit donner son congé du foyer à un résident, à moins que le présent règlement ne le permette ou ne l'exige.

Conditions de mise en congé par le titulaire de permis

157. (1) Le titulaire de permis d'un foyer de soins de longue durée peut donner son congé à un résident s'il est informé par une personne autorisée à ce faire par le paragraphe (2) que les besoins du résident en matière de soins ont changé et que, en conséquence, le foyer ne peut pas fournir un environnement suffisamment sûr pour assurer la sécurité du résident ou celle des personnes qui entrent en contact avec lui.

(2) Pour l'application du paragraphe (1), le titulaire de permis est informé :

a) dans le cas d'un résident qui se trouve au foyer, par le directeur des soins infirmiers et des soins personnels, le médecin du résident ou une infirmière autorisée ou un infirmier autorisé de la catégorie supérieure qui le traite, après consultation avec les membres de l'équipe interdisciplinaire qui lui fournit des soins;

b) dans le cas d'un résident qui est absent du foyer, par son médecin ou par une infirmière autorisée ou un infirmier autorisé de la catégorie supérieure qui le traite.

(3) Le titulaire de permis d'un foyer de soins de longue durée peut donner son congé à un résident si, selon le cas :

a) le résident décide de quitter le foyer et signe une demande de mise en congé;

b) le résident quitte le foyer et informe l'administrateur du foyer qu'il n'y retournera pas;

c) le résident est absent du foyer pendant plus de sept jours et il n'a pas informé l'administrateur du foyer de l'endroit où il se trouve, et l'administrateur est incapable de le retrouver;

d) dans le cas d'un résident en séjour de longue durée, la durée totale de ses absences occasionnelles entre minuit un samedi donné et minuit le samedi suivant dépasse 48 heures et il ne lui reste plus de jours d'absence pour vacances pour l'année civile;

e) dans le cas d'un résident en séjour de courte durée, la durée totale de ses absences occasionnelles entre minuit un samedi donné et minuit le samedi suivant dépasse 48 heures.

(4) L'alinéa (3) e) ne s'applique pas à un résident admis au programme de séjour de courte durée en lit provisoire. Ce résident est considéré comme un résident en séjour de longue durée pour l'application de l'alinéa (3) d).

Moment de la mise en congé par le titulaire de permis

158. (1) Le titulaire de permis d'un foyer de soins de longue durée donne son congé du foyer à un résident en séjour de courte durée à la fin de la période pour laquelle il y a été admis, à moins que le résident ne soit admis au programme de séjour de courte durée en lit provisoire et que le coordonnateur des placements n'ait autorisé ou qu'il n'ait avisé le titulaire de permis qu'il se propose d'autoriser une prolongation de son admission en application de l'article 214.

(2) Le titulaire de permis ne doit pas donner son congé à un résident admis au programme de séjour de courte durée en lit provisoire, en application du paragraphe (1), sans d'abord s'informer auprès du coordonnateur des placements si celui-ci se propose d'autoriser une prolongation.

(3) Le titulaire de permis donne son congé à un résident en séjour de courte durée si, selon le cas :

a) le résident est parti pour une absence médicale ou psychiatrique qui dépasse 14 jours;

b) le résident est parti pour une absence pour vacances;

c) le foyer de soins de longue durée est en voie d'être fermé.

(4) Le titulaire de permis donne son congé à un résident en séjour de longue durée si, selon le cas :

a) le résident est parti pour une absence médicale qui dépasse 30 jours;

b) le résident est parti pour une absence psychiatrique qui dépasse 60 jours;

c) la durée totale des absences pour vacances du résident au cours de l'année civile dépasse 21 jours;

d) le foyer de soins de longue durée est en voie d'être fermé.

(5) Le titulaire de permis ne doit pas donner son congé à un résident en application de l'alinéa (3) a) ou (4) a) ou b) si, selon le cas :

a) le résident n'est pas en mesure de retourner au foyer en raison d'une situation d'urgence survenue au foyer ou d'une épidémie;

b) le résident ou son mandataire spécial ou quiconque agit pour le compte du résident a avisé l'administrateur du foyer que le résident a l'intention de retourner au foyer, mais qu'il n'est pas en mesure de le faire en raison d'une situation d'urgence ou d'une catastrophe naturelle survenue dans la collectivité qui empêche son retour immédiat.

(6) Le titulaire de permis ne doit pas donner son congé à un résident en application de l'alinéa (4) c) si, selon le cas :

a) le résident n'est pas en mesure de retourner au foyer en raison d'une épidémie ou d'une situation d'urgence survenue au foyer;

b) le résident ou son mandataire spécial ou quiconque agit pour le compte du résident a avisé l'administrateur du foyer que le résident a l'intention de retourner au foyer, mais qu'il n'est pas en mesure de le faire en raison d'une situation d'urgence ou d'une catastrophe naturelle survenue dans la collectivité ou encore d'une maladie à court terme ou d'une lésion dont souffre le résident qui empêche son retour immédiat.

(7) Le titulaire de permis d'un foyer de soins de longue durée donne son congé d'une unité spécialisée à un résident si les conditions suivantes sont réunies :

a) la réévaluation interdisciplinaire exigée à l'article 222 indique que le résident n'a plus besoin et ne tire plus avantage de l'hébergement, des soins, des services, des programmes et des biens qui y sont fournis;

b) d'autres arrangements ont été pris pour fournir au résident l'hébergement, les soins, les services, les programmes et les biens dont il a besoin.

(8) Le titulaire de permis d'un foyer de soins de longue durée donne son congé à un résident d'une unité spécialisée si le résident y a été admis conformément à une stipulation faite en vertu du paragraphe 216 (7) et qu'il est transféré à un lit dans une autre aire du foyer comme l'exige l'article 224.

(9) Le titulaire de permis donne son congé à un résident dès qu'il en apprend le décès et le résident est réputé avoir reçu son congé à la date de son décès.

(10) Le paragraphe (3) ne s'applique pas à un résident admis au programme de séjour de courte durée en lit provisoire et le résident est considéré comme un résident en séjour de longue durée pour l'application du paragraphe (4).

Mise en congé : fermeture de lits

159. (1) Le titulaire de permis peut donner son congé à un résident dont le lit est fermé s'il n'est pas possible de le transférer à un autre lit au foyer.

(2) Le paragraphe (1) ne s'applique pas si, selon le cas :

a) un préavis était exigé aux termes de l'article 357, mais il n'a pas été satisfait aux exigences de cet article;

b) le directeur a convenu, aux termes du paragraphe 357 (7), d'un délai de préavis plus court ou de la dispense du préavis, et, par conséquent, un préavis de moins de 16 semaines a été donné aux personnes visées à l'alinéa 357 (3) a);

c) l'article 358 s'appliquait au moment où le résident a été transféré au lit, mais il n'a pas été satisfait aux exigences de cet article.

Mise en congé pendant une pandémie

160. (1) Pendant une pandémie, le titulaire de permis d'un foyer de soins de longue durée donne son congé à un résident en séjour de longue durée si le résident, ou son mandataire spécial, présente une demande écrite de mise en congé en raison de la pandémie.

(2) Le titulaire de permis d'un foyer de soins de longue durée veille à prendre les mesures suivantes avant qu'un résident en séjour de longue durée quitte le foyer conformément à la demande prévue au paragraphe (1) :

a) un médecin ou une infirmière autorisée ou un infirmier autorisé de la catégorie supérieure qui traite le résident ou un membre du personnel infirmier autorisé du foyer consigne les soins qui doivent être administrés au résident dès qu'il a quitté le foyer;

b) un membre du personnel du titulaire de permis communique les renseignements suivants au résident ou à son mandataire spécial :

(i) la nécessité de prendre toutes les mesures raisonnables pour que le résident reçoive, après qu'il a quitté le foyer, les soins qui doivent lui être administrés,

(ii) le fait que l'entière responsabilité des soins, de la sécurité et du bien-être du résident dès qu'il obtient son congé revient au résident ou à son mandataire spécial et non au titulaire de permis,

(iii) le fait que lorsqu'il est prêt à retourner au foyer, le résident, son mandataire spécial ou une autre personne agissant pour son compte devra entrer en contact avec le coordonnateur des placements pour procéder à la réadmission du résident.

(3) Le résident visé par le programme de séjour de courte durée en lit provisoire est considéré comme un résident en séjour de longue durée pour l'application du présent article.

Exigences : mise en congé d'un résident

161. (1) Sauf dans le cas d'une mise en congé résultant du décès d'un résident, le titulaire de permis d'un foyer de soins de longue durée veille à ce que, avant qu'un résident reçoive son congé, un avis de mise en congé lui soit remis et à ce qu'il soit remis à son mandataire spécial, s'il en a un, et à toute autre personne que l'un ou l'autre indique :

a) le plus tôt possible avant la mise en congé;

b) si les circonstances ne permettent pas la remise de l'avis avant la mise en congé, le plus tôt possible par la suite.

(2) Avant de donner son congé à un résident en vertu du paragraphe 157 (1), le titulaire de permis fait ce qui suit :

a) il s'assure que des solutions de rechange à la mise en congé ont été prises en considération et essayées si cela était approprié;

b) en collaboration avec le coordonnateur des placements compétent et d'autres organismes de services de santé, il prend d'autres arrangements pour fournir l'hébergement, les soins et l'environnement sûr dont le résident a besoin;

c) il veille à ce que le résident et son mandataire spécial, s'il en a un, ainsi que toute personne que l'un ou l'autre désigne soient tenus au courant, à ce qu'ils aient la possibilité de participer à la planification de la mise en congé et à ce que les désirs du résident soient pris en considération;

d) il remet au résident et à son mandataire spécial, s'il en a un, ainsi qu'à toute personne que l'un ou l'autre désigne un avis écrit donnant une explication détaillée des faits à l'appui de sa décision, tels qu'ils se rapportent à la fois au foyer et à l'état du résident et à ses besoins en matière de soins, qui justifie la décision du titulaire de permis de donner son congé au résident.

(3) Avant de donner son congé du foyer à un résident en vertu de l'alinéa 157 (3) a), b) ou d) ou du paragraphe 160 (1), le titulaire de permis offre de faire ce qui suit :

a) aider le résident à planifier sa mise en congé en trouvant un hébergement, des organismes de services de santé et d'autres ressources communautaires de rechange;

b) entrer en contact avec les organismes de services de santé et autres ressources communautaires appropriés ou renvoyer le résident à de tels organismes et ressources.

Responsabilité du coordonnateur des placements

162. Si un résident auquel s'applique le paragraphe 157 (1) ou l'alinéa 158 (7) a) le désire, le coordonnateur des placements compétent aide à organiser un hébergement, des soins ou des services de rechange pour lui.

Titulaire de permis : obligation d'aider à trouver des solutions de rechange

163. Le titulaire de permis d'un foyer de soins de longue durée offre d'entrer en contact avec le coordonnateur des placements compétent afin qu'il fournisse des renseignements, au sujet des solutions de rechange à la vie dans un tel foyer, à tout résident dont l'état s'est amélioré à tel point qu'il n'a plus besoin des soins et des services offerts par le foyer, comme l'indique le programme de soins du résident.

Dispositions transitoires : absences et mises en congé découlant d'absences

164. Si, au cours de l'année civile pendant laquelle le présent article entre en vigueur, un résident d'un foyer, au sens de l'ancienne loi, s'était absenté du foyer conformément aux règlements pris en vertu de cette loi avant l'entrée en vigueur du présent article, ou était absent du foyer au moment de l'entrée en vigueur du présent article, ces absences sont considérées comme si elles s'étaient produites pendant que le présent règlement était en vigueur.

PARTIE III
QUALITÉ

Initiative d'amélioration constante de la qualité

165. La présente partie s'applique à l'initiative d'amélioration constante de la qualité pour un foyer exigée en vertu de l'article 42 de la Loi.

Comité d'amélioration constante de la qualité

166. (1) Le titulaire de permis d'un foyer de soins de longue durée constitue un comité d'amélioration constante de la qualité.

(2) Le comité d'amélioration constante de la qualité se compose d'au moins les personnes suivantes :

1. L'administrateur du foyer.
2. Le directeur des soins infirmiers et des soins personnels du foyer.
3. Le directeur médical du foyer.
4. Tous les responsables désignés du foyer.

5. Le diététiste agréé du foyer.
6. Le fournisseur de services pharmaceutiques du foyer ou, si celui-ci est une personne morale, un pharmacien qui relève du fournisseur de services pharmaceutiques.
7. Au moins un employé du titulaire du permis qui est un membre du personnel infirmier permanent du foyer.
8. Au moins un employé du titulaire du permis qui a été embauché comme préposé aux services de soutien personnel ou pour fournir de tels services au foyer et qui satisfait aux qualités des préposés aux services de soutien personnel visées à l'article 52.
9. Un membre du conseil des résidents.
10. Un membre du conseil des familles, s'il y en a un.

(3) Le comité d'amélioration constante de la qualité s'acquitte des responsabilités suivantes :

1. Surveiller, en fonction de données appropriées, les enjeux en matière de qualité, la qualité de vie des résidents et la qualité générale des soins et des services que fournit le foyer de soins de longue durée, et en rendre compte au titulaire de permis du foyer de soins de longue durée.
2. Envisager, recenser et faire des recommandations au titulaire de permis du foyer de soins de longue durée relativement aux domaines prioritaires en matière d'amélioration de la qualité du foyer.
3. Coordonner et appuyer la mise en oeuvre de l'initiative d'amélioration constante de la qualité, notamment la préparation du rapport sur l'initiative d'amélioration constante de la qualité.

(4) Le titulaire de permis n'est tenu de se conformer au paragraphe (1) que six mois après le jour de l'entrée en vigueur du présent article.

Responsable désigné de l'amélioration constante de la qualité

167. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que l'initiative d'amélioration constante de la qualité soit coordonnée par un responsable désigné.

(2) Le titulaire de permis veille à ce que le responsable désigné soit un membre du personnel.

Rapport sur l'amélioration constante de la qualité

168. (1) Le titulaire de permis d'un foyer de soins de longue durée rédige un rapport sur l'initiative d'amélioration constante de la qualité pour le foyer à l'égard de chaque exercice au plus tard trois mois après la fin de l'exercice. Sous réserve de l'article 271, il publie chaque rapport sur son site web.

(2) Le rapport exigé au paragraphe (1) doit comprendre les renseignements suivants :

1. Le nom et le poste du responsable désigné pour l'initiative d'amélioration constante de la qualité.
2. Une description écrite des domaines prioritaires en matière d'amélioration de la qualité, des objectifs, des politiques, des marches à suivre et des protocoles à l'égard de l'initiative d'amélioration constante de la qualité pour le prochain exercice.
3. Une description écrite du processus utilisé pour recenser les domaines prioritaires du foyer en matière d'amélioration de la qualité pour le prochain exercice et la manière dont ces domaines pour cet exercice se fondent sur les recommandations du comité d'amélioration constante de la qualité du foyer.
4. Une description écrite du processus pour surveiller et mesurer les progrès relatifs aux domaines prioritaires du foyer en matière d'amélioration de la qualité pour le prochain exercice, recenser et mettre en oeuvre les rajustements, et communiquer les résultats.
5. Un relevé écrit de ce qui suit :
    i. la date à laquelle le sondage exigé à l'article 43 de la Loi a été effectué pendant l'exercice,
    ii. les résultats du sondage effectué pendant l'exercice en vertu de l'article 43 de la Loi,
    iii. la manière et les dates auxquelles les résultats du sondage effectué pendant l'exercice en vertu de l'article 43 de la Loi ont été communiqués aux résidents et à leur famille, au conseil des résidents, au conseil des familles, s'il y en a un, et aux membres du personnel du foyer,
6. Un relevé écrit de ce qui suit :
    i. les mesures prises pour améliorer le foyer de soins de longue durée et les soins, services, programmes et biens qui y sont fournis, compte tenu des résultats documentés du sondage effectué pendant l'exercice en vertu de l'alinéa 43 (5) b) de la Loi, les dates auxquelles ces mesures ont été mises en oeuvre et le résultat de ces mesures,

ii. les autres mesures prises pour améliorer l'hébergement, les soins, les services, les programmes et les biens fournis aux résidents dans les domaines prioritaires du foyer en matière d'amélioration de la qualité pendant l'exercice, les dates auxquelles ces mesures ont été mises en oeuvre et le résultat de ces mesures,

iii. le rôle du conseil des résidents et du conseil des familles, s'il y en a un, en ce qui concerne les mesures prises en vertu des sous-dispositions i et ii,

iv. le rôle du comité d'amélioration constante de la qualité en ce qui concerne les mesures prises en vertu des sous-dispositions i et ii,

v. la manière et les dates auxquelles les mesures prises en vertu des sous-dispositions i et ii ont été communiquées aux résidents et à leur famille, au conseil des résidents, au conseil des familles, s'il y en a un, et aux membres du personnel du foyer.

(3) Le titulaire de permis veille à ce qu'une copie du rapport soit remise au conseil des résidents et au conseil des familles, s'il y en a un.

(4) Le premier rapport prévu par le présent article doit porter sur l'exercice se terminant le 31 mars 2023.

(5) Le titulaire de permis d'un foyer de soins de longue durée rédige, dans les trois mois suivant l'entrée en vigueur du présent article, un rapport provisoire pour l'exercice 2022-2023.

(6) Le rapport provisoire rédigé en application du paragraphe (5) doit :

a) être publié sur le site Web du foyer, sous réserve de l'article 271;

b) être remis au conseil des résidents et au conseil des familles, s'il y en a un.

c) comprendre ce qui suit :

i. le nom et le poste du responsable désigné à l'égard de l'initiative d'amélioration constante de la qualité,

ii. une description écrite des domaines prioritaires du foyer en matière d'amélioration de la qualité, des objectifs, des politiques, des marches à suivre et des protocoles à l'égard de l'initiative d'amélioration constante de la qualité,

iii. une description écrite du processus utilisé pour recenser les domaines prioritaires du foyer en matière d'amélioration de la qualité,

iv. une description écrite du processus pour surveiller et mesurer les progrès, recenser et mettre en oeuvre les rajustements, et communiquer les résultats à l'égard des domaines prioritaires du foyer en matière d'amélioration de la qualité.

Dossiers des améliorations

169. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que l'initiative d'amélioration constante de la qualité exigée à l'article 42 de la Loi comprenne un dossier tenu par le titulaire de permis qui indique le nom des personnes qui ont participé aux évaluations des améliorations dans le rapport exigé à l'article 168 du présent règlement.

PARTIE IV
ADMISSION DES RÉSIDENTS

Définition

170. La définition qui suit s'applique à la présente partie.

«partenaire» S'entend de l'une ou l'autre de deux personnes qui vivent ensemble depuis au moins un an et qui ont des rapports personnels étroits qui sont d'une importance capitale dans leur vie respective.

Renseignements que doit fournir le coordonnateur des placements

171. (1) Quiconque cherche à être admis à un foyer de soins de longue durée prend contact avec un coordonnateur des placements, qui lui fournit des renseignements au sujet des autres services que la personne peut vouloir envisager.

(2) Le coordonnateur des placements fournit également à la personne des renseignements au sujet de la responsabilité qui incombe aux résidents quant au paiement des frais d'hébergement et des montants maximaux qu'un titulaire de permis peut exiger au titre de l'hébergement.

(3) Le coordonnateur des placements avise la personne qu'un résident peut demander au directeur une réduction des frais exigés pour l'hébergement avec services de base et que le résident qui présente une telle demande est tenu de fournir des pièces justificatives, notamment l'un ou l'autre des documents suivants :

a) l'avis de cotisation qui lui a été délivré en application de la *Loi de l'impôt sur le revenu* (Canada) pour sa plus récente année d'imposition;

b) la preuve de revenu (imprimé de l'option «C») que lui a fournie l'Agence du revenu du Canada pour sa plus récente année d'imposition;

c) son autorisation écrite relativement à la communication, par l'Agence du revenu du Canada, par voie électronique, de renseignements sur son revenu pour sa plus récente année d'imposition.

(4) S'il est décidé qu'une personne est admissible, le coordonnateur des placements lui fournit des renseignements au sujet de ce qui suit :

a) la longueur des listes d'attente et les délais d'admission approximatifs aux foyers de soins de longue durée;

b) les vacances au sein de foyers de soins de longue durée;

c) le mode d'obtention, auprès du ministère, de renseignements sur les foyers de soins de longue durée.

ADMISSIBILITÉ

Critères d'admissibilité : séjour de longue durée

172. (1) Le coordonnateur des placements ne doit décider qu'une personne est admissible à un foyer de soins de longue durée en qualité de résident en séjour de longue durée que si les conditions suivantes sont réunies :

a) la personne est âgée d'au moins 18 ans;

b) la personne est un assuré au sens de la *Loi sur l'assurance-santé*;

c) la personne, selon le cas :

(i) a besoin de soins infirmiers sur place 24 heures par jour,

(ii) a souvent besoin d'aide pendant la journée relativement aux activités de la vie quotidienne,

(iii) a souvent besoin pendant la journée de supervision ou de surveillance sur place afin d'assurer sa sécurité ou son bien-être;

d) les services communautaires financés par les fonds publics et les autres arrangements en matière de soins, de soutien ou de compagnie qui sont offerts à la personne ne suffisent pas, quelle que soit leur combinaison, à répondre à ses besoins;

e) un foyer de soins de longue durée peut répondre aux besoins de la personne en matière de soins.

(2) La définition qui suit s'applique au présent article.

«soins infirmiers» Soins infirmiers et autres soins personnels assurés par une infirmière autorisée ou un infirmier autorisé ou encore par une infirmière auxiliaire autorisée ou un infirmier auxiliaire autorisé ou assurés sous la surveillance de l'une ou l'autre de ces personnes.

Idem : séjour de courte durée, programmes de relève et de convalescence

173. (1) Le coordonnateur des placements ne doit décider qu'une personne est admissible à un foyer de soins de longue durée en qualité de résident en séjour de courte durée dans le cadre du programme de relève que si les conditions suivantes sont réunies :

a) la personne, selon le cas :

(i) a un fournisseur de soins qui a temporairement besoin de cesser d'exercer ses responsabilités en matière de prestation de soins,

(ii) a temporairement besoin de soins pour continuer à résider dans la collectivité et profitera vraisemblablement d'un court séjour dans un tel foyer;

b) il est prévu que la personne retournera à sa résidence dans les 60 jours qui suivent son admission au foyer;

c) la personne satisfait aux exigences énoncées aux alinéas 172 (1) a), b), c) et e).

(2) Le coordonnateur des placements ne doit décider qu'une personne est admissible à un foyer de soins de longue durée en qualité de résident en séjour de courte durée dans le cadre du programme de convalescence que si les conditions suivantes sont réunies :

a) la personne a besoin de temps pour recouvrer ses forces, son endurance ou sa capacité de fonctionnement et profitera vraisemblablement d'un court séjour dans un tel foyer;

b) il est prévu que la personne retournera à sa résidence dans les 90 jours qui suivent son admission au foyer;

c) la personne satisfait aux exigences énoncées aux alinéas 172 (1) a), b), c) et e).

Idem : conjoint ou partenaire

174. (1) Malgré les alinéas 172 (1) c) et d), le coordonnateur des placements décide qu'une personne est admissible à un foyer de soins de longue durée en qualité de résident en séjour de longue durée si les conditions suivantes sont réunies :

a) le conjoint ou partenaire de la personne est :

(i) soit un résident en séjour de longue durée,

(ii) soit une personne qui, selon la décision du coordonnateur, est admissible à un tel foyer en cette même qualité;

b) la personne satisfait aux exigences des alinéas 172 (1) a), b) et e).

(2) Malgré toute autre disposition du présent règlement :

a) la personne visée au paragraphe (1) ne peut être placée que dans une catégorie énoncée au paragraphe 191 (3) ou 192 (3);

b) un coordonnateur des placements ne peut pas autoriser l'admission de la personne visée au paragraphe (1) à un foyer de soins de longue durée avant que celle de son conjoint ou partenaire à ce même foyer soit autorisée.

Idem : anciens combattants

175. Malgré les alinéas 172 (1) c) et d), le coordonnateur des placements décide qu'une personne est admissible à un foyer de soins de longue durée en qualité de résident en séjour de longue durée si elle est à la fois un ancien combattant et un assuré au sens de la *Loi sur l'assurance-santé*.

Idem : transferts dus à un réaménagement

176. (1) Malgré l'article 172, le coordonnateur des placements décide qu'une personne est admissible à un foyer de soins de longue durée en qualité de résident en séjour de longue durée si elle est, selon le cas :

a) un résident en séjour de longue durée d'un foyer de soins de longue durée immédiatement avant la fermeture de son lit au foyer qui demande un transfert à un foyer de soins de longue durée temporaire lié;

b) un résident en séjour de longue durée qui demande un transfert d'un foyer de soins de longue durée temporaire lié à un foyer de soins de longue durée de remplacement ou à un foyer de soins de longue durée réouvert qu'exploite également le titulaire de permis du foyer de soins de longue durée temporaire lié;

c) un résident en séjour de longue durée d'un foyer de soins de longue durée immédiatement avant la fermeture de son lit au foyer qui demande un transfert à un foyer de soins de longue durée de remplacement.

(2) Le coordonnateur des placements qui agit en vertu du présent article est soustrait à l'obligation de se conformer aux paragraphes 50 (4) et (6) et 51 (12) de la Loi.

(3) Pour l'application du présent article, un résident admis au programme de séjour de courte durée en lit provisoire est considéré comme un résident en séjour de longue durée.

DEMANDE DE DÉCISION TOUCHANT L'ADMISSIBILITÉ

Demande de décision touchant l'admissibilité

177. (1) Pour demander que soit prise une décision touchant son admissibilité à un foyer de soins de longue durée, une personne doit fournir les documents et renseignements suivants au coordonnateur des placements :

a) sa demande écrite relativement à la prise d'une décision touchant son admissibilité, rédigée selon la formule qu'a fournie le coordonnateur des placements;

b) une preuve convaincante qu'il est satisfait aux exigences des alinéas 172 (1) a) et b);

c) l'évaluation à jour visée à la disposition 1 du paragraphe 50 (4) de la Loi;

d) l'évaluation à jour visée à la disposition 2 du paragraphe 50 (4) de la Loi, effectuée et signée par un employé ou par un mandataire du coordonnateur des placements qui est également, selon le cas :

(i) une infirmière autorisée ou un infirmier autorisé,

(ii) un travailleur social inscrit sous le régime de la *Loi de 1998 sur le travail social et les techniques de travail social*,

(iii) un membre de l'Ordre des physiothérapeutes de l'Ontario,

(iv) un membre de l'Ordre des ergothérapeutes de l'Ontario,

(v) un orthophoniste membre de l'Ordre des audiologistes et des orthophonistes de l'Ontario,

(vi) un diététiste agréé;

e) les autres renseignements et documents nécessaires pour permettre d'établir si la personne satisfait aux critères d'admissibilité qui s'appliquent.

(2) La formule que fournit le coordonnateur des placements en vertu de l'alinéa (1) a) doit être la formule que fournit le directeur.

(3) Si un résident d'un foyer de soins de longue durée demande son transfert à un autre foyer de soins de longue durée :

a) il présente une demande relativement à la prise d'une décision touchant son admissibilité au foyer et fournit les documents et renseignements visés au paragraphe (1), sauf si une demande d'autorisation d'admission à un foyer de soins de longue durée quelconque est en suspens;

b) le titulaire de permis de son foyer de soins de longue durée aide le coordonnateur des placements en lui fournissant des renseignements sur les soins qui sont fournis au résident ainsi que les renseignements qu'il a en sa possession en ce qui a trait aux évaluations visées aux alinéas (1) c) et d).

(4) Malgré les paragraphes (1) et (3), la personne visée au paragraphe 176 (1) n'est pas tenue de présenter une demande relativement à la prise d'une décision touchant son admissibilité rédigée selon la formule fournie par le coordonnateur des placements en vertu de l'alinéa (1) a) ou les documents et renseignements visés aux alinéas (1) b), c) et d).

(5) La personne qui est dans un territoire autre que l'Ontario au moment où elle présente sa demande est exemptée de l'obligation de fournir les évaluations visées aux alinéas (1) c) et d) si elle en présente des semblables, pour l'essentiel, qu'a effectuées une personne dont les qualités professionnelles dans cet autre territoire sont équivalentes à celles d'une personne qui pourrait effectuer de telles évaluations en Ontario et que le coordonnateur des placements est convaincu que ces évaluations sont adéquates compte tenu de toutes les circonstances.

(6) Le coordonnateur des placements qui agit dans les circonstances énoncées au paragraphe (5) peut prendre une décision touchant l'admissibilité en vertu du paragraphe 50 (4) de la Loi en se fondant sur les évaluations qui sont fournies.

(7) Le coordonnateur des placements aide la personne à obtenir tout ce que celle-ci est tenue de lui fournir en application du présent article.

DEMANDE D'AUTORISATION D'ADMISSION

Demande d'autorisation d'admission

178. (1) Pour demander l'autorisation de son admission à un foyer de soins de longue durée en vertu de l'article 51 de la Loi, l'auteur d'une demande fournit au coordonnateur des placements :

a) une demande, par écrit, d'autorisation de son admission au foyer, rédigée selon la formule qu'a fournie le coordonnateur des placements;

b) les autres renseignements et documents nécessaires pour permettre au coordonnateur des placements de décider dans quelle catégorie il doit être placé conformément aux articles 187 à 198;

c) les autres renseignements et documents qui, de l'avis du coordonnateur des placements, sont pertinents pour permettre au titulaire de permis de décider s'il y a lieu d'approuver ou non l'admission de la personne;

d) des copies des évaluations et des réévaluations visées à l'alinéa 51 (11) a) de la Loi.

(2) Malgré l'alinéa (1) a), s'il est décidé qu'une personne est admissible à un foyer de soins de longue durée en vertu du paragraphe 176 (1), la personne n'est pas tenue de présenter la demande d'autorisation d'admission par écrit.

(3) Le coordonnateur des placements aide l'auteur de la demande à obtenir tout ce que ce dernier est tenu de lui fournir en application du présent article.

APPROBATION PAR LE TITULAIRE DE PERMIS

Approbation par le titulaire de permis

179. (1) Sous réserve des articles 180 et 181, lorsque le coordonnateur des placements décide que l'auteur d'une demande est admissible à un foyer de soins de longue durée et que l'auteur demande l'autorisation de son admission à un foyer de soins de longue durée particulier, le coordonnateur des placements compétent fait ce qui suit :

a) il donne au titulaire de permis du foyer, outre les documents exigés en application du paragraphe 51 (7) de la Loi, les autres renseignements en sa possession qui, à son avis, sont pertinents pour permettre au titulaire de permis de décider s'il y a lieu d'approuver ou non l'admission de l'auteur de la demande au foyer;

b) il demande au titulaire de permis de décider s'il y a lieu d'approuver ou non l'admission de l'auteur de la demande au foyer.

(2) Le coordonnateur des placements compétent veille à ce que toute évaluation donnée au titulaire de permis avec les documents visés à l'alinéa (1) a) ait été effectuée dans les trois mois précédents et que, en cas de changement important de l'état ou de la situation de l'auteur de la demande au cours de cette période, l'évaluation ou la réévaluation qui tient compte de ces changements soit annexée à ces documents.

(3) Sous réserve des paragraphes (4) et (5), le titulaire de permis, au plus cinq jours ouvrables après la réception de la demande visée à l'alinéa (1) b), prend l'une ou l'autre des mesures suivantes :

1. Il donne au coordonnateur des placements compétent l'avis écrit qu'exige le paragraphe 51 (8) de la Loi.

2. S'il refuse d'approuver l'admission de l'auteur de la demande, il donne aux personnes visées au paragraphe 51 (9) de la Loi l'avis écrit qu'exige le paragraphe 51 (10) de la Loi.

(4) Si, dans les cinq jours ouvrables prévus au paragraphe (3), le titulaire de permis présente au coordonnateur des placements compétent une demande écrite de renseignements supplémentaires dont, de l'avis du coordonnateur, le titulaire de permis a besoin pour décider s'il y a lieu d'approuver ou non l'admission de l'auteur de la demande au foyer, le coordonnateur des placements les lui donne.

(5) Le titulaire de permis donne l'avis approprié visé à la disposition 1 ou 2 du paragraphe (3) dans les trois jours ouvrables après la réception des renseignements supplémentaires fournis en vertu du paragraphe (4).

Exceptions

180. Les paragraphes 51 (7), (8) et (14) de la Loi et les articles 179 et 202 du présent règlement ne s'appliquent pas à l'égard de l'auteur d'une demande qui est admissible à un foyer de soins de longue durée en vertu du paragraphe 176 (1). Le titulaire de permis d'un foyer de soins de longue durée temporaire lié, d'un foyer de soins de longue durée réouvert ou d'un foyer de soins de longue durée de remplacement est réputé approuver l'admission de l'auteur de la demande au foyer.

Restriction : listes d'attente

181. (1) Le coordonnateur des placements ne doit pas fournir à un titulaire de permis les renseignements et la demande visés au paragraphe 179 (1) s'il en résulterait que, selon le cas :

a) plus de cinq demandes d'admissibilité en qualité de résident en séjour de longue durée sont en suspens;

b) plus de cinq demandes d'admissibilité en qualité de résident en séjour de courte durée sont en suspens.

(2) Pour l'application du paragraphe (1), une demande est en suspens si l'approbation a été accordée ou si le titulaire de permis n'a toujours pas décidé s'il y a lieu d'accorder l'approbation.

(3) Le paragraphe (1) ne s'applique pas à l'égard d'un foyer qui ne fait pas encore l'objet d'un permis ou qui n'est pas encore approuvé pour l'application de la Loi. Une demande visant un tel foyer ne doit pas compter parmi celles qui sont en suspens.

(4) Le présent article ne s'applique pas à l'auteur d'une demande qui sera placé dans la catégorie 1 de la liste d'attente du foyer de soins de longue durée si le titulaire de permis approuve son admission au foyer.

TENUE DES LISTES D'ATTENTE

Tenue des listes d'attente

182. (1) Chaque coordonnateur des placements tient une liste d'attente aux fins d'admission à chacun des foyers de soins de longue durée pour lesquels il est désigné à titre de coordonnateur des placements.

(2) Outre les listes d'attente visées au paragraphe (1), le coordonnateur des placements tient, s'il y a lieu, une liste d'attente distincte pour chaque unité ou aire d'un foyer qui sert principalement les intérêts de personnes d'une religion, d'une origine ethnique ou d'une origine linguistique particulière visée à l'alinéa 191 (1) b).

(3) Chaque coordonnateur des placements tient également les listes d'attente visées aux paragraphes (1) et (2) à l'égard des foyers de soins de longue durée qui ne font pas encore l'objet d'un permis ou qui ne sont pas encore approuvés, mais qui, dans les 16 semaines de l'établissement des listes, devraient faire l'objet d'un permis ou être approuvés à titre de foyers de soins de longue durée et devenir de tels foyers pour lesquels il devrait être désigné à titre de coordonnateur des placements.

(4) Le coordonnateur des placements compétent place sur la liste d'attente pertinente, classe aux fins de son admission et retire de la liste, conformément aux articles 183 à 200, toute personne visée à l'article 183, à l'exception d'une personne qui doit être placée sur une liste d'attente aux fins d'admission à un lit provisoire en vertu de l'article 210 ou aux fins d'admission à une unité spécialisée en vertu de l'article 219.

(5) Malgré le paragraphe (4), les articles 183 et 186 à 200 ne s'appliquent pas au coordonnateur des placements compétent à l'égard, d'une part, du placement de personnes sur une liste d'attente aux fins d'admission à un lit d'accès prioritaire pour la réunification et, d'autre part, du classement de personnes aux fins d'admission à un tel lit, ces deux activités devant se faire conformément aux articles 227 et 228.

(6) Malgré le paragraphe (4), les articles 183 et 186 à 200 ne s'appliquent pas au coordonnateur des placements compétent à l'égard, d'une part, du placement de personnes sur une liste d'attente aux fins d'admission à un lit d'accès prioritaire pour cas de gravité élevée et, d'autre part, du classement de personnes aux fins d'admission à un tel lit, ces deux activités devant se faire conformément aux articles 230 et 231.

(7) Malgré le paragraphe (4), les articles 186 à 200 ne s'appliquent pas au coordonnateur des placements compétent à l'égard, d'une part, du placement de personnes sur une liste d'attente aux fins d'admission à un lit d'accès direct et, d'autre part, du classement de personnes aux fins d'admission à un tel lit, ces deux activités devant se faire conformément aux articles 236 et 237.

Exigences : placement sur une liste d'attente

183. (1) Le coordonnateur des placements compétent ne place une personne sur une liste d'attente que si les conditions suivantes sont réunies :

a) un coordonnateur des placements décide que la personne est admissible à un foyer de soins de longue durée;

b) la personne présente conformément au présent règlement une demande d'autorisation d'admission au foyer;

c) le titulaire de permis du foyer approuve l'admission de la personne au foyer;

d) sous réserve du paragraphe (4), le placement de la personne sur la liste d'attente ne fera pas passer à plus de cinq le nombre total de listes d'attente sur lesquelles la personne est placée aux fins d'admission à un programme de séjour de longue durée ou à un programme de séjour de courte durée.

(2) L'alinéa (1) d) ne s'applique pas aux personnes qui seront placées dans la catégorie 1 de la liste d'attente aux fins d'admission à un programme de séjour de longue durée.

(3) Pour l'application de l'alinéa (1) d), si une personne sera placée dans la catégorie 3A ou 3B de la liste d'attente d'une unité ou d'une aire d'un foyer qui sert principalement les intérêts de personnes d'une religion, d'une origine ethnique ou d'une origine linguistique particulière visée à l'article 191, ou encore d'une unité spécialisée du foyer visée à l'article 219, et également sur la liste d'attente du foyer à l'égard d'un autre endroit que l'unité, l'aire ou l'unité spécialisée, toutes les listes d'attente sont considérées comme une seule liste.

(4) Pour l'application de l'alinéa (1) d), une liste d'attente visée au paragraphe 182 (3) ne doit pas faire partie du nombre total de listes d'attente tant que le foyer ne fait pas l'objet d'un permis ou n'est pas approuvé.

Retrait de la liste d'attente : séjour de longue durée

184. (1) Le coordonnateur des placements compétent retire l'auteur d'une demande de chaque liste d'attente qu'il tient aux fins de l'admission à un foyer de soins de longue durée en qualité de résident en séjour de longue durée et prend note de ce retrait si un autre coordonnateur des placements offre d'autoriser l'admission de l'auteur de la demande à un tel foyer en cette même qualité et que l'auteur, selon le cas :

a) refuse de consentir à l'admission;

b) refuse de conclure l'entente prévue à l'alinéa 203 (1) f);

c) ne s'installe pas au foyer au plus tard le cinquième jour après celui où il est avisé de la disponibilité de l'hébergement.

(2) Le paragraphe (1) ne s'applique pas si, selon le cas :

a) l'auteur de la demande occupe un lit dans un des établissements suivants :

(i) un hôpital au sens de la *Loi sur les hôpitaux publics* ou un hôpital privé auquel un permis est accordé sous le régime de la *Loi sur les hôpitaux privés*,

(ii) un établissement psychiatrique au sens de la *Loi sur la santé mentale* qui est tenu de fournir des services en milieu hospitalier conformément à cette loi;

b) l'auteur de la demande refuse d'être admis à une unité spécialisée conformément à une stipulation faite en vertu du paragraphe 216 (7);

c) l'auteur de la demande agit de la manière décrite à l'alinéa (1) a), b) ou c) du fait que son état de santé, une maladie de courte durée ou une blessure, selon le cas :

(i) l'empêche de s'installer au foyer à ce moment-là,

(ii) rendrait nuisible à sa santé son installation au foyer à ce moment-là;

d) l'auteur de la demande agit de la manière décrite à l'alinéa (1) a), b) ou c) du fait qu'une situation d'urgence sévissant au foyer ou qu'une épidémie s'y étant déclarée l'empêche de s'y installer à ce moment-là.

(3) L'auteur d'une demande qui est un résident en séjour de longue durée d'un autre foyer de soins de longue durée qui est retiré d'une liste d'attente en vertu du paragraphe (1) et qui souhaite par la suite être admis à un foyer de soins de longue durée doit présenter une nouvelle demande relativement à la prise d'une décision touchant son admissibilité à un tel foyer en qualité de résident en séjour de longue durée.

(4) L'auteur d'une demande qui est retiré d'une liste d'attente visée au paragraphe (1), autre que l'auteur d'une demande visé au paragraphe (3), et qui souhaite par la suite être admis à un foyer de soins de longue durée doit présenter une nouvelle demande relativement à la prise d'une décision touchant son admissibilité à un tel foyer en qualité de résident en séjour de longue durée. Toutefois, une telle demande ne doit pas être présentée moins de 12 semaines après le jour où l'auteur de la demande a été retiré de la liste d'attente, sauf si son état ou sa situation s'est aggravé.

Retrait de la liste d'attente : séjour de courte durée

185. (1) Le coordonnateur des placements compétent peut retirer l'auteur d'une demande de la liste d'attente d'un foyer de soins de longue durée auquel l'auteur attend son admission en qualité de résident en séjour de courte durée s'il offre d'autoriser l'admission de l'auteur de la demande au foyer et que l'auteur :

a) soit refuse de consentir à son admission;

b) soit ne s'installe pas au foyer le jour où il a convenu de le faire.

(2) L'auteur d'une demande qui est retiré de la liste d'attente d'un foyer de soins de longue durée en vertu du paragraphe (1) et qui souhaite par la suite être admis à un foyer de soins de longue durée doit présenter une nouvelle demande relativement à la prise d'une décision touchant son admissibilité à un tel foyer en qualité de résident en séjour de courte durée.

PLACEMENT DANS DES CATÉGORIES DE LA LISTE D'ATTENTE

Demande : séjour de courte durée

186. L'auteur d'une demande d'autorisation d'admission à un foyer de soins de longue durée en qualité de résident en séjour de courte durée dans le cadre du programme de relève ou de convalescence est placé dans la catégorie des séjours de courte durée de la liste d'attente du foyer s'il satisfait aux exigences du paragraphe 183 (1).

Demande : séjour de longue durée

187. Les articles 188 à 198 ne s'appliquent qu'à l'auteur d'une demande qui satisfait aux exigences de l'article 183 et qui demande une autorisation d'admission à un foyer de soins de longue durée en qualité de résident en séjour de longue durée.

Catégorie : situations de crise

188. (1) L'auteur d'une demande est placé dans la catégorie 1 de la liste d'attente d'un foyer de soins de longue durée si son admission immédiate est nécessaire du fait d'une situation de crise découlant de son état ou de sa situation.

(2) L'auteur d'une demande est placé dans la catégorie 1 de la liste d'attente d'un foyer de soins de longue durée si, à la fois :

a) il occupe un lit dans un des établissements suivants :

(i) un hôpital au sens de la *Loi sur les hôpitaux publics* ou un hôpital privé auquel un permis est accordé en vertu de la *Loi sur les hôpitaux privés*,

(ii) un établissement psychiatrique au sens de la *Loi sur la santé mentale* qui est tenu de fournir des services en milieu hospitalier conformément à cette loi;

b) l'hôpital ou l'établissement n'aura pas de lit pour lui dans les 12 semaines en raison :

(i) soit de la fermeture permanente de tout ou partie de ses lits,

(ii) soit de la fermeture temporaire de tout ou partie de ses lits en raison d'une urgence ou d'un réaménagement.

(3) L'auteur d'une demande est placé dans la catégorie 1 de la liste d'attente d'un foyer de soins de longue durée si, à la fois :

a) il est un résident en séjour de longue durée d'un autre foyer de soins de longue durée;

b) le foyer n'aura pas de lit pour lui dans les 12 semaines en raison de la fermeture permanente ou temporaire de tout ou partie de ses lits.

(4) L'auteur d'une demande est placé dans la catégorie 1 de la liste d'attente d'un foyer de soins de longue durée si les conditions suivantes sont réunies :

a) il occupe un lit dans un hôpital au sens de la *Loi sur les hôpitaux publics*, il a besoin d'un niveau de soins différent et son admission immédiate à un foyer de soins de longue durée est nécessaire;

b) la capacité de l'hôpital est soumise à de fortes pressions;

c) l'Agence a, en consultation avec l'hôpital en question et le coordonnateur des placements compétent, confirmé ces pressions par écrit au coordonnateur des placements compétent et précisé la période à laquelle s'applique la confirmation.

Réunification des partenaires ou conjoints

189. L'auteur d'une demande est placé dans la catégorie 2 de la liste d'attente d'un foyer de soins de longue durée si les conditions suivantes sont réunies :

a) il ne satisfait pas aux exigences régissant le placement dans la catégorie 1;

b) son conjoint ou partenaire est un résident en séjour de longue durée du foyer;

c) il satisfait aux critères d'admissibilité énoncés au paragraphe 172 (1).

Anciens résidents d'une unité spécialisée et résidents qui occupaient un lit d'accès prioritaire pour cas de gravité élevée

190. (1) L'auteur d'une demande est placé dans la catégorie 2.1 de la liste d'attente d'un foyer de soins de longue durée s'il ne satisfait pas aux exigences régissant le placement dans la catégorie 1 ou 2 et que, selon le cas :

a) il est un résident d'une unité spécialisée autre qu'un résident qui y a été admis conformément à une stipulation faite en vertu du paragraphe 216 (7);

b) il était un résident d'une unité spécialisée et il satisfait aux conditions suivantes :

(i) il a été transféré de l'unité spécialisée à un lit dans une autre aire du foyer conformément au paragraphe 223 (1),

(ii) il a demandé son admission au foyer avant son transfert ou dans les six semaines après son transfert.

c) il est un résident qui occupe un lit d'accès prioritaire pour cas de gravité élevée dans un foyer de soins de longue durée et il demande son admission à un lit réservé au séjour de longue durée ordinaire dans un autre foyer;

d) il était un résident qui occupait un lit d'accès prioritaire pour cas de gravité élevée et il satisfait aux conditions suivantes :

(i) il a été transféré de ce lit à un autre lit du foyer conformément au paragraphe 232 (2),

(ii) il a demandé son admission avant son transfert ou dans les six semaines après son transfert.

(2) Il est entendu que le présent article ne s'applique pas si l'alinéa 195 (1) e) s'applique.

Religion et origine ethnique ou linguistique

191. (1) L'auteur d'une demande est placé dans la catégorie 3A ou 3B de la liste d'attente d'un foyer de soins de longue durée ou d'une unité ou aire du foyer si les conditions suivantes sont réunies :

a) l'auteur de la demande ne satisfait pas aux exigences régissant le placement dans la catégorie 1, 2 ou 2.1;

b) le foyer ou une de ses unités ou aires sert principalement les intérêts de personnes d'une religion, d'une origine ethnique ou d'une origine linguistique particulière;

c) l'auteur de la demande ou son conjoint ou partenaire est de la religion, de l'origine ethnique ou de l'origine linguistique dont le foyer ou une de ses unités ou aires sert principalement les intérêts et l'auteur de la demande cherche à être admis à cette unité ou aire.

(2) L'auteur d'une demande visé au paragraphe (1) est placé dans la catégorie 3A si, selon le cas :

a) il n'est pas un résident d'un foyer de soins de longue durée et il a besoin d'un haut niveau de services ou reçoit un haut niveau de services en application de la *Loi de 1994 sur les services de soins à domicile et les services communautaires*;

b) il occupe un lit dans un hôpital au sens de la *Loi sur les hôpitaux publics* et a besoin d'un niveau de soins différent;

c) il est un résident en séjour de longue durée d'un foyer de soins de longue durée qui demande à être transféré à ce foyer conformément à son premier choix;

d) il est un résident en séjour de courte durée d'un foyer de soins de longue durée dans le cadre du programme de séjour de courte durée en lit provisoire et il demande à être transféré au foyer en qualité de résident en séjour de longue durée.

(3) L'auteur d'une demande visé au paragraphe (1) qui ne satisfait pas aux critères régissant le placement dans la catégorie 3A est placé dans la catégorie 3B.

Autres placements

192. (1) L'auteur d'une demande est placé dans la catégorie 4A ou 4B de la liste d'attente d'un foyer de soins de longue durée s'il ne satisfait pas aux exigences régissant le placement dans la catégorie 1, 2, 2.1, 3A ou 3B.

(2) L'auteur d'une demande visé au paragraphe (1) est placé dans la catégorie 4A si, selon le cas :

a) il n'est pas un résident d'un foyer de soins de longue durée et il a besoin d'un haut niveau de services ou reçoit un haut niveau de services en application de la *Loi de 1994 sur les services de soins à domicile et les services communautaires*;

b) il occupe un lit dans un hôpital au sens de la *Loi sur les hôpitaux publics* et il a besoin d'un niveau de soins différent;

c) il est un résident en séjour de longue durée d'un foyer de soins de longue durée qui cherche à être transféré à ce foyer conformément à son premier choix;

d) il est un résident en séjour de courte durée d'un foyer de soins de longue durée dans le cadre du programme de séjour de courte durée en lit provisoire et il demande à être transféré au foyer en qualité de résident en séjour de longue durée.

(3) L'auteur d'une demande visé au paragraphe (1) qui ne satisfait pas aux critères régissant le placement dans la catégorie 4A est placé dans la catégorie 4B.

Catégorie : anciens combattants

193. Malgré les articles 188 à 192, l'auteur d'une demande est placé dans la catégorie des anciens combattants de la liste d'attente d'un foyer de soins de longue durée si, selon le cas :

a) le foyer a des lits d'accès prioritaire aux anciens combattants et l'auteur de la demande est un ancien combattant qui a demandé une autorisation d'admission à un lit d'accès prioritaire aux anciens combattants;

b) le foyer est ou sera un foyer de soins de longue durée temporaire lié, un foyer de soins de longue durée réouvert ou un foyer de soins de longue durée de remplacement qui a des lits d'accès prioritaire aux anciens combattants et l'auteur de la demande, à la fois :

(i) est un résident en séjour de longue durée qui occupe un lit d'accès prioritaire aux anciens combattants dans un foyer de soins de longue durée et il a demandé une autorisation d'admission à un lit d'accès prioritaire aux anciens combattants,

(ii) satisfait par ailleurs aux exigences applicables de l'article 196, 197 ou 198, selon le cas, à l'égard du lit d'accès prioritaire aux anciens combattants.

Catégorie des échanges

194. (1) Malgré les articles 188 à 192, l'auteur d'une demande est placé dans la catégorie des échanges de la liste d'attente d'un foyer de soins de longue durée si les conditions suivantes sont réunies :

a) il satisfait à l'un ou l'autre des critères suivants :

(i) il occupe un lit dans un hôpital au sens de la *Loi sur les hôpitaux publics* ou un hôpital privé auquel un permis est accordé sous le régime de la *Loi sur les hôpitaux privés*,

(ii) il occupe un lit dans un établissement psychiatrique au sens de la *Loi sur la santé mentale* qui est tenu de fournir des services en milieu hospitalier conformément à cette loi,

(iii) il occupe un lit dans une résidence de groupe avec services de soutien, une résidence avec services de soutien intensif ou une résidence avec services de soutien à l'autonomie visée par la *Loi de 2008 sur les services et soutiens favorisant l'inclusion sociale des personnes ayant une déficience intellectuelle*,

(iv) il réside dans un logement avec services de soutien dans le cadre d'un programme subventionné par le ministère de la Santé ou par l'Agence aux fins de la prestation de services de soutien personnel et de services d'aides familiales aux personnes qui ont besoin de tels services sur place 24 heures par jour,

(v) il est un résident en séjour de longue durée d'un autre foyer de soins de longue durée;

b) il fait l'objet d'une entente, conclue entre le foyer de soins de longue durée auquel il cherche à être admis, au moins un hôpital, établissement, foyer de groupe ou programme visé aux sous-alinéas a) (i) à (iv) et, éventuellement, un ou plusieurs autres hôpitaux, établissements, foyers de groupe, programmes ou foyers de soins de longue durée, sur l'échange de résidents ou pensionnaires ou de patients ou malades identifiés en vue de répondre à leurs besoins spécialisés;

c) par suite de l'échange, il deviendra un résident du foyer de soins de longue durée auquel il cherche à être admis et un résident du foyer recevra son congé.

(2) Malgré les articles 188 à 192, si un coordonnateur des placements prend connaissance de la possibilité de faire un échange entre un résident d'un foyer de soins de longue durée qui cherche à être admis à un deuxième foyer de soins de longue durée et un résident de ce deuxième foyer qui cherche à être admis au premier foyer, chaque résident est placé dans la catégorie des échanges de la liste d'attente appropriée.

Catégorie des réadmissions

195. (1) Malgré les articles 188 à 192, l'auteur d'une demande est placé dans la catégorie des réadmissions de la liste d'attente d'un foyer de soins de longue durée si, selon le cas :

a) il a déjà occupé un lit dans le foyer en qualité de résident en séjour de longue durée, mais il ne l'occupe plus en raison d'une absence médicale ou psychiatrique d'une durée supérieure à la période permise en application de l'article 150 qui a entraîné sa mise en congé par le titulaire de permis;

b) il a déjà occupé un lit dans le foyer en qualité de résident en séjour de longue durée, mais il ne l'occupe plus en raison d'une situation d'urgence sévissant au foyer qui a entraîné sa mise en congé par le titulaire de permis;

c) il est un résident d'une unité spécialisée qui demande son admission au foyer de soins de longue durée où il était un résident immédiatement avant son admission à l'unité spécialisée;

d) il a reçu son congé d'une unité spécialisée ou d'un lit d'accès prioritaire pour cas de gravité élevée en raison d'une absence médicale ou psychiatrique ayant duré plus longtemps que la période permise en application de l'article 150 et il demande son admission au foyer de soins de longue durée où il était un résident immédiatement avant son admission à l'unité spécialisée ou au lit d'accès prioritaire pour cas de gravité élevée;

e) il a reçu son congé d'une unité spécialisée ou d'un lit d'accès prioritaire pour cas de gravité élevée dans un foyer de soins de longue durée et a été transféré à un lit dans une autre aire du foyer et il satisfait aux conditions suivantes :

(i) il demande son admission au foyer de soins de longue durée où il était un résident immédiatement avant son admission à l'unité spécialisée ou au lit d'accès prioritaire pour cas de gravité élevée,

(ii) il a fait la demande d'admission visée au sous-alinéa (i) avant son transfert ou dans les six semaines après son transfert.

(2) L'auteur d'une demande auquel s'applique l'alinéa (1) a) ou b) ne doit être placé que dans la catégorie des réadmissions de la liste d'attente du foyer d'où il a le plus récemment été mis en congé.

Catégorie des foyers de soins de longue durée temporaires liés

196. Malgré les articles 188 à 192 et l'article 194, mais sous réserve de l'article 193, l'auteur d'une demande est placé dans la catégorie des foyers de soins de longue durée temporaires liés sur la liste d'attente d'un foyer de soins de longue durée si, à la fois :

a) le foyer de soins de longue durée est ou sera un foyer de soins de longue durée temporaire lié;

b) l'auteur de la demande est un résident en séjour de longue durée du foyer de soins de longue durée original ou en était un immédiatement avant la fermeture de son lit au foyer.

Catégorie des foyers de soins de longue durée réouverts

197. Malgré les articles 188 à 192 et l'article 194, mais sous réserve de l'article 193, l'auteur d'une demande est placé dans la catégorie des foyers de soins de longue durée réouverts de la liste d'attente d'un foyer de soins de longue durée si, à la fois :

a) le foyer de soins de longue durée est ou sera un foyer de soins de longue durée réouvert;

b) l'auteur de la demande, selon le cas :

(i) est un résident en séjour de longue durée du foyer de soins de longue durée original,

(ii) était un résident en séjour de longue durée du foyer de soins de longue durée original immédiatement avant la fermeture temporaire de son lit au foyer,

(iii) est un résident en séjour de longue durée du foyer de soins de longue durée temporaire lié.

Catégorie des foyers de soins de longue durée de remplacement

198. Malgré les articles 188 à 192 et l'article 194, mais sous réserve de l'article 193, l'auteur d'une demande est placé dans la catégorie des foyers de soins de longue durée de remplacement de la liste d'attente d'un foyer de soins de longue durée si, à la fois :

a) le foyer de soins de longue durée est ou sera un foyer de soins de longue durée de remplacement;

b) l'auteur de la demande, selon le cas :

(i) est un résident en séjour de longue durée du foyer de soins de longue durée original,

(ii) était un résident en séjour de longue durée du foyer de soins de longue durée original immédiatement avant la fermeture permanente de son lit au foyer,

(iii) est un résident en séjour de longue durée du foyer de soins de longue durée temporaire lié.

CLASSEMENT DES CATÉGORIES

Classement des catégories

199. En ce qui concerne chaque catégorie de lits indiquée à une colonne du tableau du présent article, les catégories de la liste d'attente sont classées dans l'ordre indiqué dans les rangées au-dessous de la catégorie de lits, de sorte qu'une catégorie mentionnée à une rangée supérieure a priorité sur celle mentionnée à une rangée inférieure.

TABLEAU
CLASSEMENT DES CATÉGORIES DE LISTES D'ATTENTE (SÉJOUR DE LONGUE DURÉE)

Colonne 1 Catégorie de lits	Colonne 2 Catégorie de lits	Colonne 3 Catégorie de lits	Colonne 4 Catégorie de lits	Colonne 5 Catégorie de lits	Colonne 6 Catégorie de lits
Lits dans un foyer de soins de longue	Lits dans un foyer de soins de longue	Lits dans un foyer de soins de longue durée	Lits d'accès prioritaire aux	Lits d'accès prioritaire aux	Tous les autres lits réservés au séjour de

Colonne 1 Catégorie de lits	Colonne 2 Catégorie de lits	Colonne 3 Catégorie de lits	Colonne 4 Catégorie de lits	Colonne 5 Catégorie de lits	Colonne 6 Catégorie de lits
durée temporaire lié, sauf les lits d'accès prioritaire aux anciens combattants	durée réouvert, sauf les lits d'accès prioritaire aux anciens combattants	de remplacement, sauf les lits d'accès prioritaire aux anciens combattants	anciens combattants dans un foyer de soins de longue durée, sauf un foyer de soins de longue durée temporaire lié, un foyer de soins de longue durée réouvert ou un foyer de soins de longue durée de remplacement	anciens combattants dans un foyer de soins de longue durée temporaire lié, un foyer de soins de longue durée réouvert ou un foyer de soins de longue durée de remplacement	longue durée dans un foyer de soins de longue durée
Catégorie des foyers temporaires liés	Catégorie des foyers réouverts	Catégorie des foyers de remplacement	Catégorie : anciens combattants	Catégorie : anciens combattants visés à l'alinéa 193 b)	Catégorie des échanges
Catégorie des échanges	Catégorie des échanges	Catégorie des échanges	Catégorie des échanges	Catégorie : anciens combattants visés à l'alinéa 193 a)	Catégorie des réadmissions
Catégorie des réadmissions	Catégorie des réadmissions	Catégorie des réadmissions	Catégorie des réadmissions	Catégorie des échanges	Catégorie 1
Catégorie 1	Catégorie 1	Catégorie 1	Catégorie 1	Catégorie des réadmissions	Catégorie 2
Catégorie 2	Catégorie 2	Catégorie 2	Catégorie 2	Catégorie 1	Catégorie 2.1
Catégorie 2.1	Catégorie 2.1	Catégorie 2.1	Catégorie 2.1	Catégorie 2	Catégorie 3A
Catégorie 3A	Catégorie 3A	Catégorie 3A	Catégorie 3A	Catégorie 2.1	Catégorie 3B
Catégorie 3B	Catégorie 3B	Catégorie 3B	Catégorie 3B	Catégorie 3A	Catégorie 4A
Catégorie 4A	Catégorie 4A	Catégorie 4A	Catégorie 4A	Catégorie 3B	Catégorie 4B
Catégorie 4B	Catégorie 4B	Catégorie 4B	Catégorie 4B	Catégorie 4A	s.o.
s.o.	s.o.	s.o.	s.o.	Catégorie 4B	s.o.

CLASSEMENT AU SEIN DES CATÉGORIES

Classement au sein des catégories

200. (1) Au sein de chaque catégorie d'une liste d'attente indiquée à la colonne 1 du tableau du présent article, les auteurs de demande sont classés aux fins d'admission conformément aux règles indiquées en regard de la catégorie aux colonnes 2 et 3 du tableau du présent article.

(2) Si, dans les six semaines après sa première demande d'autorisation d'admission, en qualité de résident en séjour de longue durée, à un ou plusieurs foyers de soins de longue durée, l'auteur d'une demande fait une ou plusieurs autres demandes semblables, les autres demandes faites au cours de cette période sont, aux fins du tableau du présent article, réputées avoir été faites au même moment que la première demande.

(3) Si le coordonnateur des placements décide que l'auteur d'une demande est inadmissible à un foyer de soins de longue durée en qualité de résident en séjour de longue durée, mais qu'il est décidé plus tard que l'auteur de la demande est admissible à un tel foyer en cette même qualité par suite d'une demande présentée à la Commission d'appel en vertu du paragraphe 50 (9) de la Loi ou d'un appel interjeté devant la Cour divisionnaire en vertu du paragraphe 60 (1) de la Loi, et que l'auteur demande alors une autorisation d'admission, en cette qualité, à un ou plusieurs foyers de soins de longue durée :

a) la demande d'autorisation est, aux fins du tableau du présent article, réputée avoir été faite au moment où le coordonnateur des placements a décidé que l'auteur de la demande était inadmissible;

b) les autres demandes d'autorisation d'admission à un ou plusieurs foyers de soins de longue durée en qualité de résident en séjour de longue durée que l'auteur de la demande a faites dans les six semaines après sa première demande sont, aux fins du tableau, réputées avoir été faites au moment où la première demande est, aux termes de l'alinéa a), réputée avoir été faite.

TABLEAU
RÈGLES DE CLASSEMENT AU SEIN DES CATÉGORIES

Point	Colonne 1 Catégorie	Colonne 2 Règles	Colonne 3 Règles supplémentaires
1.	Foyers de soins de longue durée temporaires liés, foyers de soins de longue durée	Les auteurs de demande sont classés selon la date de leur admission au foyer de soins de longue durée original. Ceux qui n'étaient pas des résidents du foyer de soins de longue durée original et qui cherchent à être admis à un foyer réouvert ou à un foyer de remplacement à partir d'un foyer temporaire lié sont	Si deux auteurs de demande ou plus sont classés au même rang, ils sont classés entre eux selon la première date à laquelle il a été décidé qu'ils étaient admissibles au foyer original

Point	Colonne 1 Catégorie	Colonne 2 Règles	Colonne 3 Règles supplémentaires
	réouverts et foyers de soins de longue durée de remplacement	classés selon la date de leur admission au foyer temporaire lié.	ou au foyer temporaire lié.
2.	Anciens combattants	Les anciens combattants qui demandent leur admission aux lits d'accès prioritaire aux anciens combattants dans un foyer de soins de longue durée temporaire lié, un foyer réouvert ou un foyer de remplacement sont classés selon la date de leur admission à un lit d'accès prioritaire aux anciens combattants dans le foyer de soins de longue durée original ou le foyer de soins de longue durée temporaire lié.	Si deux anciens combattants ou plus sont classés au même rang, ils sont classés entre eux selon la première date à laquelle il a été décidé qu'ils étaient admissibles au foyer original ou au foyer temporaire lié.
3.	Anciens combattants	Les anciens combattants qui ne sont pas visés par le point 2 et dont l'admission immédiate est nécessaire du fait d'une situation de crise découlant de leur état ou de leur situation ont la priorité sur tous les autres anciens combattants.	Si plusieurs anciens combattants se trouvent dans cette situation au même moment, ils sont classés entre eux selon l'urgence de la nécessité de les admettre.
4.	Anciens combattants	Les anciens combattants qui ne sont pas visés par les points 2 et 3, mais qui demandent un continuum de soins et qui sont inscrits sur la liste d'attente d'un foyer de soins de longue durée fournissant un continuum de soins, ont la priorité sur tous les autres anciens combattants qui ne sont pas visés par les points 2 et 3.	Si plusieurs anciens combattants se trouvent dans cette situation au même moment, ils sont classés entre eux selon la date à laquelle ils ont présenté une demande d'autorisation d'admission au foyer de soins de longue durée.
5.	Anciens combattants	Les anciens combattants qui ne sont pas visés par les points 2. 3 et 4 sont classés entre eux selon la date à laquelle ils ont présenté une demande d'autorisation d'admission au foyer de soins de longue durée.	Si deux anciens combattants ou plus sont classés au même rang, ils sont classés entre eux selon la date à laquelle il a été décidé qu'ils étaient admissibles à être admis.
6.	Échanges (mais seulement pour les auteurs de demande inscrits dans la catégorie des échanges du fait du paragraphe 194 (2))	Les auteurs de demande qui cherchent à être admis au foyer de soins de longue durée dans lequel leur conjoint ou partenaire est un résident en séjour de longue durée et qui satisfont aux critères d'admissibilité énoncés au paragraphe 172 (1) ont la priorité sur tous les autres auteurs de demande dans la catégorie des échanges du fait du paragraphe 194 (2).	Si plusieurs auteurs de demande se trouvent dans cette situation au même moment, ils sont classés entre eux selon la date à laquelle leur conjoint ou partenaire a été admis au foyer de soins de longue durée.
7.	Échanges (mais seulement pour les auteurs de demande inscrits dans la catégorie des échanges du fait du paragraphe 194 (2))	Les auteurs de demande qui ne sont pas visés par le point 6, mais qui sont de la religion, de l'origine ethnique ou de l'origine linguistique dont le foyer ou une de ses unités ou aires sert principalement les intérêts ont la priorité sur tous les autres auteurs de demande.	Si plusieurs auteurs de demande se trouvent dans cette situation au même moment, ils sont classés entre eux selon la date à laquelle ils ont présenté une demande d'autorisation d'admission au foyer de soins de longue durée, ou à une de ses unités ou aires.
8.	Échanges (mais seulement pour les auteurs de demande inscrits dans la catégorie des échanges du fait du paragraphe 194 (2))	Les auteurs de demande dans la catégorie des échanges prévue au paragraphe 194 (2) qui ne sont pas visés par les points 6 et 7 sont classés entre eux selon la date à laquelle ils ont présenté une demande d'autorisation d'admission au foyer de soins de longue durée.	Aucune règle supplémentaire
9.	Réadmissions	Les auteurs de demande sont classés selon la date de leur admission originale au foyer.	Si deux auteurs de demande ou plus sont classés au même rang, ils sont classés entre eux selon la date à laquelle il a été décidé qu'ils étaient admissibles à être admis.
10.	1 (Situation de crise)	Les auteurs de demande sont classés selon l'urgence de leur nécessité d'admission.	Aucune règle supplémentaire

Point	Colonne 1 Catégorie	Colonne 2 Règles	Colonne 3 Règles supplémentaires
11.	2 (Réunification des conjoints ou partenaires)	Les auteurs de demande sont classés selon la date à laquelle leur conjoint ou partenaire a été admis au foyer de soins de longue durée.	Aucune règle supplémentaire
12.	2.1 Anciens résidents d'une unité spécialisée ou anciens résidents occupant un lit d'accès prioritaire pour cas de gravité élevée	Les auteurs de demande sont classés selon la date à laquelle ils ont présenté une demande d'autorisation d'admission au foyer de soins de longue durée.	Si deux auteurs de demande ou plus sont classés au même rang, ils sont classés entre eux selon la date à laquelle il a été décidé qu'ils étaient admissibles à être admis.
13.	3A, 3B (Religion, origine ethnique ou origine linguistique) 4A, 4B (Autres) Catégorie des échanges du fait du paragraphe 194 (1)	Les auteurs de demande qui demandent un continuum de soins et qui sont inscrits sur la liste d'attente d'un foyer de soins de longue durée offrant un continuum de soins ont la priorité sur tous les autres auteurs de demande de la même catégorie.	Si plusieurs auteurs de demande se trouvent dans cette situation au même moment, ils sont classés entre eux selon la date à laquelle ils ont présenté une demande d'autorisation d'admission au foyer de soins de longue durée.
14.	3A, 3B (Religion, origine ethnique ou origine linguistique) 4A, 4B (Autres) Catégorie des échanges du fait du paragraphe 194 (1)	Les auteurs de demande de la même catégorie qui ne demandent pas un continuum de soins sont classés entre eux selon la date à laquelle ils ont présenté une demande d'autorisation d'admission au foyer de soins de longue durée.	Si deux auteurs de demande ou plus sont classés au même rang, ils sont classés entre eux selon la date à laquelle il a été décidé qu'ils étaient admissibles à être admis.
15.	Séjours de courte durée dans le cadre des programmes de relève et de convalescence	Les auteurs de demande sont classés selon la date à laquelle ils ont présenté une demande d'autorisation d'admission au foyer de soins de longue durée.	Si deux auteurs de demande ou plus sont classés au même rang, ils sont classés entre eux selon la date à laquelle il a été décidé qu'ils étaient admissibles à être admis.

CHANGEMENT DE CATÉGORIE

Changement de catégorie

201. (1) S'il sait que l'état ou la situation de l'auteur d'une demande inscrit sur une liste d'attente qu'il tient a changé ou qu'un changement s'est produit au foyer de soins de longue durée sur la liste d'attente duquel l'auteur de la demande est inscrit et que l'auteur devrait en conséquence être placé dans une catégorie différente de la liste d'attente conformément aux articles 187 à 198, le coordonnateur des placements le place dans cette catégorie.

(2) S'il se rend compte que l'auteur d'une demande inscrit sur la liste d'attente devrait être placé dans la catégorie des échanges visée au paragraphe 194 (2), le coordonnateur des placements le place dans cette catégorie.

AUTORISATION D'ADMISSION

Retrait de l'approbation par le titulaire de permis

202. (1) Sous réserve de l'article 180, le présent article s'applique si le titulaire de permis d'un foyer de soins de longue durée a approuvé l'admission de l'auteur d'une demande au foyer en vertu de l'article 179, mais que cette admission n'a pas encore été autorisée par le coordonnateur des placements.

(2) Si les renseignements que fournit le coordonnateur des placements au titulaire de permis indiquent qu'un changement s'est produit dans l'état de l'auteur de la demande et que, de ce fait, il existe un des motifs énoncés au paragraphe 51 (7) de la Loi pour refuser l'approbation, le titulaire de permis peut retirer l'approbation de l'admission de l'auteur de la demande au foyer de soins de longue durée conformément aux dispositions 1 et 3 du paragraphe 51 (14) de la Loi.

(3) S'il donne au titulaire de permis une copie d'une réévaluation conformément au paragraphe 51 (14) de la Loi, le coordonnateur des placements demande au titulaire de permis de décider s'il y a lieu de retirer l'approbation de l'admission conformément à ce paragraphe.

(4) Sous réserve des paragraphes (5) et (6), le titulaire de permis, au plus tard un jour ouvrable après avoir reçu la demande du coordonnateur des placements visée au paragraphe (3), réexamine les documents conformément au paragraphe 51 (14) de la Loi et prend l'une ou l'autre des mesures suivantes :

1. S'il décide de ne pas retirer l'approbation de l'admission de l'auteur de la demande, il donne au coordonnateur des placements compétent l'avis écrit qu'exige la disposition 2 du paragraphe 51 (14) de la Loi.
2. S'il décide de retirer l'approbation de l'admission de l'auteur de la demande, il donne l'avis écrit visé à la disposition 3 du paragraphe 51 (14) de la Loi conformément aux exigences applicables de cette disposition.

(5) Si le titulaire de permis, au plus tard un jour ouvrable après avoir reçu la demande du coordonnateur des placements visée au paragraphe (3), demande par écrit au coordonnateur des placements compétent de lui fournir les renseignements supplémentaires que le coordonnateur des placements estime pertinents pour décider s'il y a lieu de retirer l'approbation de l'admission de l'auteur de la demande au foyer, le coordonnateur des placements les lui fournit.

(6) Le titulaire de permis donne l'avis approprié visé à la disposition 1 ou 2 du paragraphe (4) au plus tard un jour ouvrable après la réception des renseignements supplémentaires demandés en vertu du paragraphe (5).

Autorisation de l'admission

203. (1) Le coordonnateur des placements compétent n'autorise l'admission de l'auteur d'une demande à un foyer de soins de longue durée que si les conditions suivantes sont réunies :

a) l'auteur de la demande a présenté une demande d'autorisation d'admission au programme de séjour de longue durée ou de courte durée du foyer, selon le cas, et il est satisfait aux exigences énoncées au paragraphe 51 (11) de la Loi;

b) le titulaire de permis du foyer n'a pas retiré son approbation de l'admission de l'auteur de la demande en vertu de l'article 202;

c) la catégorie d'hébergement que l'auteur de la demande attend, selon les dossiers, est disponible au foyer;

d) il n'y a personne sur la liste d'attente du foyer qui, selon les dossiers, attend la catégorie d'hébergement qui est disponible au foyer, qui a priorité sur l'auteur de la demande et dont l'admission peut être autorisée en vertu du présent article;

e) au plus tard 24 heures après avoir été avisé par le coordonnateur des placements que l'hébergement est disponible au foyer, l'auteur de la demande consent à y être admis;

f) s'il présente une demande d'autorisation d'admission au foyer en qualité de résident en séjour de longue durée ou de résident en séjour de courte durée en lit provisoire, l'auteur de la demande convient de ce qui suit avec le titulaire de permis du foyer :

   (i) il s'installera au foyer avant midi le cinquième jour suivant le jour où il est avisé que l'hébergement y est disponible, à moins qu'il ne convienne avec le titulaire de permis de s'installer plus tard ce jour-là,

   (ii) il paiera pour chacun des cinq jours prévus au sous-alinéa (i), qu'il s'installe ou non au foyer, les frais d'hébergement exigés en application des paragraphes 94 (1) et (3) de la Loi,

   (iii) s'il s'installe au foyer le jour où il est avisé que l'hébergement est disponible, il paiera pour ce jour-là les frais d'hébergement exigés en application des paragraphes 94 (1) et (3) de la Loi.

(2) Pour l'application des alinéas (1) c) et d), les catégories d'hébergement que l'auteur d'une demande peut attendre, selon les dossiers, sont les suivantes :

1. Hébergement d'une femme dans le cadre d'un programme de relève ou de convalescence.
2. Hébergement d'un homme dans le cadre d'un programme de relève ou de convalescence.
3. Hébergement avec services de base d'une femme dans le cadre d'un programme de séjour de longue durée.
4. Hébergement avec services de base d'un homme dans le cadre d'un programme de séjour de longue durée.
5. Hébergement à deux lits d'une femme dans le cadre d'un programme de séjour de longue durée.
6. Hébergement à deux lits d'un homme dans le cadre d'un programme de séjour de longue durée.
7. Hébergement individuel d'une femme dans le cadre d'un programme de séjour de longue durée.
8. Hébergement individuel d'un homme dans le cadre d'un programme de séjour de longue durée.
9. Hébergement avec services de base d'une femme dans le cadre du programme de séjour de courte durée en lit provisoire.
10. Hébergement avec services de base d'un homme dans le cadre du programme de séjour de courte durée en lit provisoire.

11. Hébergement à deux lits d'une femme dans le cadre du programme de séjour de courte durée en lit provisoire.
12. Hébergement à deux lits d'un homme dans le cadre du programme de séjour de courte durée en lit provisoire.
13. Hébergement individuel d'une femme dans le cadre du programme de séjour de courte durée en lit provisoire.
14. Hébergement individuel d'un homme dans le cadre du programme de séjour de courte durée en lit provisoire.
15. Hébergement individuel d'une femme dans un lit d'accès prioritaire pour cas de gravité élevée.
16. Hébergement individuel d'un homme dans un lit d'accès prioritaire pour cas de gravité élevée.
17. Hébergement avec services de base d'une femme dans un lit d'accès direct.
18. Hébergement avec services de base d'un homme dans un lit d'accès direct.
19. Hébergement à deux lits d'une femme dans un lit d'accès direct.
20. Hébergement à deux lits d'un homme dans un lit d'accès direct.
21. Hébergement individuel d'une femme dans un lit d'accès direct.
22. Hébergement individuel d'un homme dans un lit d'accès direct.

(3) Le coordonnateur des placements qui autorise l'admission de l'auteur d'une demande à un foyer de soins de longue durée en qualité de résident en séjour de longue durée ou de résident en séjour de courte durée en lit provisoire annule l'autorisation si l'auteur de la demande ne s'installe pas au foyer avant midi le cinquième jour suivant le jour où il est avisé que l'hébergement y est disponible ou plus tard ce jour-là, selon ce que conviennent l'auteur de la demande et le titulaire de permis.

(4) Le coordonnateur des placements qui autorise l'admission de l'auteur d'une demande à un foyer de soins de longue durée en qualité de résident en séjour de courte durée dans le cadre du programme de relève ou de convalescence peut annuler l'autorisation si l'auteur de la demande ne s'installe pas au foyer le jour où il a convenu de le faire.

(5) Le coordonnateur des placements est soustrait à l'application des alinéas 51 (11) a) à c) de la Loi à l'égard de l'autorisation d'admission de l'auteur d'une demande si l'auteur est une personne visée au paragraphe 176 (1) du présent règlement.

Obligation d'aviser le coordonnateur des placements en cas de vacances

204. Le titulaire de permis d'un foyer de soins de longue durée, dans les 24 heures qui suivent le moment où un lit du foyer n'est plus occupé, avise le coordonnateur des placements compétent de ce qui suit :

1. Le fait que le lit n'est plus occupé.
2. La catégorie d'hébergement auquel appartient le lit.
3. Si le lit est un lit de catégorie A.
4. Si le lit est assujetti à un manuel de conception qui s'applique dans le cadre d'une entente de développement auquel le foyer était assujetti.
5. La date à laquelle le lit sera disponible pour occupation.

Préréservation : séjour de courte durée dans le cadre d'un programme de relève

205. Le coordonnateur des placements compétent peut autoriser l'admission de l'auteur d'une demande à un foyer de soins de longue durée en qualité de résident en séjour de courte durée dans le cadre du programme de relève pour une date ultérieure qui tombe au plus tard un an après la date de l'autorisation.

Durée du séjour de courte durée dans le cadre d'un programme de relève ou de convalescence

206. (1) Lorsqu'il autorise l'admission de l'auteur d'une demande à un foyer de soins de longue durée en qualité de résident en séjour de courte durée dans le cadre du programme de relève ou de convalescence, le coordonnateur des placements indique la durée du séjour autorisé et les premier et dernier jours de ce séjour.

(2) Nul coordonnateur des placements ne doit autoriser l'admission de l'auteur d'une demande, pour un séjour dépassant 60 jours consécutifs, à un foyer de soins de longue durée en qualité de résident en séjour de courte durée dans le cadre du programme de relève.

(3) Nul coordonnateur des placements ne doit autoriser l'admission de l'auteur d'une demande, pour un séjour dépassant 90 jours consécutifs, à un foyer de soins de longue durée en qualité de résident en séjour de courte durée dans le cadre du programme de convalescence.

(4) Nul coordonnateur des placements ne doit autoriser l'admission de l'auteur d'une demande à un foyer de soins de longue durée en qualité de résident en séjour de courte durée dans le cadre du programme de relève pour un séjour qui

dépasse 90 jours une fois ce séjour ajouté aux autres séjours que l'auteur de la demande a faits au cours de l'année civile dans le cadre du programme de relève d'un foyer de soins de longue durée.

(5) Nul coordonnateur des placements ne doit autoriser l'admission de l'auteur d'une demande à un foyer de soins de longue durée en qualité de résident en séjour de courte durée dans le cadre du programme de convalescence pour un séjour qui dépasse 90 jours une fois ce séjour ajouté aux autres séjours que l'auteur de la demande a faits au cours de l'année civile dans le cadre du programme de convalescence d'un foyer de soins de longue durée.

PROGRAMME DE SÉJOUR DE COURTE DURÉE EN LIT PROVISOIRE

Tenue d'une liste d'attente : lits provisoires

207. Le coordonnateur des placements compétent d'un foyer de soins de longue durée qui compte des lits provisoires tient une liste d'attente distincte aux fins d'admission à un lit provisoire. Cette liste s'ajoute à toute liste d'attente que l'article 182 exige de tenir.

Approbation du titulaire de permis : lits provisoires

208. Les adaptations suivantes à l'article 179 s'appliquent à l'égard de l'auteur d'une demande d'admission à un lit provisoire :

1. L'avis du titulaire de permis prévu au paragraphe 179 (3) concernant l'approbation ou le refus d'approbation de l'admission de l'auteur de la demande doit être donné dans les trois jours ouvrables suivant la réception de la demande présentée en application du paragraphe 179 (1) et non dans les cinq jours ouvrables.
2. Toute demande de renseignements supplémentaires que présente le titulaire de permis en vertu du paragraphe 179 (4) est présentée dans les trois jours ouvrables prévus à la disposition 1 et l'avis du titulaire de permis prévu au paragraphe 179 (5) est donné au plus tard un jour ouvrable après réception des renseignements supplémentaires demandés.

Restriction : liste d'attente aux fins d'admission à un lit provisoire

209. Pour l'application de l'article 181, une demande d'admission à un programme de séjour de courte durée en lit provisoire est considérée comme une demande d'admission en qualité de résident en séjour de courte durée.

Exigences : placement sur une liste d'attente aux fins d'admission à un lit provisoire

210. (1) Le coordonnateur des placements compétent place une personne sur la liste d'attente aux fins d'admission à un lit provisoire d'un foyer de soins de longue durée si les conditions suivantes sont réunies :

a) la personne occupe un lit dans un hôpital au sens de la *Loi sur les hôpitaux publics* et a besoin d'un niveau de soins différent;

b) un médecin a décidé que la personne n'a pas besoin des services de soins actifs offerts par l'hôpital;

c) un coordonnateur des placements décide que la personne est admissible à un foyer de soins de longue durée en qualité de résident en séjour de longue durée en application de l'article 172;

d) la personne est inscrite sur au moins une liste d'attente aux fins d'admission à un lit dans le cadre d'un programme de séjour de longue durée d'un foyer de soins de longue durée;

e) le placement de la personne sur la liste d'attente ne fera pas passer à plus de cinq le nombre total de listes d'attente d'un programme de séjour de courte durée sur lesquelles elle est placée;

f) la personne présente, conformément au présent règlement, une demande d'autorisation d'admission à un lit provisoire du foyer;

g) le titulaire de permis du foyer approuve l'admission de la personne à un lit provisoire du foyer.

(2) L'article 183 ne s'applique pas au placement sur une liste d'attente aux fins d'admission à un lit provisoire.

Classement sur la liste d'attente : lits provisoires

211. (1) Les articles 186 à 199 et le paragraphe 200 (1) ne s'appliquent pas à l'égard d'une demande d'admission à un foyer de soins de longue durée en qualité de résident dans le cadre du programme de séjour de courte durée en lit provisoire.

(2) Les auteurs de demande qui sont inscrits sur la liste d'attente aux fins d'admission à un lit provisoire d'un foyer de soins de longue durée sont classés à ces fins selon le moment auquel ils ont demandé une autorisation d'admission à un lit provisoire du foyer.

(3) Les paragraphes 200 (2) et (3) s'appliquent, avec les adaptations suivantes, au classement des auteurs de demande inscrits sur une liste d'attente aux fins d'admission à un lit provisoire d'un foyer de soins de longue durée :

1. La mention d'un «résident en séjour de longue durée» vaut mention d'un résident en séjour de courte durée en lit provisoire.
2. La mention du «tableau du présent article» ou «du tableau» vaut mention du paragraphe 211 (2).

Retrait de la liste d'attente : lits provisoires

212. L'article 184, plutôt que l'article 185, s'applique à la liste d'attente tenue aux fins d'admission à un lit provisoire.

Autorisation d'admission : lits provisoires

213. (1) Le coordonnateur des placements compétent n'autorise l'admission de l'auteur d'une demande au programme de séjour de courte durée en lit provisoire que si les conditions suivantes sont réunies :

a) l'admission de l'auteur de la demande peut être autorisée en vertu de l'article 203;

b) l'auteur de la demande a demandé une autorisation d'admission à un lit provisoire du foyer;

c) l'auteur de la demande satisfait aux conditions de placement sur une liste d'attente aux fins d'admission à un lit provisoire qu'énonce l'article 210.

(2) Si la catégorie d'hébergement disponible dans le cadre du programme de séjour de courte durée en lit provisoire est une des catégories visées à la disposition 11, 12, 13 ou 14 du paragraphe 203 (2) et qu'aucun auteur de demande, selon les dossiers, n'attend cet hébergement, le titulaire de permis rend l'hébergement disponible en tant qu'hébergement avec services de base.

Durée du séjour en lit provisoire et autres règles

214. Les règles suivantes s'appliquent lorsque le coordonnateur des placements autorise l'admission de l'auteur d'une demande à un lit provisoire d'un foyer de soins de longue durée en qualité de résident :

1. Le coordonnateur des placements indique la durée du séjour autorisé et les premier et dernier jours du séjour.
2. Le coordonnateur des placements ne doit pas autoriser l'admission de l'auteur de la demande pour une période de plus de 120 jours consécutifs pour la première période.
3. Après l'admission initiale, et que l'auteur de la demande ait ou non présenté une demande officielle de prolongation, le coordonnateur des placements peut autoriser la prolongation de l'admission de l'auteur de la demande pour au plus 60 jours consécutifs à la fois, si l'auteur de la demande, à la fois :
   i. demeure inscrit sur au moins une liste d'attente aux fins d'admission à un lit dans le cadre du programme de séjour de longue durée d'un foyer de soins de longue durée,
   ii. n'a pas encore reçu une offre autorisant son admission en qualité de résident en séjour de longue durée d'un foyer de soins de longue durée comme le prévoit l'article 203.
4. Si le coordonnateur des placements autorise la prolongation de l'admission de l'auteur d'une demande, cette prolongation ne doit être autorisée que dans les sept jours précédant le dernier jour du séjour de l'auteur de la demande.

Retrait du résident occupant un lit provisoire de la liste d'attente

215. Les paragraphes 184 (1), (2) et (3) s'appliquent lorsque le coordonnateur des placements offre d'autoriser l'admission d'un résident qui occupe un lit provisoire à un foyer de soins de longue durée en qualité de résident en séjour de longue durée et que le résident refuse de consentir à son admission, refuse de conclure l'entente que prévoit l'alinéa 203 (1) f) ou ne s'installe pas au foyer au plus tard le cinquième jour suivant celui où il est avisé que l'hébergement y est disponible.

UNITÉS SPÉCIALISÉES

Désignation d'unités spécialisées

216. (1) Le présent article s'applique à la désignation d'unités spécialisées pour l'application du paragraphe 46 (3) de la Loi.

(2) Le directeur peut désigner un nombre précisé de lits dans le cadre du programme de séjour de longue durée comme unité spécialisée dans un foyer de soins de longue durée :

a) soit sur la recommandation de l'Agence;

b) soit de son propre chef, après avoir pris en considération les observations de l'Agence et du titulaire de permis du foyer.

(3) Lorsqu'elle fait une recommandation au directeur ou qu'elle lui communique des observations, l'Agence lui fournit les renseignements que le directeur stipule concernant les types d'hébergement, de soins, de services, de programmes et de biens devant être fournis par l'unité spécialisée.

(4) Le directeur ne doit désigner une unité spécialisée dans un foyer que si les conditions suivantes sont réunies :

a) le titulaire de permis a consenti à la désignation proposée;

b) le directeur est convaincu que le titulaire de permis respecte actuellement les exigences prévues par la Loi et qu'il a des antécédents satisfaisants en matière de conformité, comme le mentionne la disposition 3 du paragraphe 347 (1).

(5) Le directeur avise par écrit un coordonnateur des placements lorsqu'une unité spécialisée est désignée dans un foyer de soins de longue durée pour lequel il est le coordonnateur des placements compétent.

(6) Le directeur peut modifier les conditions d'une désignation en tout temps.

(7) Lorsqu'il fait ou modifie une désignation, le directeur peut, après avoir tenu compte de la santé et du bien-être des résidents de l'unité spécialisée et des autres personnes qui pourraient être admises à l'unité spécialisée comme résidents, stipuler que des personnes qui sont inscrites sur la liste d'attente du foyer en vertu de l'article 182 peuvent être admises à l'unité spécialisée si personne n'est inscrit sur la liste d'attente de l'unité spécialisée en vertu de l'article 218.

(8) Lorsqu'il fait une stipulation en vertu du paragraphe (7) à l'égard d'un foyer de soins de longue durée pour lequel un coordonnateur est le coordonnateur des placements compétent ou qu'il retire une telle stipulation, le directeur avise par écrit le coordonnateur.

Entente conclue avec l'Agence

217. (1) L'exploitation d'une unité spécialisée par un titulaire de permis est assujettie aux conditions d'une entente que le titulaire conclut avec l'Agence.

(2) L'entente conclue entre le titulaire de permis et l'Agence contient également les conditions éventuelles que précise le directeur en vertu du paragraphe 216 (2) ou (6).

Tenue d'une liste d'attente : unité spécialisée

218. Le coordonnateur des placements compétent d'un foyer de soins de longue durée tient une liste d'attente distincte aux fins d'admission à chaque unité spécialisée désignée dans le foyer conformément au présent règlement. Cette liste s'ajoute aux listes d'attente qui doivent être tenues en application de l'article 182.

Exigences : placement sur une liste d'attente aux fins d'admission à une unité spécialisée

219. (1) Le coordonnateur des placements compétent place une personne sur la liste d'attente aux fins d'admission à une unité spécialisée dans un foyer de soins de longue durée en application de l'article 218 si les conditions suivantes sont réunies :

a) le coordonnateur des placements décide que la personne est admissible à un tel foyer en qualité de résident en séjour de longue durée en vertu de l'article 172;

b) la personne demande, conformément au présent règlement, une autorisation d'admission à l'unité spécialisée;

c) le coordonnateur des placements est convaincu, sur la foi des évaluations effectuées et des renseignements fournis, que la personne a besoin et profitera vraisemblablement du type d'hébergement, de soins, de services, de programmes et de biens qui sont fournis dans l'unité spécialisée;

d) le titulaire de permis du foyer approuve l'admission de la personne à l'unité spécialisée;

e) le placement de la personne sur la liste d'attente de l'unité spécialisée ne fera pas passer à plus de cinq le nombre total de listes d'attente sur lesquelles elle est placée aux fins d'admission à un programme de séjour de longue durée, à moins que son admission immédiate ne soit nécessaire du fait d'une situation de crise découlant de son état ou de sa situation.

(2) Pour l'application de l'alinéa (1) e), si une personne sera placée sur la liste d'attente d'une unité spécialisée dans un foyer de soins de longue durée et également dans la catégorie 3A ou 3B de la liste d'attente d'une unité ou d'une aire du foyer qui sert principalement les intérêts de personnes d'une religion, d'une origine ethnique ou d'une origine linguistique particulière visée à l'article 191, ou encore sur la liste d'attente du foyer à l'égard d'un autre endroit que l'unité, l'aire ou l'unité spécialisée, toutes les listes d'attente sont considérées comme une seule liste.

Catégories de listes d'attente et classement

220. (1) Les articles 186 à 193 et 195 à 199 et le paragraphe 200 (1) ne s'appliquent pas à l'auteur d'une demande qui cherche à être admis à une unité spécialisée dans un foyer de soins de longue durée.

(2) L'auteur d'une demande est placé dans la catégorie des échanges de la liste d'attente d'une unité spécialisée dans un foyer de soins de longue durée dans l'un ou l'autre des cas suivants :

1. L'auteur de la demande satisfait aux exigences des alinéas 194 (1) a) et b) et l'échange aura pour conséquence que l'auteur deviendra résident de l'unité spécialisée du foyer de soins de longue durée où il cherche à être admis et qu'un résident de l'unité spécialisée du foyer recevra son congé.

2. Un coordonnateur des placements prend connaissance de la possibilité d'échanger un résident d'une unité spécialisée d'un foyer de soins de longue durée qui cherche à être admis à un autre foyer de soins de longue durée et un résident d'une unité spécialisée de l'autre foyer qui cherche être admis au premier. Dans ce cas, chaque résident est placé dans la catégorie des échanges de la liste d'attente appropriée.

(3) La personne qui a reçu son congé d'une unité spécialisée en raison d'une absence médicale ou psychiatrique dépassant la période permise en application de l'article 150 et qui demande son admission à l'unité spécialisée est placée dans la catégorie des réadmissions de la liste d'attente de l'unité spécialisée.

(4) Les auteurs de demande inscrits sur la liste d'attente d'une unité spécialisée d'un foyer de soins de longue durée sont classés aux fins d'admission selon l'ordre de priorité suivant :

1. La priorité est d'abord accordée aux auteurs de demande qui sont placés dans la catégorie des échanges de la liste d'attente de l'unité spécialisée. Ces auteurs de demande sont classés entre eux selon l'ordre de priorité suivant :
    i. La priorité est d'abord accordée aux auteurs de demande qui ont reçu leur congé d'une unité spécialisée en raison d'une absence médicale ou psychiatrique ayant duré plus longtemps que la période permise en application de l'article 150 et qui présente une demande d'admission à l'unité spécialisée. Ces auteurs de demande sont classés entre eux selon la date de leur admission initiale à l'unité.
    ii. La priorité est ensuite accordée aux auteurs de demande dont l'admission immédiate est nécessaire du fait d'une situation de crise découlant de leur état ou de leur situation. Ces auteurs de demande sont classés entre eux selon l'urgence de la nécessité de les admettre.
    iii. Tous les autres auteurs de demande sont classés sur la liste d'attente selon le moment auquel ils ont présenté une demande d'autorisation d'admission à l'unité spécialisée.
2. La priorité est ensuite accordée aux auteurs de demande qui sont placés dans la catégorie des réadmissions de la liste d'attente de l'unité spécialisée. Ces auteurs de demande sont classés entre eux selon la date de leur admission initiale à l'unité.
3. La priorité est ensuite accordée aux auteurs de demande dont l'admission immédiate est nécessaire du fait d'une situation de crise découlant de leur état ou de leur situation. Ces auteurs de demande sont classés entre eux selon l'urgence de la nécessité de les admettre.
4. Tous les autres auteurs de demande sont classés sur la liste d'attente selon le moment auquel ils ont demandé une autorisation d'admission à l'unité spécialisée.

Autorisation d'admission : unité spécialisée

221. (1) Le coordonnateur des placements compétent n'autorise l'admission de l'auteur d'une demande à l'unité spécialisée que si les conditions suivantes sont réunies :

a) l'admission de l'auteur de la demande peut être autorisée en vertu de l'article 203;

b) l'auteur de la demande satisfait aux exigences de l'article 219 en ce qui a trait au placement sur une liste d'attente de l'unité spécialisée.

(2) L'alinéa (1) b) ne s'applique pas si, à la fois :

a) aucun auteur de demande n'est inscrit sur la liste d'attente de l'unité spécialisée;

b) le directeur a fait une stipulation en vertu du paragraphe 216 (7) à l'égard de l'unité spécialisée.

Réévaluation

222. (1) Le titulaire de permis veille à ce que chaque résident d'une unité spécialisée fasse l'objet d'une réévaluation interdisciplinaire tous les trois mois, ou plus tôt si son état ou sa situation change, afin de décider s'il continue d'avoir besoin de l'hébergement, des soins, des services, des programmes et des biens qui y sont fournis et en profite.

(2) Le paragraphe (1) ne s'applique pas à l'égard d'un résident qui est admis conformément à une stipulation faite en vertu du paragraphe 216 (7).

Transfert : unités spécialisées

223. (1) Le titulaire de permis d'un foyer de soins de longue durée peut transférer un résident qui obtient son congé d'une unité spécialisée en application du paragraphe 158 (7) à une autre aire du foyer.

(2) Le titulaire de permis avise le coordonnateur des placements, dans les 24 heures, de chaque transfert effectué en vertu du paragraphe (1).

(3) Le titulaire de permis tient une liste des transferts distincte conformément à l'article 239 à l'égard de l'hébergement dans l'unité spécialisée. L'article 239 s'applique, avec les adaptations nécessaires, aux transferts de résidents au sein de l'unité spécialisée.

(4) Le résident qui est transféré en vertu du paragraphe (1) est réputé avoir reçu son congé de l'unité spécialisée et avoir été admis au foyer.

(5) Le titulaire de permis peut transférer des résidents d'une unité spécialisée à une autre aire du foyer malgré les règles qui régissent les listes des transferts prévues à l'article 239, la priorité étant toutefois accordée aux résidents visés à l'alinéa 239 (1) f) et malgré le paragraphe 239 (7).

Transfert d'une unité spécialisée — résident admis conformément à une stipulation

224. (1) Le titulaire de permis d'un foyer de soins de longue durée transfère le résident qui a été admis à l'unité spécialisée conformément à une stipulation faite en vertu du paragraphe 216 (7) à un lit de la catégorie d'hébergement choisie par le résident situé dans une autre aire du foyer dès qu'un tel lit devient disponible.

(2) Le paragraphe (1) s'applique malgré les règles qui régissent les listes des transferts prévues à l'article 239, la priorité étant toutefois accordée aux résidents visés à l'alinéa 239 (1) f) et malgré le paragraphe 239 (7).

(3) Le résident qui est transféré en vertu du paragraphe (1) est réputé avoir été admis au foyer.

(4) Le titulaire de permis avise le coordonnateur des placements, dans les 24 heures, de chaque transfert effectué en vertu du paragraphe (1).

(5) Le paragraphe 223 (3) s'applique aux résidents qui ont été admis à l'unité spécialisée conformément à une stipulation faite en vertu du paragraphe 216 (7).

Révocation de la désignation d'une unité spécialisée

225. (1) Le directeur peut révoquer la désignation d'une unité spécialisée dans un foyer de soins de longue durée, ou la désignation de certains lits dans une telle unité, conformément aux conditions qu'il précise :

a) soit sur la recommandation de l'Agence;

b) soit de son propre chef.

(2) Si l'Agence recommande une révocation au directeur, elle lui fournit ce qui suit :

a) le ou les motifs de sa recommandation;

b) le plan qu'elle élabore en consultation avec le titulaire de permis et le coordonnateur des placements compétent et qui énonce ce qui suit :

(i) les arrangements qui seront pris en ce qui a trait à l'hébergement, aux soins et aux services à fournir aux résidents de l'unité spécialisée,

(ii) les délais prévus pour la mise en oeuvre du plan;

c) une proposition concernant ce qui doit advenir des lits qui ne seront plus désignés comme faisant partie de l'unité spécialisée.

(3) Si le directeur révoque une désignation de son propre chef, l'Agence lui fournit le plan visé à l'alinéa (2) b).

(4) Lorsqu'il révoque une désignation, le directeur :

a) en informe le titulaire de permis, l'Agence et le coordonnateur des placements compétent;

b) fournit le plan approuvé, après l'avoir modifié ou non, au titulaire de permis, à l'Agence et au coordonnateur des placements compétent.

(5) Le titulaire de permis se conforme au plan qu'a approuvé le directeur et, dès qu'il le reçoit du directeur, il fait ce qui suit :

a) il avise par écrit chaque résident qui sera touché par la révocation et son mandataire spécial, s'il en a un, de la révocation;

b) il communique avec ces résidents et leur mandataire spécial pour amorcer la prise d'arrangements de rechange.

(6) Conformément au plan approuvé, le coordonnateur des placements compétent fait ce qui suit :

a) il informe les auteurs de demande inscrits sur la liste d'attente aux fins d'admission à l'unité spécialisée que la désignation est en voie de révocation;

b) il cesse d'autoriser les admissions à l'unité spécialisée conformément au plan approuvé;

c) il cesse de tenir une liste d'attente distincte pour l'unité spécialisée du foyer de soins de longue durée.

(7) Si le directeur a désigné une unité spécialisée pour une période précisée, l'expiration de cette période est réputée une révocation du propre chef du directeur pour l'application du présent article.

LITS D'ACCÈS PRIORITAIRE POUR LA RÉUNIFICATION

Désignation de lits

226. (1) Le directeur peut désigner un nombre précisé de lits dans le cadre du programme de séjour de longue durée dans un foyer de soins de longue durée comme lits d'accès prioritaire pour la réunification, sous réserve des conditions qu'il précise.

(2) Le titulaire de permis se conforme aux conditions d'une désignation.

(3) Le directeur peut, en tout temps, modifier les conditions d'une désignation ou révoquer une désignation.

(4) Le directeur avise par écrit le titulaire de permis d'un foyer de soins de longue durée dans lequel un ou plusieurs lits d'accès prioritaire pour la réunification sont désignés et le coordonnateur des placements compétent de ce qui suit :

a) la désignation et les conditions auxquelles elle est assujettie;

b) si le directeur modifie les conditions, les conditions modifiées;

c) si le directeur révoque la désignation, la révocation de la désignation.

Listes d'attente et classement : lits d'accès prioritaire pour la réunification

227. (1) Le coordonnateur des placements compétent d'un foyer de soins de longue durée tient une liste d'attente distincte aux fins d'admission aux lits d'accès prioritaire pour la réunification qui sont désignés dans le foyer conformément au présent règlement. Cette liste s'ajoute à toute liste d'attente que l'article 182 exige de tenir.

(2) Le coordonnateur des placements compétent place une personne sur une liste d'attente aux fins d'admission à un lit d'accès prioritaire pour la réunification dans un foyer de soins de longue durée si, à la fois :

a) le coordonnateur des placements décide que la personne est admissible à un tel foyer en qualité de résident en séjour de longue durée en vertu de l'article 172;

b) la personne présente conformément au présent règlement une demande d'autorisation d'admission à un lit d'accès prioritaire pour la réunification dans un foyer de soins de longue durée où son conjoint ou partenaire est un résident en séjour de longue durée;

c) le titulaire de permis du foyer de soins de longue durée approuve l'admission de la personne au lit d'accès prioritaire pour la réunification;

d) la personne satisfait aux exigences régissant le placement dans la catégorie 1 de la liste d'attente du foyer de soins de longue durée en application de l'article 188.

(3) Les règles suivantes s'appliquent à l'ordre de priorité pour l'admission à un lit d'accès prioritaire pour la réunification :

1. La priorité est d'abord accordée aux auteurs de demande sur une liste d'attente aux fins d'admission à un lit d'accès prioritaire pour la réunification dans un foyer de soins de longue durée qui continuent de satisfaire aux exigences énoncées au paragraphe (2) lorsque survient la vacance. Ces auteurs de demande sont classés entre eux selon la date à laquelle leur conjoint ou partenaire a été admis au foyer de soins de longue durée.

2. S'il n'y a personne sur la liste d'attente aux fins d'admission à un lit d'accès prioritaire pour la réunification visé à la disposition 1 lorsque survient la vacance, tous les autres auteurs de demande inscrits sur la liste d'attente du foyer devant être tenue en application de l'article 182 sont classés aux fins d'admission à ce lit conformément au classement des catégories de listes d'attente indiqué à la colonne 6 du tableau de l'article 199 et aux règles de classement au sein des catégories indiquées à l'article 200.

Admission aux lits d'accès prioritaire pour la réunification

228. (1) Le coordonnateur des placements compétent n'autorise l'admission de l'auteur d'une demande à un lit d'accès prioritaire pour la réunification que si les conditions suivantes sont réunies :

a) l'admission de l'auteur de la demande peut être autorisée en vertu de l'article 203;

b) l'auteur de la demande satisfait aux exigences de placement sur une liste d'attente aux fins d'admission à un lit d'accès prioritaire pour la réunification énoncées au paragraphe 227 (2) lorsque survient la vacance.

(2) L'alinéa (1) b) ne s'applique pas si aucun des auteurs de demande figurant sur la liste d'attente aux fins d'admission à un lit d'accès prioritaire pour la réunification ne satisfait aux exigences énoncées au paragraphe 227 (2) lorsque survient la vacance.

(3) Un lit d'accès prioritaire pour la réunification qui est occupé par un résident qui y a été admis à partir de la liste d'attente devant être tenue en application de l'article 182 cesse d'être désigné comme tel.

(4) Si un lit d'accès prioritaire pour la réunification cesse d'être désigné en application du paragraphe (3), le lit suivant dans le cadre du programme de séjour de longue durée qui devient vacant est réputé un lit d'accès prioritaire pour la réunification si, lorsque la vacance survient, les conditions suivantes sont réunies :

a) tous les lits d'accès prioritaire pour la réunification dans le foyer de soins de longue durée qui sont désignés sont occupés;

b) au moins une personne figurant sur la liste d'attente devant être tenue en application du paragraphe 227 (2) a demandé la même catégorie d'hébergement que le lit vacant;

c) aucun résident visé à l'alinéa 239 (1) f) n'est dans le foyer.

(5) Le paragraphe (4) s'applique malgré les paragraphes 223 (1) et (5) et 224 (1) et (2), les règles qui régissent les listes des transferts prévues à l'article 239 et le paragraphe 239 (7).

(6) Le coordonnateur des placements compétent communique au titulaire de permis le fait qu'il y a ou non au moins une personne inscrite sur la liste d'attente devant être tenue en application du paragraphe 227 (2).

(7) Le titulaire de permis d'un foyer de soins de longue durée dans lequel un ou plusieurs lits dans le cadre du programme de séjour de longue durée ont été désignés comme lits d'accès prioritaire pour la réunification tient une liste avec le nom de chaque résident du foyer qui a été admis à un lit d'accès prioritaire pour la réunification à partir de la liste d'attente devant être tenue en application du paragraphe 227 (2), la date d'admission du résident et la date de son congé du foyer.

(8) La personne qui est admise à un lit d'accès prioritaire pour la réunification à partir de la liste d'attente devant être tenue en application du paragraphe 227 (2) est réputée occuper un tel lit, malgré un transfert visé à l'article 239, jusqu'à son congé du foyer de soins de longue durée.

LITS D'ACCÈS PRIORITAIRE POUR CAS DE GRAVITÉ ÉLEVÉE

Désignation de lits : modification et révocation

229. (1) Le directeur peut désigner un nombre précisé de lits d'hébergement individuel dans le cadre du programme de séjour de longue durée dans un foyer de soins de longue durée comme lits d'accès prioritaire pour cas de gravité élevée, sous réserve des conditions qu'il précise.

(2) Le titulaire de permis se conforme aux conditions d'une désignation.

(3) Le directeur peut, en tout temps :

a) modifier les conditions d'une désignation;

b) révoquer la désignation, sous réserve des conditions qu'il juge appropriées.

(4) Le directeur avise par écrit le titulaire de permis d'un foyer de soins de longue durée dans lequel un ou plusieurs lits d'accès prioritaire pour cas de gravité élevée sont désignés et le coordonnateur des placements compétent de ce qui suit :

a) la désignation et les conditions auxquelles elle est assujettie;

b) si le directeur modifie les conditions, les conditions modifiées;

c) si le directeur révoque la désignation, la révocation de la désignation et les conditions applicables.

(5) Le plus tôt possible après avoir été avisé d'une révocation en application de l'alinéa (4) c), le titulaire de permis :

a) en avise par écrit chaque résident qui sera touché et son mandataire spécial, s'il en a un;

b) amorce la prise d'arrangements de rechange avec le résident et le mandataire spécial, s'il en a un;

c) remet au directeur, en ce qui concerne chaque résident admis au lit à partir de la liste d'attente tenue en application de l'article 230 qui sera touché, un plan d'hébergement du résident et de prestation de soins et de services.

(6) Immédiatement après avoir été avisé d'une révocation en application de l'alinéa (4) c), le coordonnateur des placements compétent prend les mesures suivantes :

a) il informe les auteurs de demande inscrits sur la liste d'attente aux fins d'admission à un lit d'accès prioritaire pour cas de gravité élevée que la désignation est révoquée;

b) il cesse d'autoriser les admissions au lit d'accès prioritaire pour cas de gravité élevée;

c) il cesse de tenir une liste d'attente distincte pour le lit d'accès prioritaire pour cas de gravité élevée dans le foyer de soins de longue durée.

(7) Si la désignation d'un lit d'accès prioritaire pour cas de gravité élevée est révoquée et que le lit est occupé par un résident qui y a été admis à partir de la liste d'attente tenue en application de l'article 230 :

a) le titulaire de permis donne son congé du lit au résident et, si le résident le lui demande, il le transfère à un autre lit du foyer dans la catégorie d'hébergement choisie par le résident dès qu'un lit devient disponible;

b) le titulaire de permis continue de fournir au résident des soins du niveau de ceux qui lui étaient fournis jusqu'à ce qu'il soit transféré à un autre lit du foyer ou jusqu'à ce qu'il reçoive son congé du foyer;

c) la révocation devient définitive dès que le résident est transféré à un autre lit du foyer ou qu'il reçoit son congé du foyer.

(8) Le résident qui est transféré en application de l'alinéa (7) a) est réputé avoir reçu son congé du lit d'accès prioritaire pour cas de gravité élevée et avoir été admis au foyer.

(9) Le titulaire de permis peut transférer des résidents en application de l'alinéa (7) a) malgré les règles qui régissent les listes des transferts prévues à l'article 239, la priorité étant toutefois accordée aux résidents visés à l'alinéa 239 (1) f) et malgré le paragraphe 239 (7).

(10) Le titulaire de permis avise le coordonnateur des placements, dans les 24 heures, de chaque transfert effectué en application de l'alinéa (7) a).

Listes d'attente et classement : lits d'accès prioritaire pour cas de gravité élevée

230. (1) Les articles 186 à 193, 195 à 199 et le paragraphe 200 (1) ne s'appliquent pas à l'auteur d'une demande qui cherche à être admis à un lit d'accès prioritaire pour cas de gravité élevée dans un foyer de soins de longue durée.

(2) Le coordonnateur des placements compétent d'un foyer de soins de longue durée tient une liste d'attente distincte aux fins d'admission aux lits d'accès prioritaire pour cas de gravité élevée qui sont désignés dans le foyer conformément au présent règlement. Cette liste s'ajoute à toute liste d'attente que l'article 182 exige de tenir.

(3) Le coordonnateur des placements compétent place une personne sur une liste d'attente aux fins d'admission à un lit d'accès prioritaire pour cas de gravité élevée dans un foyer de soins de longue durée si, à la fois :

a) la personne, selon le cas :

(i) court un risque important d'admission évitable à un hôpital au sens de la *Loi sur les hôpitaux publics*, à un hôpital privé auquel un permis est accordé sous le régime de la *Loi sur les hôpitaux privés* ou à un établissement psychiatrique au sens de la *Loi sur la santé mentale* qui est tenu de fournir des services en milieu hospitalier conformément à cette loi,

(ii) d'une part, occupe un lit dans un hôpital au sens de la *Loi sur les hôpitaux publics*, un hôpital privé auquel un permis est accordé sous le régime de la *Loi sur les hôpitaux privés* ou un établissement psychiatrique au sens de la *Loi sur la santé mentale* qui est tenu de fournir des services en milieu hospitalier conformément à cette loi et, d'autre part, a besoin d'un niveau de soins différent,

(iii) est un résident en séjour de longue durée dans un foyer de soins de longue durée;

b) le coordonnateur des placements décide que la personne est admissible à un foyer de soins de longue durée en qualité de résident en séjour de longue durée en application de l'article 172;

c) sous réserve du paragraphe (4), le coordonnateur des placements est convaincu, sur la foi des évaluations effectuées et des renseignements fournis, que la personne a besoin et profitera vraisemblablement :

(i) soit de soins infirmiers continus et d'autres soins personnels assurés par une infirmière autorisée, un infirmier autorisé, une infirmière auxiliaire autorisée ou un infirmier auxiliaire autorisé qui possède les compétences requises en raison de son expérience ou de sa formation, ou assurés sous la surveillance d'une telle personne,

(ii) soit de soins axés sur la technologie continus qui exigent le soutien d'un membre d'un ordre au sens de la *Loi de 1991 sur les professions de la santé réglementées*;

d) la personne présente, conformément au présent règlement, une demande d'autorisation d'admission à un lit d'accès prioritaire pour cas de gravité élevée;

e) le titulaire de permis du foyer de soins de longue durée approuve l'admission de la personne au lit d'accès prioritaire pour cas de gravité élevée;

f) le placement de la personne sur la liste d'attente ne fera pas passer à plus de cinq le nombre total de listes d'attente de tout type sur lesquelles la personne est placée aux fins d'admission à un programme de séjour de longue durée, à moins que la personne ne satisfasse aux conditions régissant le placement dans la catégorie 1 de la liste d'attente en application de l'article 188.

(4) Une personne ne doit pas être placée sur la liste d'attente pour un lit d'accès prioritaire pour cas de gravité élevée si elle ne remplit le critère visé à l'alinéa (3) c) qu'en raison des comportements réactifs qu'elle affiche.

(5) Pour l'application de l'alinéa (3) f), si une personne est placée sur la liste d'attente pour un lit d'accès prioritaire pour cas de gravité élevée dans un foyer de soins de longue durée et également sur la liste d'attente du foyer pour un autre type de lit, toutes les listes d'attente du foyer sont considérées comme une seule liste.

(6) L'auteur de la demande est placé dans la catégorie des échanges de la liste d'attente pour un lit d'accès prioritaire pour cas de gravité élevée dans le foyer dans l'une ou l'autre des circonstances suivantes :

1. L'auteur de la demande satisfait aux exigences des alinéas 194 (1) a) et b) et l'échange aura pour conséquence que l'auteur deviendra un résident qui occupe un lit d'accès prioritaire pour cas de gravité élevée dans le foyer de soins de longue durée auquel il cherche à être admis et un résident qui occupe un tel lit au foyer recevra son congé.
2. Le coordonnateur des placements prend connaissance de la possibilité de faire un échange entre un résident qui occupe un lit d'accès prioritaire pour cas de gravité élevée dans un foyer de soins de longue durée qui cherche à être admis à un deuxième foyer de soins de longue durée et un résident qui occupe un tel lit dans ce deuxième foyer qui cherche à être admis au premier foyer. Chaque résident est alors placé dans la catégorie des échanges de la liste d'attente appropriée.

(7) La personne qui a reçu son congé d'un lit d'accès prioritaire pour cas de gravité élevée en raison d'une absence médicale ou psychiatrique qui a duré plus longtemps que la période permise en application de l'article 150 et qui demande son admission à un tel lit est placée dans la catégorie des réadmissions de la liste d'attente pour un tel lit.

(8) Les auteurs de demande inscrits sur une liste d'attente pour un lit d'accès prioritaire pour cas de gravité élevée dans un foyer de soins de longue durée sont classés aux fins d'admission selon l'ordre de priorité suivant :

1. La priorité est d'abord accordée aux auteurs de demande qui sont placés dans la catégorie des échanges de la liste d'attente pour un tel lit. Ces auteurs de demande sont classés entre eux selon l'ordre de priorité suivant :
    i. La priorité est d'abord accordée aux auteurs de demande qui ont reçu leur congé d'un lit d'accès prioritaire pour cas de gravité élevée en raison d'une absence médicale ou psychiatrique ayant duré plus longtemps que la période permise en application de l'article 150 et qui demandent leur admission à un tel lit. Ces auteurs de demande sont classés entre eux selon la date de leur admission initiale au lit.
    ii. La priorité est ensuite accordée aux auteurs de demande qui satisfont aux exigences de placement dans la catégorie 1 de la liste d'attente d'un foyer de soins de longue durée en application de l'article 188. Ces auteurs de demande sont classés entre eux selon l'urgence de la nécessité de les admettre.
    iii. Tous les autres auteurs de demande sont classés sur la liste d'attente selon le moment auquel ils ont présenté une demande d'autorisation d'admission à un lit d'accès prioritaire pour cas de gravité élevée.
2. La priorité est ensuite accordée aux auteurs de demande qui sont placés dans la catégorie des réadmissions de la liste d'attente pour un lit d'accès prioritaire pour cas de gravité élevée. Ces auteurs de demande sont classés entre eux selon la date de leur admission initiale au lit.
3. La priorité est ensuite accordée aux auteurs de demande qui satisfont aux exigences de placement dans la catégorie 1 de la liste d'attente d'un foyer de soins de longue durée en application de l'article 188. Ces auteurs de demande sont classés entre eux selon l'urgence de la nécessité de les admettre.
4. Tous les autres auteurs de demande sont classés sur la liste d'attente selon le moment auquel ils ont présenté une demande d'autorisation d'admission à un lit d'accès prioritaire pour cas de gravité élevée.

(9) La définition qui suit s'applique au présent article.

«soins axés sur la technologie» S'entend des soins qui exigent un dispositif, un instrument, un appareil, une application logicielle, un implant ou un autre article médical spécialisé qui est destiné, selon le fabricant, à être utilisé, seul ou en combinaison, pour prévenir, surveiller, traiter ou soulager une maladie, un handicap, une blessure ou un trouble complexes.

Admission aux lits d'accès prioritaire pour cas de gravité élevée

231. (1) Le coordonnateur des placements compétent n'autorise l'admission de l'auteur d'une demande à un lit d'accès prioritaire pour cas de gravité élevée que si les conditions suivantes sont réunies :

a) l'admission de l'auteur de la demande peut être autorisée en vertu de l'article 203;
b) l'auteur de la demande satisfait aux exigences de placement sur une liste d'attente aux fins d'admission à un lit d'accès prioritaire pour cas de gravité élevée énoncées au paragraphe 230 (3) lorsque survient la vacance.

(2) Malgré l'alinéa (1) b), si aucun des auteurs de demande figurant sur la liste d'attente aux fins d'admission à un lit d'accès prioritaire pour cas de gravité élevée ne satisfait aux exigences énoncées au paragraphe 230 (3) lorsque survient la vacance, l'auteur d'une demande figurant sur la liste d'attente devant être tenue en application de l'article 182 peut être admis au lit.

(3) Le coordonnateur des placements compétent communique au titulaire de permis le fait qu'il y a ou non au moins une personne sur la liste d'attente devant être tenue en application du paragraphe 230 (2).

Congé et transfert : lits d'accès prioritaire pour cas de gravité élevée

232. (1) Le titulaire de permis d'un foyer de soins de longue durée donne son congé d'un lit d'accès prioritaire pour cas de gravité élevée à un résident si les conditions suivantes sont réunies :

a) la réévaluation interdisciplinaire exigée en application de l'article 233 indique que le résident n'a plus besoin du type de soins visé à l'alinéa 230 (3) c) et n'en profite plus;

b) d'autres arrangements ont été pris pour fournir au résident les soins dont il a besoin.

(2) Le titulaire de permis d'un foyer de soins de longue durée peut transférer un résident qui reçoit son congé d'un lit d'accès prioritaire pour cas de gravité élevée en application du paragraphe (1) à un autre lit au foyer.

(3) Le résident qui est transféré en vertu du paragraphe (2) est réputé avoir reçu son congé du lit d'accès prioritaire pour cas de gravité élevée et avoir été admis au foyer.

(4) Le titulaire de permis peut transférer un résident qui occupe un lit d'accès prioritaire pour cas de gravité élevée à un autre lit au foyer malgré les règles qui régissent les listes des transferts prévues à l'article 239, la priorité étant toutefois accordée aux résidents visés à l'alinéa 239 (1) f) et malgré le paragraphe 239 (7).

(5) Le titulaire de permis d'un foyer de soins de longue durée transfère le résident qui a été admis à un lit d'accès prioritaire pour cas de gravité élevée à partir de la liste d'attente tenue en application de l'article 182 à un autre lit au foyer de la catégorie d'hébergement choisie par le résident dès qu'un tel lit devient disponible.

(6) Le paragraphe (5) s'applique malgré les règles qui régissent les listes des transferts prévues à l'article 239, la priorité étant toutefois accordée aux résidents visés à l'alinéa 239 (1) f) et malgré le paragraphe 239 (7).

(7) Le résident qui est transféré en application du paragraphe (5) est réputé avoir été admis au foyer.

(8) Le titulaire de permis avise le coordonnateur des placements, dans les 24 heures, de chaque transfert effectué en vertu du présent article.

Réévaluation

233. (1) Le titulaire de permis veille à ce que chaque résident qui occupe un lit d'accès prioritaire pour cas de gravité élevée fasse l'objet d'une réévaluation interdisciplinaire tous les trois mois, ou plus tôt si son état ou sa situation change, afin de décider s'il continue d'avoir besoin des soins qui y sont fournis et s'il en profite .

(2) Le paragraphe (1) ne s'applique pas à l'égard d'un résident qui est admis à un lit d'accès prioritaire pour cas de gravité élevée à partir de la liste d'attente tenue en application de l'article 182.

Résident réputé être en hébergement avec services de base

234. Le résident qui est admis à un lit d'accès prioritaire pour cas de gravité élevée à partir de la liste d'attente tenue en application de l'article 230 est réputé en hébergement de longue durée avec services de base pour l'application des articles 290 à 309 tant qu'il occupe ce lit.

LITS D'ACCÈS DIRECT

Désignation de lits d'accès direct et modification et révocation

235. (1) Sous réserve des conditions qu'il précise, le ministre peut désigner un nombre précisé de lits dans le cadre du programme de séjour de longue durée dans un foyer de soins de longue durée comme lits d'accès direct.

(2) Le titulaire de permis se conforme aux conditions d'une désignation.

(3) Le ministre peut, en tout temps :

a) modifier les conditions d'une désignation;

b) révoquer la désignation, sous réserve des conditions qu'il juge appropriées.

(4) Le ministre avise par écrit le titulaire de permis d'un foyer de soins de longue durée dans lequel il désigne un ou plusieurs lits d'accès direct et le coordonnateur des placements compétent de ce qui suit :

a) la désignation et les conditions auxquelles elle est assujettie;

b) s'il modifie les conditions, les conditions modifiées;

c) s'il révoque la désignation, la révocation de la désignation et les conditions applicables.

(5) Immédiatement après avoir été avisé d'une révocation en application de l'alinéa (4) c), le coordonnateur des placements compétent prend les mesures suivantes :

a) il informe les auteurs de demande figurant sur la liste d'attente aux fins d'admission à un lit d'accès direct que la désignation est révoquée;

b) il cesse d'autoriser les admissions au lit d'accès direct;

c) il cesse de tenir une liste d'attente distincte pour le lit d'accès direct dans le foyer de soins de longue durée.

(6) En cas de révocation en application de l'alinéa (4) c), le résident qui occupe un lit d'accès direct est réputé avoir reçu son congé de ce lit et avoir été admis au foyer de soins de longue durée.

Listes d'attente et classement : lits d'accès direct

236. (1) Les articles 186 à 200 ne s'appliquent pas à l'auteur d'une demande qui cherche à être admis à un lit d'accès direct dans un foyer de soins de longue durée.

(2) Le coordonnateur des placements compétent d'un foyer de soins de longue durée tient une liste d'attente distincte aux fins d'admission aux lits d'accès direct qui sont désignés dans le foyer conformément au présent règlement. Cette liste s'ajoute à toute liste d'attente que l'article 182 exige de tenir.

(3) Le coordonnateur des placements compétent place une personne sur une liste d'attente aux fins d'admission à un lit d'accès direct dans un foyer de soins de longue durée si, à la fois :

a) la personne a besoin d'être admise immédiatement au foyer de soins de longue durée;

b) le coordonnateur décide que la personne est admissible à un tel foyer en qualité de résident en séjour de longue durée en application de l'article 172;

c) la personne occupe un lit dans un hôpital au sens de la *Loi sur les hôpitaux publics* qui est précisé dans la désignation effectuée par le ministre en vertu de l'article 235;

d) la personne a besoin d'un niveau de soins différent à l'hôpital précisé dans la désignation pendant au moins 60 jours en attendant d'être admise au foyer de soins de longue durée.

(4) Les auteurs d'une demande qui sont placés sur la liste d'attente pour un lit d'accès direct d'un foyer de soins de longue durée sont classés aux fins d'admission selon le moment auquel l'hôpital où ils occupent un lit établit qu'ils ont besoin d'un niveau de soins différent menant à leur congé et à leur transfert vers un foyer de soins de longue durée.

(5) Le coordonnateur des placements compétent :

a) informe l'auteur d'une demande de lit d'accès direct, et son mandataire spécial s'il en a un, qu'il ne peut être placé que sur une seule liste d'attente du foyer ayant le lit;

b) place l'auteur de la demande sur la liste d'attente pour un lit d'accès direct dans un foyer uniquement si l'auteur de la demande, ou son mandataire spécial s'il en a un, consent au retrait de son nom de toute autre liste d'attente du foyer.

(6) Si une désignation a été effectuée en vertu de l'article 235, le coordonnateur des placements compétent :

a) avise les personnes placées sur la liste d'attente du foyer de soins de longue durée qui satisfont aux exigences du paragraphe (3), ou leur mandataire spécial si elles en ont un, de la désignation et leur demande si elles désirent être placées sur la liste d'attente pour un lit d'accès direct;

b) place les personnes mentionnées à l'alinéa a) sur la liste d'attente pour un lit d'accès direct si elles, ou leur mandataire spécial si elles en ont un, consentent à leur placement sur cette liste.

Admission aux lits d'accès direct

237. (1) Le coordonnateur des placements compétent n'autorise l'admission de l'auteur d'une demande à un lit d'accès direct que si les conditions suivantes sont réunies :

a) l'admission de l'auteur de la demande peut être autorisée en vertu de l'article 203;

b) l'auteur de la demande satisfait aux exigences de placement sur une liste d'attente aux fins d'admission à un lit d'accès direct énoncées au paragraphe 236 (3) lorsque survient la vacance.

(2) Malgré l'alinéa (1) b), si aucun auteur de demande n'est placé sur la liste d'attente aux fins d'admission à un lit d'accès direct lorsque survient la vacance, l'auteur de demande placé sur la liste d'attente devant être tenue en application de l'article 182 peut être admis au lit.

(3) Le coordonnateur des placements compétent communique au titulaire de permis le fait qu'il y a ou non au moins une personne sur la liste d'attente devant être tenue en application du paragraphe 236 (2).

Transfert : lits d'accès direct

238. (1) Le titulaire de permis d'un foyer de soins de longue durée transfère le résident qui a été admis à un lit d'accès direct à partir de la liste d'attente tenue en application de l'article 182 à un autre lit au foyer de la catégorie d'hébergement choisie par le résident dès qu'un tel lit devient disponible.

(2) Le paragraphe (1) s'applique malgré les règles qui régissent les listes des transferts prévues à l'article 239, la priorité étant toutefois accordée aux résidents visés à l'alinéa 239 (1) f) et malgré le paragraphe 239 (7).

(3) Le résident qui est transféré en application du paragraphe (1) est réputé avoir été admis au foyer.

(4) Le titulaire de permis avise le coordonnateur des placements, dans les 24 heures, de chaque transfert effectué en vertu du paragraphe (1).

(5) Le résident qui occupe un lit d'accès direct, qui n'y a pas été admis à partir de la liste d'attente tenue en application de l'article 182 et qui veut être transféré à une autre catégorie d'hébergement dans le foyer de soins de longue durée est transféré conformément aux règles énoncées à l'article 239, mais il est réputé continuer à occuper un lit d'accès direct.

LISTE DES TRANSFERTS

Liste des transferts

239. (1) Le titulaire de permis d'un foyer de soins de longue durée tient une liste des transferts sur laquelle sont inscrits les renseignements suivants :

a) le nom des résidents du foyer qui demandent à être transférés de l'hébergement avec services privilégiés à l'hébergement avec services de base au foyer;

b) le nom des résidents du foyer qui demandent à être transférés de l'hébergement individuel à l'hébergement à deux lits au foyer;

c) le nom des résidents du foyer qui demandent à être transférés de l'hébergement avec services de base à l'hébergement à deux lits au foyer;

d) le nom des résidents du foyer qui demandent à être transférés de l'hébergement avec services de base à l'hébergement individuel au foyer;

e) le nom des résidents du foyer qui demandent à être transférés de l'hébergement à deux lits à l'hébergement individuel au foyer;

f) le nom des résidents du foyer qui demandent à être transférés d'un lit qui sera fermé dans les 16 semaines à un autre lit au foyer;

g) si le foyer a une unité ou aire qui sert principalement les intérêts de personnes d'une religion, d'une origine ethnique ou d'une origine linguistique particulière, le nom des résidents qui :

(i) demandent un transfert à l'unité ou à l'aire, ou de l'une ou l'autre, selon la catégorie d'hébergement demandée,

(ii) sont résidents de l'unité ou de l'aire et demandent de changer de catégorie d'hébergement au sein de l'une ou l'autre.

(2) Le titulaire de permis place le nom d'un résident sur la liste des transferts visée au paragraphe (1) lorsqu'il reçoit la demande de transfert.

(3) Le titulaire de permis décide si un résident qui occupait une chambre avec son conjoint et qui continue d'occuper un lit dans cette chambre désire ou non demander à être transféré à l'hébergement avec services de base. Dans l'affirmative et si le résident fait une demande à cet effet, le titulaire de permis place le nom du résident sur la liste des transferts.

(4) Le titulaire de permis prend la décision visée au paragraphe (3) au plus tard 30 jours après le jour où le conjoint cesse d'occuper la chambre avec le résident.

(5) Le titulaire de permis, à la fois :

a) accorde la priorité aux transferts des résidents visés à l'alinéa (1) f);

b) parmi les résidents visés à l'alinéa (1) f), accorde la priorité aux transferts selon la date de l'admission des résidents au foyer, ceux ayant été admis le plus tôt ayant la priorité sur les autres.

(6) Le titulaire de permis avise sur demande chaque résident inscrit sur la liste des transferts, son mandataire spécial ou toute autre personne désignée par l'un ou l'autre du rang du résident sur cette liste.

(7) Lorsqu'il comble les vacances au titre de l'hébergement avec services de base, le titulaire de permis offre tour à tour un lit :

a) aux résidents qui demandent à être transférés de l'hébergement avec services privilégiés à l'hébergement avec services de base au foyer;

b) aux personnes dont l'admission est autorisée par le coordinateur des placements compétent.

(8) Le titulaire de permis n'est pas tenu d'offrir tour à tour un lit en vertu du paragraphe (7) :

a) s'il n'y a personne qui attend l'hébergement avec services de base aux termes de l'alinéa (7) a) ou b) lorsque survient une vacance;

b) pendant toute période où le directeur enjoint au coordonnateur des placements compétent de cesser d'autoriser des admissions au foyer en application du paragraphe 56 (1) de la Loi.

(9) Malgré le paragraphe (7), le titulaire de permis accorde aux résidents visés à l'alinéa (1) f) la priorité sur ceux qui demandent à être transférés de l'hébergement avec services privilégiés à l'hébergement avec services de base au foyer et les auteurs de demande dont l'admission est autorisée par le coordinateur des placements compétent.

(10) Le titulaire de permis consigne dans un dossier les vacances comblées, notamment la date à laquelle elles l'ont été.

CIRCONSTANCES SPÉCIALES

Processus d'admission : circonstances spéciales

240. (1) Le présent article s'applique lorsque le directeur a décidé que les résidents d'un foyer de soins de longue durée ont besoin d'urgence d'être réinstallés dans un autre foyer pour protéger leur santé ou leur sécurité.

(2) Le directeur avise de sa décision le coordonnateur des placements compétent.

(3) Si un résident d'un foyer doit être réinstallé dans un autre foyer exploité par le même titulaire de permis, le coordonnateur des placements compétent et le titulaire de permis sont soustraits à l'obligation de se conformer aux exigences de la partie IV de la Loi dans la mesure nécessaire pour procéder à la réinstallation du résident. Les adaptations suivantes sont alors faites quant à l'application de la partie IV de la Loi :

1. Le résident est réputé admissible au deuxième foyer.
2. Il n'est pas nécessaire de demander une autorisation d'admission à l'égard du résident.
3. Le titulaire de permis est réputé avoir approuvé l'admission du résident en application du paragraphe 51 (7) de la Loi.
4. Sous réserve de la disposition 5, le résident est placé dans la catégorie 1 de la liste d'attente visée à l'article 188.
5. Les résidents qui doivent être réinstallés dans un deuxième foyer exploité aux termes d'un permis d'urgence temporaire sont classés aux fins d'admission selon l'urgence de leurs besoins.
6. Le coordonnateur des placements compétent n'autorise l'admission du résident que si ce dernier consent à son admission.

(4) Si un résident d'un foyer doit être réinstallé dans un autre foyer exploité par un autre titulaire de permis, le coordonnateur des placements compétent et le titulaire de permis sont soustraits à l'obligation de se conformer aux exigences de la partie IV de la Loi dans la mesure nécessaire pour procéder à la réinstallation du résident. Les adaptations suivantes sont alors faites quant à l'application de la partie IV de la Loi :

1. Le résident est réputé admissible au deuxième foyer.
2. Le résident n'est pas obligé de demander par écrit une autorisation d'admission, à condition d'avoir consenti à la divulgation de tous les renseignements nécessaires pour permettre au coordonnateur des placements compétent de traiter la demande.
3. Le coordonnateur des placements compétent coordonne la fourniture, au titulaire de permis du foyer à l'égard duquel l'autorisation d'admission est demandée, de tous les renseignements qui sont disponibles dans les circonstances au sujet de l'état physique et mental du résident, de ses exigences en matière de traitement médical et de soins de santé, de sa capacité fonctionnelle, de ses exigences en matière de soins personnels et de son comportement actuel ainsi qu'au cours de l'année précédente. Ces renseignements sont fournis par le titulaire de permis du foyer original du résident et peuvent être communiqués verbalement.
4. Le titulaire de permis, verbalement ou par écrit, approuve ou refuse d'approuver l'admission conformément aux paragraphes 51 (7) à (9) de la Loi dans les 24 heures suivant la réception des renseignements visés à la disposition 3.
5. S'il refuse d'approuver l'admission de la personne, le titulaire de permis fournit au coordonnateur des placements compétent, si ce dernier le demande, l'avis écrit visé au paragraphe 51 (9) de la Loi. L'avis est fourni dans les cinq jours ouvrables suivant la demande du coordonnateur et une copie de l'avis est également fournie au directeur.
6. Sous réserve de la disposition 7, le résident est placé dans la catégorie 1 de la liste d'attente visée à l'article 188.
7. Les résidents qui doivent être réinstallés dans un deuxième foyer exploité aux termes d'un permis d'urgence temporaire sont classés aux fins d'admission selon l'urgence de leurs besoins.
8. Le coordonnateur des placements compétent n'autorise l'admission du résident que si le résident consent à son admission et que le titulaire de permis l'approuve.

(5) Si un résident qui a été réinstallé ailleurs en application du présent article demande à être réadmis au foyer original, le coordonnateur des placements compétent et le titulaire de permis sont soustraits à l'obligation de se conformer aux exigences de la partie IV de la Loi dans la mesure nécessaire pour procéder à la réadmission du résident. Les adaptations suivantes sont alors faites quant à l'application de la partie IV de la Loi :

1. Le résident est réputé admissible au foyer original.
2. Le résident n'est pas obligé de demander par écrit une autorisation d'admission.
3. Le titulaire de permis est réputé avoir approuvé l'admission du résident en application du paragraphe 51 (7) de la Loi.

4. Le coordonnateur des placements compétent n'autorise l'admission du résident que si le résident consent à son admission.

Circonstances spéciales : convalescence

241. (1) Le présent article s'applique en cas de circonstance spéciale consistant à traiter l'admission d'une personne à un foyer de soins de longue durée en qualité de résident en séjour de courte durée dans le cadre du programme de convalescence de façon à accélérer, grâce à la prompte admission de la personne à ce programme, la réalisation du but du programme, visant à faciliter le recouvrement des forces, de l'endurance ou de la capacité de fonctionnement de la personne afin qu'elle puisse retourner à sa résidence.

(2) Si l'auteur d'une demande peut être admis au foyer dans le cadre du programme de convalescence, les coordonnateurs des placements et les titulaires de permis sont soustraits à l'obligation de se conformer aux exigences de la partie IV de la Loi dans la mesure nécessaire pour réaliser des admissions au programme de convalescence conformément au présent article.

(3) Les adaptations suivantes sont faites quant à l'application de l'article 50 de la Loi :

1. Avant que la personne présente une demande de décision touchant l'admissibilité, le coordonnateur des placements lui fournit des renseignements sur le processus d'admission à un foyer de soins de longue durée en qualité de résident en séjour de courte durée dans le cadre du programme de convalescence, y compris ce qui suit :
   i. la nature du processus de renvoi en vue d'une admission en vertu du présent article,
   ii. les facteurs dont le coordonnateur des placements tiendra compte pour renvoyer l'auteur de la demande vers un lit dans le cadre du programme de convalescence,
   iii. le fait que la personne ne sera admise à un foyer qu'avec son consentement, conformément à l'alinéa 51 (11) d) et à l'article 52 de la Loi.
2. Si, après avoir reçu les renseignements visés à la disposition 1, la personne présente une demande en vertu de l'article 50 de la Loi, la demande comprend, outre ce qu'exige cet article, le consentement de la personne à la divulgation de tous les renseignements nécessaires au traitement de sa demande et à son admission à un foyer.

(4) Après qu'il a été décidé que la personne est admissible à un foyer de soins de longue durée, les adaptations suivantes sont faites quant à l'application de l'article 51 de la Loi :

1. Le coordonnateur des placements renvoie l'auteur de la demande vers un ou plusieurs foyers offrant un programme de convalescence. Afin de décider à quels foyers renvoyer l'auteur de la demande, le coordonnateur des placements tient compte des facteurs suivants :
   i. l'état de l'auteur de la demande et sa situation;
   ii. les préférences de l'auteur de la demande, notamment en ce qui a trait à la proximité des foyers par rapport à sa famille, à son domicile et à ses réseaux communautaires et de soutien.
2. Si un foyer auquel l'auteur de la demande est renvoyé n'est pas situé dans la zone géographique du coordonnateur des placements qui effectue le renvoi, ce coordonnateur agit en coordination avec le coordonnateur des placements compétent pour ce foyer.
3. Au lieu que l'auteur de la demande présente une demande d'autorisation d'admission, le coordonnateur des placements compétent fournit les renseignements nécessaires au titulaire de permis du ou des foyers auxquels l'auteur de la demande est renvoyé.
4. Aux paragraphes 51 (7) à (10) et (14) de la Loi :
   i. la mention d'un foyer «choisi» vaut mention d'un foyer auquel l'auteur de la demande est renvoyé,
   ii. l'avis écrit que donne le titulaire de permis en cas de refus ou de retrait d'approbation en application des paragraphes 51 (9) et (14) de la Loi ne doit être donné qu'au coordonnateur des placements compétent, ce dernier devant toutefois en remettre une copie à l'auteur de la demande sur demande.

(5) Pour l'application du présent règlement dans les circonstances où s'applique le présent article :

a) la mention de «cinq jours ouvrables» aux paragraphes 179 (3) et (4) du présent règlement vaut mention de «trois jours ouvrables»;

b) la mention de «trois jours ouvrables» au paragraphe 179 (5) du présent règlement vaut mention de «un jour ouvrable»;

c) l'alinéa 183 (1) b) du présent règlement ne s'applique pas;

d) la colonne 2 du point 9 du tableau de l'article 200 du présent règlement s'interprète comme si elle faisait mention du moment où l'auteur de la demande a convenu de présenter une demande en vertu de l'article 50 de la Loi;

e) la disposition 2 du paragraphe 202 (4) du présent règlement s'interprète pour que le titulaire de permis donne l'avis écrit du retrait de l'approbation de l'admission de l'auteur de la demande uniquement au coordonnateur des placements compétent, ce dernier devant toutefois en remettre une copie à l'auteur de la demande sur demande;

f) l'alinéa 203 (1) a) du présent règlement s'interprète comme s'il exigeait uniquement la conformité aux exigences du paragraphe 51 (11) de la Loi.

(6) Si une personne à qui s'applique le présent article ne choisit pas de participer au processus d'admission énoncé au présent article, le coordonnateur des placements, si la personne le désire, fournit des renseignements sur les services de rechange, fait les renvois appropriés au nom de la personne et aide à organiser un hébergement, des soins ou des services de rechange pour elle selon ce qui est approprié dans les circonstances.

(7) Une personne ne peut présenter de demande d'admission à un foyer de soins de longue durée en qualité de résident en séjour de courte durée dans le cadre du programme de convalescence que conformément au processus énoncé au présent article.

Circonstances spéciales : pandémie et admissions en provenance d'un hôpital

242. (1) Le présent article s'applique en cas de circonstance spéciale consistant à traiter l'admission à un foyer de soins de longue durée d'une personne qui occupe un lit dans un hôpital au sens de la *Loi sur les hôpitaux publics* pendant une pandémie de façon à accélérer la réduction des pressions fortes auxquelles la capacité de l'hôpital est soumise.

(2) Si une personne visée au paragraphe (1) doit être admise à un foyer de soins de longue durée, les coordonnateurs des placements et les titulaires de permis sont soustraits à l'obligation de se conformer aux exigences de la partie IV de la Loi dans la mesure nécessaire pour procéder à l'admission de la personne et les adaptations suivantes sont faites quant à l'application de cette partie de la Loi :

1. Le coordonnateur des placements prend une décision touchant l'admissibilité de la personne à un foyer de soins de longue durée en se fondant sur tous les renseignements qui sont disponibles dans les circonstances au sujet des aspects suivants concernant la personne :
    i. son état physique et mental,
    ii. ses exigences en matière de traitement médical et de soins de santé,
    iii. sa capacité fonctionnelle,
    iv. ses exigences en matière de soins personnels,
    v. son comportement.
2. Après qu'il a été décidé que la personne est admissible à un foyer de soins de longue durée, le coordonnateur des placements choisit le foyer pour la personne, même si celle-ci est déjà sur une liste d'attente pour un ou plusieurs foyers.
3. Afin de choisir le foyer en application de la disposition 2, le coordonnateur des placements tient compte des facteurs suivants :
    i. l'état de la personne et sa situation,
    ii. les préférences de la personne, notamment en ce qui a trait à la proximité du ou des foyers par rapport à sa famille, à son domicile et à ses réseaux communautaires et de soutien,
    iii. la catégorie d'hébergement demandée par la personne.
4. Si le foyer choisi par le coordonnateur des placements n'est pas situé dans la zone géographique du coordonnateur des placements qui fait l'offre, ce coordonnateur agit en coordination avec le coordonnateur des placements compétent pour ce foyer.
5. Si la personne n'a pas encore présenté de demande d'autorisation d'admission, elle n'est pas obligée d'en présenter une, à condition d'avoir consenti à la divulgation de tous les renseignements nécessaires pour permettre au coordonnateur des placements compétent de traiter la demande.
6. Le coordonnateur des placements compétent coordonne la fourniture au titulaire de permis du foyer à l'égard duquel l'autorisation d'admission est demandée de tous les renseignements qui sont disponibles dans les circonstances au sujet des aspects énumérés à la disposition 1. Ces renseignements peuvent être communiqués verbalement.
7. Le titulaire de permis, verbalement ou par écrit, approuve ou refuse d'approuver l'admission conformément aux paragraphes 51 (7) à (9) de la Loi, tels qu'ils sont modifiés par le présent article, dans les cinq jours suivant la réception des renseignements visés à la disposition 6 et, s'il refuse d'approuver l'admission de la personne, il donne, au moment où il prend cette décision, verbalement ou par écrit, au coordonnateur des placements compétent, le ou les motifs de son refus d'approbation et une brève explication. Toutefois, il n'est pas tenu d'aviser la personne.

8. La personne qui attend d'être admise à un lit réservé au séjour de longue durée ordinaire est placée dans la catégorie 1 de la liste d'attente visée à l'article 188 à l'égard de chaque liste d'attente sur laquelle elle est placée, sauf si elle serait autrement placée dans une catégorie de classement supérieur.

9. Le coordonnateur des placements compétent n'autorise l'admission à un foyer que s'il a obtenu les renseignements fournis au titulaire de permis en application de la disposition 6 dans les six mois précédant l'autorisation.

10. Le coordonnateur des placements compétent peut autoriser l'admission de la personne à un hébergement avec services privilégiés au foyer même si un hébergement avec services de base a été demandé, auquel cas le titulaire de permis rend l'hébergement disponible en tant qu'hébergement avec services de base.

11. Le coordonnateur des placements compétent n'autorise l'admission de la personne que si celle-ci y consent.

Circonstances spéciales, pandémie, résidents admis précédemment

243. (1) Le présent article s'applique si un résident a été admis dans un foyer de soins de longue durée en application de l'article 208.2 du Règlement de l'Ontario 79/10 (Dispositions générales) pris en vertu de l'ancienne loi ou qu'une personne a consenti à l'admission en application de l'article 208.2 de ce règlement, mais n'avait pas emménagé dans le foyer avant l'entrée en vigueur du présent article.

(2) Si le présent article s'applique, les coordonnateurs des placements et les titulaires de permis sont soustraits à l'obligation de se conformer aux exigences de la partie IV de la Loi dans la mesure nécessaire pour procéder à l'admission du résident et les adaptations suivantes sont faites quant à l'application de la partie IV de la Loi :

1. Le résident est réputé admissible au ou aux foyers qu'il a choisis.

2. Le résident n'est pas obligé de demander par écrit une autorisation d'admission, à condition d'avoir consenti à la divulgation de tous les renseignements nécessaires pour permettre au coordonnateur des placements compétent de traiter la demande.

3. Le titulaire de permis du foyer de soins de longue durée du résident aide le coordonnateur des placements en lui fournissant des renseignements sur les soins qui sont fournis au résident ainsi que les renseignements qu'il a en sa possession au sujet des aspects suivants concernant le résident :

   i. son état physique et mental,

   ii. ses exigences en matière de traitement médical et de soins de santé,

   iii. sa capacité fonctionnelle,

   iv. ses exigences en matière de soins personnels,

   v. son comportement.

4 Le coordonnateur des placements compétent coordonne la fourniture au titulaire de permis du foyer à l'égard duquel l'autorisation d'admission est demandée de tous les renseignements qui sont disponibles dans les circonstances au sujet des aspects énumérés à la disposition 3. Le titulaire de permis prend une décision s'il doit approuver ou non l'admission en se fondant sur ces renseignements.

5. Afin de classer le résident dans une catégorie en application des articles 190, 191, 192, 193, 194 et 220, le moment auquel le résident a présenté une demande d'autorisation d'admission est réputé être la date de son admission au foyer en application de l'article 208.2 du Règlement de l'Ontario 79/10 (Dispositions générales) pris en vertu de l'ancienne loi, si cette date est antérieure à celle qui s'appliquerait autrement.

6. Le coordonnateur des placements compétent place le résident dans la catégorie 1 de la liste d'attente visée à l'article 188 du foyer qui est le premier choix du résident, sauf si le résident serait autrement placé dans une catégorie de classement supérieur. Toutefois, le coordonnateur ne doit placer le résident dans la catégorie 1 de la liste d'attente visée à l'article 188 en vue du transfert du résident vers un autre foyer que si le résident satisfait aux exigences de cette catégorie.

7. Le coordonnateur des placements compétent n'autorise l'admission du résident que si celui-ci y consent.

Pandémie : admissions en provenance de la collectivité

244. (1) Le présent article s'applique en cas de circonstance spéciale consistant à traiter l'admission à un foyer de soins de longue durée, pendant une pandémie, d'une personne autre qu'une personne visée à l'article 242.

(2) Si une personne visée au paragraphe (1) doit être admise à un foyer de soins de longue durée, les coordonnateurs des placements et les titulaires de permis sont soustraits à l'obligation de se conformer aux exigences de la partie IV de la Loi dans la mesure nécessaire pour procéder à l'admission de la personne et les adaptations suivantes sont faites quant à l'application de la partie IV de la Loi :

1. Le coordonnateur des placements prend une décision touchant l'admissibilité de la personne à un foyer de soins de longue durée en se fondant sur tous les renseignements qui sont disponibles dans les circonstances au sujet des aspects suivants concernant la personne :
   i. son état physique et mental,
   ii. ses exigences en matière de traitement médical et de soins de santé,
   iii. sa capacité fonctionnelle,
   iv. ses exigences en matière de soins personnels,
   v. son comportement.
2. Le coordonnateur des placements compétent coordonne la fourniture au titulaire de permis du foyer à l'égard duquel l'autorisation d'admission est demandée de tous les renseignements qui sont disponibles dans les circonstances au sujet des aspects énumérés à la disposition 1. Ces renseignements peuvent être communiqués verbalement.
3. Le titulaire de permis, verbalement ou par écrit, approuve ou refuse d'approuver l'admission conformément aux paragraphes 51 (7) à (9) de la Loi, tels qu'ils sont modifiés par le présent article, dans les cinq jours suivant la réception des renseignements visés à la disposition 2 et, s'il refuse d'approuver l'admission de la personne, il donne, au moment où il prend cette décision, verbalement ou par écrit, au coordonnateur des placements compétent, le ou les motifs de son refus d'approbation et une brève explication. Toutefois, il n'est pas tenu d'aviser la personne.
4. Le paragraphe 184 (1) ne s'applique pas si l'existence d'une pandémie est la raison pour laquelle la personne refuse de consentir à son admission à un foyer.
5. Le coordonnateur des placements compétent n'autorise l'admission de la personne que si celle-ci y consent.

Réadmissions : mises en congé en raison d'une pandémie

245. (1) Si une personne qui a obtenu son congé en application de l'article 160 du présent règlement ou de l'article 147.1 du Règlement de l'Ontario 79/10 (Dispositions générales) pris en vertu de l'ancienne loi demande sa réadmission au foyer duquel elle a obtenu le congé trois mois ou moins à compter de la date du congé, les coordonnateurs des placements et les titulaires de permis sont soustraits à l'obligation de se conformer aux exigences de la partie IV de la Loi dans la mesure nécessaire pour procéder à la réadmission de la personne et les adaptations suivantes sont faites quant à l'application de la partie IV de la Loi :

1. La personne est réputée admissible au foyer.
2. La personne n'est pas obligée de demander par écrit une autorisation d'admission.
3. Le titulaire de permis est réputé avoir approuvé l'admission de la personne en application du paragraphe 51 (7) de la Loi.
4. La personne est placée dans la catégorie des réadmissions de la liste d'attente visée à l'article 195 ou 220, selon celui qui s'applique, sauf si elle serait autrement placée dans une catégorie de classement supérieur.
5. Le coordonnateur des placements compétent n'autorise l'admission de la personne que si celle-ci y consent.

(2) Si une personne qui a obtenu son congé en application de l'article 160 du présent règlement ou de l'article 147.1 du Règlement de l'Ontario 79/10 (Dispositions générales) pris en vertu de l'ancienne loi demande sa réadmission au foyer duquel elle a obtenu son congé plus de trois mois après la date du congé, les coordonnateurs des placements et les titulaires de permis sont soustraits à l'obligation de se conformer aux exigences de la partie IV de la Loi dans la mesure nécessaire pour procéder à la réadmission de la personne et les adaptations suivantes sont faites quant à l'application de cette partie de la Loi :

1. La personne est réputée admissible au foyer.
2. La personne n'est pas obligée de demander par écrit une autorisation d'admission, à condition d'avoir consenti à la divulgation de tous les renseignements nécessaires pour permettre au coordonnateur des placements compétent de traiter la demande.
3. Le coordonnateur des placements compétent coordonne la fourniture au titulaire de permis du foyer à l'égard duquel l'autorisation d'admission est demandée de tous les renseignements qui sont disponibles dans les circonstances au sujet des aspects suivants concernant la personne :
   i. son état physique et mental,
   ii. ses exigences en matière de traitement médical et de soins de santé,
   iii. sa capacité fonctionnelle,
   iv. ses exigences en matière de soins personnels,

v. son comportement.

4. Les renseignements visés à la disposition 3 peuvent être communiqués verbalement.

5. Le titulaire de permis, verbalement ou par écrit, approuve ou refuse d'approuver l'admission conformément aux paragraphes 51 (7) à (9) de la Loi, tels qu'ils sont modifiés par le présent article, dans les cinq jours suivant la réception des renseignements visés à la disposition 3.

6. S'il refuse d'approuver l'admission de la personne, le titulaire de permis fournit au coordonnateur des placements compétent l'avis écrit visé au paragraphe 51 (9) de la Loi, si celui-ci lui en fait la demande dans les cinq jours ouvrables suivant la demande du coordonnateur. Le coordonnateur des placements fournit alors une copie de l'avis à la personne qui cherche à être réadmise.

7. La personne est placée dans la catégorie des réadmissions de la liste d'attente visée à l'article 195 ou 220, selon celui qui s'applique, sauf si elle serait autrement placée dans une catégorie de classement supérieur.

8. Le coordonnateur des placements compétent n'autorise l'admission de la personne que si celle-ci y consent.

DISPOSITIONS TRANSITOIRES : ADMISSIONS

Dispositions transitoires : admissions

246. (1) Le présent article s'applique à quiconque avait demandé que soit prise une décision touchant son admissibilité à être admis ou avait présenté une demande d'autorisation d'admission à un foyer de soins de longue durée au sens de l'ancienne loi avant l'entrée en vigueur du présent article à condition qu'il n'ait pas encore été admis au foyer.

(2) Si le coordonnateur des placements compétent a offert d'autoriser l'admission de la personne à un foyer et que la personne a accepté l'offre avant le jour de l'entrée en vigueur du présent article et qu'elle s'installe au foyer après ce jour-là, les dispositions de l'ancienne loi continuent de s'appliquer à l'offre.

(3) Si le coordonnateur des placements compétent a offert d'autoriser l'admission de la personne à un foyer et que la personne n'a pas accepté l'offre avant le jour de l'entrée en vigueur du présent article, celui-ci s'applique à l'offre comme si elle avait été faite en application du présent règlement.

(4) Si, avant l'entrée en vigueur du présent article, le coordonnateur des placements compétent n'a pas offert d'autoriser l'admission de la personne à un foyer, le présent règlement s'applique à la demande.

Disposition transitoire : résidents en séjour de courte durée

247. Si, au cours de l'année civile pendant laquelle le présent article entre en vigueur, une personne est admise à un foyer en vertu de l'ancienne loi en qualité de résident en séjour de courte durée dans le cadre du programme de relève, de convalescence ou de lits provisoires, la durée totale de son séjour dans le programme est prise en considération pour l'application des paragraphes 206 (4) et (5) et de l'article 214.

PARTIE V
CONSEILS

Définition : «affectation détaillée»

248. La définition qui suit s'applique à la sous-disposition 9 iii du paragraphe 63 (1) et à la sous-disposition 7 iii du paragraphe 66 (1) de la Loi.

«affectation détaillée» Le rapport de rapprochement pour une année civile donnée de même que le rapport du vérificateur sur ce rapport qui sont présentés au ministre en application de l'alinéa 288 (1) a) et :

a) soit au réseau local d'intégration des services de santé de la zone géographique où est situé le foyer de soins de longue durée, comme l'exigent ou l'exigeaient antérieurement les règlements pris en vertu de la *Loi de 2006 sur l'intégration du système de santé local*,

b) soit à l'Agence, comme l'exigent les règlements pris en vertu de la *Loi de 2019 pour des soins interconnectés*.

PARTIE VI
EXPLOITATION DES FOYERS

ADMINISTRATEUR DU FOYER

Administrateur du foyer

249. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que l'administrateur du foyer soit présent chaque semaine au foyer et y travaille régulièrement comme tel le nombre d'heures indiqué ci-dessous :

1. Dans un foyer dont la capacité en lits autorisés est d'au plus 64 lits, au moins 16 heures par semaine.

2. Dans un foyer dont la capacité en lits autorisés est de plus de 64, mais de moins de 97 lits, au moins 24 heures par semaine.

3. Dans un foyer dont la capacité en lits autorisés est de 97 lits ou plus, au moins 35 heures par semaine.

(2) L'administrateur du foyer qui assiste à une réunion ou à une formation se rapportant à ses fonctions est considéré comme étant présent au foyer et au travail tant qu'il peut être rejoint par téléphone.

(3) Sous réserve du paragraphe (4), le titulaire de permis veille à ce que quiconque est embauché comme administrateur du foyer possède les qualités requises suivantes :

a) il est titulaire d'un grade d'études postsecondaires décerné dans le cadre d'un programme d'une durée d'au moins trois ans ou d'un diplôme d'études postsecondaires en services de santé ou en services sociaux décerné dans le cadre d'un programme d'une durée d'au moins deux ans;

b) il possède au moins trois années d'expérience :

(i) soit dans l'exercice de fonctions de gestion ou de supervision dans le domaine des services de santé ou des services sociaux,

(ii) soit dans l'exercice d'autres fonctions de gestion ou de supervision, s'il a déjà réussi le cours visé à l'alinéa d);

c) il a des compétences manifestes en leadership et en communication;

d) il a réussi un programme d'administration ou de gestion des foyers de soins de longue durée d'une durée d'au moins 100 heures d'instruction ou, sous réserve du paragraphe (5), il est inscrit à un tel programme.

(4) Quiconque travaillait ou était employé comme administrateur du foyer le 1er juillet 2010 et a continué à travailler ou à être employé à ce titre peut être embauché comme tel dans un autre foyer de soins de longue durée si, à la fois :

a) il a travaillé ou a été employé à ce titre dans un foyer de soins de longue durée :

(i) soit à temps plein pendant au moins trois années au cours des cinq années qui ont précédé son emploi dans l'autre foyer,

(ii) soit à temps partiel pendant l'équivalent d'au moins trois années à temps plein au cours des sept années qui ont précédé son emploi dans l'autre foyer;

b) il a réussi un programme d'administration ou de gestion des foyers de soins de longue durée d'une durée d'au moins 100 heures d'instruction ou, sous réserve du paragraphe (5), il est inscrit à un tel programme.

(5) Le titulaire de permis cesse d'employer comme administrateur du foyer quiconque était tenu d'être inscrit au programme visé à l'alinéa (3) d) ou (4) b) si cette personne cesse d'être inscrite au programme en question ou ne le réussit pas dans les délais suivants :

1. Dans le cas d'un programme comprenant au moins 400 heures d'instruction, dans les cinq ans tout au plus du jour de son embauche comme administrateur du foyer.

2. Dans le cas d'un programme comprenant plus de 200, mais moins de 400 heures d'instruction, dans les trois ans tout au plus du jour de son embauche comme administrateur du foyer.

3. Dans le cas d'un programme comprenant 200 heures d'instruction ou moins, dans les deux ans tout au plus du jour de son embauche comme administrateur du foyer.

DIRECTEUR DES SOINS INFIRMIERS ET DES SOINS PERSONNELS

Directeur des soins infirmiers et des soins personnels

250. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le directeur des soins infirmiers et des soins personnels du foyer soit présent chaque semaine au foyer et y travaille régulièrement comme tel le nombre d'heures indiqué ci-dessous :

1. Dans un foyer dont la capacité en lits autorisés est d'au plus 19 lits, au moins quatre heures par semaine.

2. Dans un foyer dont la capacité en lits autorisés est de plus de 19, mais de moins de 30 lits, au moins huit heures par semaine.

3. Dans un foyer dont la capacité en lits autorisés est de plus de 29, mais de moins de 40 lits, au moins 16 heures par semaine.

4. Dans un foyer dont la capacité en lits autorisés est de plus de 39, mais de moins de 65 lits, au moins 24 heures par semaine.

5. Dans un foyer dont la capacité en lits autorisés est de 65 lits ou plus, au moins 35 heures par semaine.

(2) Dans le cas de foyers dont la capacité en lits autorisés est de plus de 39, le directeur des soins infirmiers et des soins personnels qui assiste à une réunion ou à une formation se rapportant à ses fonctions est considéré comme étant présent au foyer et au travail tant qu'il peut être rejoint par téléphone.

(3) Le titulaire de permis veille à ce que quiconque est embauché comme directeur des soins infirmiers et des soins personnels possède les qualités requises suivantes :

a) il a au moins un an d'expérience de travail comme infirmière autorisée ou infirmier autorisé dans le secteur des soins de longue durée;

b) il a au moins trois ans d'expérience de travail comme infirmière autorisée ou infirmier autorisé dans l'exercice de fonctions de gestion ou de supervision dans un milieu de prestation de soins de santé;

c) il a des compétences manifestes en leadership et en communication.

(4) Malgré le paragraphe (3), quiconque travaillait ou était employé comme directeur des soins infirmiers et des soins personnels dans un foyer de soins de longue durée immédiatement avant le 1er juillet 2010 peut être embauché comme tel dans un autre foyer s'il a travaillé ou a été employé à ce titre dans un foyer de soins de longue durée :

a) soit à temps plein pendant au moins trois années au cours des cinq années qui ont précédé son emploi dans l'autre foyer;

b) soit à temps partiel pendant l'équivalent d'au moins trois années à temps plein au cours des sept années qui ont précédé son emploi dans l'autre foyer.

(5) Le paragraphe 77 (4) de la Loi et le paragraphe (1) du présent article ne s'appliquent pas pendant une pandémie.

DIRECTEUR MÉDICAL

Directeur médical

251. (1) Le titulaire de permis d'un foyer de soins de longue durée conclut avec le directeur médical du foyer une entente écrite qui prévoit au minimum ce qui suit :

1. La durée de l'entente.
2. Les responsabilités du titulaire de permis.
3. Les responsabilités ou les fonctions du directeur médical que lui attribue l'alinéa 78 (3) b) de la Loi, telles qu'elles sont énoncées au paragraphe (4) du présent article.
4. La poursuite, par le directeur médical, de ce qui suit :
    i. le cours destiné aux directeurs médicaux offert par l'Ontario Long Term Care Clinicians dans les 12 mois qui suivent le moment où il commence, pour la première fois, à exercer ses fonctions et responsabilités ou, s'il était déjà le directeur médical du foyer à l'entrée en vigueur du présent article, dans les 12 mois qui suivent l'entrée en vigueur du présent article.
    ii. toute autre formation précisée dans l'entente, dans le délai qui y est indiqué.
5. Le nombre minimum d'heures que le directeur médical doit passer sur place au foyer chaque mois, de même que les fonctions particulières qu'il doit exercer sur place, comme l'exige le titulaire de permis.

(2) Le titulaire de permis n'est tenu de se conformer aux dispositions 4 et 5 du paragraphe (1) en ce qui concerne le directeur médical qui était déjà le directeur médical du foyer à l'entrée en vigueur du présent article que six mois après l'entrée en vigueur du présent article.

(3) Le directeur médical d'un foyer de soins de longue durée ne peut pas être, selon le cas :

a) le titulaire de permis du foyer;

b) une personne qui détient des intérêts majoritaires dans le titulaire de permis;

c) dans le cas où le titulaire de permis est une personne morale, un membre de son conseil d'administration.

(4) Pour l'application de l'alinéa 78 (3) b) de la Loi, les responsabilités et les fonctions du directeur médical sont les suivantes :

1. L'élaboration, la mise en oeuvre, la surveillance et l'évaluation des services médicaux.
2. La fourniture de conseils sur les politiques et procédures cliniques et l'approbation de ces politiques et procédures.
3. La communication des attentes aux médecins traitants et aux infirmières autorisées ou infirmiers autorisés de la catégorie supérieure, notamment la communication des politiques et procédures médicales pertinentes.
4. Le traitement des questions ayant trait aux soins à fournir aux résidents, à la permanence après les heures normales de travail et à la couverture de garde.
5. L'assiduité et la participation aux travaux des comités interdisciplinaires et aux activités d'amélioration de la qualité.
6. La surveillance des soins cliniques dispensés aux résidents au foyer.

PRÉSÉLECTION ET DÉCLARATIONS PERMANENTES

Embauche du personnel et acceptation de bénévoles

252. (1) Le présent article s'applique si une vérification de dossiers de police est exigée avant qu'un titulaire de permis embauche un membre du personnel ou accepte un bénévole comme l'énonce le paragraphe 81 (2) de la Loi.

(2) La vérification de dossiers de police doit répondre aux critères suivants :

a) être effectuée par un fournisseur de vérifications de dossiers de police au sens de la *Loi de 2015 sur la réforme des vérifications de dossiers de police*;

b) être effectuée dans les six mois qui précèdent la date à laquelle le membre du personnel est embauché ou celle à laquelle le bénévole est accepté par le titulaire de permis.

(3) La vérification du dossier de police doit consister en une vérification des antécédents en vue d'un travail auprès de personnes vulnérables visée à la disposition 3 du paragraphe 8 (1) de la *Loi de 2015 sur la réforme des vérifications de dossiers de police* et être effectuée afin, d'une part, d'établir si la personne est apte à devenir un membre du personnel ou un bénévole au foyer de soins de longue durée et, d'autre part, de protéger les résidents contre les mauvais traitements et la négligence.

(4) Le titulaire de permis exige que la personne lui fournisse, avant son embauche à titre de membre du personnel ou son acceptation à titre de bénévole, une déclaration signée dans laquelle elle divulgue ce qui suit :

1. Tous les éléments suivants qui la concernent et qui ont eu lieu:
    i. chaque accusation à l'égard d'une infraction prescrite en application du paragraphe 255 (1) pour laquelle elle a été accusée,
    ii. chaque ordonnance d'un juge ou d'un juge de paix rendue à son encontre à l'égard d'une infraction prescrite en application du paragraphe 255 (1), notamment un engagement de ne pas troubler l'ordre public, une ordonnance de probation, une ordonnance d'interdiction ou un mandat d'arrêt,
    iii. chaque déclaration de culpabilité à l'égard d'une infraction prescrite en application du paragraphe 255 (1) ou toute autre issue d'une accusation à l'égard d'une telle infraction.
2. Tous les faits suivants qui la concernent et qui ont eu lieu:
    i. chaque introduction d'une instance qui pourrait donner lieu à une déclaration de culpabilité se rapportant à une faute professionnelle prescrite en application du paragraphe 255 (2),
    ii. chaque déclaration de culpabilité se rapportant à une faute professionnelle prescrite en application du paragraphe 255 (2).

(5) La disposition 1 du paragraphe (4) s'applique à l'égard de toute accusation, ordonnance ou déclaration de culpabilité qui a eu lieu ou de toute autre issue intervenue depuis la date de réalisation de la vérification du dossier de police de la personne visée au paragraphe (2).

(6) La sous-disposition 2 i du paragraphe (4) ne s'applique pas à l'égard d'une instance qui a pris fin plus de cinq ans avant l'embauche du membre du personnel ou l'acceptation du bénévole.

(7) La sous-disposition 2 ii du paragraphe (4) ne s'applique pas à l'égard de ce qui suit :

a) la déclaration de culpabilité qui a donné lieu à une suspension si la suspension a pris fin plus de cinq ans avant l'embauche du membre du personnel ou l'acceptation du bénévole;

b) la déclaration de culpabilité qui n'a pas donné lieu à une suspension si cette déclaration de culpabilité a été prononcée plus de cinq ans avant l'embauche du membre du personnel ou l'acceptation du bénévole.

Déclarations : personnel et bénévoles

253. (1) Le titulaire de permis d'un foyer de soins de longue durée exige que chaque membre du personnel ou bénévole au foyer lui fournisse une déclaration signée dans laquelle il divulgue ce qui suit :

1. Tous les éléments suivants qui le concernent et qui ont eu lieu:
    i. chaque accusation à l'égard d'une infraction prescrite en application du paragraphe 255 (1) pour laquelle elle a été accusée,
    ii. chaque ordonnance d'un juge ou d'un juge de paix rendue à son encontre à l'égard d'une infraction prescrite en application du paragraphe 255 (1), notamment un engagement de ne pas troubler l'ordre public, une ordonnance de probation, une ordonnance d'interdiction ou un mandat d'arrêt,
    iii. chaque déclaration de culpabilité à l'égard d'une infraction prescrite en application du paragraphe 255 (1) ou toute autre issue d'une accusation à l'égard d'une telle infraction.

2. Tous les éléments suivants qui le concernent et qui ont eu lieu:

   i. chaque introduction d'une instance qui pourrait donner lieu à une déclaration de culpabilité se rapportant à une faute professionnelle prescrite en application du paragraphe 255 (2),

   ii. chaque déclaration de culpabilité se rapportant à une faute professionnelle prescrite en application du paragraphe 255 (2).

(2) Les déclarations prévues au paragraphe (1) s'appliquent à l'égard de toute accusation, de toute ordonnance, de toute condamnation, de toute issue, de toute introduction d'une instance ou de toute déclaration de culpabilité dont la personne avait connaissance depuis l'entrée en vigueur du présent article. Elles doivent être promptement fournies après que la personne en a connaissance.

(3) Le titulaire de permis d'un foyer de soins de longue durée exige que chaque membre du personnel ou bénévole au foyer le jour de l'entrée en vigueur du présent article lui fournisse une déclaration signée dans laquelle il divulgue tous les éléments suivants qui le concernent et qui ont eu lieu:

1. Chaque introduction d'une instance qui pourrait donner lieu à une déclaration de culpabilité se rapportant à une faute professionnelle prescrite en application du paragraphe 255 (2).

2. Chaque déclaration de culpabilité se rapportant à une faute professionnelle prescrite en application du paragraphe 255 (2).

(4) La disposition 1 du paragraphe (3) ne s'applique pas à l'égard d'une instance qui a pris fin plus de cinq ans avant l'entrée en vigueur du présent article.

(5) La disposition 2 du paragraphe (3) ne s'applique pas à l'égard de ce qui suit :

a) une déclaration de culpabilité qui a donné lieu à une suspension si la suspension a pris fin plus de cinq ans avant l'entrée en vigueur du présent article;

b) une déclaration de culpabilité qui n'a pas donné lieu à une suspension, si la déclaration a été prononcée plus de cinq ans avant l'entrée en vigueur du présent article.

(6) Le titulaire de permis d'un foyer de soins de longue durée exige que la déclaration du membre du personnel ou du bénévole prévue au paragraphe (3) soit fournie dans le mois qui suit le moment où le membre travaille, pour la première fois, au foyer ou le bénévole y fait, pour la première fois, du bénévolat après l'entrée en vigueur du présent article.

Exceptions

254. (1) Les exigences prévues au paragraphe 81 (2) de la Loi et aux articles 252 et 253 du présent règlement ne s'appliquent pas si la personne qui est membre du personnel, ou qui est embauchée pour le devenir, et qui exécutera un travail au foyer, à la fois :

a) est visée par l'alinéa b) ou c) de la définition de «personnel» au paragraphe 2 (1) de la Loi;

b) ne fournira des services d'entretien ou de réparation au foyer qu'occasionnellement;

c) ne fournira pas de soins directs aux résidents;

d) sera surveillée et supervisée, conformément aux politiques et marches à suivre du titulaire de permis visées au paragraphe 92 (3), lorsqu'elle fournit des services au foyer.

(2) Lorsqu'un titulaire de permis embauche un directeur médical ou que les services d'un médecin ou d'une infirmière autorisée ou d'un infirmier autorisé de la catégorie supérieure sont retenus en application du paragraphe 88 (2) ou qu'un médecin ou une infirmière autorisée ou un infirmier autorisé de la catégorie supérieure est nommé en application du paragraphe 88 (3), les modifications suivantes aux exigences de l'article 81 de la Loi et de l'article 252 du présent règlement s'appliquent :

1. Le paragraphe 81 (2) de la Loi ne s'applique pas.

2. L'article 252 s'applique, malgré la disposition 1 et le paragraphe 252 (1), avec les adaptations suivantes :

   i. Les paragraphes 252 (2) et (3) ne s'appliquent pas,

   ii. Le paragraphe 252 (5) s'applique à toute accusation, ordonnance, déclaration de culpabilité ou autre issue survenue ou à tout ordre donné depuis la date à laquelle la personne a été admise à l'ordre, sauf si le paragraphe 255 (4) s'applique à la personne.

(3) Lorsqu'un titulaire de permis embauche un membre du personnel ou accepte un bénévole pendant une pandémie, les modifications suivantes aux exigences de l'article 81 de la Loi et de l'article 252 du présent règlement s'appliquent :

1. Le paragraphe 81 (2) de la Loi ne s'applique pas.

2. L'article 252 s'applique, malgré la disposition 1 et le paragraphe 252 (1), avec les modifications suivantes :

i. les paragraphes 252 (2) et (3) ne s'appliquent pas,

ii. si une vérification de dossier de police conforme aux paragraphes 252 (2) et (3) a été fournie au titulaire de permis, le paragraphe 252 (5) s'applique,

iii. si une vérification de dossier de police conforme aux paragraphes 252 (2) et (3) n'a pas été fournie au titulaire de permis, le paragraphe 252 (5) ne s'applique pas et la disposition 1 du paragraphe 252 (4) s'applique à l'égard de toute accusation, ordonnance, condamnation ou issue, quel que soit le moment où elle a eu lieu.

(4) Si un membre du personnel est embauché ou un bénévole accepté pendant une pandémie et qu'aucune vérification de dossier de police conforme aux paragraphes 252 (2) et (3) n'a été fournie au titulaire de permis, le titulaire de permis veille à ce qu'une telle vérification lui soit fournie dans les trois mois qui suivent l'embauche du membre du personnel ou l'acceptation du bénévole. Il conserve les résultats de cette vérification du dossier conformément aux exigences de l'article 278 ou 279, selon le cas.

(5) Si un membre du personnel a été embauché ou un bénévole accepté pendant une pandémie avant l'entrée en vigueur du présent article et qu'aucune vérification de dossier de police conforme aux paragraphes 215 (2) et (3) du Règlement de l'Ontario 79/10 (Dispositions générales) pris en vertu de l'ancienne loi n'a été fournie au titulaire de permis, le titulaire de permis veille à ce qu'une vérification conforme aux paragraphes 252 (2) et (3) du présent règlement soit fournie au titulaire de permis dans les trois mois qui suivent l'entrée en vigueur du présent article. Il conserve les résultats de cette vérification du dossier conformément aux exigences de l'article 278 ou 279, selon le cas.

(6) Les paragraphes (4) et (5) ne s'appliquent pas à l'égard d'une personne qui n'est plus un membre du personnel ou un bénévole au moment où la vérification de dossiers de police aurait été exigée en vertu de ces paragraphes.

Infractions prescrites et fautes professionnelles

255. (1) Les infractions suivantes sont prescrites pour l'application de l'alinéa 81 (4) a) de la Loi :

1. Toute infraction à la Loi, à la *Loi de 2007 sur les foyers de soins de longue durée*, à la *Loi sur les maisons de soins infirmiers*, à la *Loi sur les établissements de bienfaisance* ou à la *Loi sur les foyers pour personnes âgées et les maisons de repos*.
2. Toute infraction visée à l'article 742.1 du *Code criminel* (Canada).
3. Toute infraction à la *Loi sur le cannabis* (Canada), à la *Loi réglementant certaines drogues et autres substances* (Canada) ou à la *Loi sur les aliments et drogues* (Canada).
4. Toute autre infraction provinciale ou fédérale si l'infraction portait sur ce qui suit :
   i. l'administration d'un traitement ou de soins à une personne vulnérable de façon inappropriée ou incompétente, ce qui a causé un préjudice ou un risque de préjudice de tout genre à une personne vulnérable, notamment un préjudice physique, affectif, psychologique ou financier,
   ii. les mauvais traitements ou la négligence envers une personne vulnérable qui a causé un préjudice ou un risque de préjudice de tout genre à une personne vulnérable, notamment un préjudice physique, affectif, psychologique ou financier,
   iii. un acte illégal qui a intentionnellement causé un préjudice ou un risque de préjudice de tout genre à une personne vulnérable, notamment un préjudice physique, affectif, psychologique ou financier,
   iv. la mauvaise utilisation ou le détournement de l'argent d'une personne vulnérable.

(2) Les fautes professionnelles suivantes sont prescrites pour l'application de l'alinéa 81 (4) b) de la Loi :

1. Une faute professionnelle à titre de membre d'une profession de la santé au sens de la *Loi de 1991 sur les professions de la santé réglementées*.
2. Une faute professionnelle à titre de membre d'une profession réglementée au sens de la *Loi de 2006 sur l'accès équitable aux professions réglementées et aux métiers à accréditation obligatoire*.
3. Une faute professionnelle en vertu de tout autre régime régissant une profession, une occupation ou une activité commerciale, y compris un régime auquel une personne n'est pas tenue de participer afin d'exercer la profession, l'occupation ou l'activité en question ou de se livrer à l'exercice de la profession, de l'occupation ou de l'activité en question.

(3) Pour l'application de l'alinéa 81 (4) b) de la Loi, une personne est déclarée coupable de faute professionnelle si elle a fait l'objet d'une conclusion de faute professionnelle par un organisme de réglementation, une association professionnelle ou un autre organisme de réglementation d'une profession, d'une occupation ou d'une activité.

(4) Le paragraphe 81 (4) de la Loi ne s'applique pas à l'égard de ce qui suit :

a) une condamnation pour une infraction qui a donné lieu à une peine d'emprisonnement si la peine a été purgée plus de cinq ans avant que le membre du personnel travaille, pour la première fois, au foyer ou que le bénévole y fasse, pour la

première fois, du bénévolat, ou plus de cinq ans avant que la personne devienne membre du conseil d'administration, du conseil de gestion, du comité de gestion ou d'une autre structure de gouvernance du titulaire de permis;

b) une condamnation pour une infraction qui n'a pas donné lieu à une peine d'emprisonnement si la condamnation a été prononcée plus de cinq ans avant que le membre du personnel travaille, pour la première fois, au foyer ou que le bénévole y fasse, pour la première fois, du bénévolat, ou plus de cinq ans avant que la personne devienne membre du conseil d'administration, du conseil de gestion, du comité de gestion ou d'une autre structure de gouvernance du titulaire de permis;

c) une déclaration de culpabilité à l'égard d'une faute professionnelle qui a donné lieu à une suspension si la suspension a pris fin plus de cinq ans avant que le membre du personnel travaille, pour la première fois, au foyer ou que le bénévole y fasse, pour la première fois, du bénévolat, ou plus de cinq ans avant que la personne devienne membre du conseil d'administration, du conseil de gestion, du comité de gestion ou d'une autre structure de gouvernance du titulaire de permis;

d) une déclaration de culpabilité à l'égard d'une faute professionnelle qui n'a pas donné lieu à une suspension si la déclaration de culpabilité a été prononcée plus de cinq ans avant que le membre du personnel travaille, pour la première fois, au foyer ou que le bénévole y fasse, pour la première fois, du bénévolat, ou plus de cinq ans avant que la personne devienne membre du conseil d'administration, du conseil de gestion, du comité de gestion ou d'une autre structure de gouvernance du titulaire de permis.

(5) Les définitions qui suivent s'appliquent au présent article.

«faute professionnelle» S'entend notamment d'incompétence. («professional misconduct»)

«personne vulnérable» Personne vulnérable au sens de la *Loi de 2015 sur la réforme des vérifications de dossiers de police*. («vulnerable person»)

Mesures de vérification et déclarations : directeurs et personnel de gestion

256. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qu'une présélection ait lieu avant de permettre à quiconque d'être membre de son conseil d'administration, de son conseil de gestion, de son comité de gestion ou d'une autre structure de gouvernance.

(2) La présélection comprend une vérification de dossier de police.

(3) La vérification de dossier de police doit, à la fois :

a) être effectuée par un fournisseur de vérifications de dossiers de police au sens de la *Loi de 2015 sur la réforme des vérifications de dossiers de police*;

b) sous réserve du paragraphe (4), être effectuée dans les six mois avant que la personne devienne membre du conseil d'administration, du conseil de gestion, du comité de gestion ou d'une autre structure de gouvernance du titulaire de permis.

(4) Si une personne devient membre du conseil d'administration, du conseil de direction, du comité de gestion ou d'une autre structure de gouvernance du titulaire de permis à la suite de son élection en vertu de la *Loi de 1996 sur les élections municipales*, elle doit fournir une vérification de dossier de police conformément au présent article qui a été effectuée au plus tôt six mois avant la date du début de son mandat et au plus tard un mois après le début de son mandat.

(5) La vérification de dossier de police doit consister en une vérification de casier judiciaire visée à la disposition 1 du paragraphe 8 (1) de la *Loi de 2015 sur la réforme des vérifications de dossiers de police* et être effectuée afin d'établir si la personne est apte à devenir un membre du conseil d'administration, du conseil de gestion, du comité de gestion ou d'une autre structure de gouvernance du titulaire de permis.

(6) Les paragraphes 252 (4) à (7) s'appliquent, avec les adaptations nécessaires, à l'égard d'un membre du conseil d'administration, du conseil de gestion, du comité de gestion ou d'une autre structure de gouvernance du titulaire de permis.

(7) Les paragraphes 253 (1) et (2) s'appliquent, avec les adaptations nécessaires, à l'égard d'un membre du conseil d'administration, du conseil de gestion, du comité de gestion ou d'une autre structure de gouvernance du titulaire de permis.

(8) Quand une personne devient membre du conseil d'administration, du conseil de gestion, du comité de gestion ou d'une autre structure de gouvernance du titulaire de permis pendant une pandémie, les règles suivantes s'appliquent :

1. Les paragraphes (2) à (5) ne s'appliquent pas.

2. Si une vérification de dossier de police conforme au paragraphe (3), (4) ou (5), selon le cas, a été fournie au titulaire de permis, le paragraphe 252 (5), tel qu'il s'applique aux termes du paragraphe (6), s'applique.

3. Si une vérification de dossier de police conforme au paragraphe (3), (4) ou (5), selon le cas, n'a pas été fournie au titulaire de permis :

i. le paragraphe 252 (5), tel qu'il s'applique aux termes du paragraphe (6), ne s'applique pas et la disposition 1 du paragraphe 252 (4), telle qu'elle s'applique aux termes du paragraphe (6), s'applique à l'égard de toute accusation, ordonnance ou condamnation ou de toute autre issue, quel que soit le moment où elle a eu lieu,

ii. le titulaire de permis veille à ce que d'une part, une vérification de dossier de police conforme au paragraphe (3), (4) ou (5), selon le cas, lui soit fournie dans les trois mois qui suivent le moment où la personne devient membre de son conseil d'administration, de son conseil de gestion, de son comité de gestion ou d'une autre structure de gouvernance et, d'autre part les résultats de la vérification du dossier soient conservés conformément aux exigences de l'article 280,

iii. la sous-disposition ii ne s'applique pas à l'égard d'une personne qui n'est plus membre du conseil d'administration, du conseil de gestion, du comité de gestion ou d'une autre structure de gouvernance du titulaire de permis au moment où la vérification de dossier de police aurait été exigée en application de la sous-disposition ii.

(9) Le titulaire de permis d'un foyer de soins de longue durée exige que la personne qui était membre de son conseil d'administration, de son conseil de gestion, de son comité de gestion ou d'une autre structure de gouvernance le jour de l'entrée en vigueur du présent article lui fournisse, dans le mois qui suit l'entrée en vigueur du présent article, une déclaration signée — que le titulaire conserve conformément aux exigences de l'article 280 — dans laquelle la personne divulgue ce qui suit :

1. Tous les éléments suivants qui la concernent et qui ont eu lieu :

   i. chaque accusation à l'égard d'une infraction prescrite en application du paragraphe 255 (1) pour laquelle elle a été accusée,

   ii. chaque ordonnance d'un juge ou d'un juge de paix rendue à son encontre à l'égard d'une infraction prescrite en application du paragraphe 255 (1), notamment un engagement de ne pas troubler l'ordre public, une ordonnance de probation, une ordonnance d'interdiction ou un mandat d'arrêt,

   iii. chaque déclaration de culpabilité à l'égard d'une infraction prescrite en application du paragraphe 255 (1) ou toute autre issue d'une accusation à l'égard d'une telle infraction.

2. Tous les éléments suivants qui la concernent et qui ont eu lieu :

   i. chaque introduction d'une instance qui pourrait donner lieu à une déclaration de culpabilité se rapportant à une faute professionnelle prescrite en application du paragraphe 255 (2),

   ii. chaque déclaration de culpabilité se rapportant à une faute professionnelle prescrite en application du paragraphe 255 (2).

(10) La sous-disposition 2 i du paragraphe (9) ne s'applique pas à l'égard d'une instance qui a pris fin plus de cinq ans avant l'entrée en vigueur du présent article.

(11) La sous-disposition 2 ii du paragraphe (9) ne s'applique pas à l'égard de ce qui suit :

a) la déclaration de culpabilité qui a donné lieu à une suspension si la suspension a pris fin plus de cinq ans avant l'entrée en vigueur du présent article;

b) la déclaration de culpabilité qui n'a pas donné lieu à une suspension si cette déclaration de culpabilité a été prononcée plus de cinq ans avant l'entrée en vigueur du présent article.

(12) Le titulaire de permis d'un foyer de soins de longue durée exige que chaque personne qui était membre de son conseil d'administration, de son conseil de gestion, de son comité de gestion ou d'une autre structure de gouvernance le jour de l'entrée en vigueur du présent article lui fournisse, dans les six mois qui suivent l'entrée en vigueur du présent article, une vérification de dossier de police conforme au paragraphe (3), (4) ou (5), selon le cas. Il conserve les résultats de cette vérification du dossier conformément aux exigences de l'article 281.

(13) Le paragraphe (9) ne s'applique pas à l'égard d'une personne qui, selon le cas :

a) un mois après l'entrée en vigueur du présent article, n'est plus membre du conseil d'administration, du conseil de gestion, du comité de gestion ou d'une autre structure de gouvernance du titulaire de permis;

b) est membre du conseil d'administration, du conseil de gestion, du comité de gestion ou d'une autre structure de gouvernance du titulaire de permis à la suite de son élection en vertu de la *Loi de 1996 sur les élections municipales* et son mandat prend fin le 14 novembre 2022.

(14) Le paragraphe (11) ne s'applique pas à l'égard d'une personne, qui, six mois après l'entrée en vigueur du présent article, n'est plus membre du conseil d'administration, du conseil de gestion, du comité de gestion ou d'une autre structure de gouvernance du titulaire de permis.

(15) En ce qui concerne la personne qui devient membre du conseil d'administration, du conseil de gestion, du comité de gestion ou d'une autre structure de gouvernance du titulaire de permis dans les six mois qui suivent l'entrée en vigueur du présent article :

a) les paragraphes (2) à (5) et le paragraphe (8) ne s'appliquent pas;

b) les paragraphes (12) et (14) s'appliquent, avec les adaptations nécessaires.

FORMATION ET ORIENTATION

Programme de formation et d'orientation

257. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit élaboré et mis en oeuvre à l'égard du foyer un programme de formation et d'orientation en vue d'offrir la formation et l'orientation qu'exigent les articles 82 et 83 de la Loi.

(2) Le titulaire de permis veille à ce que le programme soit évalué et mis à jour au moins une fois par année conformément aux pratiques fondées sur des données probantes et, en l'absence de telles pratiques, conformément aux pratiques couramment admises.

(3) Le titulaire de permis consigne dans un dossier chaque évaluation visée au paragraphe (2), notamment la date de l'évaluation, le nom des personnes qui y ont participé, un résumé des modifications apportées et la date à laquelle ces modifications ont été mises en oeuvre.

Responsable désigné

258. Le titulaire de permis veille à ce qu'un responsable soit désigné à l'égard du programme de formation et d'orientation.

Orientation

259. (1) Pour l'application de la disposition 11 du paragraphe 82 (2) de la Loi, une formation est offerte à l'égard des domaines supplémentaires suivants :

1. Les marches à suivre écrites du titulaire de permis sur la façon de traiter les plaintes et le rôle que peuvent jouer les membres du personnel en l'occurrence.
2. L'utilisation sécuritaire et correcte de l'équipement en lien avec les responsabilités des membres du personnel, notamment le matériel thérapeutique, les appareils de levage, les appareils fonctionnels et les aides au changement de position.
3. Le nettoyage et l'assainissement de l'équipement en lien avec les responsabilités des membres du personnel.

(2) Le titulaire de permis veille à ce que la formation du personnel en matière de prévention et de contrôle des infections exigée en application de la disposition 9 du paragraphe 82 (2) de la Loi comprenne ce qui suit :

a) l'hygiène des mains;

b) les modes de transmission des infections;

c) les signes et symptômes des maladies infectieuses;

d) l'étiquette respiratoire;

e) les mesures à prendre en cas de symptômes de maladie infectieuse;

f) les pratiques de nettoyage et de désinfection;

g) l'utilisation d'équipement de protection individuelle, y compris les techniques appropriées d'enfilage et de retrait;

h) la manipulation et l'élimination des déchets biologiques et cliniques, y compris l'équipement de protection individuelle utilisé.

(3) Le paragraphe 82 (3) de la Loi ne s'applique pas pendant une pandémie et, à la place, la formation qu'exige l'article 82 de la Loi doit être offerte :

a) au plus tard une semaine après que la personne commence à assumer ses responsabilités, dans le cas des domaines mentionnés aux dispositions 1, 3, 4, 7, 8 et 9 du paragraphe 82 (2) de la Loi;

b) au plus tard trois mois après que la personne commence à assumer ses responsabilités, dans le cas des autres domaines énoncés au paragraphe 82 (2) de la Loi.

Recyclage

260. (1) Des intervalles annuels sont prévus pour l'application du paragraphe 82 (4) de la Loi.

(2) Malgré le paragraphe (1), nul n'est tenu de se recycler dans un domaine visé à la disposition 2 ou 10 du paragraphe 82 (2) de la Loi si le domaine qui relève de ses responsabilités n'a subi aucune modification depuis sa dernière formation ou son dernier recyclage.

(3) Pour l'application du paragraphe 82 (6) de la Loi :

a) les évaluations qu'exige la disposition 1 de ce paragraphe sont effectuées au moins une fois par année;

b) les autres besoins en matière de formation relevés lors des évaluations sont comblés de la manière que le titulaire de permis estime appropriée.

(4) Le jour de l'entrée en vigueur du présent article, les membres du personnel qui ont reçu leur formation ou suivi un recyclage aux moments ou aux intervalles prévus dans l'ancienne loi et ses règlements sont réputés avoir reçu la formation ou suivi le recyclage visé aux paragraphes 82 (2) et (4) de la Loi.

(5) Les membres du personnel qui sont réputés avoir reçu leur formation ou suivi un recyclage en application du paragraphe (4) sont tenus de se recycler subséquemment en application du paragraphe 82 (4) de la Loi aux moments ou aux intervalles où cette formation aurait été exigée en vertu de l'ancienne loi et de ses règlements.

Formation complémentaire — personnel chargé des soins directs

261. (1) Pour l'application de la disposition 6 du paragraphe 82 (7) de la Loi, une formation est offerte à tout le personnel qui fournit des soins directs aux résidents à l'égard des autres domaines suivants :

1. La prévention et la gestion des chutes.
2. Les soins de la peau et des plaies.
3. La facilitation des selles et les soins de l'incontinence.
4. La gestion de la douleur, notamment le dépistage de symptômes spécifiques et non spécifiques.
5. Dans le cas du personnel qui applique des appareils mécaniques ou qui surveille des résidents maîtrisés par de tels appareils, l'application, l'utilisation et les dangers éventuels de ces appareils.
6. Dans le cas du personnel qui applique des appareils d'aide personnelle ou qui surveille des résidents qui utilisent de tels appareils, l'application, l'utilisation et les dangers éventuels de ces appareils.

(2) Le titulaire de permis veille à ce que tout le personnel qui fournit des soins directs aux résidents reçoive la formation prévue au paragraphe 82 (7) de la Loi compte tenu de ce qui suit :

1. Sous réserve de la disposition 2, le personnel doit recevoir chaque année une formation dans tous les domaines qu'exige le paragraphe 82 (7) de la Loi.
2. Si le titulaire de permis évalue les besoins particuliers d'un membre du personnel en matière de formation, ce membre n'est tenu que de recevoir une formation qui tient compte de ces besoins.

(3) Le titulaire de permis veille à ce que la formation qu'exige la disposition 2 du paragraphe 82 (7) de la Loi comprenne les techniques et les méthodes liées aux comportements réactifs.

(4) Le titulaire de permis veille à ce que la formation qu'exige la disposition 4 du paragraphe 82 (7) de la Loi comprenne une formation sur l'application, l'utilisation et les dangers éventuels des appareils mécaniques utilisés pour maîtriser les résidents et des appareils d'aide personnelle.

(5) Le titulaire de permis veille à ce que la formation qu'exige la disposition 5 du paragraphe 82 (7) de la Loi comprenne la formation à l'égard de tous les domaines exigés en application de l'article 61 du présent règlement.

(6) Le jour de l'entrée en vigueur du présent article, le personnel chargé des soins directs qui a reçu sa formation aux moments ou aux intervalles prévus dans l'ancienne loi et ses règlements est réputé avoir reçu la formation visée au paragraphe 82 (7) de la Loi.

(7) Le personnel chargé des soins directs qui est réputé avoir reçu une formation en application du paragraphe (6) est tenu de recevoir la formation subséquente visée au paragraphe 82 (7) de la Loi aux moments ou aux intervalles qui auraient été exigés en application de l'ancienne loi et de ses règlements.

Exceptions : formation

262. (1) Sous réserve du paragraphe (2), le titulaire de permis d'un foyer de soins de longue durée est soustrait aux exigences de l'article 82 de la Loi à l'égard des personnes qui, à la fois :

a) sont visées à l'alinéa b) ou c) de la définition de «personnel» au paragraphe 2 (1) de la Loi;

b) ne fourniront des services d'entretien ou de réparation au foyer qu'occasionnellement;

c) ne fourniront pas de soins directs aux résidents.

(2) Le titulaire de permis veille à ce que les personnes visées aux alinéas (1) a) à c) reçoivent des renseignements sur les éléments mentionnés aux dispositions 1, 3, 4, 5, 7, 8 et 9 du paragraphe 82 (2) de la Loi avant de fournir leurs services.

(3) Le titulaire de permis n'est tenu de se conformer aux exigences en matière de formation visées au paragraphe 82 (7) de la Loi que six mois après l'entrée en vigueur du présent article en ce qui concerne les personnes suivantes :

1. Les directeurs médicaux.
2. Les médecins ou les infirmières autorisées ou les infirmiers autorisés de la catégorie supérieure dont les services ont été retenus ou qui ont été nommés en vertu du paragraphe 88 (2) ou (3).

Orientation à l'intention des bénévoles

263. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que chaque bénévole reçoive l'orientation prévue à l'article 83 de la Loi.

(2) Pour l'application de l'alinéa 83 f) de la Loi, des renseignements sont fournis sur les autres domaines suivants :

1. La sécurité des résidents, notamment le signalement des incidents, des accidents et des disparitions de résidents, ainsi que la sécurité des fauteuils roulants.
2. Les mesures d'urgence et le plan d'évacuation.
3. La prévention et le contrôle des infections, y compris ce qui est énoncé au paragraphe 259 (2).
4. L'accompagnement des résidents.
5. L'aide aux repas, si cela fait partie des tâches du bénévole.
6. Les techniques de communication qui permettent de répondre aux besoins des résidents.
7. Les techniques et les méthodes qui permettent de répondre aux besoins des résidents affichant des comportements réactifs.

RENSEIGNEMENTS

Renseignements à l'intention des résidents

264. (1) La définition qui suit s'applique dans le cadre de l'alinéa 84 (2) n) de la Loi.

«lien de dépendance» Lien existant entre deux parties qui effectuent une opération avec lien de dépendance au sens du paragraphe 314 (1).

(2) Pour l'application de l'alinéa 84 (2) r) de la Loi, le titulaire de permis d'un foyer de soins de longue durée veille à ce que la trousse de renseignements prévue à l'article 84 de la Loi comprenne des renseignements sur les éléments suivants :

1. Le pouvoir qu'a le résident, en vertu du paragraphe 88 (2) du présent règlement, de retenir les services soit d'un médecin, soit d'une infirmière autorisée ou d'un infirmier autorisé de la catégorie supérieure pour fournir les services exigés aux termes du paragraphe 88 (1).
2. L'obligation qu'a le résident de payer les frais exigés pour l'hébergement avec services de base comme le prévoit le paragraphe 94 (3) de la Loi.
3. L'obligation qu'a le résident de payer les frais exigés pour l'hébergement pendant une absence médicale, psychiatrique ou occasionnelle ou pendant une absence pour vacances comme le prévoit l'article 308 du présent règlement.
4. La façon de demander au directeur une réduction des frais exigés pour l'hébergement avec services de base et les pièces justificatives qui peuvent être exigées, notamment l'un ou l'autre des documents suivants :
    i. l'avis de cotisation du résident qui lui a été délivré en application de la *Loi de l'impôt sur le revenu* (Canada) à l'égard de sa plus récente année d'imposition,
    ii. la preuve de revenu (imprimé de l'option «C») fournie au résident par l'Agence du revenu du Canada à l'égard de sa plus récente année d'imposition,
    iii. l'autorisation écrite du résident relativement à la communication, par l'Agence du revenu du Canada, par voie électronique, de renseignements sur son revenu à l'égard de sa plus récente année d'imposition.
5. Une liste des frais qu'il est interdit au titulaire de permis d'exiger d'un résident en application du paragraphe 94 (1) de la Loi.
6. Une liste des biens et services autorisés en vertu de la disposition 3 du paragraphe 94 (1) de la Loi qu'un résident peut acheter auprès du titulaire de permis et les frais exigés au titre de ces biens et services.
7. Le pouvoir qu'a le résident, en vertu de l'article 286 du présent règlement, de faire déposer des fonds dans un compte en fiducie.

8. Le numéro de téléphone sans frais du ministère à composer pour porter plainte au sujet des foyers et ses heures de service.

9. La version en vigueur de la politique concernant les visiteurs élaborée en vertu de l'article 267 du présent règlement.

(3) Le titulaire de permis est soustrait à l'application du paragraphe 84 (1) de la Loi à l'égard d'un résident qui, selon le cas :

a) est réinstallé dans un autre foyer de soins de longue durée qu'exploite le même titulaire de permis, auquel cas l'article 240 du présent règlement s'applique;

b) est transféré à un foyer de soins de longue durée temporaire lié, à un foyer de soins de longue durée réouvert ou à un foyer de soins de longue durée de remplacement qu'exploite le même titulaire de permis.

Affichage des renseignements

265. (1) Pour l'application de l'alinéa 85 (3) s) de la Loi, le titulaire de permis d'un foyer de soins de longue durée veille à ce que les renseignements qui doivent être affichés dans le foyer et communiqués aux résidents en application de l'article 85 de la Loi comprennent les éléments suivants :

1. Le principe fondamental énoncé à l'article 1 de la Loi.

2. Le permis ou l'approbation du foyer, y compris les conditions auxquelles est assujetti le permis ou l'approbation ou les modifications apportées, sauf les conditions imposées en application des règlements ou celles visées au paragraphe 104 (3) de la Loi.

3. Le dernier rapport de rapprochement vérifié prévu à l'alinéa 288 (1) a) du présent règlement.

4. Le numéro de téléphone sans frais du ministère à composer pour porter plainte au sujet des foyers et ses heures de service.

5. Outre l'explication qu'exige l'alinéa 85 (3) d) de la Loi, le nom et les coordonnées du directeur à qui le rapport obligatoire doit être fait en application de l'article 28 de la Loi.

6. Tout avis de consultation publique que le directeur lui fournit et qui, selon le directeur, doit être affiché dans le foyer.

7. L'adresse municipale du foyer de soins de longue durée.

8. Le nombre approximatif de lits autorisés au foyer.

9. Les coordonnées directes, y compris un numéro de téléphone et une adresse électronique qui sont régulièrement surveillés pour les personnes suivantes :

   i. l'administrateur du foyer,

   ii. le directeur des soins infirmiers et des soins personnels.

10. La version en vigueur de la politique concernant les visiteurs prise en vertu de l'article 267.

11. Tout avis de pénalité administrative délivré à l'encontre du titulaire de permis en vertu de l'article 158 de la Loi.

(2) Le titulaire de permis veille à ce que les renseignements visés aux alinéas 85 (3) a), e), f), i), j) et k) de la Loi, de même que le principe fondamental énoncé à l'article 1 de la Loi et le numéro de téléphone visé à la disposition 4 du paragraphe (1), soient affichés en caractères imprimés avec une taille de police d'au moins 16.

(3) Le titulaire de permis veille à ce que les renseignements visés aux dispositions 7, 8 et 9 du paragraphe (1) soient affichés à chaque étage du foyer.

(4) Le titulaire de permis veille à ce que le principe fondamental énoncé à l'article 1 de la Loi et la déclaration des droits des résidents soient affichés en français et en anglais.

(5) Si un foyer est situé dans une zone qui n'a pas accès à un centre d'appels 9-1-1, le titulaire de permis veille à ce que les coordonnées et les numéros de téléphone des services d'urgence locaux, y compris les services de police, d'incendie et d'ambulance, soient affichés à un endroit bien en vue et facile d'accès à chaque étage du foyer.

DOCUMENTS RÉGLEMENTÉS

Documents réglementés

266. (1) Pour l'application de l'article 86 de la Loi, les documents suivants sont des documents réglementés :

1. Toute entente conclue entre le titulaire de permis et un résident ou une personne autorisée à conclure une telle entente pour le compte du résident à l'égard des frais visés au paragraphe 94 (1) de la Loi.

2. Tout document contenant un consentement ou une directive donné à l'égard d'un «traitement» au sens de la *Loi de 1996 sur le consentement aux soins de santé*, y compris un document contenant un consentement ou une directive donné à l'égard d'une «série de traitements» ou d'un «plan de traitement» au sens de cette loi.

(2) Le titulaire de permis qui présente pour signature un document auquel s'applique le paragraphe (1) veille à ce que chaque signataire reçoive une copie du document signé.

(3) Sous réserve du paragraphe (4), l'entente ayant trait à l'hébergement avec services de base ou à l'hébergement avec services privilégiés doit être distincte de toute autre entente et ne comprendre que des dispositions ayant trait à ce qui suit :

1. Le montant des frais, sous réserve de toute réduction approuvée par le directeur, et l'obligation financière qu'a le résident de payer les frais en question.
2. L'obligation qu'a le titulaire de permis de fournir les biens et services compris dans l'hébergement avec services de base ou l'hébergement avec services privilégiés.
3. L'obligation qu'a le titulaire de permis, prévue au paragraphe 309 (1), de donner au résident un préavis écrit d'au moins 30 jours de toute augmentation des frais exigés pour l'hébergement.
4. Le cas échéant, les frais d'intérêt raisonnables pour les paiements en défaut, incomplets ou tardifs, y compris un énoncé selon lequel si le titulaire de permis décide d'exiger de tels frais, il lui est interdit d'en exiger d'un résident qui a demandé une réduction du taux en application de l'article 303 avant que le directeur ait approuvé le montant maximal pouvant être exigé pour l'hébergement en application de cet article.
5. L'obligation qu'a le titulaire de permis de fournir le relevé mensuel indiqué à l'article 311.

(4) Le paragraphe (3) n'exclut pas une disposition portant résiliation de l'entente ayant trait à l'hébergement avec services de base ou à l'hébergement avec services privilégiés.

(5) L'entente visée à la disposition 3 du paragraphe 94 (1) de la Loi à l'égard des frais exigés pour quoi que ce soit d'autre que l'hébergement doit comprendre des dispositions ayant trait à ce qui suit, mais peut également en comprendre d'autres :

1. Une description de tous les biens et services auxquels s'applique l'entente, notamment la quantité de ces biens et services, le cas échéant.
2. L'obligation qu'a le titulaire de permis de fournir les biens et services.
3. Les frais exigés pour les biens et services et l'obligation financière qu'a le résident de les payer.
4. L'interdiction pour le titulaire de permis d'exiger des droits pour des biens et services qui n'ont pas été fournis au résident.
5. L'obligation d'aviser par écrit le résident ou la personne autorisée à conclure l'entente pour son compte de toute augmentation des frais exigés pour les biens et services, et ce au moins 30 jours avant que le titulaire de permis exige le montant supérieur.
6. La résiliation de l'entente, notamment :
    i. le fait que le résident peut résilier l'entente sans pénalité si les biens et services ne lui ont pas été fournis,
    ii. le fait que le résident peut résilier l'entente en tout temps sans préavis donné au titulaire de permis,
    iii. le fait que le titulaire de permis peut résilier l'entente sur préavis écrit d'au moins 30 jours donné au résident.

(6) Tout document renfermant un consentement ou une directive donné à l'égard d'un «traitement» au sens de la *Loi de 1996 sur le consentement aux soins de santé*, y compris à l'égard d'une «série de traitements» ou d'un «plan de traitement» au sens de cette loi, doit répondre aux critères suivants :

a) satisfaire aux exigences prévues par cette loi, notamment l'exigence visée à celle-ci portant que le consentement au traitement doit être éclairé;

b) ne renfermer aucune disposition portant sur les frais visés au paragraphe 94 (1) de la Loi ou sur d'autres questions financières;

c) renfermer une déclaration indiquant que le consentement peut être retiré ou révoqué en tout temps;

d) reproduire le texte de l'article 89 de la Loi.

POLITIQUE CONCERNANT LES VISITEURS

Politique concernant les visiteurs

267. (1) Le titulaire de permis d'un foyer de soins de longue durée élabore et met en oeuvre une politique écrite concernant les visiteurs. Cette politique satisfait au moins aux critères suivants :

a) elle comprend le processus d'accès des visiteurs dans les situations de non-éclosion et d'éclosion d'une maladie transmissible ou d'une maladie importante sur le plan de la santé publique, d'une épidémie ou d'une pandémie;

b) elle comprend le processus de consignation et de conservation d'un dossier écrit de ce qui suit :

(i) la désignation d'un fournisseur de soins;

(ii) l'autorisation d'un parent ou d'un tuteur légal permettant aux personnes âgées de moins de 16 ans d'être désignées comme fournisseurs de soins, le cas échéant;

c) elle est conforme à toute loi applicable, y compris les directives, ordres, orientations, conseils ou recommandations applicables qu'a formulés le médecin-hygiéniste en chef ou le médecin-hygiéniste nommé en vertu de la *Loi sur la protection et la promotion de la santé*;

d) elle veille à ce que les visiteurs essentiels continuent d'avoir accès au foyer de soins de longue durée lors de l'éclosion d'une maladie transmissible ou d'une maladie importante sur le plan de la santé publique, d'une épidémie ou d'une pandémie, sous réserve de toute loi applicable.

(2) Le titulaire de permis d'un foyer de soins de longue durée tient un registre des visiteurs pendant une période minimale de 30 jours qui comprend au moins :

a) le nom et les coordonnées du visiteur;

b) l'heure et la date de la visite;

c) le nom du résident qui a reçu la visite.

(3) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que la version en vigueur de la politique concernant les visiteurs soit communiquée au conseil des résidents et au conseil des familles, s'il y en a un.

(4) La définition qui suit s'applique au présent article.

«visiteur essentiel» S'entend des personnes suivantes :

a) un fournisseur de soins,

b) un préposé aux services de soutien personnel qui se rend dans un foyer pour fournir un soutien aux activités essentielles du foyer ou pour fournir des services essentiels aux résidents,

c) une personne qui rend visite à un résident très malade pour des motifs de compassion, notamment pour des services de soins palliatifs ou des soins en fin de vie,

d) un inspecteur du gouvernement qui a le droit légal de pénétrer dans un foyer de soins de longue durée pour exercer ses fonctions.

PLANS DE MESURES D'URGENCE

Plans de mesures d'urgence

268. (1) Le présent article s'applique aux plans de mesures d'urgence exigés au paragraphe 90 (1) de la Loi.

(2) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les plans de mesures d'urgence du foyer soient consignés dans un dossier.

(3) Lorsqu'il élabore et met à jour les plans, le titulaire de permis fait ce qui suit :

a) il consulte les entités pouvant participer à la prestation de services d'urgence ou qui peuvent fournir de tels services dans la zone où est situé le foyer, notamment les organismes communautaires, les fournisseurs de services de santé au sens de la *Loi de 2019 pour des soins interconnectés*, les installations associées et les organismes ressources associés compétents qui seront appelés pour faire face à la situation d'urgence et il tient un dossier de la consultation;

b) il veille à ce que les risques et dangers susceptibles de donner lieu à une situation d'urgence ayant une incidence sur le foyer soient établis et évalués, que ces risques et dangers surviennent au foyer lui-même, dans les environs ou dans la collectivité avoisinante;

c) il consulte le conseil des résidents et le conseil des familles, s'il y en a un.

(4) Le titulaire de permis veille à ce que les plans de mesures d'urgence prévoient ce qui suit :

1. La façon de faire face aux situations d'urgence, notamment :

i. les éclosions d'une maladie transmissible ou d'une maladie importante sur le plan de la santé publique, les épidémies et les pandémies,

ii. les incendies,

iii. les sinistres survenant dans la collectivité,

iv. les éruptions de violence,

v. les alertes à la bombe,

vi. les urgences médicales,

vii. les déversements de produits chimiques,

viii. les disparitions de résidents,

ix. la perte d'un ou de plusieurs services essentiels,

x. les fuites de gaz,

xi. les désastres naturels et les phénomènes météorologiques extrêmes,

xii. les avis d'ébullition de l'eau,

xiii. les inondations.

2. Les plans d'évacuation du foyer, y compris, au moins :

i. un système en place au foyer pour savoir où se trouvent tous les résidents s'il s'avère nécessaire de les évacuer et de les réinstaller ailleurs et d'évacuer le personnel et d'autres personnes en raison d'une situation d'urgence,

ii. l'identification d'un lieu d'évacuation sécuritaire à l'égard duquel le titulaire de permis a conclu à l'avance une entente selon laquelle les résidents, le personnel, les étudiants, les bénévoles et d'autres personnes peuvent y être évacués,

iii. un plan de transport pour transporter les résidents, le personnel, les étudiants, les bénévoles et d'autres personnes vers le lieu d'évacuation,

iv. un plan de transport des médicaments essentiels, des fournitures et de l'équipement pendant une évacuation vers le lieu de l'évacuation afin d'assurer la sécurité des résidents.

3. La mise en réserve et la disponibilité au foyer des ressources, des fournitures, de l'équipement de protection individuelle et du matériel nécessaires pour faire face à une situation d'urgence, notamment les produits destinés à l'hygiène des mains et les produits de nettoyage, ainsi qu'un processus pour veiller à ce que les ressources, les fournitures, l'équipement de protection individuelle et l'équipement nécessaires ne soient pas périmés.

4. Le recensement des entités pouvant participer à la prestation de services d'urgence ou qui peuvent fournir de tels services dans la zone où est situé le foyer, notamment les organismes communautaires, les fournisseurs de services de santé au sens de la *Loi de 2019 pour des soins interconnectés*, les installations associées et les organismes ressources associés compétents qui seront appelés pour faire face à la situation d'urgence et les coordonnées actuelles de chaque entité;

5. La description des rôles et responsabilités des entités visées à la disposition 4 et un plan de consultation de ces entités quant à leur participation.

6. Un plan relatif à la fourniture d'aliments et de liquides en cas d'urgence.

7. Un plan pour veiller à ce que, dans une situation d'urgence, tous les résidents aient accès en temps opportun à tous les médicaments qui leur ont été prescrits.

(5) Le titulaire de permis veille à ce que les plans de mesures d'urgence traitent des questions suivantes :

1. L'activation des plans, notamment l'identification de la personne ou de l'entité qui déclare l'existence d'une situation d'urgence au foyer et la fin de la situation d'urgence, comme ont convenu les entités que le titulaire de permis a consultées en application de l'alinéa (3) a).

2. La filière hiérarchique.

3. Le plan de communication.

4. Les rôles et responsabilités particuliers du personnel.

(6) Le titulaire de permis veille à ce que le plan de communication visé à la disposition 3 du paragraphe (5) comprenne un processus permettant au titulaire de permis d'assurer une communication fréquente et continue avec les résidents, les mandataires spéciaux, le cas échéant, le personnel, les bénévoles, les étudiants, les fournisseurs de soins, le conseil des résidents et le conseil de la famille, le cas échéant, sur la situation d'urgence au foyer, y compris au début de la situation d'urgence, au moment où se produit un changement important de statut pendant la situation d'urgence et à la fin de cette situation.

(7) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que, en plus de mettre la version en vigueur des plans de mesures d'urgence figurant dans les dossiers sur son site Web, des copies physiques de ces plans soient disponibles sur demande.

(8) Le titulaire de permis veille à ce que les plans de mesures d'urgence du foyer soient évalués et mis à jour comme suit :

a) au moins une fois par année, notamment la mise à jour de toutes les coordonnées des entités visées à la disposition 4 du paragraphe 268 (4) à contacter en cas d'urgence;

b) dans les 30 jours qui suivent la fin officielle de la situation d'urgence, après chaque activation d'un plan de mesures d'urgence.

(9) Lorsqu'il évalue et met à jour le plan en application du paragraphe (8), le titulaire de permis veille à ce que les entités qui participent à l'intervention dans la situation d'urgence aient l'occasion de faire une rétroaction.

(10) Le titulaire de permis prend les mesures suivantes :

a) il met à l'épreuve, chaque année, les plans de mesures d'urgence ayant trait à la perte de services essentiels, aux incendies, aux disparitions de résidents, aux urgences médicales, aux éruptions de violence, aux fuites de gaz, aux désastres naturels, aux phénomènes météorologiques extrêmes, aux avis d'ébullition de l'eau, aux éclosions de maladies transmissibles ou de maladies importantes sur le plan de la santé publique, aux épidémies, aux pandémies et aux inondations, y compris les arrangements conclus avec les entités pouvant participer à la prestation de services d'urgence ou qui fournissent de tels services dans la zone où est situé le foyer, notamment les organismes communautaires, les fournisseurs de services de santé au sens de la *Loi de 2019 pour des soins interconnectés*, les installations associées et les organismes ressources associés compétents qui seront appelés à intervenir dans les situations d'urgence;

b) il met à l'épreuve tous les autres plans de mesures d'urgence au moins tous les trois ans, notamment les arrangements conclus avec les entités pouvant participer à la prestation de services d'urgence ou qui fournissent de tels services dans la zone où est situé le foyer, notamment les organismes communautaires, les fournisseurs de services de santé au sens de la *Loi de 2019 pour des soins interconnectés*, les installations associées et les organismes ressources associés compétents qui seront appelés à intervenir dans les situations d'urgence;

c) il procède à une évacuation planifiée au moins tous les trois ans;

d) il consigne dans un dossier les mises à l'épreuve des plans de mesures d'urgence et l'évacuation planifiée ainsi que les modifications apportées aux plans pour les améliorer.

(11) Les dispositions du code de prévention des incendies pris en vertu de la *Loi de 1997 sur la prévention et la protection contre l'incendie* l'emportent sur les dispositions incompatibles du plan de mesures d'urgence.

(12) Le titulaire de permis tient à jour tous les arrangements conclus avec les entités pouvant participer à la prestation de services d'urgence ou qui fournissent de tels services dans la zone où est situé le foyer, notamment les organismes communautaires, les fournisseurs de services de santé au sens de la *Loi de 2019 pour des soins interconnectés*, les installations associées et les organismes ressources associés qui seront appelés à intervenir dans les situations d'urgence.

(13) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les plans de mesures d'urgence traitent des activités de rétablissement après une situation d'urgence, notamment :

a) en exigeant que les résidents, leurs mandataires spéciaux, le cas échéant, le personnel, les bénévoles et les étudiants reçoivent un compte rendu après la situation d'urgence,

b) en établissant la façon de reprendre les activités normales au foyer;

c) en établissant la façon d'aider les personnes au foyer qui ont été en situation de détresse pendant la situation d'urgence.

(14) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le personnel, les bénévoles et les étudiants reçoivent une formation sur les plans de mesures d'urgence :

a) avant d'assumer leurs responsabilités;

b) au moins une fois par année par la suite.

(15) La définition qui suit s'applique au présent article.

«situation d'urgence» Situation ou condition urgente ou pressante qui présente une menace imminente pour la santé ou le bien-être des résidents et des autres personnes se trouvant au foyer et qui nécessite la prise de mesures immédiates pour assurer la sécurité des personnes au foyer.

(16) Si, immédiatement avant l'entrée en vigueur du présent article, un plan de mesures d'urgence était en place pour un foyer de soins de longue durée qui était conforme à l'article 87 de l'ancienne loi, ce plan est prorogé à titre de plan de mesures d'urgence et n'est réputé satisfaire aux exigences en matière de plan de mesures d'urgence prévues à l'article 90 de la Loi que trois mois après le jour de l'entrée en vigueur du présent article.

Plans de mesures d'urgence : exigences supplémentaires

269. (1) Outre les exigences énoncées à l'article 268, le titulaire de permis d'un foyer de soins de longue durée veille à ce que le plan de mesures d'urgence lié aux éclosions d'une maladie transmissible ou d'une maladie importante sur le plan de la santé publique, aux épidémies ou aux pandémies, à la fois :

a) désigne une aire du foyer à utiliser pour isoler, au besoin, les résidents;

b) comprenne un processus visant à diviser, au besoin, le personnel et les résidents en cohortes;

c) comprenne des plans de mesures d'urgence en matière de dotation en personnel durant une situation d'urgence à l'égard de tous les programmes exigés en application de la Loi et du présent règlement;

d) comprenne des politiques applicables à la gestion du personnel pouvant avoir été exposé à une maladie infectieuse;

e) comprenne un processus applicable à la gestion des résidents et du personnel symptomatiques;

f) comprenne un processus relatif à une équipe de lutte contre les flambées épidémiques, identifie les membres de cette équipe et énonce leurs rôles et responsabilités.

(2) Le titulaire de permis veille à ce que le médecin-hygiéniste local nommé en vertu de la *Loi sur la protection et la promotion de la santé* ou la personne qu'il désigne soit invité à participer à l'élaboration, à la mise à jour, à la mise à l'épreuve, à l'évaluation et à l'examen de tout plan de mesures d'urgence lié à une affaire importante sur le plan de la santé publique.

(3) Le titulaire de permis veille à ce que le responsable du programme de prévention et de contrôle des infections désigné en vertu du paragraphe 102 (5) participe à l'élaboration, à la mise à jour, à la mise à l'épreuve, à l'évaluation et à l'examen des plans de mesures d'urgence liés aux éclosions d'une maladie transmissible ou d'une maladie importante sur le plan de la santé publique, aux épidémies et aux pandémies.

(4) Le titulaire de permis n'est tenu de se conformer au présent article que trois mois après l'entrée en vigueur du présent article.

Attestation

270. (1) Le titulaire de permis d'un foyer de soins de longue durée rédige une attestation comme l'exige l'article 90 de la Loi dans la forme qu'a approuvée le ministre, laquelle comprend les éléments suivants :

a) la dénomination sociale du titulaire de permis;

b) le nom du foyer;

c) la date de l'attestation;

d) les nom et prénom de l'auteur de l'attestation;

e) une déclaration attestant que les exigences prévues à l'article 90 de la Loi et aux articles 268 et 269 du présent règlement ont été respectées;

f) une déclaration attestant que tous les renseignements et toutes les réponses fournis dans l'attestation sont complets, véridiques et exacts;

g) une déclaration attestant que le titulaire de permis comprend que toute fausse déclaration, falsification ou omission de tout fait important dans l'attestation peut entraîner la nullité de l'attestation.

(2) L'attestation doit être remplie par l'administrateur du foyer.

(3) Le titulaire de permis veille à ce que l'attestation soit présentée une fois par année au directeur.

(4) Le titulaire de permis n'est tenu de se conformer au présent article que trois mois après l'entrée en vigueur du présent article.

Site Web

271. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce qu'il y ait un site Web accessible au public qui comprend au moins les renseignements suivants :

a) l'adresse municipale du foyer de soins de longue durée;

b) le nombre approximatif de lits autorisés au foyer;

c) les coordonnées directes, y compris un numéro de téléphone et une adresse électronique qui sont régulièrement surveillés pour les personnes suivantes :

(i) le titulaire de permis ou un cadre dirigeant du titulaire de permis, ou dans le cas d'un foyer municipal, d'un foyer commun ou d'un foyer des Premières Nations approuvé aux termes de la partie IX de la Loi, une personne qui fait partie du comité de gestion,

(ii) l'administrateur du foyer,

(iii) le directeur des soins infirmiers et des soins personnels,

(iv) tous les responsables désignés du programme de prévention et de contrôle des infections à l'égard du foyer;

d) le numéro de téléphone sans frais du ministère à composer pour porter plainte au sujet des foyers;

e) le rapport en vigueur exigé au paragraphe 168 (1);

f) la version en vigueur des plans de mesures d'urgence à l'égard du foyer, comme le prévoit l'article 268;

g) la version en vigueur de la politique concernant les visiteurs prise en vertu de l'article 267,

h) une divulgation claire, compréhensible et bien en évidence, sur la page d'accueil du site Web, selon laquelle les chambres à coucher des résidents du foyer de soins de longue durée ne sont pas dotées de la climatisation, le cas échéant.

(2) Le titulaire de permis n'est pas tenu d'avoir un site Web accessible au public si le foyer se trouve dans un endroit de la province où le service Internet n'est ni uniforme ni fiable.

(3) Le titulaire de permis n'est tenu de se conformer au paragraphe (1) que trois mois après l'entrée en vigueur du présent article.

Médecin-hygiéniste en chef et médecin-hygiéniste

272. Le titulaire de permis d'un foyer de soins de longue durée veille à assurer le respect de tous les ordres, ou conseils et toutes les directives, orientations ou recommandations applicables que formule le médecin-hygiéniste en chef ou le médecin-hygiéniste nommé en vertu de la *Loi sur la protection et la promotion de la santé*.

Équipement de communications

273. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le foyer ait accès à un équipement de communications fiable, notamment pour obtenir de l'aide d'urgence, en tout temps, y compris en cas de panne d'électricité.

DOSSIERS

Dossiers des résidents

274. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que :

a) un dossier écrit soit dressé et tenu à l'égard de chaque résident du foyer;

b) ce dossier écrit soit tenu à jour en tout temps.

Dossiers des résidents actuels

275. Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les dossiers des résidents du foyer soient conservés au foyer.

Conservation des dossiers des résidents

276. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à conserver le dossier de chaque ancien résident du foyer pendant au moins 10 ans après la mise en congé du résident du foyer.

(2) Le dossier conservé en application du paragraphe (1) doit être conservé au foyer pendant au moins la première année après la mise en congé du résident du foyer.

Dossiers relatifs aux résidents : révocation du permis

277. Si le directeur donne un ordre révoquant un permis en vertu de l'article 159 de la Loi, le titulaire de permis lui remet, ou remet à la personne que le directeur désigne, à la date que précise le directeur, tous les dossiers qu'il a en sa possession ou sous son contrôle et qui se rapportent aux résidents du foyer de soins de longue durée, y compris tous les dossiers que l'article 276 exige de conserver.

Dossiers du personnel

278. (1) Sous réserve des paragraphes (2) et (3), le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit tenu, à l'égard de chaque membre du personnel du foyer, un dossier qui comprend au moins les éléments suivants à l'égard du membre du personnel :

1. Ses qualifications, ses antécédents professionnels et toute autre expérience pertinente.
2. Le cas échéant, une vérification de son certificat d'inscription en vigueur auprès de l'ordre de la profession de la santé réglementée dont il est membre ou une vérification de son inscription en vigueur auprès de l'organisme réglementaire régissant sa profession.
3. Le cas échéant, les résultats de la vérification de son dossier de police visée au paragraphe 81 (2) de la Loi.
4. Si le paragraphe 81 (4) de la Loi s'appliquait à l'égard d'un membre du personnel, un dossier indiquant que ce membre n'a pas été déclaré coupable d'une infraction prescrite en application du paragraphe 255 (1) du présent règlement ou d'une faute professionnelle prescrite en application du paragraphe 255 (2).
5. Le cas échéant, ses déclarations visées au paragraphe 252 (4) et à l'article 253.

(2) Le titulaire de permis n'est pas tenu de tenir le dossier prévu au paragraphe (1) à l'égard du membre du personnel qui est visé par l'alinéa b) ou c) de la définition de «personnel» au paragraphe 2 (1) de la Loi et qui, à la fois :

a) ne fournira des services d'entretien ou de réparation au foyer qu'occasionnellement;

b) ne fournira pas de soins directs aux résidents.

(3) S'il obtient d'un membre du personnel les renseignements visés aux dispositions 3, 4 et 5 du paragraphe (1), le titulaire de permis tient un dossier de ces renseignements à l'égard du membre.

(4) Le titulaire de permis n'est tenu que de veiller à ce que le dossier prévu au paragraphe (1) comprenne les éléments visés aux dispositions 2, 3, 4 et 5 de ce paragraphe à l'égard du membre du personnel qui est visé par l'alinéa c) de la définition de «personnel» au paragraphe 2 (1) de la Loi et qui, selon le cas :

a) fournira des soins directs aux résidents;

b) n'est pas visé aux alinéas 2 a) et b) du présent article.

Dossiers : bénévoles

279. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit conservé, à l'égard de chaque bénévole, un dossier qui comprend au moins les éléments suivants à l'égard du bénévole :

1. Le cas échéant, les résultats de la vérification de son dossier de police visée au paragraphe 81 (2) de la Loi.
2. Si le paragraphe 81 (4) de la Loi s'appliquait à l'égard d'un bénévole, un dossier indiquant que le bénévole n'a pas été déclaré coupable d'une infraction prescrite en application du paragraphe 255 (1) ou d'une faute professionnelle prescrite en application du paragraphe 255 (2).
3. Le cas échéant, ses déclarations visées au paragraphe 252 (4) et à l'article 253.

(2) S'il obtient d'un bénévole les renseignements visés aux dispositions 1, 2 et 3 du paragraphe (1), le titulaire de permis tient un dossier de ces renseignements à l'égard du bénévole.

Dossiers : directeurs, personnel de gestion

280. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que soit tenu, à l'égard de chaque membre de son conseil d'administration, de son conseil de gestion, de son comité de gestion ou d'une autre structure de gouvernance, un dossier qui comprend au moins les éléments suivants à l'égard du membre :

1. Le cas échéant, les résultats de la vérification de son dossier de police visée au paragraphe 256 (2) de la Loi.
2. Si le paragraphe 81 (4) de la Loi s'appliquait à l'égard du membre, un dossier indiquant que le membre n'a pas été déclaré coupable d'une infraction prescrite en application du paragraphe 255 (1) ou d'une faute professionnelle prescrite en application du paragraphe 255 (2).
3. Le cas échéant, ses déclarations visées au paragraphe 252 (4) et à l'article 253.

(2) S'il obtient d'un membre les renseignements visés aux dispositions 1, 2 et 3 du paragraphe (1), le titulaire de permis tient un dossier de ces renseignements à l'égard du membre.

Lieu de conservation des dossiers

281. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que les dossiers suivants soient conservés au foyer :

1. Les dossiers des membres du personnel actuels.
2. Les dossiers des bénévoles actuels.
3. Les dossiers des membres actuels de son conseil d'administration, de son conseil de gestion, de son comité de gestion ou d'une autre structure de gouvernance.

(2) Si un membre du personnel travaille à plus d'un foyer de soins de longue durée qu'exploite le titulaire de permis, le titulaire veille à ce que le dossier du membre soit facilement accessible à chaque foyer où le membre travaille.

(3) Si un bénévole travaille à plus d'un foyer de soins de longue durée qu'exploite le titulaire de permis, le titulaire veille à ce que le dossier du bénévole soit facilement accessible à chaque foyer où le bénévole travaille.

(4) Si un membre de son conseil d'administration, de son conseil de gestion, de son comité de gestion ou d'une autre structure de gouvernance assume des responsabilités qui s'étendent à plus d'un foyer de soins de longue durée qu'exploite le titulaire de permis, le titulaire veille à ce que le dossier du membre soit facilement accessible à chaque foyer où le membre assume des responsabilités.

Conservation des dossiers

282. Le titulaire de permis d'un foyer de soins de longue durée veille à conserver les dossiers exigés à l'article 281 conformément à ce qui suit :

1. Si un membre du personnel cesse de travailler au foyer, le dossier doit être conservé au moins sept ans après que le membre a cessé de travailler au foyer et, pendant au moins la première année, le dossier doit être conservé au foyer.
2. Si un bénévole cesse de faire du bénévolat au foyer, le dossier doit être conservé au moins sept ans après que le bénévole a cessé de faire du bénévolat au foyer et, pendant au moins la première année, le dossier doit être conservé au foyer.
3. Si un membre de son conseil d'administration, de son conseil de gestion, de son comité de gestion ou d'une autre structure de gouvernance cesse d'assumer les responsabilités qui s'étendent au foyer, le dossier doit être conservé au moins sept ans après que le membre a cessé d'assumer les responsabilités qui s'étendent au foyer et, pendant au moins la première année, le dossier doit être conservé au foyer.

Dispositions transitoires : dossiers

283. (1) Sous réserve du paragraphe (2), les articles 274 à 282 s'appliquent, dans la mesure du possible, à l'égard des dossiers qui devaient être tenus ou conservés en application de l'ancienne loi.

(2) Si une partie d'un dossier n'était pas tenue d'être conservée à un foyer de soins de longue durée immédiatement avant l'entrée en vigueur du présent article, il n'est pas nécessaire de la conserver au foyer.

RAPPORTS

Rapports annuels

284. (1) Une fois par année civile, le titulaire de permis d'un foyer de soins de longue durée présente un rapport au directeur au plus tard à la date et sous la forme que stipule le directeur.

(2) Le rapport comprend ce qui suit :

1. La confirmation que les renseignements fournis au directeur à partir de renseignements figurant dans les fichiers du ministère à l'égard du titulaire de permis sont exacts ou, s'ils sont inexacts, les renseignements rectifiés.
2. Tout ce dont le titulaire de permis était tenu d'avoir déjà avisé le directeur en application de l'article 111 de la Loi, mais ne l'a pas fait.
3. Tout ce dont le titulaire de permis était tenu d'avoir déjà avisé le directeur en application du paragraphe 324 (2) du présent règlement, mais ne l'a pas fait.
4. Les autres renseignements stipulés par le directeur que le titulaire de permis était tenu d'avoir déjà fournis au directeur ou au ministre en application de la Loi ou des règlements, mais ne l'a pas fait.

(3) La période visée par le premier rapport annuel qu'établit en application du présent article le titulaire de permis qui était tenu de présenter des rapports annuels en application de l'article 239 du Règlement de l'Ontario 79/10 (Dispositions générales) pris en vertu de l'ancienne loi comprend la période écoulée depuis la fin de l'année visée par le dernier rapport annuel établi en application de cet article et cet article s'applique à l'égard de cette période.

Rapports : personnel clé

285. Le titulaire de permis d'un foyer de soins de longue durée communique au directeur le nom et les coordonnées des personnes suivantes :

a) le directeur médical;

b) les infirmières autorisées ou infirmiers autorisés de la catégorie supérieure qui travaillent au foyer;

c) l'administrateur du foyer;

d) le directeur des soins infirmiers et des soins personnels;

e) le gestionnaire de la nutrition;

f) chaque diététiste agréé qui fait partie du personnel du foyer;

g) le responsable désigné de chacun des programmes d'entretien ménager, de buanderie et d'entretien.

COMPTES EN FIDUCIE

Comptes en fiducie

286. (1) Le titulaire de permis d'un foyer de soins de longue durée constitue et tient dans une institution financière au moins un compte en fiducie ne portant pas intérêt où il dépose tous les fonds qui lui sont confiés pour le compte des résidents.

(2) Le titulaire de permis veille à ce que le solde des fonds déposés dans le compte en fiducie ne soit pas supérieur au montant pour lequel le compte est assuré par la Société d'assurance-dépôts du Canada ou une autre entité qui fournit de l'assurance-dépôt.

(3) Le titulaire de permis garde au foyer des fonds en fiducie de petite caisse, constitués de fonds retirés d'un compte en fiducie et suffisants pour répondre aux besoins en liquidités quotidiens des résidents pour le compte desquels des fonds y ont été déposés.

(4) Nul titulaire de permis ne doit, selon le cas :

a) détenir plus de 5 000 $ dans un compte en fiducie pour un résident à un moment donné;

b) amalgamer les fonds qu'il détient en fiducie pour un résident avec les autres fonds qu'il détient;

c) exiger d'un résident ou d'une personne agissant pour le compte d'un résident des frais d'opération au titre des retraits, des dépôts ou de toute autre chose liée à des fonds détenus en fiducie.

(5) Le titulaire de permis établit, par écrit, une politique et des marches à suivre sur la gestion des comptes en fiducie des résidents et des fonds en fiducie de petite caisse. Cette politique et ces marches à suivre doivent notamment prévoir :

a) un système permettant de consigner les autorisations écrites qu'exige le paragraphe (8);

b) les heures auxquelles le résident ou la personne agissant pour le compte du résident peut effectuer des dépôts dans un compte en fiducie d'un client ou des retraits d'un tel compte et effectuer des retraits des fonds en fiducie de petite caisse.

(6) Le titulaire de permis fournit un exemplaire de la politique et des marches à suivre écrites à chaque résident et à chaque personne agissant pour le compte d'un résident qui demande que des sommes soient déposées dans un compte en fiducie.

(7) Le titulaire de permis fait ce qui suit :

a) il fournit aux résidents ou aux personnes agissant pour le compte des résidents un reçu écrit de tous les fonds qu'il reçoit des résidents ou de toute autre personne aux fins de leur dépôt dans un compte en fiducie pour le compte des résidents;

b) si les fonds qu'il a déposés dans un compte en fiducie lui sont versés par des personnes agissant pour le compte de résidents, il met ces fonds, en totalité ou en partie, à la disposition des résidents ou des personnes agissant pour leur compte de la manière suivante :

(i) conformément aux instructions des résidents eux-mêmes ou des personnes agissant pour leur compte à l'égard des biens qu'ils sont légalement autorisés à gérer,

(ii) lorsque les résidents ou les personnes agissant pour leur compte signent un accusé de réception portant qu'ils ont reçu les fonds;

c) il tient pour chaque compte en fiducie un grand livre distinct où sont consignés tous les dépôts et tous les retraits effectués dans le compte, le nom du résident concerné et la date de chaque opération;

d) il tient un livre comptable distinct à l'égard de chaque résident pour le compte duquel des fonds sont déposés dans un compte en fiducie;

e) sur demande écrite des résidents ou des personnes agissant pour leur compte, il met le livre comptable des résidents visé à l'alinéa d) à leur disposition pour inspection pendant les jours ouvrables;

f) il fournit aux résidents ou aux personnes agissant pour leur compte un relevé trimestriel détaillé écrit de tous les fonds qu'il détient en fiducie pour les résidents, y compris les dépôts et les retraits effectués et le solde de leur part à la date du relevé;

g) relativement à chaque résident pour le compte duquel des fonds sont déposés dans un compte en fiducie, il conserve pendant au moins sept ans ce qui suit :

(i) les livres comptables, les grands livres, les livrets de dépôts, les bordereaux de dépôt, les livrets de banque, les relevés bancaires mensuels, les chéquiers et les chèques annulés relatifs au compte en fiducie,

(ii) les instructions et autorisations écrites et les accusés de réception des fonds du résident et de la personne agissant pour son compte,

(iii) les reçus écrits et les relevés fournis au résident ou à la personne agissant pour son compte.

(8) Les résidents ou les personnes agissant pour leur compte qui désirent payer, par prélèvement sur un compte en fiducie, des frais qu'exige le titulaire de permis en application de l'article 94 de la Loi lui fournissent une autorisation écrite précisant ce pour quoi les fonds sont exigés, notamment la description des biens ou des services fournis, la fréquence des retraits, le moment où ils sont effectués et les montants en cause.

(9) Si une autorisation écrite a été fournie en application du paragraphe (8), le titulaire de permis n'est pas tenu d'obtenir un accusé de réception des fonds écrit pour chaque retrait autorisé, mais il doit consigner ces retraits dans le relevé trimestriel détaillé prévu à l'alinéa (7) f).

(10) Le titulaire de permis fait vérifier chaque compte en fiducie une fois par année :

a) soit par un expert-comptable titulaire d'un permis délivré en vertu de la *Loi de 2004 sur l'expertise comptable*;

b) soit, dans le cas d'un foyer municipal ou d'un foyer commun approuvé aux termes de la partie IX de la Loi, par le vérificateur municipal qui vérifie les livres comptables et les grands livres du foyer.

(11) Le titulaire de permis met les résultats de la vérification annuelle à la disposition du directeur sur demande.

(12) Le titulaire de permis, notamment une ou plusieurs municipalités ou un conseil de gestion visés à l'article 136 de la Loi, ne doit pas recevoir, détenir ou administrer en fiducie les biens d'un résident si ce n'est comme le prévoit le présent article.

(13) Les définitions qui suivent s'appliquent au présent article.

«institution financière» Selon le cas :

a) une banque mentionnée à l'annexe I ou II de la *Loi sur les banques* (Canada);

b) une caisse constituée en vertu de la *Loi sur les sociétés de fiducie et de prêt* (Canada);

c) une caisse constituée en vertu de la *Loi de 2020 sur les caisses populaires et les credit unions*. («financial institution»)

«personne agissant pour le compte d'un résident» Quiconque est légalement autorisé à gérer les biens d'un résident. («person acting on behalf of a resident»)

Dispositions transitoires : comptes en fiducie

287. (1) L'alinéa 286 (7) g) s'applique aux dossiers qu'un titulaire de permis conservait en application de l'alinéa 241 (7) g) du Règlement de l'Ontario 79/10 (Dispositions générales) pris en vertu de l'ancienne loi avant le jour de l'entrée en vigueur du présent article.

(2) La première vérification exigée en application du paragraphe 286 (10) à l'égard d'un compte en fiducie vise la totalité de la période pour laquelle une vérification n'a pas encore été effectuée conformément aux exigences du Règlement de l'Ontario 79/10 (Dispositions générales) pris en vertu de l'ancienne loi avant le jour de l'entrée en vigueur du présent article.

PARTIE VII
FINANCEMENT

RAPPROCHEMENT ET RECOUVREMENT

Rapprochement et recouvrement

288. (1) Le titulaire de permis d'un foyer de soins de longue durée présente un rapport de rapprochement au ministre :

a) chaque année civile à l'égard de l'année civile précédente;

b) à l'égard de toute autre période d'une année civile, selon ce qu'exige le ministre.

(2) Le rapport de rapprochement prévu au paragraphe (1) comporte les renseignements et est présenté sous la forme, de la manière et au plus tard à la date que précise le ministre.

(3) Avant de présenter le rapport de rapprochement qu'exige l'alinéa (1) a), le titulaire de permis veille à ce que le rapport soit vérifié une fois par année par une personne titulaire d'un permis délivré sous le régime de la *Loi de 2004 sur l'expertise comptable* ou, dans le cas d'un foyer municipal ou d'un foyer commun approuvé aux termes de la partie IX de la Loi, par le vérificateur municipal qui vérifie les livres comptables et les grands livres du foyer.

(4) Le ministre peut passer outre à l'obligation de présenter le rapport de rapprochement prévu à l'alinéa (1) a).

(5) Si le montant du financement que le ministre verse au titulaire de permis en vertu du paragraphe 93 (1) de la Loi à l'égard du foyer dépasse le montant de la subvention autorisée pour la période de rapprochement, l'excédent du montant du financement constitue une dette du titulaire de permis envers la Couronne du chef de l'Ontario. Outre toute autre méthode dont il peut se prévaloir pour recouvrer la dette, le ministre peut déduire l'excédent en question des montants subséquents qu'il verse au titulaire de permis ou enjoindre à l'Agence, si elle fournit un financement au titulaire de permis en application de la *Loi de 2019 pour des soins interconnectés*, de déduire cet excédent de ce financement.

(6) Si le montant du financement qu'il verse au titulaire de permis en vertu du paragraphe 93 (1) de la Loi à l'égard du foyer est inférieur au montant de la subvention autorisée pour la période de rapprochement, le ministre lui verse la différence ou enjoint à l'Agence, si elle fournit un financement au titulaire de permis en application de la *Loi de 2019 pour des soins interconnectés*, de la lui verser.

(7) La définition qui suit s'applique au présent article.

«subvention autorisée» La subvention autorisée que calcule le ministre conformément aux rapports de rapprochement, à toute entente conclue entre le ministère et le titulaire de permis concernant le versement de fonds, à toute condition à laquelle est assujetti le financement et à toute politique applicable du ministère en matière de gestion, de paiement et d'utilisation de fonds.

FRAIS QU'IL EST INTERDIT D'EXIGER DES RÉSIDENTS

Frais qu'il est interdit d'exiger des résidents

289. Pour l'application de la disposition 4 du paragraphe 94 (1) de la Loi, il est interdit d'exiger les frais suivants :

1. Des frais pour les biens et les services que le titulaire de permis est tenu de fournir à un résident au moyen du financement qu'il reçoit :
   i. de l'Agence en vertu de l'article 21 de la *Loi de 2019 pour des soins interconnectés*, notamment pour les biens et les services que finance l'Agence aux termes d'une entente de responsabilisation en matière de services,
   ii. du ministre en vertu de l'article 93 de la Loi.
2. Des frais pour les biens et les services que paie le gouvernement du Canada, le gouvernement de l'Ontario, y compris l'Agence, ou une administration municipale de l'Ontario.
3. Des frais pour les biens et les services que le titulaire de permis est tenu de fournir aux résidents aux termes d'un accord qu'il a conclu avec le ministère ou l'Agence.
4. Des frais pour les biens et les services fournis sans le consentement du résident.
5. Des frais, à l'exclusion des frais d'hébergement que chaque résident est tenu de payer en application des paragraphes 94 (1) et (3) de la Loi, pour réserver un lit à un résident pendant une absence envisagée en vertu de l'article 150 du présent règlement ou pendant la période qui est allouée au résident pour s'installer dans un foyer de soins de longue durée une fois que le coordonnateur des placements a autorisé son admission au foyer.
6. Des frais pour l'hébergement visé à la disposition 1 ou 2 du paragraphe 94 (1) de la Loi pour les résidents admis au programme de convalescence de courte durée.
7. Des frais d'opération pour les dépôts et les retraits effectués dans le compte en fiducie qu'exige l'article 286 ou pour toute autre chose liée à un compte en fiducie.
8. Des frais pour toute chose que le titulaire de permis veille à faire fournir aux résidents en application du présent règlement, sauf si des frais à cet égard sont expressément autorisés.

FRAIS D'HÉBERGEMENT

Calcul des paiements

290. Les montants maximaux que le titulaire de permis peut exiger en vertu des dispositions 1 et 2 du paragraphe 94 (1) de la Loi sont calculés conformément aux articles 291 à 304.

Paiements maximaux

291. (1) Le montant quotidien maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de courte durée est de 40,24 $, sous réserve du rajustement annuel visé à l'article 297.

(2) Le montant quotidien maximal que le titulaire de permis peut exiger pour l'hébergement avec services de base d'un résident en séjour de longue durée pour moins d'un mois complet est de 62,18 $, sous réserve du rajustement annuel visé à l'article 297.

(3) Le montant mensuel maximal que le titulaire de permis peut exiger pour l'hébergement avec services de base d'un résident en séjour de longue durée pour un mois complet est calculé en multipliant le montant quotidien applicable, selon ce qui est établi au paragraphe (2), par 30,4167 et en l'arrondissant à la baisse au cent le plus près.

(4) Le montant quotidien maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre à deux lits pour moins d'un mois complet est de 74,96 $, sous réserve du rajustement annuel visé à l'article 297.

(5) Le montant mensuel maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre à deux lits pour un mois complet est calculé en multipliant le montant quotidien applicable, selon ce qui est établi au paragraphe (4), par 30,4167 et en l'arrondissant à la baisse au cent le plus près.

(6) Le montant quotidien maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre individuelle pour moins d'un mois complet est de 88,82 $, sous réserve du rajustement annuel visé à l'article 297.

(7) Le montant mensuel maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre individuelle pour un mois complet est calculé en multipliant le montant quotidien applicable, selon ce qui est établi au paragraphe (6), par 30,4167 et en l'arrondissant à la baisse au cent le plus près.

Exceptions : paiements maximaux

292. (1) Les paragraphes 291 (4) à (7) ne s'appliquent pas dans l'une ou l'autre des circonstances suivantes :

1. Le titulaire de permis fournit à un résident en séjour de longue durée l'hébergement dans une chambre à deux lits ou dans une chambre individuelle dans un lit, à l'exception d'un lit de catégorie A, auquel ne s'applique pas un manuel de conception dans le cadre d'une entente de développement à laquelle le foyer était assujetti.
2. Un résident en séjour de longue durée occupe, avant le 1er juillet 2012, un lit dans une chambre dans laquelle le titulaire de permis fournit l'hébergement à deux lits ou l'hébergement individuel et le résident continue d'occuper ce lit à cette date ou par la suite.
3. Le titulaire de permis fournit à un résident en séjour de longue durée, le 1er juillet 2012 ou par la suite, l'hébergement dans une chambre à deux lits ou dans une chambre individuelle visé à la disposition 1 ou 2 et, à cette date ou par la suite, le résident occupe un lit dans une chambre dans laquelle le titulaire de permis lui fournit l'hébergement à deux lits ou l'hébergement individuel dans l'un ou l'autre des foyers suivants :
   i. Un foyer de soins de longue durée temporaire lié.
   ii. Un foyer de soins de longue durée rouvert.
   iii. Un foyer de soins de longue durée de remplacement.
   iv. Un foyer de soins de longue durée prévu à l'article 240.
4. Un résident en séjour de longue durée d'un foyer de soins de longue durée était l'auteur d'une demande dans la catégorie des réadmissions de la liste d'attente de ce foyer conformément à l'article 195 ou de la liste d'attente d'une unité spécialisée conformément au paragraphe 220 (3) et le titulaire de permis lui fournissait l'hébergement dans une chambre à deux lits ou dans une chambre individuelle dans l'une ou l'autre des circonstances visées aux dispositions 1 à 3 immédiatement avant que le résident reçoive son congé du foyer ou de l'unité, selon le cas.

(2) Le montant quotidien maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre à deux lits pour moins d'un mois complet dans les circonstances visées au paragraphe (1) est de 70,70 $, sous réserve du rajustement annuel visé à l'article 297.

(3) Le montant mensuel maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre à deux lits pour un mois complet dans les circonstances visées au paragraphe (1) est calculé en multipliant le montant quotidien applicable, selon ce qui est établi au paragraphe (2), par 30,4167 et en l'arrondissant à la baisse au cent le plus près.

(4) Le montant quotidien maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre individuelle pour moins d'un mois complet dans les circonstances visées au paragraphe (1) est de 81,35 $, sous réserve du rajustement annuel visé à l'article 297.

(5) Le montant mensuel maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre individuelle pour un mois complet dans les circonstances visées au paragraphe (1) est calculé en multipliant le montant quotidien applicable, selon ce qui est établi au paragraphe (4), par 30,4167 et en l'arrondissant à la baisse au cent le plus près.

(6) Le titulaire de permis ne doit pas exiger d'un résident en séjour de longue durée à qui s'appliquait le paragraphe (1) des montants plus élevés que ceux énoncés au présent article si le résident est transféré à une chambre à deux lits ou à une chambre individuelle et qu'il n'a pas demandé ce transfert.

(7) Le titulaire de permis ne doit pas exiger d'un résident en séjour de longue durée à qui s'appliquait la disposition 3 du paragraphe (1) des montants plus élevés que ceux énoncés au présent article si la chambre qu'il occupe par la suite est une chambre à deux lits ou une chambre individuelle dans un foyer visé à cette disposition

Exceptions : occupation le 1er juillet 2013 ou par la suite dans certaines circonstances

293. (1) Les paragraphes 291 (4) à (7) ne s'appliquent pas dans l'une ou l'autre des circonstances suivantes :

1. Un résident en séjour de longue durée occupe, le 1er juillet 2013 ou par la suite, un lit dans une chambre dans laquelle le titulaire de permis fournit l'hébergement à deux lits ou l'hébergement individuel et les critères suivants sont remplis :
   i. Le lit est d'un type visé à la disposition 1 du paragraphe 292 (1).
   ii. Le résident n'occupait pas le lit avant le 1er juillet 2012.

iii. Le 1er juillet 2012 ou par la suite, mais avant le 1er juillet 2013, le résident occupait un lit qui n'est pas d'un type visé à la disposition 1 du paragraphe 292 (1) dans une chambre dans laquelle le titulaire de permis fournissait le même type d'hébergement.

2. Le titulaire de permis a fourni à un résident en séjour de longue durée l'hébergement à deux lits ou l'hébergement individuel visé à la disposition 1 et, le 1er juillet 2013 ou par la suite, le résident occupe un lit dans une chambre dans laquelle le titulaire de permis lui fournit l'hébergement à deux lits ou l'hébergement individuel dans l'un ou l'autre des foyers suivants :

   i. Un foyer de soins de longue durée temporaire lié.

   ii. Un foyer de soins de longue durée réouvert.

   iii. Un foyer de soins de longue durée de remplacement.

   iv. Un foyer de soins de longue durée prévu à l'article 240.

3. Un résident en séjour de longue durée d'un foyer de soins de longue durée était l'auteur d'une demande dans la catégorie des réadmissions de la liste d'attente de ce foyer conformément à l'article 195 ou de la liste d'attente d'une unité spécialisée conformément au paragraphe 220 (3) et le titulaire de permis lui fournissait l'hébergement à deux lits ou l'hébergement individuel dans l'une ou l'autre des circonstances visées aux dispositions 1 et 2 immédiatement avant que le résident reçoive son congé du foyer ou de l'unité, selon le cas.

(2) Le montant quotidien maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre à deux lits pour moins d'un mois complet dans les circonstances visées au paragraphe (1) est de 71,75 $, sous réserve du rajustement annuel visé à l'article 297.

(3) Le montant mensuel maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre à deux lits pour un mois complet dans les circonstances visées au paragraphe (1) est calculé en multipliant le montant quotidien applicable, selon ce qui est établi au paragraphe (2), par 30,4167 et en l'arrondissant à la baisse au cent le plus près.

(4) Le montant quotidien maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre individuelle pour moins d'un mois complet dans les circonstances visées au paragraphe (1) est de 83,22 $, sous réserve du rajustement annuel visé à l'article 297.

(5) Le montant mensuel maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre individuelle pour un mois complet dans les circonstances visées au paragraphe (1) est calculé en multipliant le montant quotidien applicable, selon ce qui est établi au paragraphe (4), par 30,4167 et en l'arrondissant à la baisse au cent le plus près.

(6) Le titulaire de permis ne doit pas exiger d'un résident en séjour de longue durée à qui s'appliquait le paragraphe (1) des montants plus élevés que ceux énoncés au présent article si le résident est transféré à une chambre à deux lits ou à une chambre individuelle et qu'il n'a pas demandé ce transfert.

(7) Le titulaire de permis ne doit pas exiger d'un résident en séjour de longue durée à qui s'appliquait la disposition 2 du paragraphe (1) des montants plus élevés que ceux énoncés au présent article si la chambre qu'il occupe par la suite est une chambre à deux lits ou une chambre individuelle dans un foyer visé à cette disposition.

Exceptions : occupation le 1er septembre 2014 ou par la suite dans certaines circonstances

294. (1) Les paragraphes 291 (4) à (7) ne s'appliquent pas dans l'une ou l'autre des circonstances suivantes :

1. Un résident en séjour de longue durée occupe, le 1er septembre 2014 ou par la suite, un lit dans une chambre dans laquelle le titulaire de permis fournit l'hébergement à deux lits ou l'hébergement individuel et les critères suivants sont remplis :

   i. Le lit est d'un type visé à la disposition 1 du paragraphe 292 (1).

   ii. Le résident n'occupait pas le lit avant le 1er juillet 2013.

   iii. Le 1er juillet 2013 ou par la suite, mais avant le 1er septembre 2014, le résident occupait un lit qui n'est pas d'un type visé à la disposition 1 du paragraphe 292 (1) dans une chambre dans laquelle le titulaire de permis fournissait le même type d'hébergement.

2. Le titulaire de permis a fourni à un résident en séjour de longue durée l'hébergement à deux lits ou l'hébergement individuel visé à la disposition 1 et, le 1er septembre 2014 ou par la suite, le résident occupe un lit dans une chambre dans laquelle le titulaire de permis lui fournit l'hébergement à deux lits ou l'hébergement individuel dans l'un ou l'autre des foyers suivants :

   i. Un foyer de soins de longue durée temporaire lié.

   ii. Un foyer de soins de longue durée réouvert.

iii. Un foyer de soins de longue durée de remplacement.

iv. Un foyer de soins de longue durée comme le prévoit l'article 240.

3. Un résident en séjour de longue durée d'un foyer de soins de longue durée était l'auteur d'une demande dans la catégorie des réadmissions de la liste d'attente de ce foyer conformément à l'article 195 ou de la liste d'attente d'une unité spécialisée conformément au paragraphe 220 (3) et le titulaire de permis lui fournissait l'hébergement à deux lits ou l'hébergement individuel dans l'une ou l'autre des circonstances visées aux dispositions 1 et 2 immédiatement avant que le résident reçoive son congé du foyer ou de l'unité, selon le cas.

(2) Le montant quotidien maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre à deux lits pour moins d'un mois complet dans les circonstances visées au paragraphe (1) est de 72,83 $, sous réserve du rajustement annuel visé à l'article 297.

(3) Le montant mensuel maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre à deux lits pour un mois complet dans les circonstances visées au paragraphe (1) est calculé en multipliant le montant quotidien applicable, selon ce qui est établi au paragraphe (2), par 30,4167 et en l'arrondissant à la baisse au cent le plus près.

(4) Le montant quotidien maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre individuelle pour moins d'un mois complet dans les circonstances visées au paragraphe (1) est de 85,08 $, sous réserve du rajustement annuel visé à l'article 297.

(5) Le montant mensuel maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre individuelle pour un mois complet dans les circonstances visées au paragraphe (1) est calculé en multipliant le montant quotidien applicable, selon ce qui est établi au paragraphe (4), par 30,4167 et en l'arrondissant à la baisse au cent le plus près.

(6) Le titulaire de permis ne doit pas exiger d'un résident en séjour de longue durée à qui s'appliquait le paragraphe (1) des montants plus élevés que ceux énoncés au présent article si le résident est transféré à une chambre à deux lits ou à une chambre individuelle et qu'il n'a pas demandé ce transfert.

(7) Le titulaire de permis ne doit pas exiger d'un résident en séjour de longue durée à qui s'appliquait la disposition 2 du paragraphe (1) des montants plus élevés que ceux énoncés au présent article si la chambre qu'il occupe par la suite est une chambre à deux lits ou une chambre individuelle dans un foyer visé à cette disposition.

Exceptions : occupation le 1er juillet 2015 ou par la suite dans certaines circonstances

295. (1) Les paragraphes 292 (4) à (7) ne s'appliquent pas dans l'une ou l'autre des circonstances suivantes :

1. Un résident en séjour de longue durée occupe, le 1er juillet 2015 ou par la suite, un lit dans une chambre dans laquelle le titulaire de permis fournit l'hébergement à deux lits ou l'hébergement individuel et les critères suivants sont remplis :

   i. Le lit n'est pas d'un type visé à la disposition 1 du paragraphe 292 (1).

   ii. Le résident n'occupait pas le lit avant le 1er septembre 2014.

   iii. Le 1er septembre 2014 ou par la suite, mais avant le 1er juillet 2015, le résident occupait un lit d'un type visé à la disposition 1 du paragraphe 292 (1) dans une chambre dans laquelle le titulaire de permis fournissait le même type d'hébergement.

2. Le titulaire de permis a fourni à un résident en séjour de longue durée l'hébergement à deux lits ou l'hébergement individuel visé à la disposition 1 et, le 1er juillet 2015 ou par la suite, le résident occupe un lit dans une chambre dans laquelle le titulaire de permis lui fournit l'hébergement à deux lits ou l'hébergement individuel dans l'un ou l'autre des foyers suivants :

   i. Un foyer de soins de longue durée temporaire lié.

   ii. Un foyer de soins de longue durée réouvert.

   iii. Un foyer de soins de longue durée de remplacement.

   iv. Un foyer de soins de longue durée comme le prévoit l'article 240.

3. Un résident en séjour de longue durée d'un foyer de soins de longue durée était l'auteur d'une demande dans la catégorie des réadmissions de la liste d'attente de ce foyer conformément à l'article 195 ou de la liste d'attente d'une unité spécialisée conformément au paragraphe 220 (3) et le titulaire de permis lui fournissait l'hébergement à deux lits ou l'hébergement individuel dans l'une ou l'autre des circonstances visées aux dispositions 1 et 2 immédiatement avant que le résident reçoive son congé du foyer ou de l'unité, selon le cas.

(2) Le montant quotidien maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre à deux lits pour moins d'un mois complet dans les circonstances visées au paragraphe (1) est de 73,89 $, sous réserve du rajustement annuel visé à l'article 297.

(3) Le montant mensuel maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre à deux lits pour un mois complet dans les circonstances visées au paragraphe (1) est calculé en multipliant le montant quotidien applicable, selon ce qui est établi au paragraphe (2), par 30,4167 et en l'arrondissant à la baisse au cent le plus près.

(4) Le montant quotidien maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre individuelle pour moins d'un mois complet dans les circonstances visées au paragraphe (1) est de 86,96 $, sous réserve du rajustement annuel visé à l'article 297.

(5) Le montant mensuel maximal que le titulaire de permis peut exiger pour l'hébergement d'un résident en séjour de longue durée dans une chambre individuelle pour un mois complet dans les circonstances visées au paragraphe (1) est calculé en multipliant le montant quotidien applicable, selon ce qui est établi au paragraphe (4), par 30,4167 et en l'arrondissant à la baisse au cent le plus près.

(6) Le titulaire de permis ne doit pas exiger d'un résident en séjour de longue durée à qui s'appliquait le paragraphe (1) des montants plus élevés que ceux énoncés au présent article si le résident est transféré à une chambre à deux lits ou à une chambre individuelle et qu'il n'a pas demandé ce transfert.

(7) Le titulaire de permis ne doit pas exiger d'un résident en séjour de longue durée à qui s'appliquait la disposition 2 du paragraphe (1) des montants plus élevés que ceux énoncés au présent article si la chambre qu'il occupe par la suite est une chambre à deux lits ou une chambre individuelle dans un foyer visé à cette disposition.

Exceptions — pandémie

296. (1) Le présent article s'applique à l'égard des résidents qui ont été admis à un foyer de soins de longue durée aux termes de l'article 208.2 du Règlement de l'Ontario 79/10 (Dispositions générales) pris en vertu de l'ancienne loi le 23 avril 2021 ou par la suite et avant l'entrée en vigueur du présent article.

(2) Le titulaire de permis d'un foyer de soins de longue durée auquel un résident visé au paragraphe (1) est admis ne doit exiger de ce résident aucun montant pour l'hébergement si les conditions suivantes sont réunies :

a) au moment de l'admission, le foyer de soins de longue durée n'était pas le premier choix du résident;

b) dans le cas d'un résident qui, au moment de son admission, figurait sur au moins une liste d'attente aux fins d'admission à un autre foyer, le résident reste placé sur une liste d'attente aux fins d'admission à un autre foyer;

c) dans le cas d'un résident qui, au moment de son admission, ne figurait sur aucune liste d'attente aux fins d'admission à un foyer, le résident était placé sur une liste d'attente dans les 30 jours qui suivent son admission;

d) le résident n'a pas refusé une offre d'admission au foyer qui est son premier choix depuis son admission au foyer de soins de longue durée.

Rajustement annuel : indice des prix à la consommation

297. (1) Le présent article s'applique aux dispositions suivantes :

1. Les paragraphes 291 (1), (2), (4) et (6).
2. Les paragraphes 292 (2) et (4).
3. Les paragraphes 293 (2) et (4).
4. Les paragraphes 294 (2) et (4).
5. Les paragraphes 295 (2) et (4).
6. Les dispositions 1 et 2 du paragraphe 303 (9).

(2) Le 1er juillet de chaque année, les montants énoncés aux dispositions visées au paragraphe (1) sont rajustés conformément aux règles suivantes :

1. Sous réserve des dispositions 2 et 3, les montants qui s'appliquaient avant la date du 1er juillet applicable sont rajustés selon le taux de variation entre :
   i. d'une part, l'indice des prix à la consommation pour l'année civile précédente,
   ii. d'autre part, l'indice des prix à la consommation pour l'année civile qui précède l'année civile précédente.
2. Si le taux de variation visé à la disposition 1 est supérieur à 2,5 %, les montants doivent être rajustés de 2,5 %.
3. Si le taux de variation visé à la disposition 1 est négatif, les montants ne doivent pas être rajustés.

4. Après avoir appliqué le rajustement visé à la disposition 1, 2 ou 3, les montants rajustés doivent être arrondis à la baisse au cent le plus près.

(3) Le rajustement prévu au paragraphe (2) qui prendrait autrement effet le 1er juillet 2022 prend plutôt effet le 1er octobre 2022. Toutefois, il est calculé en fonction des années civiles qui s'appliqueraient par ailleurs.

(4) Pour l'application du paragraphe (2), l'indice des prix à la consommation pour une année civile correspond à l'indice des prix à la consommation pour le Canada (indice d'ensemble) pour l'année civile, tel qu'il est publié par Statistique Canada en vertu de la *Loi sur la statistique* (Canada).

(5) Le ministre peut publier les montants rajustés sur un site Web du gouvernement.

Définition : «période»

298. (1) La définition qui suit s'applique à l'article 303.

«période» Sous réserve des paragraphes (2), (3) et (4), s'entend de la période qui commence le dernier en date des jours suivants :

a) le 90e jour précédant celui où le titulaire de permis présente au directeur la demande de réduction dûment remplie;

b) le jour où le coordonnateur des placements compétent autorise l'admission du résident au foyer de soins de longue durée;

c) dans le cas d'une demande de renouvellement d'une réduction, le lendemain du jour où la période précédente se termine,

et se termine le premier en date des jours suivants :

d) le 30 juin suivant le jour où commence la période;

e) le 90e jour précédant celui où le titulaire de permis présente au directeur la prochaine demande de réduction dûment remplie du résident;

f) la date d'expiration éventuelle que précise le directeur lorsqu'il traite la demande.

(2) Le directeur peut modifier le commencement de la période s'il croit qu'il existe une preuve suffisante qu'un retard dans la présentation d'une demande de réduction dûment remplie était indépendant de la volonté de l'auteur de la demande.

(3) Le directeur ne doit pas reporter le commencement de la période à une date qui tombe plus d'un an avant la date où la demande dûment remplie a été présentée.

(4) Une période ne se termine pas si le résident est transféré à un hébergement avec services de base dans un autre foyer de soins de longue durée pendant la période.

Revenu net annuel

299. (1) La définition qui suit s'applique à l'article 303.

«revenu net annuel» Le montant calculé par le directeur comme étant le revenu net annuel du résident et, sous réserve des paragraphes (2) à (5), le montant inscrit soit à la ligne 23600 de l'avis de cotisation délivré au résident en application de la *Loi de l'impôt sur le revenu* (Canada) à l'égard de sa plus récente année d'imposition, soit dans la preuve de revenu (imprimé de l'option «C») du résident fournie par l'Agence du revenu du Canada à l'égard de sa plus récente année d'imposition, déduction faite des éléments suivants :

a) le montant d'impôt à payer qui a été inscrit à la ligne 43500 de l'avis de cotisation ou à la ligne 43500 de la preuve de revenu (imprimé de l'option «C»);

b) les paiements versés en application de la *Loi sur la prestation universelle pour la garde d'enfants* (Canada);

c) les retraits de régimes enregistrés d'épargne-invalidité, au sens du paragraphe 146.4 (1) de la *Loi de l'impôt sur le revenu* (Canada);

d) la prestation de décès payable en application du *Régime de pensions du Canada* ou d'un régime provincial de pensions au sens du *Régime de pensions du Canada*;

e) une somme forfaitaire représentant un revenu qui a servi à payer la part du consommateur pour un appareil ou accessoire fonctionnel dans le cadre du Programme d'appareils et accessoires fonctionnels administré par le ministère de la Santé, jusqu'à concurrence du montant approuvé dans le cadre de ce programme;

f) une somme forfaitaire représentant un revenu qui a servi à payer l'hébergement pendant une période précédente, mais que le directeur a déterminée être non accessible au résident pendant la période en cours;

g) tout montant payable à l'égard d'une période au cours de laquelle le résident ne recevait pas de réduction du montant payable pour l'hébergement avec services de base conformément à l'article 303 que le directeur a déterminé être non accessible au résident pendant la période en cours, selon le montant que calcule le directeur.

(2) Si la ligne 23600 de l'avis de cotisation du résident ou la ligne 23600 de la preuve de revenu (imprimé de l'option «C») fournie au résident à l'égard de sa plus récente année d'imposition n'inclut pas le revenu qui doit être obtenu des sources suivantes, le montant net provenant de ces sources est inclus dans le calcul du revenu net annuel :

1. L'ensemble des prestations, paiements, suppléments, règlements ou autres formes d'aide financière auxquels le résident peut avoir droit ou être admissible de la part du gouvernement du Canada ou d'une province ou d'un territoire du Canada, de la part d'une administration municipale du Canada et au titre d'une police d'assurance privée.
2. L'ensemble des prestations, paiements, suppléments, règlements ou autres formes d'aide financière auxquels le résident peut avoir droit ou être admissible de la part d'un pays étranger.
3. Les versements d'aliments qui sont dus et payables au résident aux termes d'un accord ou d'une ordonnance alimentaire en vigueur au moment de la présentation de la demande et que le directeur a déterminés être raisonnablement percevables par le résident.
4. Si le résident est un immigrant parrainé, le soutien financier que lui accorde son répondant conformément à l'engagement de parrainage que le répondant a pris aux termes de la *Loi sur l'immigration et la protection des réfugiés* (Canada).

(3) Il ne doit pas être tenu compte, lors du calcul du revenu net annuel du résident, des avantages, prestations, indemnités et allocations prévus dans le cadre de la *Loi sur les allocations aux anciens combattants* (Canada) ou de la *Loi sur les pensions* (Canada) ou en application du *Règlement sur les soins de santé pour anciens combattants* (Canada) pris en vertu de la *Loi sur le ministère des Anciens Combattants* (Canada), ni de ceux qui sont prévus dans le cadre de la *Loi sur les mesures de réinsertion et d'indemnisation des militaires et vétérans des Forces canadiennes* (Canada) et qui ne sont pas imposables.

(4) Il ne doit pas être tenu compte, lors du calcul du revenu net annuel, des avantages, prestations, indemnités, allocations, paiements, suppléments, règlements ou autres formes d'aide financière que reçoit le résident conformément à une loi du Parlement du Canada, de la législature d'une province ou d'un territoire, ou d'un gouvernement étranger qui visent une fin précisée et que le directeur a déterminés comme devant être exclus du calcul du revenu net annuel.

(5) Malgré l'exigence prévue à l'article 303 relative à la fourniture d'un avis de cotisation ou d'une preuve de revenu (imprimé de l'option «C») pour l'année d'imposition la plus récente, si un résident a été admis à un foyer dans l'année précédant la présentation de la demande et qu'un avis de cotisation ne lui a pas été délivré, le directeur peut tenir compte de toute autre pièce justificative indiquant le revenu du résident afin de calculer l'équivalent de son revenu net annuel.

Définition : «police d'assurance privée»

300. La définition qui suit s'applique à l'article 299.

«police d'assurance privée» Les indemnités et prestations suivantes, autres que celles provenant d'un gouvernement :

1. Les indemnités de remplacement de revenu.
2. Les prestations de décès.
3. Les prestations de survivant.
4. Les fonds reçus par suite de règlements effectués au titre d'une assurance ou les fonds adjugés par le tribunal, y compris les paiements reçus par l'entremise de règlements structurés payables sous forme de rentes mensuelles et d'autres prestations et indemnités payables aux termes de l'Annexe sur les indemnités d'accident légales prévue à la Loi sur les assurances.
5. Les prestations et indemnités de toute nature ou de tout genre, y compris celles qui nécessitent le remboursement total ou partiel des frais d'hébergement.

Définition : «personne à charge»

301. (1) La définition qui suit s'applique à l'article 303, sous réserve des paragraphes (2), (3), (4) et (5).

«personne à charge» Selon le cas :

a) conjoint qui vivait avec le résident immédiatement avant son admission au foyer de soins de longue durée ou, si le résident a vécu dans plusieurs foyers de soins de longue durée ou autres établissements, notamment un hôpital, de façon continue, immédiatement avant son admission pour la première fois au foyer de soins de longue durée ou à l'autre établissement;

b) enfant du résident qui, selon le cas :

(i) est âgé de moins de 18 ans,

(ii) est âgé de moins de 25 ans et fréquente à temps plein un établissement d'enseignement secondaire ou postsecondaire reconnu et dépend financièrement du résident.

(2) Le conjoint ou l'enfant qui vit dans un foyer de soins de longue durée, un hôpital ou tout autre établissement subventionné par le gouvernement n'est pas une personne à charge.

(3) Le conjoint qui est admissible à recevoir une pension en vertu de la partie I de la *Loi sur la sécurité de la vieillesse* (Canada) n'est pas une personne à charge.

(4) Le conjoint ou l'enfant qui fait partie d'un groupe de prestataires, autre que celui du résident, qui reçoit un soutien du revenu en vertu de la *Loi de 1997 sur le Programme ontarien de soutien aux personnes handicapées* ou une aide financière de base en vertu de la *Loi de 1997 sur le programme Ontario au travail* n'est pas une personne à charge.

(5) Le conjoint ou l'enfant qui ne fait pas partie du groupe de prestataires du résident qui reçoit un soutien du revenu en vertu de la *Loi de 1997 sur le Programme ontarien de soutien aux personnes handicapées* ou une aide financière de base en vertu de la *Loi de 1997 sur le programme Ontario au travail* n'est pas une personne à charge.

Revenu net annuel d'une personne à charge

302. Pour l'application de l'article 303, le revenu net annuel d'une personne à charge est calculé de la même manière que celui d'un résident, avec les adaptations nécessaires, sauf que :

a) la personne à charge qui est un enfant âgé de moins de 18 ans dont le revenu est inférieur à l'exemption personnelle de base prévue dans la *Loi de l'impôt sur le revenu* (Canada) est réputée avoir un revenu net annuel nul;

b) le revenu de la personne à charge qui est un enfant âgé de moins de 18 ans dont le revenu est égal ou supérieur à l'exemption personnelle de base prévue dans la *Loi de l'impôt sur le revenu* (Canada) est calculé sans inclure l'exemption personnelle de base.

Réduction des frais exigibles pour l'hébergement avec services de base

303. (1) Le résident en séjour de longue durée d'un foyer de soins de longue durée qui a eu accès à toutes ses sources de revenu de façon à maximiser son revenu net annuel peut demander au directeur de réduire le montant qu'il doit payer pour l'hébergement avec services de base pendant une période donnée calculé conformément au paragraphe (7).

(2) La demande doit satisfaire aux conditions suivantes :

a) être présentée sous la forme et de la manière que le directeur estime acceptables;

b) comprendre toute pièce justificative qu'exige le directeur;

c) comprendre l'avis de cotisation délivré au résident en application de la *Loi de l'impôt sur le revenu* (Canada) ou la preuve de revenu (imprimé de l'option «C») fournie au résident par l'Agence du revenu du Canada pour sa plus récente année d'imposition, sauf dans l'un ou l'autre des cas suivants :

(i) le résident reçoit un soutien du revenu en vertu de la *Loi de 1997 sur le Programme ontarien de soutien aux personnes handicapées*,

(ii) le tuteur et curateur public est le tuteur aux biens du résident,

(iii) le résident a fourni une autorisation écrite relativement à la communication, par l'Agence du revenu du Canada, par voie électronique, de renseignements sur son revenu pour sa plus récente année d'imposition.

(3) À la demande d'un résident, le titulaire de permis l'aide à remplir sa demande.

(4) Le titulaire de permis fait ce qui suit :

a) il vérifie que le résident a rempli toutes les parties de la demande;

b) il présente la demande sous la forme et de la manière que le directeur estime acceptables;

c) il veille à ce que les renseignements soient consignés correctement;

d) il conserve une copie de la demande;

e) il avise le résident du montant payable pour l'hébergement avec services de base qu'il a calculé.

(5) Le titulaire de permis ne doit pas présenter de demande s'il sait, devrait savoir ou soupçonne raisonnablement qu'elle contient des renseignements faux ou incomplets.

(6) Si, en raison de son défaut de se conformer au paragraphe (4) ou (5), le montant maximal calculé conformément au paragraphe (7) est inexact, le titulaire de permis est tenu uniquement responsable de la différence entre les montants et il la rembourse de la manière qu'établit le directeur.

(7) Malgré l'article 291, si un résident a demandé une réduction en application du présent article, le directeur calcule comme suit le montant mensuel maximal que le titulaire de permis peut exiger pour l'hébergement avec services de base d'un résident pendant une période donnée et le titulaire de permis ne doit pas exiger du résident un montant plus élevé à ce titre :

1. Diviser le revenu net annuel du résident par 12 et soustraire une allocation dont le montant est indiqué à la disposition 1 du paragraphe 32 (1) du Règlement de l'Ontario 222/98 (Dispositions générales) pris en vertu de la *Loi de 1997 sur*

le Programme ontarien de soutien aux personnes handicapées. Sous réserve des dispositions 2 à 4, le résultat obtenu est le montant mensuel maximal qui peut être exigé.

2. Si un résident demande une réduction de façon à conserver des revenus pour subvenir aux besoins d'une ou de plusieurs personnes à charge, soustraire le montant calculé en application du paragraphe (9), (11) ou (12) du montant calculé en application de la disposition 1.

3. Si le montant est calculé en application de la disposition 1, ou si la disposition 2 s'applique, en application des dispositions 1 et 2, et qu'un chiffre négatif en découle,le montant est réputé nul.

4. Si le montant calculé en application de la disposition 1, ou si la disposition 2 s'applique, en application des dispositions 1 et 2, est supérieur au montant mensuel maximal prévu au paragraphe 292 (3), il correspond au montant prévu au paragraphe 292 (3).

(8) Malgré l'article 292 et le paragraphe (7), si le résident est bénéficiaire d'un soutien du revenu sous le régime de la *Loi de 1997 sur le Programme ontarien de soutien aux personnes handicapées*, le revenu net annuel divisé par 12 comme l'exige la disposition 1 du paragraphe (7) est réputé le montant égal au total des montants indiqués aux dispositions 1 et 2 du paragraphe 32 (1) du Règlement de l'Ontario 222/98 (Dispositions générales), pris en vertu de cette loi.

(9) Le montant à soustraire en application de la disposition 2 du paragraphe (7) est calculé comme suit :

1. Pour la première personne à charge aux besoins de laquelle il faut subvenir, ajouter 1 462,87 $, sous réserve du paragraphe (11), sauf si cette personne est un enfant qui demeure avec un parent ou une autre personne qui en a la garde légitime.

2. Pour chaque personne à charge à laquelle la disposition 1 ne s'applique pas et aux besoins de laquelle il faut subvenir, ajouter 630,72 $, sous réserve du paragraphe (11).

3. Pour chaque personne à charge à laquelle il faut subvenir aux besoins, soustraire le revenu net annuel de la personne à charge, divisé par 12, du total des montants calculés en application des dispositions 1 et 2.

4. Si le montant calculé en application de la disposition 3 est négatif, il est réputé nul.

(10) Les montants énoncés aux dispositions 1 et 2 du paragraphe (9) sont assujettis au rajustement annuel visé à l'article 297.

(11) Si un résident a obtenu une réduction du montant qu'il doit payer pour l'hébergement avec services de base en vertu de l'article 253 du Règlement de l'Ontario 79/10 (Dispositions générales) pris en vertu de l'ancienne loi, immédiatement avant l'entrée en vigueur du présent article, et qu'il n'a pas le droit de recevoir une réduction aux termes du paragraphe (9), le directeur peut calculer le montant pour l'application de la disposition 2 du paragraphe (7).

(12) Si un résident a obtenu une réduction du montant qu'il doit payer pour l'hébergement avec services de base pour subvenir aux besoins d'un conjoint ou d'un enfant, immédiatement avant l'entrée en vigueur du présent article, et que cette réduction n'était pas fondée sur une demande présentée en vertu de l'article 253 du Règlement de l'Ontario 79/10 (Dispositions générales) pris en vertu de l'ancienne loi, le directeur peut calculer le montant pour l'application de la disposition 2 du paragraphe (7).

(13) Il ne doit pas être exigé d'un résident qui n'a pas conclu l'entente visée au paragraphe (14) un montant plus élevé que celui payable pour l'hébergement avec services de base si le résident continue d'occuper un lit dans la chambre qu'il occupait avec son conjoint et que les conditions suivantes sont réunies :

a) le conjoint n'occupe plus cette chambre avec le résident;

b) le résident a demandé à être transféré à l'hébergement avec services de base au foyer;

c) le résident n'a pas encore été transféré à l'hébergement avec services de base au foyer conformément au paragraphe 239 (7).

(14) Un résident conclut avec le titulaire de permis une entente ayant trait à l'hébergement avec services privilégiés, conformément à la disposition 2 du paragraphe 94 (1) de la Loi, s'il désire continuer d'occuper un lit dans une chambre qu'il occupait avec son conjoint et que cette chambre a cessé d'être une chambre standard. Si le résident ne conclut pas une telle entente, le titulaire de permis peut le transférer à une chambre standard conformément au paragraphe 239 (7) comme s'il avait demandé à être transféré à l'hébergement avec services de base au moment où la chambre a cessé d'être une chambre standard.

(15) Le directeur calcule, au prorata, les montants calculés en application du présent article pour les périodes de moins d'un mois.

(16) Le directeur peut redresser rétroactivement le montant maximal que le résident devait payer au cours de périodes antérieures avant de calculer le montant mensuel maximal qui peut être exigé de lui dans le cadre de la demande actuelle.

(17) Si le directeur décide que le résident aurait dû payer un montant maximal supérieur au cours de périodes antérieures, le résident rembourse la différence au titulaire de permis avant d'obtenir une autre réduction en application du présent article.

(18) Le directeur peut rejeter une demande s'il est d'avis que le résident :

a) soit n'a pas prouvé de façon suffisante qu'il a besoin d'aide financière;

b) soit a fourni de faux renseignements dans sa demande de réduction.

(19) S'il en arrive à la conclusion qu'un résident a fourni de faux renseignements dans sa demande de réduction après le calcul du montant maximal exigible de sa part en se fondant sur de tels renseignements, le directeur peut :

a) soit rejeter rétroactivement la demande;

b) soit redresser rétroactivement le montant maximal payable calculé pour le résident sur la foi des faux renseignements.

(20) Si le directeur décide que le résident aurait dû payer un montant maximal supérieur en vertu du paragraphe (19), le résident rembourse la différence au titulaire de permis avant de recevoir une autre réduction en application du présent article.

Restriction : frais d'intérêt

304. Si un résident a demandé une réduction en application de l'article 303, le titulaire de permis d'un foyer de soins de longue durée ne peut pas exiger de lui des intérêts pour les paiements en défaut, incomplets ou tardifs avant que le directeur ait calculé le montant maximal que doit payer le résident en application de cet article.

Résident occupant un lit provisoire

305. Le résident qui occupe un lit provisoire est réputé un résident en séjour de longue durée pour l'application des articles 291 à 304.

Paiement pour le premier et le dernier jour

306. (1) Le résident en séjour de longue durée paie le montant exigé pour l'hébergement en application de la disposition 1 ou 2 du paragraphe 94 (1) de la Loi pour une journée complète :

a) à l'égard du jour où le coordonnateur des placements autorise son admission au foyer;

b) à l'égard du jour où le résident reçoit son congé du foyer.

(2) Malgré le paragraphe (1), le résident en séjour de longue durée ne doit pas payer le montant exigé pour l'hébergement en application de la disposition 1 ou 2 du paragraphe 94 (1) de la Loi à l'égard d'une journée complète pour le jour où il reçoit son congé du foyer s'il est admis à un autre foyer de soins de longue durée le même jour.

(3) Le résident en séjour de courte durée paie le montant exigé pour l'hébergement en application de la disposition 1 ou 2 du paragraphe 94 (1) de la Loi à l'égard d'une journée complète pour le jour où le coordonnateur des placements autorise son admission au foyer, mais non pour le jour où il reçoit son congé du foyer.

Paiement pour le lendemain du jour de la mise en congé

307. Si le titulaire de permis permet, sur demande, à une personne qui a reçu son congé d'un foyer de soins de longue durée comme résident en séjour de longue durée, à un membre de sa famille ou à une personne que le titulaire de permis a avisée de la mise en congé d'avoir accès, le lendemain de la mise en congé, à la chambre où vivait la personne qui a reçu son congé, il peut exiger de la personne qui a reçu le congé le montant qu'il aurait exigé d'elle à l'égard de l'hébergement pour le lendemain de la mise en congé si cette personne avait été un résident en séjour de longue durée vivant dans la chambre ce jour-là.

Responsabilité du paiement pendant une absence

308. Pendant une absence envisagée à l'article 150, un résident continue d'être redevable du paiement des montants maximaux que le titulaire de permis peut exiger de lui pour la même catégorie d'hébergement que celui qui lui était fourni immédiatement avant son absence.

Avis d'augmentation des frais d'hébergement

309. (1) Avant d'augmenter le montant que doit payer un résident pour l'hébergement, le titulaire de permis d'un foyer de soins de longue durée lui donne un préavis écrit d'au moins 30 jours de son intention et du montant de l'augmentation.

(2) L'augmentation, par le titulaire de permis, du montant que doit payer un résident pour l'hébergement est nulle s'il n'a pas donné le préavis exigé par le présent article.

(3) Les paragraphes (1) et (2) ne s'appliquent pas à l'augmentation du montant pour l'hébergement avec services de base que doit payer un résident qui a obtenu une réduction de ce montant en application de l'article 303 si l'augmentation, selon le cas :

a) fait suite à la présentation d'une nouvelle demande de réduction par le résident;

b) résulte du fait que le résident n'a pas présenté une nouvelle demande de réduction à la fin de la période pour laquelle la réduction originale était en vigueur.

HÉBERGEMENT AVEC SERVICES PRIVILÉGIÉS

Hébergement avec services privilégiés : nombre maximal de lits

310. Le titulaire de permis d'un foyer de soins de longue durée veille à ce qu'au plus 60 % de la capacité en lits autorisés du foyer soit désignée comme hébergement avec services privilégiés.

RELEVÉS

Relevés

311. (1) Dans les 30 jours suivant la fin de chaque mois, le titulaire de permis d'un foyer de soins de longue durée fournit à chaque résident ou à son procureur constitué en vertu de la *Loi sur les procurations*, ou à quiconque exerce une procuration perpétuelle relative aux biens ou encore au tuteur aux biens visé à la partie I de la *Loi de 1992 sur la prise de décisions au nom d'autrui*, un relevé détaillé des frais exigés du résident au cours du mois.

(2) Il demeure entendu que le paragraphe (1) s'applique à l'égard du mois où un résident reçoit son congé.

COMPTES ET DOSSIERS

Conservation de dossiers par le titulaire de permis

312. Pour l'application de l'article 95 de la Loi, le titulaire de permis d'un foyer de soins de longue durée tient les documents suivants à l'égard de chaque foyer qu'il exploite :

a) des livres comptables complets et à jour relatifs au foyer qui, à la fois :

(i) sont suffisamment détaillés pour étayer les renseignements exigés dans les rapports de rapprochement demandés par le ministre ou par l'Agence,

(ii) indiquent l'ensemble des recettes et des dépenses du foyer,

(iii) contiennent un dossier distinct des sommes que le titulaire de permis a reçues pour le foyer d'autres sources que celles prévues par la Loi, la *Loi de 2006 sur l'intégration du système de santé local* ou la *Loi de 2019 pour des soins interconnectés*,

(iv) sont vérifiés chaque année par une personne titulaire d'un permis délivré en vertu de la *Loi de 2004 sur l'expertise comptable* ou, dans le cas d'un foyer municipal ou d'un foyer commun approuvé sous le régime de la partie IX de la Loi, par un vérificateur municipal qui vérifie les livres comptables et les grands livres du foyer;

b) les rapports de rapprochement qu'exige, selon le cas :

(i) le ministre en application de l'article 288,

(ii) l'Agence en application des règlements pris en vertu de la *Loi de 2019 pour des soins interconnectés*;

c) tout rapport financier que demande le directeur en application de l'article 91 de la Loi et les dossiers utilisés pour préparer ce rapport;

d) toute entente conclue entre le ministre et le titulaire de permis en vue du financement que prévoit l'article 93 de la Loi et toute entente de responsabilisation en matière de services qu'exige l'article 22 de la *Loi de 2019 pour des soins interconnectés*, ainsi que les dossiers et les rapports qu'exigent ces ententes et les dossiers utilisés pour les préparer;

e) toute entente écrite à l'égard des frais conclue entre le titulaire de permis et un résident ou une personne autorisée à conclure une entente pour le compte du résident;

f) toutes les demandes que le titulaire de permis est tenu de conserver en application de l'alinéa 303 (4) d);

g) des dossiers indiquant les montants que le titulaire de permis a exigés des résidents;

h) des dossiers établissant que le titulaire de permis a fourni aux résidents un hébergement, des soins, des services, des programmes et des biens.

Exigences applicables aux dossiers

313. (1) Pour l'application de l'article 95 de la Loi, le titulaire de permis d'un foyer de soins de longue durée veille à ce que les dossiers qui doivent être conservés en application de l'article 312 soient conservés pendant au moins sept ans à compter du dernier jour de l'année de leur constitution, sauf dans le cas d'une entente visée à l'alinéa 312 d) ou e), laquelle doit être conservée pendant au moins sept ans à compter du premier en date du jour où l'entente prend fin et du jour où l'une ou l'autre partie à l'entente y met fin.

(2) Le paragraphe (1) s'applique, dans la mesure du possible, aux dossiers qui devaient être conservés en application de l'article 263 du Règlement de l'Ontario 79/10 (Dispositions générales) pris en vertu de l'ancienne loi.

Opérations avec lien de dépendance

314. (1) La définition qui suit s'applique dans le cadre de l'article 96 de la Loi et du présent règlement.

«opération avec lien de dépendance» Opération par laquelle un titulaire de permis verse une somme d'argent pour prévoir la fourniture de services de soins directs ou de biens de soins directs à un foyer de soins de longue durée et qui est effectuée par le titulaire et une personne qui a des liens avec lui.

(2) Sous réserve du paragraphe (3), le titulaire de permis d'un foyer de soins de longue durée ne doit pas effectuer une opération avec lien de dépendance si les conditions suivantes ne sont pas réunies :

a) le fournisseur a été retenu par le biais d'un processus concurrentiel d'approvisionnement ouvert, équitable et transparent comprenant au moins trois offres non liées et il a démontré qu'il offrait un niveau d'économies, d'efficience et d'efficacité, par rapport aux sommes dépensées, supérieur à celui des autres enchérisseurs;

b) le titulaire de permis conserve un dossier documentant l'opération et les détails du processus concurrentiel d'approvisionnement.

(3) S'il ne peut pas satisfaire à l'exigence visée à l'alinéa (2) a), le titulaire de permis ne peut effectuer l'opération qu'avec l'approbation écrite préalable du directeur.

(4) Le titulaire de permis demande au directeur l'approbation écrite visée au paragraphe (3), sous la forme et de la manière que le directeur estime acceptables.

(5) Le titulaire de permis ne peut pas exercer l'option de prorogation ou de renouvellement d'une entente relativement à une opération avec lien de dépendance à moins que le fournisseur n'ait démontré qu'il offre économies, efficience et efficacité par rapport aux sommes.

(6) Le titulaire de permis présente au directeur, au plus tard le 31 mars de chaque année civile, ou à tout autre moment que fixe le directeur, un rapport énonçant, à l'égard de l'année civile précédente ou de la période stipulée par le directeur, chaque opération avec lien de dépendance effectuée relativement à des biens et services fournis au cours de cette année ou période, y compris une description des services ou des biens reçus et des sommes versées à l'égard de ces biens et services.

(7) Les paragraphes (5) et (6) s'appliquent, que l'entente ait ou non été conclue ou que l'opération ait ou non été effectuée avant l'entrée en vigueur du présent article.

(8) Le présent article ne s'applique pas à l'entente conclue avec le directeur médical qu'exige l'article 251.

PARTIE VIII
DÉLIVRANCE DES PERMIS

Définition

315. La définition qui suit s'applique à la présente partie.

«sûreté» S'entend au sens de l'article 110 de la Loi.

Locaux pour lesquels un permis n'est pas exigé

316. Le paragraphe 98 (1) de la Loi ne s'applique pas, selon le cas :

a) aux foyers de soins spéciaux titulaires d'un permis délivré sous le régime de la *Loi sur les foyers de soins spéciaux*;

b) aux locaux d'habitation financés en application de la *Loi de 2008 sur les services et soutiens favorisant l'inclusion sociale des personnes ayant une déficience intellectuelle*;

c) aux maisons de soins palliatifs, si les soins infirmiers fournis dans ces maisons à leurs résidents sont financés, directement ou indirectement, par l'entremise du gouvernement de l'Ontario ou du gouvernement du Canada;

d) aux maisons de retraite.

À but non lucratif et à but lucratif

317. Les précisions suivantes sont apportées au sens des expressions «à but non lucratif» et «à but lucratif» pour l'application de la Loi et du présent règlement :

1. Une entité à but non lucratif est une entité qui répond à l'un quelconque des critères suivants :
   i. il s'agit d'une personne morale sans capital-actions :
      A. soit à laquelle s'applique la *Loi de 2010 sur les organisations sans but lucratif*,
      B. soit qui est constituée en vertu d'une loi générale ou spéciale du Parlement du Canada,
   ii. il s'agit d'une municipalité ou d'un conseil de gestion d'un foyer municipal,
   iii. il s'agit du conseil d'une bande au sens de la *Loi sur les Indiens* (Canada) ou d'un conseil de gestion d'un foyer des Premières Nations,
   iv. il s'agit d'une personne morale avec capital-actions dont les actions participantes sont détenues par une ou plusieurs des entités visées à la sous-disposition i, ii ou iii.

2. Un foyer de soins de longue durée à but non lucratif est, selon le cas :

   i. un foyer de soins de longue durée dont le titulaire de permis est une entité à but non lucratif,

   ii. un foyer municipal, un foyer commun ou un foyer des Premières Nations approuvé aux termes de la partie IX de la Loi.

3. Une entité à but lucratif est une entité autre qu'une entité à but non lucratif.

4. Un foyer de soins de longue durée à but lucratif est un foyer de soins de longue durée autre qu'un foyer de soins de longue durée à but non lucratif.

Restrictions : admissibilité à un permis

318. (1) La définition qui suit s'applique dans le cadre de l'alinéa 101 (1) b) de la Loi :

«manuel de conception » Le manuel de conception applicable dans le cadre d'une entente de développement à laquelle le foyer ou les lits sont assujettis.

(2) Pour l'application de l'alinéa 101 (1) f) de la Loi, un titulaire de permis éventuel autre qu'une personne morale est inadmissible à la délivrance d'un permis de foyer de soins de longue durée si, selon le cas :

a) la conduite antérieure de quiconque détient des intérêts majoritaires dans le titulaire de permis éventuel à l'égard de l'exploitation d'un foyer de soins de longue durée ou de toute autre question ou activité n'offre pas de motifs raisonnables de croire que le foyer sera exploité conformément à la loi et avec honnêteté et intégrité;

b) il n'a pas été démontré que quiconque détient des intérêts majoritaires dans le titulaire de permis éventuel et le titulaire de permis éventuel lui-même ont la compétence voulue pour exploiter un foyer de soins de longue durée de façon responsable conformément à la Loi et aux règlements et sont en mesure de fournir ou de prévoir les services requis;

c) la conduite antérieure de quiconque détient des intérêts majoritaires dans le titulaire de permis éventuel à l'égard de l'exploitation d'un foyer de soins de longue durée ou de toute autre question ou activité n'offre pas de motifs raisonnables de croire que le foyer ne sera pas exploité d'une manière qui nuit à la santé, à la sécurité ou au bien-être de ses résidents.

Conditions dont est assorti un permis — ententes de développement

319. Pour l'application du paragraphe 104 (3) de la Loi, une entente de développement pour le foyer auquel se rapporte le permis est une entente conclue en vertu de la présente loi.

Circonstances entourant le passage de but non lucratif à but lucratif

320. Pour l'application du paragraphe 108 (8) de la Loi, une entité à but non lucratif peut transférer un permis ou des lits à une entité à but lucratif s'il est satisfait aux conditions suivantes :

1. Une dette ou l'exécution d'une autre obligation de l'entité à but non lucratif est garantie par une sûreté qui grève le permis.

2. L'entité à but non lucratif a manqué à une obligation garantie par la sûreté et, selon le cas :

   i. elle a fait des efforts raisonnables pour éviter le manquement,

   ii. en réalisant la sûreté, le détenteur de la sûreté oblige le transfert, que l'entité à but non lucratif ait ou non fait des efforts raisonnables pour éviter le manquement.

Restrictions : transfert d'actions à des filiales à but lucratif

321. (1) Tout permis que détient une entité à but non lucratif qui est une personne morale avec capital-actions visée à la sous-disposition 1 iv de l'article 317 est assujetti à la condition portant que la personne morale ne doit pas, selon le cas :

a) permettre le transfert d'actions participantes qu'elle a émises d'un actionnaire qui est une entité à but non lucratif à une entité à but lucratif;

b) émettre des actions participantes en faveur d'une entité à but lucratif.

(2) Le paragraphe (1) n'a pas pour effet d'empêcher le transfert d'actions participantes s'il est satisfait aux conditions suivantes :

1. Une dette ou l'exécution d'une autre obligation de l'actionnaire est garantie par une sûreté qui grève les actions participantes.

2. L'actionnaire a manqué à une obligation garantie par la sûreté et, selon le cas :

   i. il a fait des efforts raisonnables pour éviter le manquement,

   ii. en réalisant la sûreté, le détenteur de la sûreté oblige le transfert, que l'actionnaire ait ou non fait des efforts raisonnables pour éviter le manquement.

Bénéficiaires d'une sûreté exploitant un foyer en vertu d'un contrat de gestion

322. Un foyer de soins de longue durée ne peut pas être géré aux termes d'un contrat visé au paragraphe 110 (1) de la Loi sans l'approbation du directeur visée à l'article 113 de la Loi.

Approbation : détention d'intérêts majoritaires

323. (1) L'approbation exigée en application du paragraphe 112 (1) de la Loi lorsqu'une personne acquiert des intérêts majoritaires dans un titulaire de permis doit être obtenue avant que la personne acquière les intérêts majoritaires.

(2) Le paragraphe (1) ne s'applique pas si une personne acquiert des intérêts majoritaires du fait qu'elle a des liens avec une autre personne en raison de l'application des dispositions suivantes du présent règlement :

1. L'alinéa 5 (3) a), si la société visée est le titulaire de permis.
2. L'alinéa 5 (3) b), si la société en nom collectif visée est le titulaire de permis.
3. L'alinéa 5 (3) h).

(3) En cas d'application de l'exception prévue au paragraphe (2) :

a) la personne n'est pas tenue d'obtenir l'approbation visée à l'article 112 de la Loi;

b) l'avis exigé au paragraphe 111 (2) de la Loi relativement à l'acquisition d'intérêts majoritaires de la personne est fourni dans les 15 jours suivant le moment où le titulaire de permis a connaissance du fait que la personne a acquis des intérêts majoritaires.

Exigences : contrat de gestion

324. (1) Le contrat visé au paragraphe 113 (1) de la Loi portant sur la gestion d'un foyer de soins de longue durée (un «contrat de gestion») doit satisfaire aux conditions suivantes :

a) prévoir que la gestion du foyer géré aux termes du contrat ne peut être donnée en sous-traitance ou attribuée;

b) prévoir que tout changement à l'égard de quiconque détient des intérêts majoritaires dans le gestionnaire aux termes du contrat est réputé une modification importante apportée au contrat qui nécessite l'approbation du directeur en application du paragraphe 113 (6) de la Loi;

c) prévoir des mesures suffisantes pour transférer la gestion du foyer du gestionnaire au titulaire de permis ou à un autre gestionnaire à la résiliation ou à l'expiration du contrat, ou au retrait ou à l'expiration de l'approbation du directeur;

d) exiger du gestionnaire qu'il exploite le foyer conformément aux exigences prévues par la Loi;

e) exiger du gestionnaire qu'il tienne le titulaire de permis suffisamment au courant de l'exploitation du foyer, notamment en lui remettant promptement tout document qui lui est signifié ou tout avis qui lui est donné par remise au foyer;

f) préciser que le financement prévu par la Loi sera octroyé au titulaire de permis et non pas directement au gestionnaire;

g) préciser que le directeur peut retirer son approbation du contrat à tout moment, en vertu du paragraphe 113 (5) de la Loi, sans aucune obligation de sa part.

(2) Si un contrat de gestion est conclu à l'égard d'un foyer de soins de longue durée, le permis est assujetti à la condition portant que le titulaire de permis avise le directeur par écrit, au plus tard 15 jours après que l'événement se produit, de ce qui suit :

1. Une modification apportée au contrat.
2. La résiliation ou l'expiration du contrat ou tout autre événement à la suite duquel le gestionnaire cesse de gérer le foyer.

(3) Il demeure entendu que si l'approbation du directeur est exigée, en application du paragraphe 113 (6) de la Loi, pour modifier un contrat de gestion :

a) la disposition 1 du paragraphe 113 (4) de la Loi s'applique à l'égard de l'approbation de la modification;

b) la disposition 2 du paragraphe 113 (4) de la Loi ne s'applique pas, à moins que la modification ne soit réputée une modification en application de l'alinéa (1) b).

Permis temporaire et permis d'urgence temporaire : exemptions

325. (1) Pour l'application des articles 114 et 115 de la Loi, les dispositions suivantes de la Loi ne s'appliquent pas à l'égard d'un permis temporaire ou d'un permis d'urgence temporaire :

1. L'alinéa 116 (2) b).
2. Le paragraphe 116 (3).

3. Le paragraphe 116 (4).

(2) Malgré la disposition 1 du paragraphe (1), un permis temporaire ne peut pas être modifié de façon que sa durée maximale se prolonge au-delà de cinq ans. Quant à lui, un permis d'urgence temporaire ne peut pas être modifié de façon que sa durée maximale se prolonge au-delà d'un an.

(3) Le directeur peut stipuler, comme condition prévue au paragraphe 104 (2) de la Loi, qu'une ou plusieurs autres dispositions de la Loi ou des règlements ne s'appliquent pas à l'égard d'un permis temporaire ou d'un permis d'urgence temporaire, mais seulement s'il est convaincu, à la fois :

a) qu'il ne serait pas déraisonnable, dans les circonstances, de ne pas le faire;

b) qu'il est préférable, dans l'intérêt des résidents, que le permis soit délivré sous réserve d'une telle stipulation plutôt que de ne pas l'être du tout.

(4) La stipulation faite en vertu du paragraphe (3) peut prévoir que le titulaire de permis doit se conformer à une ou plusieurs autres conditions au lieu de la ou des dispositions de la Loi ou des règlements énoncées dans la stipulation.

(5) La stipulation faite en vertu du paragraphe (3) peut prévoir que la ou les dispositions de la Loi ou des règlements qui y sont énoncées ne s'appliquent pas au permis :

a) soit pendant la période qui y est énoncée;

b) soit pendant la durée entière du permis.

Modification sur consentement

326. Un permis ne peut être modifié en vertu du paragraphe 116 (1) de la Loi que si le directeur approuve la modification.

Permis : lits assujettis à des durées différentes

327. Les règles suivantes s'appliquent à l'égard de tout permis autorisant un foyer de soins de longue durée dans lequel des lits sont assujettis à des durées différentes aux termes du permis :

1. Le permis expire à l'expiration de la durée du dernier lit que prévoit le permis.
2. S'il exerce le pouvoir que lui confère l'alinéa 107 (3) a) de la Loi de modifier le permis pour réduire du nombre de lits inoccupés et non disponibles le nombre de lits autorisés par le permis, le directeur peut appliquer la réduction soit aux lits qui sont effectivement inoccupés et non disponibles, soit aux lits dont la durée est la plus courte.
3. Les dispositions de l'article 116 de la Loi se rapportant à la prolongation de la durée d'un permis s'appliquent à la prolongation de la durée des lits que prévoit le permis.

PARTIE IX
FOYERS MUNICIPAUX ET FOYERS DES PREMIÈRES NATIONS

FOYERS VISÉS À LA PARTIE IX

Définition

328. La définition qui suit s'applique à la présente partie.

«foyer visé à la partie IX» Foyer municipal, foyer commun ou foyer des Premières Nations approuvé sous le régime de la partie IX de la Loi.

Application de la Loi aux foyers visés à la partie IX

329. Les précisions suivantes sont apportées relativement à l'application de la Loi à la partie IX de la Loi :

1. Les articles 100 et 101 de la Loi ne s'appliquent pas au paragraphe 103 (1) de la Loi dans la mesure où ce paragraphe s'applique aux foyers visés à la partie IX.
2. Les articles 100 et 101 de la Loi s'appliquent si, en application de la disposition 2 du paragraphe 113 (4) de la Loi, une municipalité ou un conseil de gestion conclut un contrat avec un tiers en vue de la gestion d'un foyer visé à la partie IX.
3. L'article 100 de la Loi ne s'applique pas aux foyers visés à la partie IX par l'effet de la disposition 2 du paragraphe 116 (4) de la Loi.
4. Un permis d'urgence temporaire visé à l'article 115 de la Loi peut être délivré à une municipalité ou à un conseil de gestion, auquel cas il peut être révoqué en vertu de l'article 159 de la Loi.
5. Si, en application de l'alinéa 114 (1) a) ou 115 (1) a) de la Loi, un permis temporaire ou un permis d'urgence temporaire est délivré :
    i. soit à une municipalité, les articles 135 à 137 de la Loi s'appliquent à l'égard du foyer exploité aux termes du permis,

ii. soit à un conseil de gestion visé à l'article 128 de la Loi, les articles 136 et 137 de la Loi s'appliquent à l'égard du foyer exploité aux termes du permis,

iii. soit à un conseil de gestion visé à l'article 132 de la Loi, l'article 136 de la Loi s'applique à l'égard du foyer exploité aux termes du permis.

6. Si un permis temporaire ou un permis d'urgence temporaire est délivré à une municipalité ou à un conseil de gestion, la partie VIII de la Loi s'applique à l'égard du permis sous réserve de ce qui suit :

i. la municipalité ou le conseil de gestion est soustrait à l'application des paragraphes 111 (1) et (2) de la Loi,

ii. la municipalité ou le conseil de gestion est soustrait à l'application du paragraphe 111 (3) de la Loi à condition qu'il avise le ministre par écrit de tout ce dont ce paragraphe exigerait par ailleurs d'aviser le directeur,

iii. la municipalité ou le conseil de gestion est soustrait à l'application de l'article 112 de la Loi.

Composition des comités de gestion

330. (1) Le comité de gestion constitué en application de l'article 135 de la Loi :

a) dans le cas d'un foyer municipal, se compose d'au moins trois membres;

b) dans le cas d'un foyer commun, se compose d'au moins deux membres du conseil de chacune des municipalités qui entretient et exploite le foyer.

(2) Le conseil de gestion qui existait sous le régime de l'article 132 de l'ancienne loi est prorogé comme conseil de gestion en vertu de l'article 135 de la Loi.

Application de la partie VIII du règlement

331. Les modifications suivantes apportées à la partie VIII du présent règlement concernent les foyers visés à la partie IX :

1. Au paragraphe 324 (2) et à l'article 326, la mention d'un «permis» vaut mention d'une «approbation» et la mention du «directeur» vaut mention du «ministre».

FOYERS DE DISTRICTS TERRITORIAUX

Champ d'application et interprétation

332. (1) Les articles 333 à 345 s'appliquent à l'égard des foyers visés à l'article 128 de la Loi.

(2) Les définitions qui suivent s'appliquent aux articles 333 à 345.

«conseil» Conseil de gestion visé aux annexes 1 à 6 du présent règlement. («board»)

«municipalité participante» S'entend au sens du paragraphe 131 (5) de la Loi. («supporting municipality»)

Objets

333. Les objets d'un conseil sont d'exploiter et d'entretenir un ou plusieurs foyers municipaux.

Constitution en personne morale

334. (1) Chaque conseil est une personne morale.

(2) Le paragraphe 91 (1) de la *Loi de 2010 sur les organisations sans but lucratif* s'applique à l'égard du conseil.

Droits et pouvoirs

335. (1) Sous réserve des restrictions qu'impose le paragraphe (2), chaque conseil a la capacité ainsi que les droits, pouvoirs et privilèges d'une personne physique pour réaliser ses objets.

(2) Les pouvoirs d'un conseil visés au paragraphe (1) sont assujettis aux restrictions qui s'appliqueraient par l'effet du paragraphe 17 (1) de la *Loi de 2001 sur les municipalités* si le conseil était une municipalité.

(3) Il demeure entendu qu'un conseil peut faire les placements que les municipalités sont autorisées à faire en vertu de l'article 418 de la *Loi de 2001 sur les municipalités*.

Exigences imposées aux membres

336. (1) Le particulier qui satisfait aux exigences suivantes possède les qualités requises pour être membre d'un conseil :

a) il a au moins 18 ans;

b) il est résident du district dont le conseil est le conseil de gestion;

c) il n'est pas employé par le conseil de gestion ou par les municipalités participantes.

(2) Le particulier cesse d'être membre si, selon le cas :

a) il est déclaré coupable d'un acte criminel;

b) il est frappé d'incapacité;

c) il est absent de trois réunions consécutives du conseil, à moins que son absence ne soit autorisée par résolution du conseil;

d) il cesse de posséder les qualités requises pour être membre visées au paragraphe (1).

Composition d'un conseil — dispositions générales

337. (1) Afin d'établir la composition d'un conseil, les districts pour lesquels les conseils ont été créés sont divisés en secteurs. Ces secteurs sont mentionnés aux annexes du présent règlement.

(2) Pour chaque conseil désigné dans le titre d'une annexe, le nombre de membres, les secteurs du district qu'ils représentent et leur mode de nomination sont précisés à l'annexe.

(3) La durée maximale du mandat des membres est de quatre ans.

(4) Le mandat des membres est renouvelable.

Quorum

338. La majorité des membres du conseil constitue le quorum.

Présidence

339. (1) À sa première réunion de chaque année, chaque conseil nomme un de ses membres à la présidence.

(2) Le mandat du membre nommé à la présidence expire lors de la première réunion du conseil l'année suivante.

(3) Le mandat du président est renouvelable.

(4) Aucun membre ne doit occuper la présidence pendant plus de quatre mandats consécutifs.

(5) Malgré le paragraphe (2), le président cesse d'occuper la présidence s'il cesse d'être membre.

(6) En cas de vacance de la charge du président, le conseil nomme un autre membre à la présidence.

Avis

340. (1) Le conseil avise promptement par écrit le directeur et l'administrateur du foyer de chaque foyer municipal qui relève du conseil de ce qui suit :

a) tout changement dans sa composition;

b) tout changement du membre qui occupe la présidence.

(2) Le conseil avise également promptement par écrit la ou les municipalités concernées si un changement dans sa composition entraîne la vacance du siège d'un membre nommé par cette ou ces municipalités.

Coût d'exploitation

341. (1) Pour l'application de l'alinéa 129 (3) b) de la Loi, le pourcentage prescrit est fixé à 25 %.

(2) Pour l'application du paragraphe 129 (4) de la Loi, une ligne de crédit d'exploitation auprès d'une institution financière est prescrite comme moyen additionnel dont peut se prévaloir le conseil de gestion pour emprunter une somme.

(3) Pour l'application des alinéas 129 (5) b) et (6) b) de la Loi, le pourcentage prescrit est fixé à 50 %, mais uniquement si chaque municipalité participante du conseil a adopté une résolution appuyant le pouvoir, pour le conseil, de contracter des emprunts jusqu'à concurrence de ce pourcentage.

Coût d'immobilisation

342. Pour l'application du paragraphe 130 (3) de la Loi, le conseil peut emprunter les sommes qu'il estime nécessaires pour couvrir les coûts d'immobilisation estimatifs en application du paragraphe (1) de la Loi dans l'une ou l'autre des circonstances suivantes :

1. Chaque municipalité participante du conseil a adopté une résolution qui, à la fois :
   i. appuie l'emprunt contracté par le conseil,
   ii. reconnaît que les remboursements de la somme empruntée que le conseil est tenu de faire et qui ne sont pas couverts par ses recettes courantes disponibles peuvent faire l'objet d'une répartition entre les municipalités participantes conformément au paragraphe 129 (1) de la Loi.
2. Le conseil refinance une dette existante.

Répartitions par les conseils de gestion

343. (1) Les sommes que les municipalités participantes sont tenues de payer à un conseil en application des articles 129 et 130 de la Loi sont réparties entre elles, à trois décimales près, selon le rapport existant entre le montant de l'évaluation pondérée totale de chaque municipalité et le montant de l'évaluation pondérée totale de la totalité d'entre elles.

(2) Les sommes que les municipalités participantes sont tenues de payer à un conseil en application de l'article 129 ou 130 de la Loi sont exigibles aux moments que fixe le conseil.

(3) Si une ou plusieurs municipalités participantes n'ont pas fait un paiement dans le délai fixé en application du paragraphe (2) et que le conseil est par conséquent tenu d'emprunter une somme en vertu du paragraphe 129 (4) ou 130 (3) de la Loi, le conseil peut répartir entre ces municipalités participantes le coût de l'emprunt qui est raisonnablement attribuable au paiement tardif ou en défaut.

(4) Le conseil qui, en application du paragraphe 129 (4) ou 130 (3) de la Loi, emprunte une somme peut, conformément au paragraphe 129 (1) de la Loi, répartir le coût de tout remboursement de la somme empruntée qu'il est tenu de faire et qui n'est pas couvert par ses recettes courantes disponibles.

(5) Les définitions qui suivent s'appliquent au présent article.

«évaluation équivalente» Somme obtenue en divisant le montant de l'indemnité qu'une municipalité a le droit de se faire verser par le ministre des Finances relativement à une centrale hydro-électrique située dans son territoire à l'égard du manque à gagner qu'entraîne l'édiction de la disposition 28 du paragraphe 3 (1) de la *Loi sur l'évaluation foncière* par le taux d'imposition applicable à la catégorie des biens industriels pour l'année précédant l'année précédente. («equivalent assessment»)

«évaluation pondérée» S'entend de ce qui suit :

a) relativement à un bien qui appartient à une sous-catégorie à laquelle s'applique l'article 313 de la *Loi de 2001 sur les municipalités*, son évaluation imposable ou son évaluation faisant l'objet d'une exemption et assujettie à un paiement tenant lieu d'impôts, selon le rapport annuel pour l'année précédant l'année précédente remis au ministre en application de l'article 294 de la *Loi de 2001 sur les municipalités*, réduite du pourcentage de réduction qui s'applique au taux d'imposition applicable aux biens appartenant à cette sous-catégorie et multipliée par le coefficient d'impôt applicable à la catégorie de biens à laquelle il appartient, établi en application de l'article 308 de la *Loi de 2001 sur les municipalités* pour cette année-là;

b) relativement à tout autre bien, son évaluation imposable ou son évaluation faisant l'objet d'une exemption et assujettie à un paiement tenant lieu d'impôts, selon le rapport annuel pour l'année précédant l'année précédente remis au ministre en application de l'article 294 de la *Loi de 2001 sur les municipalités*, ou son évaluation équivalente, multipliée par le coefficient d'impôt applicable à la catégorie de biens à laquelle il appartient, établi en application de l'article 308 de la *Loi de 2001 sur les municipalités* pour cette année-là. («weighted assessment»).

Division des districts territoriaux

344. (1) Pour l'application de la partie IX de la Loi, le district territorial de Nipissing est divisé en deux parties comme suit :

1. Nipissing Est se compose de la partie du district territorial de Nipissing située à l'est de la limite est des cantons géographiques de Commanda, de Blyth, de Notman, de Hammel, de Gooderham, de Flett, de Hartle et d'Eldridge, ou de son prolongement.
2. Nipissing Ouest se compose de la partie du district territorial de Nipissing située à l'ouest de la ligne visée à la disposition 1.

(2) Pour l'application de la partie IX de la Loi, le district territorial de Parry Sound est divisé en deux parties comme suit :

1. Parry Sound Ouest se compose de la partie du district territorial de Parry Sound située dans les limites des cantons géographiques de Blair, de Brown, de Burpee, de Burton, de Carling, de Christie, de Conger, de Cowper, de Ferguson, de Ferrie, de Foley, de Harrison, de Hagerman, de Henvey, de Humphrey, de McDougall, de McKellar, de McKenzie, de McMurrich, de Monteith, de Mowatt, de Shawanaga et de Wallbridge.
2. Parry Sound Est se compose de la partie du district territorial de Parry Sound autre que Parry Sound Ouest.

(3) Pour l'application de la partie IX de la Loi, le district territorial d'Algoma est divisé en deux parties comme suit :

1. Algoma comprend tout le district territorial d'Algoma, sauf le territoire visé à la disposition 2.
2. Sault Ste. Marie comprend les parties du district territorial d'Algoma situées dans les limites de la cité de Sault Ste. Marie et du territoire non érigé en municipalité qui relève de la zone d'aménagement du conseil d'aménagement de Sault Ste. Marie North.

Dispositions transitoires : conseils de gestion

345. (1) Le conseil de gestion qui existait en vertu de l'ancienne loi et qui est désigné dans l'en-tête d'une annexe du présent règlement est prorogé en tant que conseil de gestion en vertu de l'article 128 de la Loi.

(2) Le membre d'un conseil de gestion auquel s'applique le paragraphe (1) demeure en fonction jusqu'à la date d'expiration normale de son mandat.

(3) Le président d'un conseil de gestion auquel s'applique le paragraphe (1) demeure en fonction jusqu'à la première réunion du conseil tenue l'année suivant celle de l'entrée en vigueur du présent article.

PARTIE X
CONFORMITÉ ET EXÉCUTION

Préavis d'inspection pouvant être donné

346. Pour l'application de l'alinéa 147 b) de la Loi, un préavis des inspections suivantes peut être donné :

1. L'inspection des lits d'un foyer de soins de longue durée existant qui ne sont pas encore visés par le permis ou l'approbation du foyer.
2. L'inspection visant à vérifier le respect d'un plan de fermeture visé à l'article 361.
3. L'inspection entreprise pour la seule raison que le titulaire de permis l'a demandée.

Facteurs à prendre en considération

347. (1) Pour l'application des articles 154 à 157 de la Loi, lorsqu'il décide des mesures à prendre ou des ordres à donner suite à la constatation du non-respect d'une exigence prévue par la Loi, l'inspecteur ou le directeur prend en considération tous les facteurs suivants et seulement ceux-ci :

1. La gravité du non-respect et, dans les cas où un préjudice ou un risque de préjudice a été causé à un ou à plusieurs résidents en raison du non-respect, la gravité du préjudice ou du risque de préjudice.
2. L'étendue du non-respect et, dans les cas où un préjudice ou un risque de préjudice a été causé en raison du non-respect, l'étendue du préjudice ou du risque de préjudice.
3. Les antécédents du titulaire de permis, dans tout foyer, en ce qui a trait au respect des exigences prévues par la Loi, l'ancienne loi, les règlements pris en vertu de cette loi et toute entente de services exigée par cette loi.

(2) Lorsqu'il décide s'il doit donner un ordre en vertu de l'article 159 de la Loi, le directeur peut tenir compte de ce qui suit :

a) les facteurs visés au paragraphe (1), s'il y a lieu;

b) les autres facteurs qu'il estime pertinents.

(3) La définition qui suit s'applique au présent article.

«étendue» L'omniprésence au foyer.

Frais de réinspection

348. Lorsqu'un inspecteur effectue une inspection afin d'établir s'il y a conformité à un ordre donné en vertu de l'article 155 de la Loi :

a) les frais pour la première inspection sont nuls;

b) les frais pour chaque inspection subséquente effectuée afin d'établir s'il y a conformité à cet ordre ou à un ordre subséquent visé à cet article sont de 500 $.

Pénalités administratives

349. (1) Le présent article s'applique lorsqu'il y a eu un non-respect, par un titulaire de permis, d'une exigence prévue par la Loi donnant lieu, en conséquence, à la délivrance de l'avis de pénalité administrative visé à l'article 158 de la Loi par le directeur ou un inspecteur.

(2) Le tableau du présent article énonce ce qui suit :

a) à la colonne 1, les articles de la Loi et du présent règlement qui sont des exigences à l'égard desquelles un avis de pénalité administrative peut être délivré,

b) à la colonne 3, le montant de la pénalité administrative, sauf indication contraire de la Loi ou du présent règlement.

(3) Le directeur peut délivrer un avis de pénalité administrative en cas de non-respect, par le titulaire de permis, d'une exigence figurant à la colonne 1 du tableau si, selon le cas :

a) il donne un ordre en vertu de l'article 155 de la Loi en raison du non-respect de l'exigence par le titulaire de permis;

b) un inspecteur, à la fois :

(i) délivre un avis écrit au titulaire de permis et renvoie la question au directeur conformément à la disposition 4 du paragraphe 154 (1) de la Loi,

(ii) donne un ordre en vertu de l'article 155 de la Loi en raison du non-respect de l'exigence par le titulaire de permis.

(4) Si le directeur délivre un avis de pénalité administrative en application du paragraphe (3) à l'égard du premier non-respect, par le titulaire de permis, d'une exigence figurant à la colonne 1 du tableau, le montant de la pénalité administrative est le montant énoncé à la colonne 3 du tableau pour ce point.

(5) Si le directeur délivre un avis de pénalité administrative en application du paragraphe (3) à l'égard du deuxième non-respect ou de tout non-respect subséquent, par le titulaire de permis, de la même exigence figurant à la colonne 1 du tableau, le montant de la pénalité administrative est le suivant :

a) deux fois le montant énoncé à la colonne 3 du tableau pour ce point à l'égard du deuxième non-respect de l'exigence;

b) trois fois le montant énoncé à la colonne 3 du tableau pour ce point à l'égard du troisième non-respect de l'exigence;

c) quatre fois le montant énoncé à la colonne 3 du tableau pour ce point à l'égard du quatrième non-respect de l'exigence;

d) cinq fois le montant énoncé à la colonne 3 du tableau pour ce point à l'égard de tout non-respect subséquent de l'exigence.

(6) Un inspecteur ou le directeur doit délivrer un avis de pénalité administrative dans l'un des cas suivants :

a) le titulaire de permis n'a pas respecté un ordre pris en vertu de l'article155 de la Loi à la suite d'une inspection effectuée afin d'établir s'il y a conformité à l'ordre;

b) le non-respect, par le titulaire de permis, d'une exigence figurant à la colonne 1 du tableau entraîne ce qui suit :

(i) la prise d'un ordre en vertu de l'article 155 de la Loi,

(ii) à tout moment au cours des trois années précédant immédiatement la date à laquelle l'ordre visé au sous-alinéa (i) a été donné, le titulaire de permis n'a pas respecté la même exigence, ce qui a également entraîné la prise d'un ordre en vertu de l'article 155 de la Loi.

(7) Pour l'application du sous-alinéa (6) b) (ii), le titulaire de permis est réputé ne pas avoir respecté une exigence de la Loi dans les cas suivants :

1. Un ordre a été donné en vertu de l'article 153 ou 154 de l'ancienne loi.

2. La même exigence que le titulaire de permis n'a pas respectée en vertu de l'ancienne loi continue d'être une exigence en vertu de la Loi.

3. L'ordre visé à la disposition 1 a été donné au plus tard trois ans avant la date de l'ordre visé au sous-alinéa (6) b) (i).

(8) Si un avis de pénalité administrative est délivré en application de l'alinéa (6) b), la pénalité administrative à l'égard du deuxième non-respect, par le titulaire de permis, d'une exigence figurant à la colonne 1 du tableau est le montant prévu pour ce point à la colonne 3 du tableau et, en cas de non-respect subséquent, le montant de la pénalité administrative est le suivant :

a) deux fois le montant énoncé à la colonne 3 du tableau pour ce point à l'égard du troisième non-respect de l'exigence;

b) trois fois le montant énoncé à la colonne 3 du tableau pour ce point à l'égard du quatrième non-respect de l'exigence;

c) quatre fois le montant énoncé à la colonne 3 du tableau pour ce point à l'égard du cinquième non-respect;

d) cinq fois le montant énoncé à la colonne 3 du tableau pour ce point à l'égard de tout non-respect subséquent de l'exigence.

(9) Si un avis de pénalité administrative est délivré conformément à l'alinéa 6 a) à l'égard du premier non-respect, par le titulaire de permis, d'un ordre donné en vertu de l'article 155 de la Loi, le paragraphe (8) s'applique avec les adaptations nécessaires. À cette fin, le premier non-respect est réputé être le deuxième non-respect du titulaire de permis.

TABLEAU

Point	Colonne 1 Exigence prévue par la Loi	Colonne 2 Description du non-respect	Colonne 3 Montant de la pénalité administrative, en dollars
1.	Loi, par. 3 (1)	Déclaration des droits des résidents	5 500
2.	Loi, par. 11 (1)	Services infirmiers et services de soutien personnel	5 500
3.	Loi, par. 11 (3)	Soins infirmiers 24 heures sur 24	5 500
4.	Loi, art. 15	Services de diététique et d'hydratation	5 500
5.	Loi, art. 23	Programme de prévention et de contrôle des infections	5 500

Point	Colonne 1 Exigence prévue par la Loi	Colonne 2 Description du non-respect	Colonne 3 Montant de la pénalité administrative, en dollars
6.	Loi, art. 24	Obligation de protéger	5 500
7.	Loi, art. 25	Politique visant à promouvoir la tolérance zéro	5 500
8.	Loi, art. 27	Obligation du titulaire de permis d'enquêter, de répondre et d'agir	5 500
9.	Loi, art. 28	Obligation de faire rapport au directeur dans certains cas	5 500
10.	Loi, art. 33	Politique de réduction au minimum de la contention sur les résidents	5 500
11.	Loi, par. 34 (1)	Protection contre certains cas de contention	5 500
12.	Loi, art. 35	Contention au moyen d'appareils mécaniques	5 500
13.	Loi, art. 76	Administrateur du foyer	11 000
14.	Loi, art. 77	Directeur des soins infirmiers et des soins personnels	11 000
15.	Loi, art. 78	Directeur médical	11 000
16.	Le présent règlement, art. 12	Portes	5 500
17.	Le présent règlement, art. 18	Côtés de lit	5 500
18.	Le présent règlement, art. 19	Fenêtres	5 500
19.	Le présent règlement, par. 35 (2)	Services infirmiers et services de soutien personnel	5 500
20.	Le présent règlement, par. 35 (3)	Services infirmiers et services de soutien personnel : plan de dotation en personnel	5 500
21.	Le présent règlement, art. 53	Programmes obligatoires	5 500
22.	Le présent règlement, art. 54	Prévention et gestion des chutes	5 500
23.	Le présent règlement, art. 55	Soins de la peau et des plaies	5 500
24.	Le présent règlement, art. 56	Facilitation des selles et soins liés à l'incontinence	5 500
25.	Le présent règlement, art. 57	Gestion de la douleur	5 500
26.	Le présent règlement, art. 58	Comportements réactifs	5 500
27.	Le présent règlement, art. 74	Programmes de soins nutritionnels et d'hydratation	5 500
28.	Le présent règlement, art. 75	Changements de poids	5 500
29.	Le présent règlement, art. 80	Diététiste agréé	5 500
30.	Le présent règlement, art. 81	Gestionnaire de la nutrition	5 500
31.	Le présent règlement, art. 97	Substances dangereuses	5 500
32.	Le présent règlement, art. 102	Programme de prévention et de contrôle des infections	5 500
33.	Le présent règlement, art. 105	Avis : police	5 500
34.	Le présent règlement, art. 115	Rapports : incidents graves	5 500
35.	Le présent règlement, art. 119	Exigences : contention au moyen d'un appareil mécanique	5 500
36.	Le présent règlement, art. 121	Utilisation interdite d'appareils destinés à restreindre les mouvements	5 500
37.	Le présent règlement, par. 138 (1)	Entreposage sécuritaire des médicaments	5 500
38.	Le présent règlement, art. 140	Administration des médicaments	5 500
39.	Le présent règlement, art. 147	Incidents liés à des médicaments et réactions indésirables à des médicaments	5 500
40.	Le présent règlement, par. 249 (1)	Administrateur du foyer	11 000
41.	Le présent règlement, par. 249 (3)	Administrateur du foyer : qualités requises	11 000
42.	Le présent règlement, par. 249 (4)	Administrateur du foyer : exception aux qualités requises	11 000
43.	Le présent règlement, par. 249 (5)	Administrateur du foyer : inscription au programme	11 000
44.	Le présent règlement, par. 250 (1)	Directeur des soins infirmiers et des soins personnels	11 000
45.	Le présent règlement, par. 250 (3)	Directeur des soins infirmiers et des soins personnels : qualités requises	11 000
46.	Le présent règlement, par. 250 (4)	Directeur des soins infirmiers et des soins personnels : exception aux qualités requises	11 000
47.	Le présent règlement, art. 268	Plans de mesures d'urgence	5 500
48.	Toute exigence prévue par la Loi non énoncée par ailleurs dans le présent tableau.	Non-respect de toute autre exigence prévue par la Loi	1 100

Indemnité raisonnable

350. (1) Pour l'application de la disposition 6 du paragraphe 159 (10) de la Loi, l'indemnité raisonnable pouvant être accordée à un titulaire de permis pour l'utilisation de ses biens si le directeur a donné un ordre en vertu du paragraphe 159 (5) de la Loi est calculée selon la formule suivante :

$$\text{Indemnité} = A \times B$$

où :

«indemnité» représente le montant de l'indemnité;

«A» représente le taux d'intérêt prescrit multiplié par l'évaluation à la valeur actuelle la plus récente du foyer de soins de longue durée prévue par la *Loi sur l'évaluation foncière*, tous les deux à la date de l'ordre, divisé par le nombre de jours de l'année;

«B» représente le nombre de jours entre la date de l'ordre et le jour où la révocation du permis prend effet et où tous les résidents du foyer sont réinstallés ailleurs.

(2) Les définitions qui suivent s'appliquent au présent article.

«nombre de jours de l'année» S'entend de 365 ou, si l'ordre est donné au cours d'une année bissextile, de 366. («number of days in the year»)

«taux d'intérêt prescrit» S'entend du plus élevé des taux suivants :

a) le taux d'intérêt prescrit calculé en application de la disposition 4.1 du paragraphe 503 (2) du Règlement 183 des Règlements refondus de l'Ontario de 1990 (General) pris en vertu de la *Loi sur l'imposition des sociétés*;

b) 1 %. («prescribed rate of interest»)

Protection de la vie privée dans les rapports

351. (1) Le présent article s'applique à l'égard de ce qui suit :

a) l'obligation d'afficher les rapports d'inspection visée à l'alinéa 85 (3) l) de la Loi;

b) l'obligation d'afficher les ordres visée à l'alinéa 85 (3) m) de la Loi;

c) l'obligation de remettre un rapport d'inspection au conseil des résidents ou, le cas échéant, au conseil des familles en application de l'article 152 de la Loi;

d) l'obligation de publier des rapports d'inspection prévue à l'alinéa 180 b) de la Loi;

e) l'obligation de publier des ordres prévue à l'alinéa 180 c) de la Loi.

(2) Si un rapport d'inspection visé à l'alinéa (1) a), c) ou d) contient des renseignements personnels ou des renseignements personnels sur la santé, seuls les renseignements suivants sont affichés, remis ou publiés, selon le cas :

1. S'il y a constatation de non-conformité, une version du rapport qui a été modifiée par un inspecteur de façon à ne fournir que la constatation et un résumé de la preuve à l'appui.

2. S'il n'y a aucune constatation de non-conformité, une version du rapport qui a été modifiée par un inspecteur de façon à ne fournir qu'un résumé du rapport.

(3) Si un ordre visé à l'alinéa (1) b) ou e) contient des renseignements personnels ou des renseignements personnels sur la santé, seule une version de l'ordre qui a été modifiée par un inspecteur de façon à ne fournir qu'un résumé de son contenu est affichée ou publiée, selon le cas.

(4) Les définitions qui suivent s'appliquent au présent article.

«renseignements personnels» S'entend au sens de la *Loi sur l'accès à l'information et la protection de la vie privée*. («personal information»)

«renseignements personnels sur la santé» S'entend au sens de la *Loi de 2004 sur la protection des renseignements personnels sur la santé*. («personal health information»)

Dispositions transitoires : conformité et exécution

352. (1) Sauf disposition contraire du présent article et malgré toute autre disposition de la Loi, la partie X de la Loi et la présente partie s'appliquent à l'égard du non-respect d'une exigence prévue par l'ancienne loi avant l'entrée en vigueur du présent article.

(2) Il est entendu qu'un ordre peut être donné en vertu de l'article 155 de la Loi à l'égard du non-respect d'une exigence prévue par l'ancienne loi avant l'entrée en vigueur du présent article.

(3) Malgré le paragraphe (1), le directeur ne peut pas donner un ordre en vertu de l'article 156 de la Loi à l'égard du non-respect d'une exigence prévue par l'ancienne loi avant l'entrée en vigueur du présent article si un ordre a déjà été donné en vertu de l'article 155 de l'ancienne loi à cet égard.

(4) Malgré toute autre disposition de la Loi, si un permis a été réputé avoir été remplacé en application de l'article 199 de la Loi, le directeur peut donner un ordre en vertu de l'article 159 de la Loi à l'égard du permis, à la fois :

a) pour tout motif prévu à l'article 159 à l'égard de questions qui ont pris naissance avant l'entrée en vigueur du présent article, notamment le non-respect d'une exigence prévue par l'ancienne loi;

b) pour tout motif pour lequel le permis, l'agrément ou l'approbation du titulaire de permis, selon le cas, aurait pu être révoqué en vertu de l'ancienne loi.

(5) Si, immédiatement avant le jour de l'entrée en vigueur du présent article, une directive était en vigueur en application du paragraphe 50 (1) de l'ancienne loi portant que le coordonnateur des placements cesse d'autoriser les admissions à un foyer, le coordonnateur des placements est tenu de continuer à respecter cette directive et celle-ci demeure en vigueur jusqu'à ce qu'elle soit respectée ou qu'elle ne soit plus nécessaire selon ce que juge le directeur.

(6) Si, immédiatement avant le jour de l'entrée en vigueur du présent article, le directeur avait la direction d'un foyer municipal ou d'un foyer commun, l'exploitait et le gérait en vertu de l'article 136 ou 137 de l'ancienne loi, il cesse d'occuper ce foyer au plus tard un an à compter de la date d'occupation.

(7) Lorsqu'il décide s'il doit prendre la direction d'un foyer municipal ou d'un foyer commun en vertu de l'article 140 ou 141 de la Loi, le directeur peut tenir compte de tout cas de non-respect, par le titulaire de permis, des exigences prévues par l'ancienne loi, les règlements pris en vertu de cette loi ou une entente de services exigée en application de cette loi qui a pris naissance avant l'entrée en vigueur du présent article.

(8) Le jour de l'entrée en vigueur du présent article, un foyer de soins de longue durée qui a été inspecté au moins une fois pendant l'année civile 2022 en vertu de l'ancienne loi est réputé avoir respecté l'exigence en matière d'inspection prévue à l'article 146 de la Loi à l'égard de l'année civile 2022.

PARTIE XI
ADMINISTRATION ET DISPOSITIONS DIVERSES

SIGNIFICATION ET AVIS

Signification et avis

353. (1) Le document qui, en application de la Loi ou du présent règlement, doit être signifié par le ministre, le directeur, un inspecteur ou un autre employé du ministère est valablement signifié s'il est :

a) soit signifié à personne;

b) soit envoyé par courrier recommandé à la dernière adresse du destinataire figurant dans les dossiers du ministère;

c) soit envoyé par courriel à la dernière adresse électronique du destinataire figurant dans les dossiers du ministère;

d) soit envoyé par messagerie commerciale à la dernière adresse du destinataire figurant dans les dossiers du ministère.

(2) L'avis ou la copie d'un rapport, d'une décision ou de quelque chose de semblable qui, en application de la Loi ou du présent règlement, doit être remis par le ministre, le directeur, un inspecteur ou un autre employé du ministère, ou par quiconque agit en application de l'article 140 de la Loi, peut être signifié comme le prévoit le paragraphe (1).

(3) Pour l'application de l'alinéa (1) a), un document peut être signifié à personne conformément aux règles suivantes :

1. S'il est signifié à un particulier, en lui en remettant une copie en mains propres.
2. S'il est signifié à une entreprise individuelle, en en remettant une copie en mains propres au propriétaire unique ou à une personne apparemment autorisée à accepter la remise du document à un bureau du propriétaire unique.
3. S'il est signifié à une société de personnes, en en remettant une copie en mains propres à un associé ou à une personne apparemment autorisée à accepter la remise du document à un bureau de la société.
4. S'il est signifié à une personne morale autre qu'une municipalité, un conseil de gestion, un réseau local d'intégration des services de santé ou l'Agence, en en remettant une copie en mains propres à un dirigeant de la personne morale ou à une personne apparemment autorisée à accepter la remise du document à un bureau de la personne morale.
5. S'il est signifié à une municipalité, en en remettant une copie en mains propres au dirigeant principal de la municipalité, notamment au maire, au président du conseil ou au préfet, au secrétaire de la municipalité ou à une personne apparemment autorisée à accepter la remise du document au bureau central de la municipalité.
6. S'il est signifié à un conseil de gestion, en en remettant une copie en mains propres au président du conseil.
7. S'il est signifié à un réseau local d'intégration des services de santé, en en remettant une copie en mains propres au chef de la direction du réseau, à un de ses dirigeants ou à une personne apparemment autorisée à accepter la remise du document au bureau central du réseau.
8. S'il est signifié à l'Agence, en en remettant une copie en mains propres au chef de la direction de l'Agence, à un des dirigeants de l'Agence ou à une personne apparemment autorisée à accepter la remise du document au bureau central de l'Agence.

(4) Nul n'est besoin, aux fins d'une signification à personne prévue au paragraphe (3), de fournir le document original ou de l'avoir en sa possession.

(5) Outre les autres moyens de signification prévus au présent article, la signification faite en application des articles 107, 155, 156, 157 et 159 et du paragraphe 169 (6) de la Loi, ou la remise d'une copie d'un rapport ou d'un avis en application de l'article 140 ou 141 de la Loi peut être effectuée en remettant une copie de l'ordre, de l'avis ou du rapport en mains propres à l'administrateur du foyer ou au responsable apparent du foyer de soins de longue durée faisant l'objet de l'ordre, de la décision, du rapport ou de l'avis.

(6) Si, en application de la Loi ou du présent règlement, un document doit être signifié au directeur, il est valablement signifié si, selon le cas :

a) il lui est signifié à personne;

b) il lui est envoyé par courrier recommandé à son adresse;

c) il lui est envoyé par courriel à l'adresse électronique fournie par son bureau;

d) il est signifié par tout autre moyen qu'autorise le directeur.

(7) Si, en application de la Loi ou du présent règlement, un avis ou une copie d'un rapport ou de quelque chose de semblable doit être donné au directeur, il est signifié comme le prévoit le paragraphe (6).

(8) Si, en application de la Loi ou du présent règlement, quelque chose doit être signifié au ministre ou un avis doit lui être donné, il est valablement signifié ou donné s'il est signifié au directeur comme le prévoit le paragraphe (6).

(9) Pour l'application de l'alinéa (6) a), un document peut être signifié à personne en en remettant une copie au directeur ou à une personne apparemment autorisée à accepter la remise du document à son bureau.

(10) Malgré le paragraphe (6), la demande de réexamen visée au paragraphe 169 (2) de la Loi est signifiée de la manière prévue dans l'ordre devant être réexaminé.

(11) La signification faite par courrier recommandé est réputée être faite le cinquième jour qui suit le jour de la mise à la poste.

(12) La signification faite par courriel est réputée être faite le jour suivant si le document a été signifié après 16 heures.

(13) La signification faite par messagerie commerciale est réputée être faite le deuxième jour ouvrable suivant la réception du document par le service de messagerie commerciale.

AVIS DE COLLECTE INDIRECTE

Avis de collecte indirecte

354. Si le directeur lui fournit un avis de collecte indirecte de renseignements comme le prévoit le paragraphe 39 (2) de la *Loi sur l'accès à l'information et la protection de la vie privée*, le titulaire de permis d'un foyer affiche l'avis dans un endroit bien en vue du foyer où les membres du personnel sont susceptibles d'en prendre connaissance.

DIVULGATION DES RENSEIGNEMENTS PERSONNELS

Divulgation liée à d'autres lois

355. S'il l'estime souhaitable, le ministre ou le directeur divulgue des renseignements personnels sur un particulier :

a) à un ordre au sens de la *Loi de 1991 sur les professions de la santé réglementées* pour l'application ou l'exécution de la *Loi sur la réglementation des médicaments et des pharmacies*, de la *Loi de 1991 sur les professions de la santé réglementées* ou d'une loi mentionnée à l'annexe 1 de cette dernière loi;

b) à l'Ordre des travailleurs sociaux et des techniciens en travail social de l'Ontario pour l'application ou l'exécution de la *Loi de 1998 sur le travail social et les techniques de travail social*.

CONSTRUCTION ET RÉNOVATION DE FOYERS

Construction et rénovation de foyers

356. (1) Le titulaire de permis d'un foyer de soins de longue durée ne doit pas commencer l'exploitation du foyer en vertu d'un nouveau permis ou d'une nouvelle approbation tant que le directeur n'a pas approuvé le foyer et son équipement.

(2) Le titulaire de permis ne doit pas permettre la transformation, l'agrandissement, la rénovation ou la réparation du foyer ou de son équipement, de même que l'entretien de ceux-ci, si ce n'est dans le but d'en maintenir ou d'en améliorer les aspects fonctionnels.

(3) Le titulaire de permis ne peut pas commencer les travaux suivants sans avoir préalablement obtenu l'approbation du directeur :

1. Les transformations, les agrandissements ou les rénovations du foyer.

2. Les autres travaux relatifs au foyer ou à son équipement, si le fait d'effectuer ces travaux peut déranger les résidents de manière importante ou leur causer des inconvénients importants.

(4) Le titulaire de permis qui demande l'approbation du directeur visée au paragraphe (3) lui fournit ce qui suit :

a) les plans ou devis se rapportant aux travaux à effectuer;

b) un plan de travail qui indique la manière dont les travaux seront effectués, y compris leurs répercussions sur les résidents et les mesures qui seront prises pour traiter des effets nuisibles éventuels pour les résidents.

(5) Le titulaire de permis qui a obtenu l'approbation du directeur visée au paragraphe (3) veille à ce que les travaux soient effectués conformément aux plans ou aux devis et au plan de travail fournis en application du paragraphe (4).

(6) Le directeur peut assujettir l'approbation visée au paragraphe (3) à la condition portant que le titulaire de permis obtienne une nouvelle approbation de sa part avant de commencer à utiliser tout agrandissement du foyer ou toute partie du foyer où des travaux ont été effectués.

FERMETURE DE LITS

Fermeture de lits

357. (1) Le titulaire de permis d'un foyer de soins de longue durée donne un préavis lorsqu'un ou plusieurs lits du foyer doivent être fermés :

a) soit avec l'autorisation écrite du directeur, prévue au paragraphe 107 (3) de la Loi, permettant que les lits soient indisponibles pour occupation;

b) soit parce que les lits sont en voie d'être transférés à un autre emplacement aux termes de l'article 108 de la Loi;

c) soit parce que la durée du permis visant ces lits doit expirer.

(2) Aucun préavis n'est nécessaire aux termes du présent article à l'égard, selon le cas :

a) de lits qui doivent être fermés soudainement en raison d'un événement que le titulaire de permis n'aurait pu raisonnablement prévoir;

b) de lits autorisés en vertu d'un permis temporaire d'une durée de 16 semaines ou moins délivré en vertu de l'alinéa 114 (1) b) de la Loi;

c) de lits autorisés en vertu d'un permis d'urgence temporaire délivré en vertu de l'alinéa 115 (1) b) de la Loi;

d) de lits qui sont en voie d'être fermés parce que le foyer lui-même est en train de fermer.

(3) Le préavis prévu au présent article doit être donné aux personnes suivantes :

a) le résident qui occupe le lit, son mandataire spécial, s'il en a un, et toute autre personne désignée par l'un ou l'autre;

b) le coordonnateur des placements compétent;

c) le directeur.

(4) Sous réserve du paragraphe (5), le préavis prévu au présent article qui est donné à une personne visée à l'alinéa 3 a) doit indiquer ce qui suit :

a) l'intention du titulaire de permis de fermer le lit;

b) le fait que le résident peut être mis en congé s'il occupe toujours le lit au moment de sa fermeture.

(5) Le préavis ne doit pas comprendre le renseignement que prévoit l'alinéa 4 b) si, en raison du moment où il est donné, le résident ne peut être mis en congé conformément à l'article 159.

(6) Le préavis prévu au présent article doit être donné au moins 16 semaines avant la fermeture prévue du lit.

(7) Le directeur peut convenir d'un délai de préavis plus court que celui qu'exige le paragraphe (6) ou de passer outre à l'envoi d'un préavis.

Transfert : lits fermés

358. (1) Le présent article s'applique à l'égard d'un transfert à un lit qui doit être fermé dans un foyer de soins de longue durée si, selon le cas :

a) un préavis était exigé en application de l'article 357 et il a été donné ou il y a été passé outre;

b) l'alinéa 357 (2) b) ou c) s'applique.

(2) Avant le transfert d'un résident à un lit, le titulaire de permis donne un préavis au résident et à son mandataire spécial, s'il en a un, et à toute autre personne désignée par l'un ou l'autre.

(3) Le préavis prévu au paragraphe (2) doit indiquer ce qui suit :

a) l'intention du titulaire de permis de fermer le lit;

b) le fait que le résident peut être mis en congé s'il occupe toujours le lit au moment de sa fermeture.

(4) Le résident peut refuser d'être transféré au lit.

FERMETURE D'UN FOYER

Fermeture d'un foyer : préavis donné au directeur

359. (1) Le titulaire de permis d'un foyer de soins de longue durée ne doit pas fermer le foyer sans donner un préavis comme le prévoit le présent article.

(2) Le présent article ne s'applique pas si, selon le cas :

a) le permis est révoqué;

b) le permis est un permis d'urgence temporaire délivré en vertu de l'alinéa 115 (1) a) de la Loi.

(3) Le titulaire de permis qui a l'intention de fermer un foyer donne au directeur un préavis écrit de son intention.

(4) Le préavis doit :

a) énoncer la date de la fermeture prévue;

b) être donné au directeur au moins :

(i) cinq ans avant la date de la fermeture prévue,

(ii) trois ans avant la date de la fermeture prévue, dans le cas d'un permis temporaire délivré en vertu de l'alinéa 114 (1) a) de la Loi.

(iii) dans le cas d'une fermeture d'un foyer, à l'expiration du permis du foyer, avant la date prévue dans la politique établie en vertu du paragraphe 106 (1) de la Loi.

(5) Le titulaire de permis peut retirer le préavis avec le consentement écrit du directeur.

(6) Le titulaire de permis peut modifier la date de fermeture avec le consentement écrit du directeur.

(7) Le permis ou l'approbation relatif au foyer est réputé être remis à la date de fermeture.

(8) L'avis visé à l'article 308 du Règlement de l'Ontario 79/10 (Dispositions générales) pris en vertu de l'ancienne loi qui a été donné avant l'entrée en vigueur du présent article est réputé être donné en vertu du présent article.

Fermeture d'un foyer : préavis donné aux résidents et aux auteurs de demande

360. (1) Le titulaire de permis d'un foyer qui doit être fermé donne un préavis de la fermeture à chaque résident du foyer, à son mandataire spécial, s'il en a un, et à toute autre personne désignée par l'un ou l'autre.

(2) Le présent article ne s'applique pas si, selon le cas :

a) le permis est révoqué;

b) le permis est un permis d'urgence temporaire délivré en vertu de l'alinéa 115 (1) a) de la Loi.

(3) Le préavis prévu au paragraphe (1) doit être donné au moins 16 semaines avant la fermeture du foyer, sauf si un permis temporaire d'une durée de moins de 16 semaines a été délivré en vertu de l'alinéa 114 (1) a) de la Loi, auquel cas le préavis doit être donné dans le délai que prévoit le permis temporaire.

Plans et ententes de fermeture

361. (1) Le présent article s'applique lorsqu'un foyer est fermé, sauf :

a) lorsqu'un permis est révoqué en vertu de l'article 159 de la Loi;

b) dans le cas d'un permis d'urgence temporaire délivré en vertu de l'alinéa 115 (1) a) de la Loi.

(2) Le titulaire de permis, en consultation avec le directeur, le coordonnateur des placements compétent et l'Agence, élabore à l'égard du foyer un plan de fermeture que le directeur juge suffisant pour prévoir ce qui suit de façon adéquate :

a) la réinstallation des résidents;

b) la fermeture du foyer;

c) le respect des exigences auxquelles le titulaire de permis est tenu de satisfaire à l'égard du foyer.

(3) Le plan de fermeture doit être donné au directeur :

a) au moins 14 mois avant la date de fermeture;

b) au plus tard à la date précisée dans l'ordre de révocation, dans le cas d'un permis temporaire délivré en vertu de l'alinéa 114 (1) a) de la Loi qui est révoqué en vertu de la disposition 1 du paragraphe 114 (2) de la Loi.

(4) Le titulaire de permis se conforme au plan de fermeture.

(5) Le titulaire de permis conclut avec le directeur une entente de fermeture qui prévoit les exigences auxquelles il doit satisfaire à la date ou vers la date de fermeture du foyer et par la suite.

(6) Le titulaire de permis conclut l'entente de fermeture :

a) au moins six mois avant la date de fermeture;

b) au plus tard à la date précisée dans l'ordre de révocation, dans le cas d'un permis temporaire délivré en vertu de l'alinéa 114 (1) a) de la Loi qui est révoqué en vertu de la disposition 1 du paragraphe 114 (2) de la Loi.

Délais de préavis et échéances plus courts

362. (1) Si, en vertu de l'article 359, 360 ou 361, un titulaire de permis est tenu de donner un préavis au plus tard à une certaine date ou de remettre un plan de fermeture ou de conclure une entente de fermeture au plus tard à une certaine date, le directeur peut convenir d'un délai de préavis plus court ou d'une date ultérieure pour remettre le plan ou conclure l'entente.

(2) Sans préjudice de la portée générale du paragraphe (1), un permis temporaire délivré en vertu de l'alinéa 114 (1) a) de la Loi peut prévoir un délai de préavis plus court ou une date ultérieure pour remettre le plan ou conclure l'entente.

Fermeture d'un foyer : permis d'urgence temporaire

363. (1) Le présent article s'applique au titulaire de permis d'un foyer auquel est délivré un permis d'urgence temporaire en vertu de l'alinéa 115 (1) a) de la Loi.

(2) Le titulaire de permis ne doit pas fermer le foyer si ce n'est comme le prévoit le permis ou comme en convient le directeur.

(3) Le paragraphe (2) ne s'applique pas si le permis est révoqué.

(4) Le titulaire de permis collabore avec le directeur, le coordonnateur des placements compétent et l'Agence à l'égard de la fermeture du foyer et de la réinstallation de ses résidents.

Règles spéciales : foyers visés à la partie IX

364. Les règles supplémentaires suivantes s'appliquent à l'égard de la fermeture de foyers ouverts aux termes de la partie IX de la Loi :

1. Les municipalités du Sud ne doivent pas fermer un foyer qu'elles sont tenues d'entretenir en application de l'article 122 de la Loi.
2. Le préavis de fermeture visé à l'article 359 qui est donné à l'égard d'un foyer entretenu en application de l'article 128 de la Loi comprend des copies certifiées conformes des règlements municipaux, par lesquels il est consenti à la fermeture, adoptés par la majorité des municipalités situées dans le district territorial.

Prorogation du permis jusqu'à ce que tous les résidents soient relogés

365. (1) Si un foyer de soins de longue durée est en voie d'être fermé, mais que les résidents n'ont pas tous été logés ailleurs avant la date de fermeture prévue, le directeur peut proroger la durée du permis, sous réserve des conditions qu'il stipule, jusqu'à ce que tous les résidents aient été logés ailleurs.

(2) La partie VIII de la Loi ne s'applique pas à l'égard de la prorogation visée au paragraphe (1).

DROITS

Droits

366. (1) Des droits sont payables au directeur pour ce qui suit :

1. Le transfert d'un permis ou de lits autorisés par un permis visé à l'article 108 de la Loi.
2. L'approbation, visée à l'article 112 de la Loi, de la détention d'intérêts majoritaires dans un titulaire de permis.
3. L'approbation d'un contrat de gestion visée à l'article 113 de la Loi, notamment l'approbation, visée au paragraphe 113 (6) de la Loi, d'une modification importante apportée à un tel contrat.
4. La modification d'un permis prévue à l'article 116 de la Loi.

(2) Les droits exigibles en application du présent article sont payables au moment de la présentation au directeur d'une demande de transfert, d'approbation ou de modification.

(3) Les droits ne sont pas remboursables si le directeur ne donne pas son approbation.

(4) Sous réserve des paragraphes (5) à (7), le total des droits est calculé en additionnant chacun des montants exigibles suivants :

1. 750 $ pour le traitement de la demande.

2. 750 $ pour la prise d'une décision, si l'article 99 de la Loi l'exige.
3. 750 $ pour la prise en compte de tout facteur en application de l'alinéa 100 (1) a) de la Loi, si le transfert, l'approbation ou la modification est assujetti à une restriction prévue à l'article 100 de la Loi.
4. 750 $ pour la prise en compte de tout facteur en application de l'alinéa 100 (1) b) de la Loi, si le transfert, l'approbation ou la modification est assujetti à une restriction prévue à l'article 100 de la Loi.
5. 1 500 $, si le transfert, l'approbation ou la modification est assujetti à l'article 101 de la Loi.
6. 1 800 $ pour chaque réunion publique qui est exigée, si le public doit être consulté en application de l'alinéa 109 (1) c) ou d) de la Loi.
7. 75 $ pour chaque permis qui doit être délivré, délivré à nouveau ou modifié.
8. 3 000 $ pour chaque inspection préalable à la vente qu'effectue le ministère à la demande de l'auteur de la demande.
9. 750 $ pour l'examen d'un contrat de gestion, si la demande vise l'obtention de l'approbation du contrat.
10. 750 $ pour l'examen d'une modification à apporter à un permis, si la demande vise une telle modification.

(5) Le directeur peut réduire le montant des droits exigés si un montant y a été inclus à l'égard d'une mesure qui n'a pas été prise.

(6) Les droits exigibles pour la modification d'un permis sont réduits de 50 % s'il ne s'agit que d'un changement de nom du titulaire de permis ou du foyer de soins de longue durée.

(7) Le directeur peut réduire le montant des droits exigés si, en raison des circonstances suivantes, les droits seraient par ailleurs excessifs compte tenu de ce qui est exigé pour traiter la ou les demandes :

1. Des montants ont été inclus plus d'une fois dans les droits exigibles visés à la disposition 3 du paragraphe (4) en ce qui concerne l'application de l'alinéa 100 (1) a) de la Loi à une même personne qui présente une seule demande ou qui en présente deux ou plus simultanément ou vers la même date.
2. Des montants ont été inclus plus d'une fois dans les droits exigibles visés à la disposition 4 du paragraphe (4) en ce qui concerne l'application de l'alinéa 100 (1) b) de la Loi à une même personne qui présente une seule demande ou qui en présente deux ou plus simultanément ou vers la même date.
3. Un montant a été inclus dans les droits exigibles visés à la disposition 3 ou 4 du paragraphe (4) en ce qui concerne l'application de l'alinéa 100 (1) a) ou b) de la Loi et l'application de l'alinéa s'est avérée peu complexe en raison des circonstances particulières en cause.
4. Des montants ont été inclus plus d'une fois dans les droits exigibles visés à la disposition 5 du paragraphe (4) en ce qui concerne l'application de l'article 101 de la Loi à une même personne qui présente une seule demande ou qui en présente deux ou plus simultanément ou vers la même date.

(8) La définition qui suit s'applique dans le cadre du présent article.

«demande» S'entend notamment d'une demande d'approbation d'un transfert proposé présentée en vertu du paragraphe 108 (4) de la Loi.

Droits exigibles au titre des vérifications et des analyses financières

367. (1) Le directeur peut exiger qu'un titulaire de permis paie des droits d'un montant qu'il estime raisonnable compte tenu de toutes les circonstances si les conditions suivantes sont remplies :

a) un inspecteur a, en vertu de l'alinéa 150 (1) i) de la Loi, fait appel à un expert qui n'est pas un employé du ministère pour effectuer une vérification ou une analyse financière;

b) la vérification ou l'analyse était nécessaire en raison du non-respect d'une exigence prévue par la Loi par le titulaire de permis ou elle a révélé le non-respect d'une telle exigence.

(2) Les droits prévus au paragraphe (1) ne doivent pas être supérieurs aux coûts engagés par le ministère pour retenir les services de l'expert.

EXEMPTIONS

Exemptions : certains foyers

368. (1) Sous réserve du paragraphe (2), les foyers de soins de longue durée indiqués au tableau du présent article sont soustraits à l'application de la partie IV de la Loi.

(2) L'alinéa 51 (11) d) et les articles 52 et 56 de la Loi s'appliquent aux foyers de soins de longue durée indiqués au tableau du présent article, sauf que les mentions du coordonnateur des placements valent mention du titulaire de permis du foyer.

TABLEAU

Pointt	Foyer de soins de longue durée
1.	Iroquois Lodge Nursing Home, Ohsweken
2.	Wikwemikong Nursing Home, Wikwemikong
3.	Akwesasne Adult Care Centre, Cornwall
4.	Oneida Nation of the Thames Long-Term Care Home, Southwold

Exemptions : foyers ayant des lits du programme EldCap

369. (1) La définition qui suit s'applique au présent article.

«foyer ayant des lits du programme EldCap» L'un quelconque des foyers suivants :

a) Atikokan General Hospital (Atikokan),

b) La Résidence Bignucolo (The) (Chapleau),

c) Emo Health Centre (Emo),

d) Espanola Nursing Home (Espanola),

e) L'Hôpital du District de Geraldton (Geraldton),

f) North Shore Health Network — Eldcap Unit (Blind River),

g) Hôpital communautaire de Hornepayne (Hornepayne),

h) Centre de santé Lady Dunn (Wawa),

i) Lakeland Long Term Care (Parry Sound),

j) Santé Manitouwadge Health (Manitouwadge),

k) Nipigon District Memorial Hospital (Nipigon),

l) Rainy River Health Centre (Rainy River),

m) Rosedale Centre (Matheson),

n) Smooth Rock Falls Hospital (Smooth Rock Falls),

o) William A. "Bill" George Extended Care Facility (Sioux Lookout). («home with EldCap beds»)

«hôpital» S'entend des établissements suivants :

a) le Sioux Lookout Meno Ya Win Health Centre, dans le cas du foyer ayant des lits du programme EldCap au sens de l'alinéa o) de cette définition au présent paragraphe;

b) les lieux d'un hôpital où se trouvent des lits du programme EldCap, dans le cas de foyers ayant des lits du programme EldCap au sens des alinéas a), b), c), e), g), h), j), k), l), m) et n) de cette définition au présent paragraphe. («hospital»).

(2) Les dispositions suivantes s'appliquent à l'égard des foyers ayant des lits du programme EldCap au sens des alinéas a), b), c), e), g), h), j), k), l), m), n) et o) de cette définition au paragraphe (1) :

1. Le titulaire de permis est soustrait à l'application des articles 4, 20 et 78, de l'alinéa 95 a) et de l'article 96 de la Loi.

2. Le titulaire de permis est soustrait à l'application des paragraphes 11 (3) et (4) de la Loi, à condition qu'une infirmière autorisée ou un infirmier autorisé soit de service et présent n'importe où sur les lieux, y compris à l'hôpital.

3. Les mentions à l'article 110, au paragraphe 111 (3) et à l'article 113 de la Loi et aux articles 322 et 324 du présent règlement de «foyer de soins de longue durée» ou «foyer» valent mention des parties du site d'un hôpital qui sont utilisées uniquement par les résidents du foyer de soins de longue durée ou pour leur compte.

4. Le titulaire de permis est soustrait à l'application des dispositions suivantes du présent règlement :

   i. les alinéas 20 c) et e),

   ii. l'article 21,

   iii. le paragraphe 70 (2),

   iv. le paragraphe 72 (2),

   v. l'article 73,

   vi. le paragraphe 78 (5),

vii. l'article 81,

viii. l'article 82,

ix. l'article 83,

x. le paragraphe 91 (4),

xi. le paragraphe 98 (2),

xii. l'article 251,

xiii. l'article 288,

xiv. les alinéas 312 a), b) et h).

5. Le titulaire de permis est soustrait à l'application de l'article 313, sauf dans la mesure où cet article s'applique aux alinéas 312 c), d), e), f) et g).

6. Le titulaire de permis est soustrait à l'exigence portant que des services de physiothérapie soient fournis sur les lieux en application de l'alinéa 65 a).

7. Le titulaire de permis est soustrait aux exigences du paragraphe 66 (1), à moins que des services de thérapeutique ne soient fournis au foyer ou à l'hôpital.

8. Le titulaire de permis est soustrait à l'application de l'article 67 si des services de thérapeutique ne sont pas fournis au foyer ou à l'hôpital.

9. Le titulaire de permis peut satisfaire aux exigences ou prendre les mesures prévues aux dispositions suivantes dans tout l'hôpital :

   i. les articles 76 et 77, les paragraphes 78 (1), (2), (3), (4), (6) et (7), et les articles 79, 80, 92, 93, 94, 95, 96 et 97,

   ii. les articles 123, 124, 125, 141 et 148.

10. Le titulaire de permis est soustrait à l'application du paragraphe 249 (1), mais il doit avoir un administrateur du foyer, qui est soit un membre de son personnel ou un membre du personnel de l'hôpital et qui est de service n'importe où sur les lieux, y compris à l'hôpital.

11. Le titulaire de permis est soustrait à l'application du paragraphe 249 (3), à condition que l'administrateur du foyer satisfasse à une des exigences énoncées à ce paragraphe.

12. Lorsqu'il est satisfait aux exigences des articles 268 et 269, le titulaire de permis peut utiliser le plan de mesures d'urgence de l'hôpital.

13. Le titulaire de permis est soustrait à l'application des articles 270 et 271.

14. Le titulaire de permis est soustrait à l'application de l'article 278, à condition que les dossiers du personnel soient conservés à l'hôpital, qu'ils contiennent tous les renseignements exigés à cet article et qu'ils soient accessibles à un inspecteur.

15. Le titulaire de permis est soustrait à l'application de l'article 279, à condition que les dossiers des bénévoles soient conservés à l'hôpital, qu'ils contiennent tous les renseignements exigés à cet article et qu'ils soient accessibles à un inspecteur.

16. Le titulaire de permis est soustrait à l'application de l'article 280, à condition que les dossiers relatifs aux membres de son conseil d'administration, de son conseil de gestion, de son comité de gestion ou d'une autre structure de gouvernance soient conservés à l'hôpital, qu'ils contiennent tous les renseignements exigés à cet article et qu'ils soient accessibles à un inspecteur.

17. Le titulaire de permis est soustrait à l'application de l'article 281, à condition que les dossiers soient conservés par l'hôpital pendant la période fixée à l'article 282.

18. Le titulaire de permis est soustrait à l'application du paragraphe 356 (2), sauf que cette disposition s'applique aux transformations, aux agrandissements ou aux rénovations effectués à l'aire ou à l'équipement qui sont utilisés uniquement par les résidents du foyer de soins de longue durée ou pour leur compte.

19. Le titulaire de permis est soustrait à l'application du paragraphe 356 (3), sauf que :

   i. sous réserve de la sous-disposition ii, les dispositions 1 et 2 de ce paragraphe s'appliquent à l'aire ou à l'équipement qui est utilisé uniquement par les résidents du foyer ou pour leur compte,

   ii. l'approbation du directeur est également exigée avant que le titulaire de permis commence la transformation, l'agrandissement, la rénovation ou la réparation de toute partie de l'hôpital, de même que l'entretien d'une telle

partie, si le fait d'effectuer ces travaux peut déranger les résidents du foyer de manière importante ou leur causer des inconvénients importants.

20. Il demeure entendu que la fermeture de tous les lits du programme EldCap constitue la fermeture du foyer pour l'application des articles 357 à 363.

(3) Les dispositions suivantes s'appliquent à l'égard des foyers ayant des lits du programme EldCap au sens des alinéas a), b), c), e), g), h), j), k), l), m) et n) de cette définition au paragraphe (1) :

1. Le titulaire de permis est soustrait à l'application des dispositions suivantes du présent règlement :
   i. la sous-disposition 1 ii du paragraphe 12 (1),
   ii. la disposition 3 du paragraphe 12 (1),
   iii. l'article 13.
2. Le titulaire de permis est soustrait à l'application de la sous-disposition 1 iii du paragraphe 12 (1), sauf que les portes doivent être dotées d'un système d'alarme sonore.
3. Le titulaire de permis est soustrait à l'application du paragraphe 23 (5) si l'hôpital est doté d'une aire de refroidissement qui satisfait aux exigences de ce paragraphe et qu'utilisent les résidents du foyer.
4. Le titulaire de permis peut satisfaire aux exigences ou prendre les mesures prévues aux articles 138 et 139 dans tout l'hôpital.

(4) Les dispositions suivantes s'appliquent à l'égard des foyers ayant des lits du programme EldCap au sens des alinéas d), f) et i) de cette définition au paragraphe (1) :

1. Le titulaire de permis est soustrait à l'application de l'alinéa 95 a) et de l'article 96 de la Loi.
2. Le titulaire de permis est soustrait à l'application des articles suivants de la Loi, sous réserve des conditions suivantes :
   i. il est soustrait à l'application de l'article 4 s'il tient compte de l'énoncé de mission du foyer de soins de longue durée adjacent,
   ii. il est soustrait à l'application de l'article 20 si son programme de bénévolat structuré fait partie de celui du foyer de soins de longue durée adjacent,
   iii. il est soustrait à l'application de l'article 42 si son initiative d'amélioration constante de la qualité fait partie de celle du foyer de soins de longue durée adjacent.
3. Le titulaire de permis est soustrait à l'application des dispositions suivantes du présent règlement, sous réserve des conditions suivantes :
   i. il est soustrait aux exigences de l'article 22 si le foyer de soins de longue durée adjacent satisfait aux exigences de l'article 22 qui s'appliquent à lui et que la génératrice est capable de maintenir tous les éléments exigés aux alinéas 22 (1) a), b) et c) à l'égard de son propre foyer,
   ii. il est soustrait à l'application du paragraphe 23 (5) si le foyer de soins de longue durée adjacent est doté d'une aire de refroidissement qui satisfait aux exigences de ce paragraphe et utilisée pour le compte des résidents de son propre foyer,
   iii. il est soustrait aux exigences de l'article 34 s'il tient compte des mesures qui sont en place au foyer de soins de longue durée adjacent et que ces mesures satisfont aux exigences de l'article 34,
   iv. il est soustrait à l'exigence portant que des services de physiothérapie soient fournis sur les lieux en application de l'alinéa 65 a) si les services sont fournis sur les lieux au foyer de soins de longue durée adjacent,
   v. il est soustrait à l'exigence du paragraphe 66 (1) si les services de thérapeutique sont fournis sur les lieux au foyer de soins de longue durée adjacent,
   vi. il est soustrait aux exigences des articles 70, 72, 98 et 101 si le responsable désigné du foyer de soins de longue durée adjacent est le même que celui de son propre foyer et qu'il satisfait aux exigences de l'article pertinent.
4. Le titulaire de permis est soustrait à l'application de l'article 288 et des alinéas 312 a), b) et h).
5. Le titulaire de permis est soustrait à l'application de l'article 313, sauf dans la mesure où cet article s'applique aux alinéas 312 c), d), e), f) et g).
6. Le titulaire de permis peut satisfaire aux exigences ou prendre les mesures prévues aux dispositions suivantes du présent règlement dans tout le foyer de soins de longue durée adjacent :
   i. les articles 71, 76, 77, 78, 79, 80, le paragraphe 81 (1), les articles 82, 83 et 84, les paragraphes 91 (2), (3) et (4), et les articles 92, 93, 94, 95, 96 et 100,

ii. les articles 123, 124, 125, 128, 130, 138, 139, 141, 145, le paragraphe 147 (3) et l'article 148,

iii. les articles 257, 258, 259, 260 et 261,

iv. l'article 263.

7. Le titulaire de permis peut satisfaire aux exigences prévues aux dispositions suivantes du présent règlement si les mesures exigées en application de ces dispositions sont en place dans le foyer de soins de longue durée adjacent et sont utilisées pour son propre foyer :

i. les articles 107, 108, 110, 111 et 112,

ii. les articles 264 et 265.

8. Lorsqu'il est satisfait aux exigences du paragraphe 249 (1), le nombre d'heures que travaille l'administrateur du foyer peut être calculé en tenant compte du nombre total de lits du programme EldCap et du nombre de lits au foyer adjacent, et l'administrateur du foyer peut être de service et présent soit au foyer ayant des lits du programme EldCap, soit au foyer adjacent.

9. Lorsqu'il est satisfait aux exigences de l'article 249, le nombre d'heures que travaille le directeur des soins infirmiers et des soins personnels peut être calculé en tenant compte du nombre total de lits du programme EldCap et du nombre de lits au foyer de soins de longue durée adjacent.

10. Lorsqu'il est satisfait aux exigences de la partie III, le titulaire de permis peut intégrer son initiative d'amélioration constante de la qualité à celui du foyer de soins de longue durée adjacent.

11. Lorsqu'il est satisfait aux exigences des articles 268 et 269, le titulaire de permis peut intégrer son plan de mesures d'urgence à celui du foyer de soins de longue durée adjacent.

12. Le titulaire de permis est soustrait à l'application des articles 270 et 271.

13. Le titulaire de permis est soustrait aux exigences de l'article 276 si les dossiers des résidents sont conservés au foyer de soins de longue durée adjacent et qu'ils satisfont aux exigences de cet article.

14. Le titulaire de permis est soustrait à l'application de l'article 278 si les dossiers du personnel sont conservés au foyer de soins de longue durée adjacent et qu'ils contiennent tous les renseignements exigés à cet article.

15. Le titulaire de permis est soustrait à l'application de l'article 281 si les dossiers du personnel sont conservés par le titulaire de permis du foyer de soins de longue durée adjacent pendant la période fixée à l'article 282.

16. Le titulaire de permis peut satisfaire aux exigences de l'article 286 grâce aux mesures qui sont en place au foyer de soins de longue durée adjacent.

(5) Les dispositions suivantes s'appliquent à l'égard des foyers ayant des lits du programme EldCap au sens des alinéas d) et f) de cette définition au paragraphe (1) :

1. Le titulaire de permis est soustrait à l'application des paragraphes 11 (3) et (4) de la Loi, à condition qu'une infirmière autorisée ou un infirmier autorisé soit de service et présent n'importe où sur les lieux, y compris les lieux du foyer de soins de longue durée adjacent.

2. Le coordonnateur des placements est soustrait à l'application du paragraphe 182 (1) à l'égard des lits du programme EldCap et tient une liste d'attente pour ces lits et les lits du foyer de soins de longue durée adjacent.

(6) Les dispositions suivantes s'appliquent à l'égard des foyers ayant des lits du programme EldCap au sens de l'alinéa i) de cette définition au paragraphe (1) :

1. Le titulaire de permis est soustrait à l'application du paragraphe 11 (3) de la Loi, à condition qu'une infirmière autorisée ou un infirmier autorisé soit de service et présent n'importe où sur les lieux, y compris les lieux du foyer de soins de longue durée adjacent.

2. Le coordonnateur des placements est soustrait à l'application du paragraphe 182 (1) du présent règlement à l'égard des lits du programme EldCap et tient une liste d'attente pour ces lits et les lits du foyer de soins de longue durée adjacent s'il est conclu, en application de l'article 113 de la Loi, un contrat de gestion aux termes duquel le titulaire de permis du foyer adjacent gère les lits du programme EldCap.

Exemptions : lieux de rechange

370. (1) Les dispositions suivantes s'appliquent à tout lieu où des lits sont disponibles dans le cadre du programme de séjour de courte durée, mais non dans le cadre du programme de séjour de longue durée, et où des lits sont également disponibles pour les gens qui ne sont pas des résidents d'un foyer de soins de longue durée :

1. Le titulaire de permis est soustrait à l'application des articles 4, 20 et 42, et du paragraphe 43 (4) de la Loi.

2. Le titulaire de permis est soustrait à l'application des paragraphes 11 (3) et (4) de la Loi, à condition qu'une infirmière autorisée ou un infirmier autorisé soit de service et présent n'importe où sur les lieux où se trouvent les lits .

3. Le titulaire de permis est soustrait à l'application des articles 62 et 64 de la Loi, à moins qu'un résident du foyer ne désire constituer un conseil des résidents.

4. Le titulaire de permis est soustrait à l'application de l'article 78 de la Loi s'il y a moins de 23 lits réservés aux soins de longue durée.

5. Le titulaire de permis est soustrait à l'application des alinéas 84 (2) o) et 85 (3) p) de la Loi s'il n'existe aucun conseil des résidents sur les lieux où se trouvent les lits.

6. Le titulaire de permis est soustrait à l'exigence du paragraphe 43 (1) de la Loi portant que, au moins une fois par année, soit mené le sondage visé à ce paragraphe, mais il veille à ce que soit donnée à chaque résident et à sa famille l'occasion de remplir le sondage au moment de la mise en congé du résident du foyer.

7. Le titulaire de permis est soustrait aux exigences du paragraphe 43 (5) de la Loi, à moins qu'il n'existe un conseil des résidents ou un conseil des familles au foyer.

8. Les mentions à l'article 110, au paragraphe 111 (3) et à l'article 113 de la Loi, et aux articles 322 et 324 du présent règlement de «foyer de soins de longue durée» ou de «foyer» valent mention des parties du lieu qui ne sont utilisées que par les résidents du foyer de soins de longue durée ou pour leur compte.

9. Le titulaire de permis est soustrait à l'application des dispositions suivantes du présent règlement :

    i. la sous-disposition 1 ii du paragraphe 12 (1),

    ii. la disposition 3 du paragraphe 12 (1),

    iii. l'article 13,

    iv. l'alinéa 14 a),

    v. les alinéas 20 c) et e),

    vi. l'article 21,

    vii. le paragraphe 66 (1),

    viii. le paragraphe 70 (2),

    ix. le paragraphe 72 (2),

    x. l'article 73,

    xi. l'article 81,

    xii. l'article 82,

    xiii. le paragraphe 98 (2).

10. Le titulaire de permis est soustrait à l'application de la sous-disposition 1 iii du paragraphe 12 (1), sauf que les portes doivent être dotées d'un système d'alarme sonore.

11. Le titulaire de permis est soustrait à l'application de l'article 19, sauf à l'obligation de se doter d'une moustiquaire.

12. Le titulaire de permis est soustrait aux exigences du paragraphe 22 (1) s'il a un accès garanti, pour le foyer, à une génératrice prête à fonctionner dans les trois heures d'une panne d'électricité et capable de maintenir tous les éléments exigés aux alinéas 22 (1) a), b) et c).

13. Le titulaire de permis est soustrait à l'exigence portant que des services de physiothérapie soient fournis sur les lieux en application de l'alinéa 65 a).

14. Le titulaire de permis est soustrait à l'application de l'article 67 si des services de thérapeutique ne sont pas fournis sur les lieux où se trouvent les lits.

15. Le titulaire de permis est soustrait à l'application de l'alinéa 77 (1) f), à moins qu'il n'existe un conseil des résidents au foyer.

16. Le titulaire de permis est soustrait à l'application du paragraphe 249 (3), à condition que l'administrateur du foyer satisfasse à une des exigences énoncées à ce paragraphe.

17. Le titulaire de permis est soustrait à l'application du paragraphe 356 (2), sauf que cette disposition s'applique à la transformation, à l'agrandissement ou à la rénovation de l'aire ou de l'équipement qui n'est utilisé que par les résidents du foyer de soins de longue durée ou pour leur compte.

18. Le titulaire de permis est soustrait à l'application du paragraphe 356 (3), sauf que :

    i. sous réserve de la sous-disposition ii, les dispositions 1 et 2 de ce paragraphe ne s'appliquent qu'à l'aire ou à l'équipement qui ne sont utilisés que par les résidents du foyer de soins de longue durée ou pour leur compte,

ii. l'approbation du directeur est également exigée avant que le titulaire de permis ne commence la transformation, l'agrandissement, la rénovation ou la réparation de toute partie du lieu, de même que l'entretien d'une telle partie, si le fait d'effectuer ces travaux peut déranger les résidents du foyer de manière importante ou leur causer des inconvénients importants.

19. Il demeure entendu que la fermeture de tous les lits du foyer de soins de longue durée constitue la fermeture du foyer pour l'application des articles 357 à 363.

(2) Malgré le paragraphe 51 (7) de la Loi, le titulaire de permis ne doit pas approuver l'admission de l'auteur d'une demande qui a besoin de caractéristiques en matière de sûreté et de sécurité à l'application desquelles le titulaire de permis est soustrait en application du présent article.

PARTIE XII
DISPOSITIONS TRANSITOIRES

Désignation des coordonnateurs des placements

371. La désignation d'un coordonnateur des placements en vertu de l'article 40 de l'ancienne loi continue de s'appliquer en vertu de la Loi jusqu'à sa révocation.

Désignation d'unités ou de lits

372. Toute désignation d'unités spécialisées ou de lits par le directeur en application de la partie III de l'ancienne loi ou toute désignation de lits par le ministre en application de la partie III de l'ancienne loi continue de s'appliquer dans le cadre de la Loi jusqu'à son expiration, son remplacement ou sa révocation.

Décisions prises en vertu de l'ancienne loi

373. (1) La décision que prend le ministre en application de l'article 96 de l'ancienne loi est réputée une décision visée à l'article 99 de la Loi.

(2) La décision du ministre selon laquelle une restriction est ou n'est pas nécessaire en application de l'article 97 de l'ancienne loi est réputée une décision du ministre visée à l'article 100 de la Loi.

(3) La décision du directeur, prévue à l'article 98 de l'ancienne loi, selon laquelle une personne est admissible à un permis, ou à toute autre fin pour laquelle une décision en matière d'admissibilité était exigée en application de l'article 98 de l'ancienne loi, est réputée être une décision du directeur prévue à l'article 101 de la Loi.

Engagements

374. L'engagement délivré en vertu de l'article 100 de l'ancienne loi est réputé un engagement visé à l'article 103 de la Loi.

Permission en vertu de l'ancienne loi ayant trait aux lits indisponibles

375. La permission écrite du directeur visée au paragraphe 104 (3) de l'ancienne loi qui a été donnée avant l'entrée en vigueur du présent article est réputée la permission visée au paragraphe107 (3) de la Loi.

Demandes d'approbation de transferts

376. La demande d'approbation d'un transfert proposé qui a été présentée en vertu de l'article 105 de l'ancienne loi, mais qui n'a fait l'objet d'aucun traitement avant l'entrée en vigueur du présent article est réputée être une demande d'approbation d'un transfert proposé visée à l'article 108 de la Loi.

Consultations en vertu de l'ancienne loi

377. La consultation ou la décision visée à l'article 106 de l'ancienne loi qui a eu lieu avant l'entrée en vigueur du présent article est réputée une consultation ou une décision visée à l'article 109 de la Loi.

Sûreté

378. L'article 110 de la Loi s'applique à quiconque à qui s'appliquait l'article107 de l'ancienne loi immédiatement avant l'entrée en vigueur du présent article.

Avis de certaines modifications

379. (1) Sous réserve du paragraphe (2), le titulaire de permis n'est tenu de donner l'avis exigé à l'article 111 de la Loi qu'à l'égard de ce qui se produit le jour de l'entrée en vigueur du présent article ou par la suite.

(2) Le titulaire de permis est tenu de donner l'avis exigé à l'article 111 de la Loi à l'égard de ce qui s'est produit avant le jour de l'entrée en vigueur du présent article s'il était tenu d'en donner avis en application de l'ancienne loi, mais qu'il ne l'a pas fait.

Approbations en vertu de l'ancienne loi : détention d'intérêts majoritaires

380. (1) Au moment de l'entrée en vigueur du présent article, la demande d'approbation de détention d'intérêts majoritaires d'une personne dans un titulaire de permis qui a été présentée en vertu de l'article 109 de l'ancienne loi, mais qui n'a pas encore été traitée, est réputée être une demande d'autorisation visée à l'article 112 de la Loi.

(2) L'approbation du directeur visée à l'article 109 de l'ancienne loi qui a été donnée avant l'entrée en vigueur du présent article est réputée une approbation visée à l'article 112 de la Loi.

(3) La personne qui, avant le 18 janvier 2022, a acquis des intérêts majoritaires, au sens de la définition donnée à ce terme dans le présent règlement, dans un titulaire de permis n'est pas tenue d'obtenir une approbation visée à l'article 112 de la Loi si elle n'était pas tenue d'obtenir une approbation en application de l'article 109 de l'ancienne loi avant cette date.

(4) La personne qui, le 18 janvier 2022 ou par la suite, a acquis des intérêts majoritaires, au sens de la définition donnée à ce terme dans le présent règlement, dans un titulaire de permis n'est pas tenue d'obtenir une approbation en application de l'article 112 de la Loi qu'un an après l'entrée en vigueur de l'article 112 de la Loi, si elle n'était pas tenue d'obtenir une approbation en application de l'article 109 de l'ancienne loi, ou si elle ne serait pas tenue d'obtenir une approbation en application de l'article 109 de l'ancienne loi si cet article était encore en vigueur.

Approbation de contrats de gestion en vertu de l'ancienne loi

381. L'approbation du directeur visée à l'article 110 de l'ancienne loi qui a été donnée avant l'entrée en vigueur du présent article est réputée une approbation visée à l'article 113 de la Loi.

Approbations en vertu de l'ancienne loi ayant trait aux foyers municipaux

382. L'approbation visée à l'article 120, 121, 123 ou 124 de l'ancienne loi donnée ou réputée avoir été donnée avant l'entrée en vigueur du présent article est réputée une approbation visée à l'article 123, 124, 126 ou 127 de la Loi.

Dossiers

383. Sauf disposition contraire du présent règlement concernant des dossiers en particulier, les exigences, prévues à la présente loi, en matière de conservation des dossiers s'appliquent, avec les adaptations nécessaires, aux dossiers exigés en vertu de l'ancienne loi.

Directives

384. La directive que donne le ministre en vertu de l'article 174.1 de l'ancienne loi continue de s'appliquer en vertu de la Loi jusqu'à sa révocation.

Financement

385. Tout financement que le ministre peut avoir fourni en vertu de l'ancienne loi est réputé, pour l'application de la partie VII de la Loi, avoir été fourni en vertu de la Loi.

Ententes

386. Toute entente conclue en vertu de l'ancienne loi est réputée être une entente conclue en vertu de la Loi.

Inspecteurs

387. La nomination d'un inspecteur en vertu de l'article 141 de l'ancienne loi continue de s'appliquer en vertu de la Loi comme si elle était faite en vertu de la Loi.

Dispositions transitoires — Qualités requises du personnel

388. (1) Sous réserve du paragraphe (2), le titulaire de permis d'un foyer de soins de longue durée n'est tenu de se conformer à une exigence énoncée dans la Loi ou le présent règlement à l'égard des qualités requises des membres du personnel que 12 mois après l'entrée en vigueur du présent article, dans la mesure où la personne qui occupe le poste, de l'avis raisonnable du titulaire de permis, possède les compétences, la formation et les connaissances suffisantes pour exercer les fonctions exigées par ce poste.

(2) Le paragraphe (1) ne s'applique pas à l'égard des personnes suivantes :

a) un directeur médical;

b) un directeur des soins infirmiers et des soins personnels;

c) un médecin;

d) une infirmière autorisée et un infirmier autorisé;

e) une infirmière autorisée et un infirmier autorisé de la catégorie supérieure;

f) une infirmière auxiliaire autorisée et un infirmier auxiliaire autorisé;

g) un responsable de la prévention et du contrôle des infections;

h) un diététiste agréé.

(3) Le titulaire de permis cesse d'employer le membre du personnel auquel s'applique le paragraphe (1) si le membre ne satisfait pas aux exigences applicables en vertu de la Loi et du présent règlement dans les 13 mois suivant l'entrée en vigueur du présent article.

(4) Le titulaire de permis tient des dossiers sur tous les membres du personnel auxquels s'applique le paragraphe (1) et fournit des données statistiques sur la situation au directeur tous les mois ou sur demande.

(5) Les dossiers exigés au paragraphe (4) comprennent, au minimum, le nombre de membres du personnel travaillant dans le foyer et auxquels s'applique le paragraphe (1) de même que le titre de leur poste.

Dispositions transitoires — nombre minimal d'heures-personnes

389. (1) Sous réserve du paragraphe (2), le titulaire de permis n'est tenu de se conformer aux exigences de la Loi et du présent règlement concernant le nombre minimal d'heures-personnes que six mois après l'entrée en vigueur du présent article, pourvu que toutes les exigences en matière de soins associées au poste soient respectées.

(2) Le paragraphe (1) ne s'applique pas aux exigences que prévoit l'article 8 ou 9 de la Loi.

PARTIE XIII
MODIFICATIONS DU PRÉSENT RÈGLEMENT ET ENTRÉE EN VIGUEUR

Modification du présent règlement

390. (1) L'article 77 du présent règlement est abrogé et remplacé par ce qui suit :

Planification des menus

77. (1) Le titulaire de permis d'un foyer de soins de longue durée veille à ce que le cycle de menus du foyer réponde aux critères suivants :

a) il dure au moins 21 jours;

b) il comprend des menus pour les régimes réguliers, les régimes thérapeutiques et les régimes à texture modifiée pour les repas et les collations;

c) il comprend un choix de boissons à tous les repas et à toutes les collations;

d) il comprend au moins un mets principal et un plat d'accompagnement aux trois repas et un dessert au déjeuner et au dîner;

e) il comprend un choix d'autres mets principaux et de plats d'accompagnement disponibles aux trois repas et un choix d'autres desserts au déjeuner et au dîner pour répondre aux besoins particuliers ou aux préférences alimentaires des résidents;

f) il comprend un choix de collations en après-midi et en soirée;

g) il garantit tous les jours une variété d'aliments, notamment des fruits et légumes frais, et des aliments locaux de saison.

(2) Le titulaire de permis veille à ce que chaque cycle de menus, avant sa mise à disposition :

a) soit examiné par le conseil des résidents du foyer;

b) soit évalué au moins par le gestionnaire de la nutrition et le diététiste agréé qui font partie du personnel du foyer;

c) soit approuvé sur le plan de sa suffisance nutritionnelle par un diététiste agréé qui fait partie du personnel du foyer et qui tient impérativement compte de ce qui suit :

(i) le paragraphe (1),

(ii) les préférences des résidents,

(iii) les apports nutritionnels de référence (ANREF) en vigueur qui se rapportent à la population résidente.

(3) Le titulaire de permis veille à consigner dans un dossier chaque évaluation visée à l'alinéa (2) b), notamment la date de l'évaluation, le nom des personnes qui y ont participé, un résumé des modifications apportées et la date de mise en oeuvre de ces modifications.

(4) Le titulaire de permis veille à ce que soient offerts à chaque résident au moins :

a) trois repas par jour;

b) une boisson entre les repas le matin et l'après-midi, et une boisson le soir après le dîner;

c) une collation l'après-midi et le soir.

(5) Le titulaire de permis veille à ce que les choix indiqués au menu planifié soient offerts et disponibles à chaque repas et collation.

(6) Le titulaire de permis veille à ce qu'un menu individualisé soit élaboré pour chaque résident lorsqu'il n'est pas possible de répondre à ses besoins dans le cadre du cycle de menus du foyer.

(7) Le titulaire de permis veille à ce que les repas et les collations soient servis aux moments convenus par le conseil des résidents et l'administrateur ou la personne qu'il a désignée.

(8) Le titulaire de permis veille à ce que le personnel ait accès à des aliments et à des boissons, y compris de l'eau, adaptés aux régimes des résidents et à ce que les résidents y aient accès 24 heures sur 24.

(2) L'article 105 du présent règlement est modifié par remplacement de «corps de police» par «service de police».

(3) L'alinéa 191 (2) (a) du présent règlement est abrogé et remplacé par ce qui suit :

a) il n'est pas un résident d'un foyer de soins de longue durée et il a besoin d'un haut niveau de services de soins à domicile ou en milieu communautaire ou reçoit un haut niveau de services de ce genre en application de la *Loi de 2019 pour des soins interconnectés*;

(4) L'alinéa 192 (2) (a) du présent règlement est abrogé et remplacé par ce qui suit :

a) il n'est pas un résident d'un foyer de soins de longue durée et il a besoin d'un haut niveau de services de soins à domicile ou en milieu communautaire ou reçoit un haut niveau de services de ce genre en application de la *Loi de 2019 pour des soins interconnectés*;

(5) L'article 242 du présent règlement est abrogé et remplacé par ce qui suit :

Circonstances spéciales : pandémie et admissions en provenance d'un hôpital

242. (1) Le présent article s'applique en cas de circonstances spéciales consistant à traiter l'admission à un foyer de soins de longue durée d'une personne qui occupe un lit dans un hôpital au sens de la *Loi sur les hôpitaux publics* pendant une pandémie de façon à accélérer la réduction des pressions fortes auxquelles la capacité de l'hôpital est soumise.

(2) Si une personne visée au paragraphe (1) doit être admise à un foyer de soins de longue durée, les coordonnateurs des placements et les titulaires de permis sont soustraits à l'obligation de se conformer aux exigences de la partie IV de la Loi dans la mesure nécessaire pour procéder à l'admission de la personne. Dans ce cas, les adaptations suivantes sont faites quant à l'application de la partie IV de la Loi :

1. Le coordonnateur des placements établit l'admissibilité de la personne à un foyer de soins de longue durée en se fondant sur tous les renseignements qui sont disponibles dans les circonstances au sujet des aspects suivants concernant la personne :
    i. son état physique et mental,
    ii. ses besoins en matière de traitement médical et de soins de santé,
    iii. sa capacité fonctionnelle,
    iv. ses besoins en matière de soins personnels,
    v. son comportement.
2. Si la personne n'a pas encore présenté de demande d'autorisation d'admission, elle n'est pas obligée d'en présenter une, à condition d'avoir consenti à la divulgation de tous les renseignements nécessaires au traitement de sa demande par le coordonnateur des placements compétent.
3. Le coordonnateur des placements compétent coordonne la fourniture, au titulaire de permis du foyer à l'égard duquel l'autorisation d'admission est demandée, de tous les renseignements qui sont disponibles dans les circonstances au sujet des aspects énumérés à la disposition 1. Ces renseignements peuvent être communiqués verbalement.
4. Le titulaire de permis, verbalement ou par écrit, approuve ou refuse d'approuver l'admission d'une personne conformément aux paragraphes 51 (7) à (9) de la Loi, tels qu'ils sont modifiés par le présent article, dans les cinq jours suivant la réception des renseignements en application de la disposition 3. S'il refuse d'approuver l'admission de la personne, il donne au coordonnateur des placements compétent, au moment où il prend cette décision, verbalement ou par écrit, le ou les motifs de son refus d'approbation et une brève explication. Toutefois, il n'est pas tenu d'aviser la personne.
5. Sous réserve de la disposition 6, le coordonnateur des placements respecte les exigences applicables relativement aux catégories de listes d'attente et au classement au sein des catégories figurant aux articles 187 à 201 en ce qui concerne l'admission à un lit réservé au séjour de longue durée.
6. Lorsqu'une personne a présenté une demande d'autorisation d'admission à un foyer de soins de longue durée avant l'entrée en vigueur du présent article, les règles suivantes s'appliquent :

i. Si le coordonnateur des placements n'a pas autorisé l'admission avant l'entrée en vigueur du présent article, il réévalue la demande de la personne afin de veiller à sa conformité aux catégories de listes d'attente visées aux articles 187 à 198, s'assurant ainsi que la personne est placée dans la catégorie de liste d'attente appropriée.

ii. Si le coordonnateur des placements a autorisé l'admission avant l'entrée en vigueur du présent article et que le résident n'a pas emménagé dans le foyer, dans le cas où la personne attend d'être admise à un lit réservé au séjour de longue durée ordinaire, la personne est placée dans la catégorie 1 de la liste d'attente visée à l'article 188 à l'égard de chaque liste d'attente sur laquelle son nom figure, sauf si elle serait autrement placée dans une catégorie de classement supérieure.

7. Le coordonnateur des placements compétent n'autorise l'admission à un foyer que s'il a obtenu les renseignements fournis au titulaire de permis en application de la disposition 3 dans les six mois précédant l'autorisation.

8. Le coordonnateur des placements compétent n'autorise l'admission de la personne que si la personne consent à son admission.

(6) L'article 316 du présent règlement est modifié par adjonction de l'alinéa suivant :

e) aux locaux dont un fournisseur de services de santé ou une équipe Santé Ontario est propriétaire ou dont il ou elle assure le fonctionnement et qui sont financés en vertu de l'article 21 de la *Loi de 2019 pour des soins interconnectés* afin de fournir des services de soins à domicile et en milieu communautaire qui comprennent un hébergement sur place au sens du Règlement de l'Ontario 187/22 (Services de soins à domicile et en milieu communautaire) pris en vertu de cette loi dans les locaux le jour de l'entrée en vigueur de l'article 1 du présent règlement.

(7) La disposition 15 du paragraphe 370 (1) du présent règlement est abrogée et remplacée par ce qui suit :

15. Le titulaire de permis est soustrait à l'application du paragraphe 77 (7), sauf s'il existe un conseil des résidents au foyer.

Entrée en vigueur

391. (1) Sauf disposition contraire du présent article, le présent règlement entre en vigueur le jour de son dépôt.

(2) Les articles 1 à 389 et les annexes 1 à 6 entrent en vigueur le dernier en date du jour de l'entrée en vigueur de l'article 204 de l'annexe 1 (*Loi de 2021 sur le redressement des soins de longue durée*) de la *Loi de 2021 visant à offrir davantage de soins, à protéger les personnes âgées et à ouvrir plus de lits* et du jour du dépôt du présent règlement.

(3) Les paragraphes 390 (1) et (7) entrent en vigueur le dernier en date des jours suivants :

1. **Le jour de l'entrée en vigueur de l'article 204 de l'annexe 1 (*Loi de 2021 sur le redressement des soins de longue durée*) de la *Loi de 2021 visant à offrir davantage de soins, à protéger les personnes âgées et à ouvrir plus de lits.***
2. **Le 11 juillet 2022.**
3. **Le jour du dépôt du présent règlement.**

(4) Le paragraphe 390 (2) entre en vigueur le dernier en date des jours suivants :

1. **Le jour de l'entrée en vigueur de l'article 204 de l'annexe 1 (*Loi de 2021 sur le redressement des soins de longue durée*) de la *Loi de 2021 visant à offrir davantage de soins, à protéger les personnes âgées et à ouvrir plus de lits.***
2. **Le jour de l'entrée en vigueur du paragraphe 2 (1) de l'annexe 1 (*Loi de 2018 sur les services de police*) de la *Loi de 2018 pour plus de sécurité en Ontario.***
3. **Le jour du dépôt du présent règlement.**

(5) Les paragraphes 390 (3), (4) et (6) entrent en vigueur le dernier en date des jours suivants :

1. **Le jour de l'entrée en vigueur de l'article 204 de l'annexe 1 (*Loi de 2021 sur le redressement des soins de longue durée*) de la *Loi de 2021 visant à offrir davantage de soins, à protéger les personnes âgées et à ouvrir plus de lits*.**
2. **Le jour de l'entrée en vigueur de l'article 3 de l'annexe 1 de la *Loi de 2020 pour connecter la population aux services de soins à domicile et en milieu communautaire.***
3. **Le jour du dépôt du présent règlement.**

(6) Le paragraphe 390 (5) entre en vigueur le dernier en date des jours suivants :

1. **Le jour de l'entrée en vigueur de l'article 204 de l'annexe 1 (*Loi de 2021 sur le redressement des soins de longue durée*) de la *Loi de 2021 visant à offrir davantage de soins, à protéger les personnes âgées et à ouvrir plus de lits.***
2. **Le 11 octobre 2022.**
3. **Le jour du dépôt du présent règlement.**

ANNEXE 1
CONSEIL DE GESTION DU DISTRICT DE KENORA

Le conseil de gestion du district de Kenora se compose de neuf membres. Les secteurs que ces membres représentent et leur mode de nomination sont les suivants :

1. Trois membres sans fonction déterminée sont nommés par le lieutenant-gouverneur en conseil.
2. Le secteur 1 est représenté par trois membres nommés conjointement par les conseils municipaux des entités suivantes :
    i. la cité de Kenora,
    ii. le canton de Sioux Narrows-Nestor Falls.
3. Le secteur 2 est représenté par deux membres nommés conjointement par les conseils municipaux des entités suivantes :
    i. la cité de Dryden,
    ii. le canton de Machin,
    iii. le canton d'Ignace,
    iv. la municipalité de Sioux Lookout,
    v. le canton de Pickle Lake.
4. Le secteur 3 est représenté par un membre nommé conjointement par les conseils municipaux des entités suivantes :
    i. le canton d'Ear Falls,
    ii. la municipalité de Red Lake.

ANNEXE 2
CONSEIL DE GESTION DU DISTRICT DE MANITOULIN

Le conseil de gestion du district de Manitoulin se compose de sept membres. Les secteurs que ces membres représentent et leur mode de nomination sont les suivants :

1. Deux membres sans fonction déterminée sont nommés par le lieutenant-gouverneur en conseil.
2. Le secteur 1 est représenté par deux membres nommés conjointement par les conseils municipaux des entités suivantes :
    i. la ville de Northeastern Manitoulin and The Islands,
    ii. le canton d'Assiginack.
3. Le secteur 2 est représenté par un membre nommé conjointement par les conseils municipaux des entités suivantes :
    i. la municipalité de Central Manitoulin,
    ii. le canton de Tehkummah.
4. Le secteur 3 est représenté par un membre nommé conjointement par les conseils municipaux des entités suivantes :
    i. la ville de Gore Bay,
    ii. le canton de Billings.
5. Le secteur 4 est représenté par un membre nommé conjointement par les conseils municipaux des entités suivantes :
    i. la municipalité de Gordon/Barrie Island,
    ii. le canton de Burpee and Mills,
    iii. le canton de Cockburn Island.

ANNEXE 3
CONSEIL DE GESTION DU DISTRICT DE NIPISSING EST

Le conseil de gestion du district de Nipissing Est se compose de sept membres. Les secteurs que ces membres représentent et leur mode de nomination sont les suivants :

1. Deux membres sans fonction déterminée sont nommés par le lieutenant-gouverneur en conseil.
2. Le secteur 1 est représenté par trois membres nommés par le conseil municipal de la cité de North Bay.

3. Le secteur 2 est représenté par un membre nommé conjointement par les conseils municipaux des entités suivantes :
    i. la ville de Mattawa,
    ii. le canton de South Algonguin,
    iii. le canton de Calvin,
    iv. le canton de Papineau-Cameron.
4. Le secteur 3 est représenté par un membre nommé conjointement par les conseils municipaux des entités suivantes :
    i. le canton de Bonfield,
    ii. le canton de Chisholm,
    iii. le canton d'East Ferris,
    iv. le canton de Mattawan.

ANNEXE 4
CONSEIL DE GESTION DU DISTRICT DE NIPISSING OUEST

Le conseil de gestion du district de Nipissing Ouest se compose de sept membres. Les secteurs que ces membres représentent et leur mode de nomination sont les suivants :

1. Deux membres sans fonction déterminée sont nommés par le lieutenant-gouverneur en conseil.
2. Le secteur 1 est représenté par quatre membres nommés par le conseil municipal de la municipalité de West Nipissing.
3. Le secteur 2 est représenté par un membre nommé par le conseil municipal de la municipalité de Temagami.

ANNEXE 5
CONSEIL DE GESTION DU DISTRICT DE PARRY SOUND EST

Le conseil de gestion du district de Parry Sound Est se compose de sept membres. Les secteurs que ces membres représentent et leur mode de nomination sont les suivants :

1. Deux membres sans fonction déterminée sont nommés par le lieutenant-gouverneur en conseil.
2. Le secteur 1 est représenté par deux membres nommés conjointement par les conseils municipaux des entités suivantes :
    i. la municipalité de Powassan,
    ii. le canton de Nipissing,
    iii. la municipalité de Callander.
3. Le secteur 2 est représenté par un membre nommé conjointement par les conseils municipaux des entités suivantes :
    i. le village de South River,
    ii. le village de Sundridge,
    iii. le canton de Machar.
4. Le secteur 3 est représenté par un membre nommé conjointement par les conseils municipaux des entités suivantes :
    i. la municipalité de Magnetawan,
    ii. le canton de Joly,
    iii. le canton de Strong,
    iv. le village de Burk's Falls.
5. Le secteur 4 est représenté par un membre nommé conjointement par les conseils municipaux des entités suivantes :
    i. le canton d'Armour,
    ii. la ville de Kearney,
    iii. le canton de Perry,
    iv. le canton de Ryerson.

ANNEXE 6
CONSEIL DE GESTION DU DISTRICT DE PARRY SOUND OUEST

Le conseil de gestion du district de Parry Sound Ouest se compose de sept membres. Les secteurs que ces membres représentent et leur mode de nomination sont les suivants :

1. Deux membres sans fonction déterminée sont nommés par le lieutenant-gouverneur en conseil.
2. Le secteur 1 est représenté par deux membres nommés par le conseil municipal de la ville de Parry Sound.
3. Le secteur 2 est représenté par un membre nommé conjointement par les conseils municipaux des entités suivantes :
    i. le canton de The Archipelago,
    ii. le canton de Carling,
    iii. la municipalité de McDougall.
4. Le secteur 3 est représenté par un membre nommé par le conseil municipal du canton de Seguin.
5. Le secteur 4 est représenté par un membre nommé conjointement par les conseils municipaux des entités suivantes :
    i. la municipalité de Whitestone,
    ii. le canton de McKellar,
    iii. le canton de McMurrich/Monteith,

16/22

ONTARIO REGULATION 247/22

made under the

LONG-TERM CARE HOMES ACT, 2007

Made: March 31, 2022
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Printed in *The Ontario Gazette*: April 16, 2022

Revoking O. Reg. 79/10
(GENERAL)

Revocation

1. Ontario Regulation 79/10 is revoked.

Commencement

2. This Regulation comes into force on the later of the day section 204 of Schedule 1 (*Fixing Long-Term Care Act, 2021*) to the *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021* comes into force and the day this Regulation is filed.

16/22

RÈGLEMENT DE L'ONTARIO 247/22

pris en vertu de la

LOI DE 2007 SUR LES FOYERS DE SOINS DE LONGUE DURÉE

pris le 31 mars 2022
déposé le 31 mars 2022
publié sur le site Lois-en-ligne le 31 mars 2022
imprimé dans la *Gazette de l'Ontario* le 16 avril 2022

abrogeant le Règl. de l'Ont. 79/10
(DISPOSITIONS GÉNÉRALES)

Abrogation

1. Le Règlement de l'Ontario 79/10 est abrogé.

Entrée en vigueur

2. Le présent règlement entre en vigueur le dernier en date du jour de l'entrée en vigueur de l'article 204 de l'annexe 1 (*Loi de 2021 sur le redressement des soins de longue durée*) de la *Loi de 2021 visant à offrir davantage de soins, à protéger les personnes âgées et à ouvrir plus de lits* et du jour du dépôt du présent règlement.

16/22

ONTARIO REGULATION 248/22

made under the

PLANNING ACT

Made: April 1, 2022
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Printed in *The Ontario Gazette*: April 16, 2022

ZONING ORDER - CITY OF BRAMPTON, REGIONAL MUNICIPALITY OF PEEL

Application

1. This Order applies to lands in the City of Brampton, Regional Municipality of Peel, in the Province of Ontario, being the lands described as Block 276 on Registered Plan 43-M1349, except Part 1 on Reference Plan 43R-24186, and further identified by Property Identification Number 14224-1322 (LT) registered in the Land Registry Office for the Land Titles Division of Peel (No. 43).

Permitted Uses

2. Every use of land and every erection, location or use of any building or structure is prohibited on the lands described in section 1, except for the following:

1. A long-term care home within the meaning of the *Long-Term Care Homes Act, 2007*.
2. Accessory uses, buildings or structures, including:
    i. Medical offices.
    ii. Hair Salons.
    iii. Administrative Offices.
    iv. Places of worship.

Zoning Requirements

3. The zoning requirements for the lands described in section 1 are as follows:

1. The minimum front yard depth is five metres.
2. The minimum interior side yard width is five metres.
3. The minimum exterior side yard width is five metres.
4. The minimum rear yard depth is five metres.
5. The maximum building height is three storeys.
6. The minimum lot coverage is 30 per cent.
7. The maximum lot coverage is 45 per cent.
8. The minimum number of required parking spaces is 65.

Terms of use

4. (1) Every use of land and every erection, location and use of buildings or structures shall be in accordance with this Order.

(2) Nothing in this Order prevents the use of any land, building or structure for any use prohibited by this Order if the land, building or structure is lawfully so used on the day this Order comes into force.

(3) Nothing in this Order prevents the reconstruction of any building or structure that is damaged or destroyed by causes beyond the control of the owner if the dimensions of the original building or structure are not increased and its original use is not altered.

(4) Nothing in this Order prevents the strengthening or restoration to a safe condition of any building or structure.

Deemed by-law

5. This Order is deemed for all purposes, except the purposes of section 24 of the Act, to be and to always have been a by-law passed by the council of the City of Brampton.

Amendment

6. Paragraph 1 of section 2 of this Regulation is amended by striking out "*Long-Term Care Homes Act, 2007*" at the end and substituting "*Fixing Long-Term Care Act, 2021*."

Commencement

7. (1) Except as otherwise provided in this section, this Regulation comes into force on the day it is filed.

(2) Section 6 comes into force on the later of the day section 204 of Schedule 1 (*Fixing Long-Term Care Act, 2021*) to the *Providing More Care, Protecting Seniors, and Building More Beds Act, 2021* comes into force and the day this Regulation is filed.

Made by:

STEVE CLARK
Minister of Municipal Affairs and Housing

Date made: April 1, 2022

16/22

ONTARIO REGULATION 249/22

made under the

PLANNING ACT

Made: April 1, 2022
Filed: April 1, 2022
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Printed in *The Ontario Gazette*: April 16, 2022

ZONING ORDER - CITY OF MISSISSAUGA, REGIONAL MUNICIPALITY OF PEEL

Definitions

1. In this Order,

"zoning by-law" means Zoning By-Law No. 0225-2007 of the City of Mississauga.

Application

2. This Order applies to lands in the City of Mississauga, Regional Municipality of Peel, in the Province of Ontario, being lands described as,

(a) part of Lots 6 and 7, on Registered Plan E-20; part of Block A on Registered Plan 571; part of Lot 16, Concession 1, South of Dundas Street (Geographic Township of Toronto); and part of Lot 1, Range 3 Credit Indian Reserve (Geographic Township of Toronto), designated as Parts 1, 4 to 18 on Reference Plan 43R-19881, except Part 5 on Reference Plan 43R-21968 and Part 1 on Reference Plan 43R-22136, and further identified by Property Identification Number 13358-0113 (LT) registered in the Land Registry Office for the Land Titles Division of Peel (No. 43);

(b) part of Lot 1, Range 3 Credit Indian Reserve (Geographic Township of Toronto), designated as Part 1 on Reference Plan 43R-28265, and further identified by Property Identification Number 13358-0215 (LT) registered in the Land Registry Office for the Land Titles Division of Peel (No. 43); and

(c) part of Lot 16, Concession 1, South of Dundas Street (Geographic Township of Toronto) as identified by Property Identification Number 13358-0096 (LT) registered in the Land Registry Office for the Land Titles Division of Peel (No. 43).

Non-application of s. 41 of the Act, site plan control area

3. Section 41 of the Act does not apply to the lands described in section 2 of this Order.

Matters that may be dealt with in agreement

4. Each person who owns all or any part of the lands described in section 2 shall enter into one or more agreements with the City of Mississauga dealing with the matters listed in subsection 47 (4.4) of the Act.

Permitted Uses

5. (1) The following uses are permitted on the lands described in section 2, as accessory to the uses permitted by the I Zone of the zoning by-law:

1. A long-term care building.
2. A retirement building.
3. Supportive housing.
4. A hospice.
5. Overnight accommodation.
6. A banquet hall.
7. A convention centre.
8. A conference centre.
9. An education and training facility.
10. A science and technology facility.

(2) In this section,

"supportive housing" means adaptable and accessible housing and housing for persons with disabilities such as physical, sensory or mental health disabilities.

Zoning Requirements

6. (1) The following requirements apply to the lands described in section 2:

1. The regulations set out in Article 12.2.3.2 of the zoning by-law shall not apply.
2. The minimum interior side yard is three metres.
3. The minimum rear yard is 4.5 metres.
4. A landscaped buffer may include signage, utility easement, lighting, switch gear structures, stairwells, lightwells and walkways and may be traversed by a driveway.
5. The minimum landscaped buffer is three metres.
6. Despite paragraph 5, the minimum landscaped buffer abutting Bronte College Court is 0 metres.
7. The maximum projection of a canopy, awning or staircase and landing into a front yard is 3.1 metres.
8. The minimum number of required loading spaces is nine.
9. The minimum setback to lands zoned G1 and G2 in the zoning by-law is 4.5 metres.
10. The minimum setback to Hurontario Street for all buildings and structures is 10 metres.
11. The minimum setback to Bronte College Court and the Queensway West for all buildings and structures is 4.5 metres.
12. The front lot line shall be the lot line abutting Hurontario Street.
13. The RA5 Zone Regulations set out in Lines 7.0 to 12.0, 15.4 and 15.5 of Table 4.15.1 of the zoning by-law shall apply to the uses described in paragraphs 1 to 4 of section 5.
14. The maximum height for the uses described in paragraphs 5 to 10 of section 5 is 77 metres and 25 storeys.
15. The maximum height for a hospital is 120 metres and 22 storeys.
16. A hospital shall contain a podium with a maximum height of 55 metres and 9 storeys.
17. A maximum of five per cent of the streetwall of the hospital's podium located above the first storey may project into the front yard to a maximum of two metres.
18. The minimum number of required parking spaces for a hospital, and all other accessory uses to the hospital that are located within the hospital building, shall be 2200.

(2) For the purposes of paragraphs 14 to 16 of subsection (1), the mechanical or architectural components of the building or podium, including the following components, shall not be included in the calculation of the height of the building or podium:

1. Mechanical equipment or penthouses.
2. Elevator machine rooms.
3. Stairwell enclosures.
4. Telecommunication equipment.
5. Parapets.
6. Turrets.
7. Cupolas.
8. Stairs and stair enclosures located on the roof.

(3) The maximum height of the top of a mechanical or architectural component described in subsection (2) shall not exceed 25 metres above the height limit otherwise applicable to the building or podium.

(4) For the purpose of paragraph 17 of subsection (1), the mechanical or architectural components of a podium, including the components set out in paragraphs 1 to 8 of subsection (2), shall not be included in the calculation of the projection of the podium into the front yard.

(5) In this section,

"landscaped buffer" means a continuous, open, unobstructed width of land substantially parallel to and adjoining a lot line that is intended for the growth and maintenance of plant material including trees and shrubs and for the maintenance of other landscape features such as retaining walls.

Terms of use

7. (1) Every use of land and every erection, location and use of buildings or structures shall be in accordance with this Order.

(2) Nothing in this Order prevents the use of any land, building or structure for any use prohibited by this Order if the land, building or structure is lawfully so used on the day this Order comes into force.

(3) Nothing in this Order prevents the reconstruction of any building or structure that is damaged or destroyed by causes beyond the control of the owner if the dimensions of the original building or structure are not increased and its original use is not altered.

(4) Nothing in this Order prevents the strengthening or restoration to a safe condition of any building or structure.

Deemed by-law

8. This Order is deemed for all purposes, except the purposes of section 24 of the Act, to be and to always have been a by-law passed by the council of the City of Mississauga.

Commencement

9. This Regulation comes into force on the day it is filed.

Made by:

STEVE CLARK
Minister of Municipal Affairs and Housing

Date made: April 1, 2022

16/22

ONTARIO REGULATION 250/22

made under the

PLANNING ACT

Made: April 1, 2022
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ZONING ORDER - TOWNSHIP OF CAVAN MONAGHAN

Definition

1. In this Order,

"zoning by-law" means the Township of Cavan Monaghan Zoning By-Law No. 2018-58.

Application

2. This Order applies to lands in the Township of Cavan Monaghan in the County of Peterborough, in the Province of Ontario, being the lands identified on a map numbered 304 and filed at the Toronto office of the Ministry of Municipal Affairs and Housing located at 777 Bay Street.

Community Zone

3. (1) This section applies to the lands located in the area shown as the Community Zone on the map referred to in section 2.

(2) Every use of land and every erection, location or use of any building or structure is prohibited on the lands described in subsection (1), except for,

(a) the uses permitted in the Urban Residential One (UR1) Zone and the Urban Residential Two (UR2) Zone under section 3.2 of the zoning by-law;

(b) townhouse dwellings;

(c) multiple dwellings;

(d) apartment dwellings;

(e) long-term care facilities;

(f) retirement homes;

(g) the uses permitted in the Open Space (OS) Zone set out in section 10.2 of the zoning by-law; and

(h) infrastructure uses.

(3) The zoning requirements respecting setbacks set out in section 11.30 of the zoning by-law do not apply to the uses, buildings or structures permitted under subsection 3 (2).

(4) Despite the zoning by-law, the following requirements apply to the uses, buildings or structures permitted under clause 3 (2) (a):

1. The minimum lot area is 270 square metres for uses permitted in the Urban Residential One (UR1) Zone under the zoning by-law.
2. The minimum lot area is 162 square metres for uses permitted in the Urban Residential Two (UR2) Zone under the zoning by-law.

(5) Despite the zoning by-law, the following requirements apply to the uses, buildings or structures permitted under clause 3 (2) (b):

1. The minimum lot area is 200 square metres per unit.

(6) Despite the zoning by-law, the following requirements apply to the uses, buildings or structures permitted under clauses 3 (2) (a) and (b):

1. The minimum lot frontage is 6 metres.
2. The maximum lot coverage for all buildings is 55 per cent of the lot area.
3. The maximum building height is 11 metres.

4. The minimum landscaped open space is 20 per cent of the lot area.
5. The minimum front yard setback is 4.5 metres.
6. The minimum rear yard setback is 6 metres.
7. The minimum exterior side yard setback is 2.5 metres.
8. The minimum interior side yard setback is 1.2 metres on one side and 0.6 metres on the other side.
9. Despite paragraph 8, there is no minimum interior side yard setback for a common wall between dwelling units.
10. Clause (1) in the portion of the zoning by-law named Tables 3B and 3C Additional Regulations does not apply.

(7) Despite the zoning by-law, the following requirements apply to the uses, buildings or structures permitted under clauses 3 (2) (c) to (f):

1. The minimum lot frontage is 30 metres.
2. The minimum landscaped open space is 20 per cent of the lot area.
3. The maximum lot coverage for all buildings is 55 per cent of the lot area.
4. The maximum building height is 14 metres not including mechanical penthouses, rooftop amenities and other structures set out in section 11.12.1 of the zoning by-law.
5. The minimum front, rear, exterior side and interior side yard setback is 3 metres.
6. The minimum required parking is 1 parking space per dwelling unit and 0.25 visitor parking spaces per dwelling unit.
7. A maximum of 1 loading space is required.
8. Table 3A Additional Regulations, regarding amenity area requirements, in the zoning by-law applies.

(8) The zoning requirements set out in section 10.3 of the zoning by-law for the Open Space (OS) Zone apply to the uses, buildings or structures permitted under clause 3 (2) (g).

Commercial/Mixed Use Zone

4. (1) This section applies to the lands located in the area shown as the Commercial/Mixed Use Zone on the map referred to in section 2.

(2) Every use of land and every erection, location or use of any building or structure is prohibited on the lands described in subsection (1), except for,

(a) the uses permitted in the Community Commercial (C5) Zone under section 5.2 of the zoning by-law;
(b) art galleries;
(c) artisan studios;
(d) building supply stores;
(e) financial institutions;
(f) mobile refreshment vehicles;
(g) personal service establishments;
(h) places of worship;
(i) postal or courier outlets;
(j) printing or publishing establishments;
(k) motor vehicle repair garages;
(l) business offices;
(m) beer, liquor, wine and cannabis stores;
(n) dwelling units in mixed-use buildings; and
(o) live/work dwelling units.

(3) Despite the zoning by-law, the following requirements apply to the uses, buildings or structures permitted under subsection (2):

1. The minimum lot area is 360 square metres.
2. The minimum front, rear, exterior side and interior side yard setback is 3 metres.

3. Despite paragraph 2, there is no minimum interior side yard setback where two commercial uses are situated on abutting lots.
4. Despite paragraph 2, there is no minimum rear yard setback where the building or structure is adjacent to a public or private laneway.
5. The maximum building height is 14 metres not including any mechanical penthouses, rooftop amenities or any of the structures listed in section 11.12.1 of the zoning by-law.
6. There is no maximum floor area requirement.
7. The zoning requirements respecting setbacks set out in section 11.30 of the zoning by-law do not apply.

Terms of use

5. (1) Every use of land and every erection, location or use of any building or structure shall be in accordance with this Order.

(2) Nothing in this Order prevents the use of any land, building or structure for any use prohibited by this Order if the land, building or structure is lawfully so used on the day this Order comes into force.

(3) Nothing in this Order prevents the reconstruction of any building or structure that is damaged or destroyed by causes beyond the control of the owner if the dimensions of the original building or structure are not increased or its original use altered.

(4) Nothing in this Order prevents the strengthening or restoration to a safe condition of any building or structure.

Deemed by-law

6. This Order is deemed for all purposes, except the purposes of section 24 of the Act, to be and to always have been a by-law passed by the council of the Township of Cavan Monaghan.

Commencement

7. This Regulation comes into force on the day it is filed.

Made by:

STEVE CLARK
Minister of Municipal Affairs and Housing

Date made: April 1, 2022

16/22

ONTARIO REGULATION 251/22

made under the

PLANNING ACT

Made: April 1, 2022
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ZONING ORDER - TOWN OF GEORGINA, REGIONAL MUNICIPALITY OF YORK

Application

1. This Order applies to lands in the Town of Georgina, Regional Municipality of York, being the lands identified as Environmental Protection Area and marked with hatching lines on a map numbered 257 and filed at the Toronto office of the Ministry of Municipal Affairs and Housing located at 777 Bay Street.

Use of land

2. Every use of land and every erection, location or use of any building or structure is prohibited on the lands described in section 1, except,

(a) forest, fish and wildlife management;

(b) conservation and flood or erosion control projects;

(c) infrastructure;

(d) passive recreation uses; and

(e) buildings and structures associated with the uses set out in clauses (a) to (d).

Terms of use

3. (1) Every use of land and every erection, location or use of any building or structure shall be in accordance with this Order.

(2) Nothing in this Order prevents the use of any land, building or structure for any use prohibited by this Order if the land, building or structure is lawfully so used on the day this Order comes into force.

(3) Nothing in this Order prevents the reconstruction of any building or structure that is damaged or destroyed by causes beyond the control of the owner if the dimensions of the original building or structure are not increased and its original use is not altered.

(4) Nothing in this Order prevents the strengthening or restoration to a safe condition of any building or structure.

Commencement

4. This Regulation comes into force on the day it is filed.

Made by:

STEVE CLARK
Minister of Municipal Affairs and Housing

Date made: April 1, 2022

16/22

ONTARIO REGULATION 252/22

made under the

HIGHWAY TRAFFIC ACT

Made: March 31, 2022
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Amending O. Reg. 287/08
(CONDUCT REVIEW PROGRAMS)

1. Ontario Regulation 287/08 is amended by adding the following Part:

PART V
REMEDIAL MEASURES CONDUCT REVIEW PROGRAM FOR DRIVERS ENGAGED IN HIGH-RISK DRIVER MISCONDUCT

Criteria to participate in program

30. A person may be required to participate in a remedial measures conduct review program under this Part if the person has been convicted of an offence described in subsection 130 (3) of the Act or section 172 of the Act.

Features of remedial measures conduct review program

31. The remedial measures conduct review program under this Part consists of a remedial driver education course.

Authorized person

32. A remedial driver education course must be provided by a person authorized by the Minister to do so.

Successful completion of program

33. A participant has successfully completed a remedial measures conduct review program under this Part if the person who conducted or provided the remedial driver education course reports to the Registrar that the participant successfully completed the course.

Failure to complete course

34. (1) The driver's licence of a person who is required to participate in a remedial measures conduct review program under this Part may be cancelled under section 57 of the Act if the person fails to successfully complete the remedial driver education course within 60 days after the date the person is required under subsection 57 (11) of the Act to participate.

(2) The cancellation of a driver's licence under subsection (1) continues until the Registrar is satisfied that the person has successfully completed the remedial driver education course.

Public list of providers

35. The Ministry shall make available to the public a list of the persons or classes of persons authorized by the Minister to conduct or provide a remedial driver education course as part of a remedial measures conduct review program under this Part.

Equivalent program outside Ontario

36. Despite section 32, the Registrar may permit a person who resides in another province or territory of Canada or in a state of the United States of America and who is required to complete a remedial measures conduct review program under this Part to complete instead a program provided in his or her province, territory or state that the Registrar considers equivalent to a remedial measures conduct review program under this Part.

Programs may vary across province

37. A remedial measures conduct review program under this Part, or any feature of such program, may differ in its content, duration and method of delivery in different parts of Ontario.

Commencement

2. This Regulation comes into force on the later of April 1, 2022 and the day this Regulation is filed.

16/22

ONTARIO REGULATION 253/22

made under the

HIGHWAY TRAFFIC ACT

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Amending Reg. 612 of R.R.O. 1990
(SCHOOL BUSES)

1. (1) Clause 3 (1) (a) of Regulation 612 of the Revised Regulations of Ontario, 1990 is revoked and the following substituted:

(a) be equipped with overhead signal lights that consist of,

(i) in the case of a school bus manufactured before January 1, 2005,

(A) at least four red only overhead signal lights that comply with the requirements of the appropriate CSA Standard D250 for the school bus depending on its date of manufacture, as set out in subsection 2 (1) or (1.1), or

(B) if the school bus was manufactured to the CSA- D250-03 standard, overhead signal lights that comply with subsection 175 (4.1) of the Act and with the requirements of the CSA-D250-03 standard; or

(ii) in the case of a school bus manufactured on or after January 1, 2005, overhead signal lights that comply with subsection 175 (4.1) of the Act and with the requirements of the appropriate CSA Standard D250 for the school bus depending on its date of manufacture, as set out in subsection 2 (1) or (1.1);

(a.1) be equipped with a control device to actuate the overhead signal lights required by clause (a) that is accessible to the driver and equipped to give the driver a clear and unmistakable signal either visible or audible when the signal lights are operating;

(2) Subsection 3 (1) of the Regulation is amended by adding "and" at the end of clause (c) and by revoking clauses (d) and (e) and substituting the following:

(d) display the words required by subsection 175 (3.1) of the Act on the front or rear of the bus, as the case may be, in a manner that complies with the requirements of the appropriate CSA Standard D250 for the school bus depending on its date of manufacture, as set out in subsection 2 (1) or (1.1).

Commencement

2. This Regulation comes into force on the later of July 1, 2022 and the day this Regulation is filed.

16/22

RÈGLEMENT DE L'ONTARIO 253/22

pris en vertu du

CODE DE LA ROUTE

pris le 31 mars 2022
déposé le 1er avril 2022
publié sur le site Lois-en-ligne le 1er avril 2022
imprimé dans la *Gazette de l'Ontario* le 16 avril 2022

modifiant le Règl. 612 des R.R.O. de 1990
(AUTOBUS SCOLAIRES)

1. (1) L'alinéa 3 (1) a) du Règlement 612 des Règlements refondus de l'Ontario de 1990 est abrogé et remplacé par ce qui suit :

a) est équipé de feux clignotants supérieurs qui se composent :

(i) dans le cas d'un autobus scolaire fabriqué avant le 1er janvier 2005 :

(A) d'au moins quatre feux clignotants qui sont tous de couleur rouge et qui sont conformes à la norme D250 de l'Association canadienne de normalisation applicable à l'autobus scolaire selon sa date de fabrication indiquée au paragraphe 2 (1) ou (1.1),

(B) s'il a été fabriqué conformément à la norme D250-03 de l'Association canadienne de normalisation, de feux clignotants supérieurs conformes au paragraphe 175 (4.1) du Code et à cette norme;

(ii) dans le cas d'un autobus scolaire fabriqué le 1er janvier 2005 ou après cette date, de feux clignotants supérieurs conformes au paragraphe 175 (4.1) du Code et à la norme D250 de l'Association canadienne de normalisation applicable à l'autobus scolaire selon sa date de fabrication indiquée au paragraphe 2 (1) ou (1.1);

a.1) est muni d'un dispositif de commande actionnant les feux clignotants supérieurs exigés à l'alinéa a), qui est à la portée du conducteur et qui est raccordé à un avertisseur lumineux ou sonore émettant un signal clair et distinct quand les feux fonctionnent;

(2) Les alinéas d) et e) du paragraphe 3 (1) du Règlement sont abrogés et remplacés par ce qui suit :

d) porte à l'avant ou à l'arrière, selon le cas, les mots qu'exige le paragraphe 175 (3.1) du Code d'une façon conforme à la norme D250 de l'Association canadienne de normalisation applicable à l'autobus scolaire selon sa date de fabrication indiquée au paragraphe 2 (1) ou (1.1).

Entrée en vigueur

2. Le présent règlement entre en vigueur le dernier en date du 1er juillet 2022 et du jour de son dépôt.

16/22

ONTARIO REGULATION 254/22

made under the

PROVINCIAL OFFENCES ACT

Made: March 31, 2022
Filed: April 1, 2022
Published on e-Laws: April 1, 2022
Printed in *The Ontario Gazette*: April 16, 2022

Amending Reg. 950 of R.R.O. 1990
(PROCEEDINGS COMMENCED BY CERTIFICATE OF OFFENCE)

1. Schedule 43 to Regulation 950 of the Revised Regulations of Ontario, 1990 is amended by adding the following items:

	499.2	Post-2004 school bus — improper signal lights	subsection 175 (4.1)

. . . . .

	502.1	Drive post-2004 school bus without required signal lights	subsection 175 (5)

2. (1) Item 6 of Schedule 55 to the Regulation is revoked and the following substituted:

6.	School bus not equipped with proper control device	clause 3 (1) (a.1)

(2) Items 9 and 10 of Schedule 55 to the Regulation are revoked and the following substituted:

10.	School bus not displaying required signs	clause 3 (1) (d)

Commencement

3. This Regulation comes into force on the later of July 1, 2022 and the day this Regulation is filed.

16/22

RÈGLEMENT DE L'ONTARIO 254/22

pris en vertu de la

LOI SUR LES INFRACTIONS PROVINCIALES

pris le 31 mars 2022
déposé le 1er avril 2022
publié sur le site Lois-en-ligne le 1er avril 2022
imprimé dans la *Gazette de l'Ontario* le 16 avril 2022

modifiant le Règl. 950 des R.R.O. de 1990
(INSTANCES INTRODUITES AU MOYEN DU DÉPÔT D'UN PROCÈS-VERBAL D'INFRACTION)

1. L'annexe 43 du Règlement 950 des Règlements refondus de l'Ontario de 1990 est modifiée par adjonction des points suivants :

	499.2	Autobus scolaire fabriqué après 2004 — feux clignotants irréguliers	paragraphe 175 (4.1)

. . . . .

	502.1	Conduire un autobus scolaire fabriqué après 2004 sans les feux clignotants requis	paragraphe 175 (5)

2. (1) Le point 6 de l'annexe 55 du Règlement est abrogé et remplacé par ce qui suit :

6.	Autobus scolaire non équipé d'un dispositif de commande approprié	alinéa 3 (1) a.1)

(2) Les points 9 et 10 de l'annexe 55 du Règlement sont abrogés et remplacés par ce qui suit :

10.	Autobus scolaire non équipé des panneaux exigés	alinéa 3 (1) d)

Entrée en vigueur

3. Le présent règlement entre en vigueur le dernier en date du 1er juillet 2022 et du jour de son dépôt.

16/22

ONTARIO REGULATION 255/22

made under the

HEALTH INSURANCE ACT

Made: March 31, 2022
Filed: April 1, 2022
Published on e-Laws: April 1, 2022
Printed in *The Ontario Gazette*: April 16, 2022

Amending Reg. 552 of R.R.O. 1990
(GENERAL)

1. The definition of "schedule of optometry benefits" in subsection 1 (1) of Regulation 552 of the Revised Regulations of Ontario, 1990 is revoked and the following substituted:

"schedule of optometry benefits" means the document published by the Ministry of Health titled "Schedule of Benefits for Optometry Services (March 10, 2022 (effective April 1, 2021))", but does not include the "[Commentary…]" portions of the document, or any appendix to the document;

2. (1) Subparagraph 1 ii of subsection 17 (4) of the Regulation is amended by adding "and before April 1, 2021"at the end.

(2) Paragraph 2 of subsection 17 (4) of the Regulation is amended by adding "and before April 1, 2021" at the end.

3. Subparagraph 14 iii of subsection 38.4 (1) of the Regulation is amended by striking out "in Schedule 23 to this Regulation" at the beginning and substituting "in the schedule of optometry benefits".

4. Schedule 23 to the Regulation is revoked.

Commencement

5. This Regulation is deemed to have come into force on April 1, 2021.

16/22

ONTARIO REGULATION 256/22

made under the

SUBSTITUTE DECISIONS ACT, 1992

Made: March 31, 2022
Filed: April 1, 2022
Published on e-Laws: April 1, 2022
Printed in *The Ontario Gazette*: April 16, 2022

Amending O. Reg. 460/05
(CAPACITY ASSESSMENT)

1. Subsection 3 (1) of Ontario Regulation 460/05 is amended by striking out "on the internet website of the Ministry of the Attorney General at www.attorneygeneral.jus.gov.on.ca/english/family/pgt/capacity.asp" and substituting "on a Government of Ontario website".

2. Section 7 of the Regulation is amended by striking out "on the internet website of the Ministry of the Attorney General at www.attorneygeneral.jus.gov.on.ca/english/family/pgt/capacity.asp" in the portion before paragraph 1 and substituting "on a Government of Ontario website".

Commencement

3. This Regulation comes into force on the day it is filed.

16/22

RÈGLEMENT DE L'ONTARIO 256/22

pris en vertu de la

LOI DE 1992 SUR LA PRISE DE DÉCISIONS AU NOM D'AUTRUI

pris le 31 mars 2022
déposé le 1er avril 2022
publié sur le site Lois-en-ligne le 1er avril 2022
imprimé dans la *Gazette de l'Ontario* le 16 avril 2022

modifiant le Règl. de l'Ont. 460/05
(ÉVALUATION DE LA CAPACITÉ)

1. Le paragraphe 3 (1) du Règlement de l'Ontario 460/05 est modifié par remplacement de «sur le site Web d'Internet du ministère du Procureur général à l'adresse www.attorneygeneral.jus.gov.on.ca/french/family/pgt/capacity.asp» par «sur un site Web du gouvernement de l'Ontario».

2. L'article 7 du Règlement est modifié par remplacement de «sur le site Web d'Internet du ministère du Procureur général à l'adresse www.attorneygeneral.jus.gov.on.ca/french/family/pgt/capacity.asp» par «sur un site Web du gouvernement de l'Ontario» dans le passage qui précède la disposition 1.

Entrée en vigueur

3. Le présent règlement entre en vigueur le jour de son dépôt.

16/22

ONTARIO REGULATION 257/22

made under the

ELECTRICITY ACT, 1998

Made: March 31, 2022
Filed: April 1, 2022
Published on e-Laws: April 4, 2022
Printed in *The Ontario Gazette*: April 16, 2022

Amending O. Reg. 429/04
(ADJUSTMENTS UNDER SECTION 25.33 OF THE ACT)

1. The definition of "OPA" in subsection 1 (1) of Ontario Regulation 429/04 is revoked.

2. The definition of "peak hours" in subsection 5 (1) of the Regulation is revoked and the following substituted:

"peak hours" means, in respect of a base period, the following five one-hour periods in the base period, determined in accordance with the rules set out in subsection 9 (4):

1. The one-hour period in the base period in which the greatest volume of electricity was dispatched through the IESO-administered markets for the purpose of supplying Ontario demand.
2. The one-hour period in the same base period in which the greatest volume of electricity was dispatched through the IESO-administered markets for the purpose of supplying Ontario demand, if the base period excluded the day in which the one-hour period referred to in paragraph 1 occurred.
3. The one-hour period in the same base period in which the greatest volume of electricity was dispatched through the IESO-administered markets for the purpose of supplying Ontario demand, if the base period excluded the days in which the one-hour periods referred to in paragraphs 1 and 2 occurred.
4. The one-hour period in the same base period in which the greatest volume of electricity was dispatched through the IESO-administered markets for the purpose of supplying Ontario demand, if the base period excluded the days in which the one-hour periods referred to in paragraphs 1, 2 and 3 occurred.
5. The one-hour period in the same base period in which the greatest volume of electricity was dispatched through the IESO-administered markets for the purpose of supplying Ontario demand, if the base period excluded the days in which the one-hour periods referred to in paragraphs 1, 2, 3 and 4 occurred;

3. (1) Paragraph 5 of subsection 6 (1) of the Regulation is revoked and the following substituted:

5. The consumer has provided to its licensed distributor on or before June 15 of the calendar year in which the adjustment period begins,
   i. the consumer's legal name and the name under which it carries on business in respect of each of its Class A load facilities,
   ii. the address, geographic location and NAICS code of each of the consumer's Class A load facilities, and
   iii. written consent for the distributor to provide the information in subparagraphs i and ii to the IESO and to the Ministry of Energy, and for the Ministry to publish that information.
6. In the case of an adjustment period commencing on or after July 1, 2022, the consumer has provided written consent to its licensed distributor, on or before June 15 of the calendar year in which the adjustment period begins, that permits the distributor to provide the following information for each of the consumer's Class A load facilities, in an anonymized format, to the IESO and to the Ministry of Energy and permits the Ministry to publish that information:
   i. The volume of electricity distributed by the licensed distributor to the load facility during the applicable base period.
   ii. The average, measured over the applicable base period, of the maximum hourly demand for electricity in respect of the load facility from the licensed distributor during each month of the applicable base period.
   iii. The peak demand factor of the load facility for the adjustment period.
   iv. The NAICS code of the load facility for the adjustment period.

(2) Section 6 of the Regulation is amended by adding the following subsections:

(1.1) For the purposes of paragraphs 5 and 6 of subsection (1), a failure to provide information or consent with respect to one load facility for an adjustment period does not affect the consumer's ability to become a Class A consumer with respect to its other load facilities for that adjustment period.

(1.2) If any of the information provided by the consumer under paragraph 5 or 6 of subsection (1) changes during the adjustment period, the consumer shall promptly provide the updated information to its licensed distributor.

(1.3) The licensed distributor may, for the purposes of this Regulation, rely on information provided to it by the consumer under paragraph 5 or 6 of subsection (1) or subsection (1.2).

(1.4) A consent provided for the purposes of paragraph 5 or 6 of subsection (1) in respect of an adjustment period may not be revoked.

4. Subsection 6.1 (3) of the Regulation is revoked and the following substituted:

(3) For the purpose of making any other determination or calculation under this Regulation in respect of a consumer in Ontario that is both a Class A consumer and a Class B consumer, one determination or calculation shall be made for each of the load facilities in respect of which the consumer is a Class A consumer and one determination or calculation shall be made for each of the load facilities in respect of which the consumer is a Class B consumer.

5. (1) Paragraph 2 of subsection 6.1.1 (1.1) of the Regulation is amended by striking out "2 and 4" and substituting "2, 4, 5 and 6".

(2) Paragraph 3 of subsection 6.1.1 (1.2) of the Regulation is amended by striking out "2 and 4" and substituting "2, 4, 5 and 6".

(3) Section 6.1.1 of the Regulation is amended by adding the following subsection:

(1.3) For the purposes of subsections (1.1) and (1.2), subsections 6 (1.1) to (1.4) apply, with necessary modifications, with respect to the application of paragraphs 5 and 6 of subsection 6 (1).

6. (1) Paragraph 1 of subsection 6.2 (1) of the Regulation is amended by striking out "2 and 4" and substituting "2, 4, 5 and 6".

(2) Subparagraph 3 i of subsection 6.2 (1) of the Regulation is revoked and the following substituted:

i. the consumer entered into a contract with the IESO or with a licensed distributor to participate in an eligible program, pilot or project listed in subsection (3) offered by the IESO, the licensed distributor or both of them, and

(3) Section 6.2 of the Regulation is amended by adding the following subsection:

(1.1) For the purposes of subsection (1), subsections 6 (1.1) to (1.4) apply, with necessary modifications, with respect to the application of paragraphs 5 and 6 of subsection 6 (1).

(4) Subsection 6.2 (3) of the Regulation is revoked and the following substituted:

(3) The eligible programs, pilots and projects for the purposes of paragraph 3 of subsection (1) are the following:

1. Conservation and Demand Management (CDM) programs and pilots administered by the IESO, a licensed distributor or both of them, that are established or included under,
   i. an implementation plan as defined in subsection 25.32 (1) of the Act,
   ii. a directive issued under subsection 25.32 (5) of the Act, or
   iii. a direction continued under subsection 25.32 (9) of the Act, as amended.
2. IESO demand response auctions and pilots established under the market rules.
3. IESO capacity auctions and pilots established under the market rules, if the contract referred to in subparagraph 3 i of subsection (1) is for demand response resources.

7. (1) Subsection 6.3 (1) of the Regulation is amended by adding the following paragraph:

0.1 The conditions set out in paragraphs 1, 2, 4, 5 and 6 of subsection 6 (1) are satisfied for the load facility for the applicable adjustment period.

(2) Subparagraph 2 i of subsection 6.3 (1) of the Regulation is revoked and the following substituted:

i. the consumer entered into a contract with the IESO or with a licensed distributor to participate in an eligible program, pilot or project listed in subsection 6.2 (3) offered by the IESO, the licensed distributor or both of them, and

(3) Section 6.3 of the Regulation is amended by adding the following subsection:

(1.1) For the purposes of subsection (1), subsections 6 (1.1) to (1.4) apply, with necessary modifications, with respect to the application of paragraphs 5 and 6 of subsection 6 (1).

8. (1) Paragraph 5 of subsection 7 (1) of the Regulation is revoked and the following substituted:

5. The market participant has provided to the IESO on or before June 15 of the calendar year in which the adjustment period begins,
   i. the market participant's legal name and the name under which it carries on business in respect of each of its Class A load facilities,
   ii. the address, geographic location and NAICS code of each of the market participant's Class A load facilities, and
   iii. written consent for the IESO to provide the information in subparagraphs i and ii to the Ministry of Energy, and for the Ministry to publish that information.
6. In the case of an adjustment period commencing on or after July 1, 2022, the market participant has provided written consent to the IESO, on or before June 15 of the calendar year in which the adjustment period begins, that permits the IESO to provide the following information for each of the market participant's Class A load facilities, in an anonymized format, to the Ministry of Energy and permits the Ministry to publish that information:
   i. The volume of electricity withdrawn from the IESO-controlled grid in respect of the load facility during the applicable base period.
   ii. The average, measured over the applicable base period, of the maximum hourly demand for electricity in a month, as determined by the IESO, in respect of the load facility.
   iii. The peak demand factor of the load facility for the adjustment period.
   iv. The NAICS code of the load facility for the adjustment period.

(2) Section 7 of the Regulation is amended by adding the following subsections:

(1.1) For the purposes of paragraphs 5 and 6 of subsection (1), a failure to provide information or consent with respect to one load facility for an adjustment period does not affect the market participant's ability to become a Class A market participant with respect to its other load facilities for that adjustment period.

(1.2) If any of the information provided by the market participant under paragraph 5 or 6 of subsection (1) changes during the adjustment period, the market participant shall promptly provide the updated information to the IESO.

(1.3) The IESO may, for the purposes of this Regulation, rely on information provided to it by the market participant under paragraph 5 or 6 of subsection (1) or subsection (1.2).

(1.4) A consent provided for the purposes of paragraph 5 or 6 of subsection (1) in respect of an adjustment period may not be revoked.

9. Subsection 7.1 (3) of the Regulation is revoked and the following substituted:

(3) For the purpose of making any other determination or calculation under this Regulation in respect of a market participant in Ontario that is both a Class A market participant and a Class B market participant, one determination or calculation shall be made for each of the load facilities in respect of which the market participant is a Class A market participant and one determination or calculation shall be made for each of the load facilities in respect of which the market participant is a Class B market participant.

10. (1) Paragraph 2 of subsection 7.1.1 (1.1) of the Regulation is amended by striking out "2 and 4" and substituting "2, 4, 5 and 6".

(2) Paragraph 3 of subsection 7.1.1 (1.2) of the Regulation is amended by striking out "2 and 4" and substituting "2, 4, 5 and 6".

(3) Section 7.1.1 of the Regulation is amended by adding the following subsection:

(1.3) For the purposes of subsections (1.1) and (1.2), subsections 7 (1.1) to (1.4) apply, with necessary modifications, with respect to the application of paragraphs 5 and 6 of subsection 7 (1).

11. (1) Paragraph 1 of subsection 7.2 (1) of the Regulation is amended by striking out "2 and 4" and substituting "2, 4, 5 and 6".

(2) Subparagraph 3 i of subsection 7.2 (1) of the Regulation is revoked and the following substituted:

   i. the market participant entered into a contract with the IESO or with a licensed distributor to participate in an eligible program, pilot or project listed in subsection (3) offered by the IESO, the licensed distributor or both of them, and

(3) Section 7.2 of the Regulation is amended by adding the following subsection:

(1.1) For the purposes of subsection (1), subsections 7 (1.1) to (1.4) apply, with necessary modifications, with respect to the application of paragraphs 5 and 6 of subsection 7 (1).

(4) Subsection 7.2 (3) of the Regulation is revoked and the following substituted:

(3) The eligible programs, pilots and projects for the purposes of paragraph 3 of subsection (1) are the following:

1. Conservation and Demand Management (CDM) programs and pilots administered by the IESO, a licensed distributor or both of them, that are established or included under,
   i. an implementation plan as defined in subsection 25.32 (1) of the Act,
   ii. a directive issued under subsection 25.32 (5) of the Act, or
   iii. a direction continued under subsection 25.32 (9) of the Act, as amended.
2. IESO demand response auctions and pilots established under the market rules.
3. IESO capacity auctions and pilots established under the market rules, if the contract referred to in subparagraph 3 i of subsection (1) is for demand response resources.

12. (1) Subsection 7.3 (1) of the Regulation is amended by adding the following paragraph:

0.1 The conditions set out in paragraphs 1, 2, 4, 5 and 6 of subsection 7 (1) are satisfied for the load facility for the applicable adjustment period.

(2) Subparagraph 2 i of subsection 7.3 (1) of the Regulation is revoked and the following substituted:

i. the market participant entered into a contract with the IESO or with a licensed distributor to participate in an eligible program, pilot or project listed in subsection 7.2 (3) offered by the IESO, the licensed distributor or both of them, and

(3) Section 7.3 of the Regulation is amended by adding the following subsection:

(1.1) For the purposes of subsection (1), subsections 7 (1.1) to (1.4) apply, with necessary modifications, with respect to the application of paragraphs 5 and 6 of subsection 7 (1).

13. Section 8 of the Regulation is revoked and the following substituted:

Effect of transfer of load facility re Class A consumer

8. (1) In this section,

"effective date" means,

(a) for the purposes of subsections (2) and (3), the day that is 10 business days after the licensed distributor receives the notice referred to in clause (2) (c) and any information required under clause (2) (d), or

(b) for the purposes of subsections (4) to (6), the day that is 10 business days after the day the licensed distributor receives the notice referred to in clause (4) (f) and any information required under clause (4) (g).

(2) Subsection (3) applies to the transfer of title to all of a load facility if,

(a) the transferor is a Class A consumer or Class B consumer immediately before the effective date;

(b) the load facility is,
   (i) a facility that withdraws electricity from the distribution system of a licensed distributor, and
   (ii) connected to the distribution system of the licensed distributor on both the date of the transfer and the effective date;

(c) the transferee provides to the licensed distributor written notice of the transfer, the legal names of the transferor and transferee, and the date of the transfer; and

(d) the transferee provides to the licensed distributor such additional information regarding the transferor, the transferee or the transfer as the licensed distributor may request, within the time specified in the request.

(3) If this subsection applies to the transfer of title to all of a load facility, the following rules apply to the transferee:

1. If the transferor was a Class A consumer in respect of the transferred load facility immediately before the effective date, the transferee is deemed to be a Class A consumer in respect of that load facility for the remainder of the adjustment period on and after the effective date, and to have the same peak demand factor in respect of that load facility as calculated for the transferor immediately before the effective date.
2. For the purposes of determining if the transferee is a Class A consumer, and determining the transferee's peak demand factor in respect of the transferred load facility for the next adjustment period following the adjustment period in which the effective date occurs, the following rules apply:
   i. Electricity is deemed to have been distributed to the transferee by the licensed distributor for the portion of the applicable base period during which the licensed distributor distributed electricity to the transferor.

ii. The same volume of electricity that the licensed distributor distributed to the transferor during the applicable base period is deemed to have been distributed to the transferee during the applicable base period.

iii. If the transferor is an eligible cogeneration customer in respect of the adjustment period in which the effective date occurs and the transferee is, or may reasonably be expected to be, an eligible cogeneration customer in respect of that adjustment period, the value of "LL.1" as determined under subsection 14 (5.1) shall be used in determining the peak demand factor for the transferee.

iv. The transferee is deemed to have supplied to the distribution system of the licensed distributor in respect of the transferred load facility, during the applicable base period, the same volume of electricity that the transferor supplied to the distribution system of the licensed distributor during the applicable base period.

(4) Subsection (6) applies to the transfer of title to a portion of a load facility if,

(a) the transferor is a Class A consumer in respect of the load facility immediately before the effective date;

(b) the load facility is,

(i) a facility that withdraws electricity from the distribution system of a licensed distributor, and

(ii) connected to the distribution system of the licensed distributor on both the date of the transfer and the effective date;

(c) the transferor is invoiced for electricity distributed to the transferred and untransferred portions of the load facility under the same account with the licensed distributor before the effective date;

(d) the licensed distributor has installed a separate meter for the transferred portion of the load facility to measure the volume of electricity distributed to and supplied from that portion of the load facility on and after the effective date;

(e) the transferor and the transferee could reasonably be expected to be Class A consumers for each adjustment period listed in clause (i) in respect of their respective portion of the load facility;

(f) the transferee provides written notice of the transfer, the legal names of the transferor and transferee, a copy of the agreement referred to in clause (i) and the date of the transfer to the licensed distributor;

(g) the transferee provides to the licensed distributor such additional information regarding the transferor, the transferee or the transfer as the licensed distributor may request, within the time specified in the request;

(h) if the transferor is an eligible cogeneration customer in respect of the adjustment period in which the effective date occurs, each of the transferor and the transferee is, or may reasonably be expected to be, an eligible cogeneration customer in respect of that adjustment period; and

(i) the transferor and the transferee have reached an agreement described in subsection (5) with respect to the load facility for,

(i) the remainder of the adjustment period in which the effective date occurs,

(ii) the adjustment period commencing immediately after the one referred to in subclause (i), and

(iii) if the effective date occurs between May 1 and June 30, the adjustment period commencing immediately after the one referred to in subclause (ii).

(5) The agreement referred to in clause (4) (i) must provide for the following:

1. The peak demand factor of the transferor and the transferee for each adjustment period referred to in clause (4) (i), determined as a percentage of the peak demand factor that would be calculated for the transferor in respect of the load facility for that adjustment period if the transfer did not occur. The sum of the peak demand factor of the transferor and the transferee for each such adjustment period must be equal to the peak demand factor that would be calculated for the transferor in respect of the load facility for that adjustment period if the transfer did not occur.

2. Such other information that the licensed distributor may require to determine whether the transferor and the transferee are Class A consumers in respect of each adjustment period referred to in clause (4) (i), and to calculate the peak demand factor of the transferor and the transferee in respect of that adjustment period.

(6) If this subsection applies to the transfer of title to a portion of a load facility, the following rules apply to the transferor and transferee:

1. The transferor and the transferee are deemed to be Class A consumers for each adjustment period referred to in clause (4) (i).

2. The licenced distributor shall calculate or re-calculate the peak demand factor of the transferor and the transferee for each adjustment period referred to in clause (4) (i), based on the agreement referred to in that clause.

Effect of transfer of load facility re Class A market participant

8.1 (1) In this section,

"effective date" means,

(a) for the purposes of subsections (2) and (3), the day that is 10 business days after the day the IESO receives the notice referred to in clause (2) (c) and any information required under clause (2) (d), or

(b) for the purposes of subsections (4) to (6), the day that is 10 business days after the day the IESO receives the notice referred to in clause (4) (f) and any information required under clause (4) (g).

(2) Subsection (3) applies to the transfer of title to all of a load facility if,

(a) the transferor is a Class A market participant or a Class B market participant immediately before the effective date;

(b) the transferred load facility is a load facility or an embedded load facility, as those terms are defined in the market rules;

(c) the transferee is a market participant;

(d) the transferee provides written notice of the transfer, the legal names of the transferor and transferee, and the date of the transfer to the IESO; and

(e) the transferee provides to the IESO such additional information regarding the transferor, the transferee or the transfer as the IESO may request, within the time specified in the request.

(3) If this subsection applies to the transfer of title to all of a load facility, the following rules apply to the transferee:

1. If the transferor was a Class A market participant in respect of the transferred load facility immediately before the effective date, the transferee is deemed to be a Class A market participant in respect of that load facility for the remainder of the adjustment period on and after the effective date, and to have the same peak demand factor in respect of that load facility as calculated for the transferor immediately before the effective date.

2. For the purposes of determining if the transferee is a Class A market participant, and determining the transferee's peak demand factor, in respect of the transferred load facility for the next adjustment period following the adjustment period in which the effective date occurs, the following rules apply:

   i. The transferee is deemed to have been a market participant for any portion of the applicable base period during which the transferred load facility was registered with the IESO in accordance with the market rules.

   ii. The volume of electricity withdrawn from the IESO-controlled grid in respect of the transferred load facility during the applicable base period is deemed to have been withdrawn by the transferee and not the transferor.

   iii. If the transferor is an eligible cogeneration customer in respect of the adjustment period in which the effective date occurs and the transferee is, or may reasonably be expected to be, an eligible cogeneration customer in respect of that adjustment period, the value of "V.1" as determined under subsection 11 (4.2) shall be used in determining the peak demand factor for the transferee.

   iv. The volume of electricity supplied to the IESO-controlled grid in respect of the transferred load facility during the applicable base period is deemed to have been supplied by the transferee and not the transferor.

(4) Subsection (6) applies to the transfer of title to a portion of a load facility if,

(a) the transferor is a Class A market participant in respect of the load facility immediately before the effective date;

(b) the transferred load facility is a load facility or an embedded load facility, as those terms are defined in the market rules;

(c) the transferor is invoiced for electricity withdrawn from the IESO-controlled grid in respect of the transferred and untransferred portions of the facility before the effective date;

(d) the transferred portion of the transferor's load facility is registered with the IESO by the transferee as of the effective date;

(e) the transferor and the transferee could reasonably be expected to be Class A market participants for each adjustment period listed in clause (i) in respect of their respective portion of the load facility;

(f) the transferee provides written notice of the transfer, the legal names of the transferor and transferee, a copy of the agreement referred to in clause (i) and the date of the transfer to the IESO;

(g) the transferee provides to the IESO such additional information regarding the transferor, the transferee or the transfer as the IESO may request, within the time specified in the request;

(h) if the transferor is an eligible cogeneration customer in respect of the adjustment period in which the effective date occurs, each of the transferor and the transferee is, or may reasonably be expected to be, an eligible cogeneration customer in respect of that adjustment period; and

(i) the transferor and the transferee have reached an agreement described in subsection (5) with respect to the load facility for,

(i) the remainder of the adjustment period in which the effective date occurs,

(ii) the adjustment period commencing immediately after the one referred to in subclause (i), and

(iii) if the effective date occurs between May 1 and June 30, the adjustment period commencing immediately after the one referred to in subclause (ii).

(5) The agreement referred to in clause (4) (i) must provide for the following:

1. The peak demand factor of the transferor and the transferee for each adjustment period referred to in clause 4 (i), determined as a percentage of the peak demand factor that would be calculated for the transferor in respect of the load facility for that adjustment period if the transfer did not occur. The sum of the peak demand factor of the transferor and the transferee for each such adjustment period must be equal to the peak demand factor that would be calculated for the transferor in respect of the load facility for that adjustment period if the transfer did not occur.

2. Such other information that the IESO may require to determine whether the transferor and the transferee are Class A market participants in respect of each adjustment period referred to in clause (4) (i), and calculate the peak demand factor of the transferor and the transferee in respect of that adjustment period.

(6) If this subsection applies to the transfer of title to a portion of a load facility, the following rules apply to the transferor and transferee:

1. The transferor and the transferee are deemed to be Class A market participants for each adjustment period referred to in clause (4) (i).

2. The IESO shall calculate or re-calculate the peak demand factor of the transferor and the transferee for each adjustment period referred to in clause (4) (i), based on the agreement referred to in that clause.

14. Section 9 of the Regulation is revoked and the following substituted:

Publication of necessary information by IESO

9. (1) The IESO shall publish,

(a) the volume of electricity dispatched through the IESO-administered markets for the purposes of supplying Ontario demand during each hour in each base period;

(b) the peak hours in each base period; and

(c) the amount calculated under subsection 11 (4.1) for the definition of "W" for each base period.

(2) The information required to be published under clause (1) (a) relating to the total volume of electricity dispatched in an hour must be published within 60 minutes after the end of that hour and must be based on the information and data available to the IESO at the time.

(3) If, before the end of the third business day after the day on which any information under subsection (2) is published, the IESO determines that the published information was not correct, the IESO shall publish the corrected information no later than the end of the third business day after the day on which the information was originally published.

(4) In determining the peak hours in each base period, the IESO shall only use the information and data that is available to the IESO for each hour in the base period up to the end of the third business day after the day in which the hour occurs.

(5) The information required to be published under clauses (1) (b) and (c) for a base period must be published on the third business day of May in the calendar year in which the base period ends.

(6) This section and the definition of "peak hours" in subsection 5 (1), as both of those provisions read immediately before May 1, 2022, continue to apply with necessary modifications to any base period that commenced before May 1, 2022, and for greater certainty subsections (1) to (5) of this section and the definition of "peak hours" in subsection 5 (1), as they currently read, do not apply to that base period.

15. Paragraph 4 of subsection 10.7 (1) of the Regulation is amended by striking out "IESO's Demand Response Auctions and Pilots" and substituting "IESO's demand response auctions and pilots".

16. (1) Paragraph 1 of subsection 11 (2) of the Regulation is revoked and the following substituted:

1. Subject to paragraph 1.1, the IESO shall allocate as follows:

i. To every person or other entity that is a Class A market participant throughout the month to whom neither subsection 8.1 (3) nor (6) applies, the amount determined by multiplying the global adjustment for the month by the Class A market participant's peak demand factor determined under subsection (4) for the adjustment period.

ii. To every person or other entity that is a Class A market participant at the beginning of the month but ceases to be a market participant before the end of the month, the amount that would otherwise be determined under subparagraph i multiplied by the ratio of the number of days in the month during which the person or entity was a market participant to the total number of days in the month.

iii. To every person or other entity to whom subsection 8.1 (3) or (6) applies that is a Class A market participant in respect of the transferred load facility immediately before the effective date determined under subsection 8.1 (1), the amount that would otherwise be determined under subparagraph i of this paragraph, using the Class A market participant's peak demand factor immediately before the effective date, multiplied by the ratio of the number of days in the month before the effective date to the total number of days in the month.

(2) Paragraph 2 of subsection 11 (4.1) of the Regulation is revoked and the following substituted:

2. Calculate the total volume of electricity, if any, conveyed back into the IESO-controlled grid or the distribution system of a licensed distributor by electricity storage facilities during the peak hours of the applicable base period.

(3) Subsection 11 (11) of the Regulation is revoked and the following substituted:

(11) The IESO shall provide written notice to each Class A market participant of its peak demand factor, as calculated under this section for each adjustment period, on or before May 31 in the same calendar year in which the adjustment period commences.

(12) The IESO shall provide written notice to each licensed distributor who is a market participant of its peak demand factor, as calculated under this section for each adjustment period, on or before June 30 in the same calendar year in which the adjustment period commences.

17. Subsections 15 (6) to (8) of the Regulation are revoked and the following substituted:

(6) The following rules apply to a transferor and transferee to which subsection 8 (3) or (6) applies during the month in which the effective date, as determined under subsection 8 (1), occurs, if the transferor is a Class A consumer in respect of the transferred load facility immediately before the effective date:

1. The licensed distributor shall adjust the invoice issued to the transferor for the month to equal the sum of the following:

   i. The amount that would otherwise be determined under subsection 14 (6) for the month multiplied by the ratio of the number of days in the month before the effective date to the total number of days in the month.

   ii. If subsection 8 (6) applies, the amount determined under subsection 14 (6) using the transferor's peak demand factor, as calculated on the effective date, multiplied by the ratio of the number of days remaining in the month, including the effective date, to the total number of days in the month.

2. The licensed distributor shall adjust the invoice issued to the transferee for the month to equal the amount determined under subsection 14 (6) for the month using the transferee's peak demand factor, as calculated on the effective date, multiplied by the ratio of the number of days remaining in the month, including the effective date, to the total number of days in the month.

(7) Subsection (8) applies if,

(a) a load facility or a portion of a load facility is transferred during a month;

(b) subsection 8.1 (3) or (6) applies to the transfer; and

(c) either the transferor, the transferee or both of them is a Class A market participant for the remainder of the adjustment period on and after the effective date determined under subsection 8.1 (1).

(8) The IESO shall, for the month in which the effective date as determined under subsection 8.1 (1) occurs, do the following:

1. If the transferee is a Class A market participant on the effective date, the IESO shall allocate to the transferee the amount determined by multiplying,

   i. the global adjustment for the month,

   ii. the transferee's peak demand factor, as calculated on the effective date, and

   iii. the ratio of the number of days remaining in the month, including the effective date, to the total number of days in the month.

2. If subsection 8.1 (6) applies, the IESO shall allocate to the transferor, in addition to any amount allocated to them under subparagraph 1 iii of subsection 11 (2), the amount determined by multiplying,
   i. the global adjustment for the month,
   ii. the transferor's peak demand factor, as calculated on the effective date, and
   iii. the ratio of the number of days remaining in the month, including the effective date, to the total number of days in the month.

18. The Regulation is amended by striking out "net volume" wherever it appears and substituting in each case "volume".

Commencement

19. This Regulation comes into force on the later of May 1, 2022 and the day it is filed.

16/22

ONTARIO REGULATION 258/22

made under the

REAL ESTATE AND BUSINESS BROKERS ACT, 2002

Made: March 31, 2022
Filed: April 1, 2022
Published on e-Laws: April 4, 2022
Printed in *The Ontario Gazette*: April 16, 2022

Amending O. Reg. 568/05
(DELEGATION OF REGULATION-MAKING AUTHORITY TO THE MINISTER)

1. (1) Subsection 1 (1) of Ontario Regulation 568/05 is amended by,

(a) striking out "subsection (2)" and substituting "subsections (2) and (3)"; and

(b) striking out "20" and substituting "20, 23.1, 24".

(2) Subsection 1 (1) of the Regulation, as amended by subsection (1), is amended by striking out "13, 14" and substituting "14".

(3) Section 1 of the Regulation is amended by adding the following subsection:

(3) The Minister's authority to make regulations respecting transitional matters under paragraph 24 of subsection 51 (1) of the Act is limited to those matters which are delegated to the Minister.

Commencement

2. (1) Except as otherwise provided in this section, this Regulation comes into force on the later of the day subsection 32 (12) of the *Trust in Real Estate Services Act, 2020* comes into force and the day this Regulation is filed.

(2) Subsection 1 (2) comes into force on the later of the day subsection 32 (5) of the *Trust in Real Estate Services Act, 2020* comes into force and the day this Regulation is filed.

16/22

RÈGLEMENT DE L'ONTARIO 258/22

pris en vertu de la

LOI DE 2002 SUR LE COURTAGE COMMERCIAL ET IMMOBILIER

pris le 31 mars 2022
déposé le 1er avril 2022
publié sur le site Lois-en-ligne le 4 avril 2022
imprimé dans la *Gazette de l'Ontario* le 16 avril 2022

modifiant le Règl. de l'Ont. 568/05
(DÉLÉGATION DE POUVOIRS RÉGLEMENTAIRES AU MINISTRE)

1. (1) Le paragraphe 1 (1) du Règlement de l'Ontario 568/05 est modifié :

a) par remplacement de «du paragraphe (2)» par «des paragraphes (2) et (3)»;

b) par remplacement de «20» par «20, 23.1, 24».

(2) Le paragraphe 1 (1) du Règlement, tel qu'il est modifié par le paragraphe (1), est modifié par remplacement de «13, 14» par «14».

(3) L'article 1 du Règlement est modifié par adjonction du paragraphe suivant :

(3) Le pouvoir du ministre de prendre, en vertu de la disposition 24 du paragraphe 51 (1) de la Loi, des règlements à l'égard de mesures de transition se limite aux questions qui lui sont déléguées.

Entrée en vigueur

2. (1) Sauf disposition contraire du présent article, le présent règlement entre en vigueur le dernier en date du jour de l'entrée en vigueur du paragraphe 32 (12) de la *Loi de 2020 sur la confiance envers les services immobiliers* et du jour du dépôt du présent règlement.

(2) Le paragraphe 1 (2) entre en vigueur le dernier en date du jour de l'entrée en vigueur du paragraphe 32 (5) de la *Loi de 2020 sur la confiance envers les services immobiliers* et du jour du dépôt du présent règlement.

16/22

NOTE: Consolidated regulations and various legislative tables pertaining to regulations can be found on the e-Laws website.

REMARQUE : Les règlements codifiés et diverses tables concernant les règlements se trouvent sur le site Lois-en-ligne.

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Ontario

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