

Ministry of Long-Term Care (MLTC)

Long-Term Care Inspection Branch (LTCIB)

# MLTC Regulatory Compliance Update

Webinar to the LTC Sector,

*March 23, 2023*

# Outline

- Updates from the Long-Term Care Inspections Branch
- The Service System Planning and Operational Issues Branch (SSPOIB)
- What to Expect During an Inspection
- Implementation of the *Fixing Long-Term Care Act, 2021*
- Proactive Inspections
- Enforcement Actions and Administrative Monetary Penalties (AMPs)
- Investigations
- Mandatory Reporting
- Statistics
- Final Thoughts

# **Updates from the Long-Term Care Inspections Branch**

# Our Service Commitment to the LTC Sector



**REGULATORS'**  
**CODE OF PRACTICE**

As modern regulators, our inspectors commit to honesty, integrity, respect, objectivity, confidentiality, continuous learning, and timeliness. We are trained to be:

## **TRANSPARENT**

Provide clear information about our compliance approaches and publicly post inspection reports.

## **PROPORTIONATE**

Enforcement actions should be proportionate to the circumstances with progressive escalation for repeated non-compliance.

## **TARGETED**

Take a risk-based approach to target our efforts.

## **PROFESSIONAL**

Cooperate with licensees, long-term care home staff and administration, and residents.

# Modernization of the Long-Term Care Inspections Branch

- Our branch is making changes to the way we operate and the regulatory tools we use to fulfill our mandate as set out in legislation.
- As modern regulators of the long-term care sector, our role goes beyond conducting inspections to include:



## ROLE OF THE MODERN REGULATOR

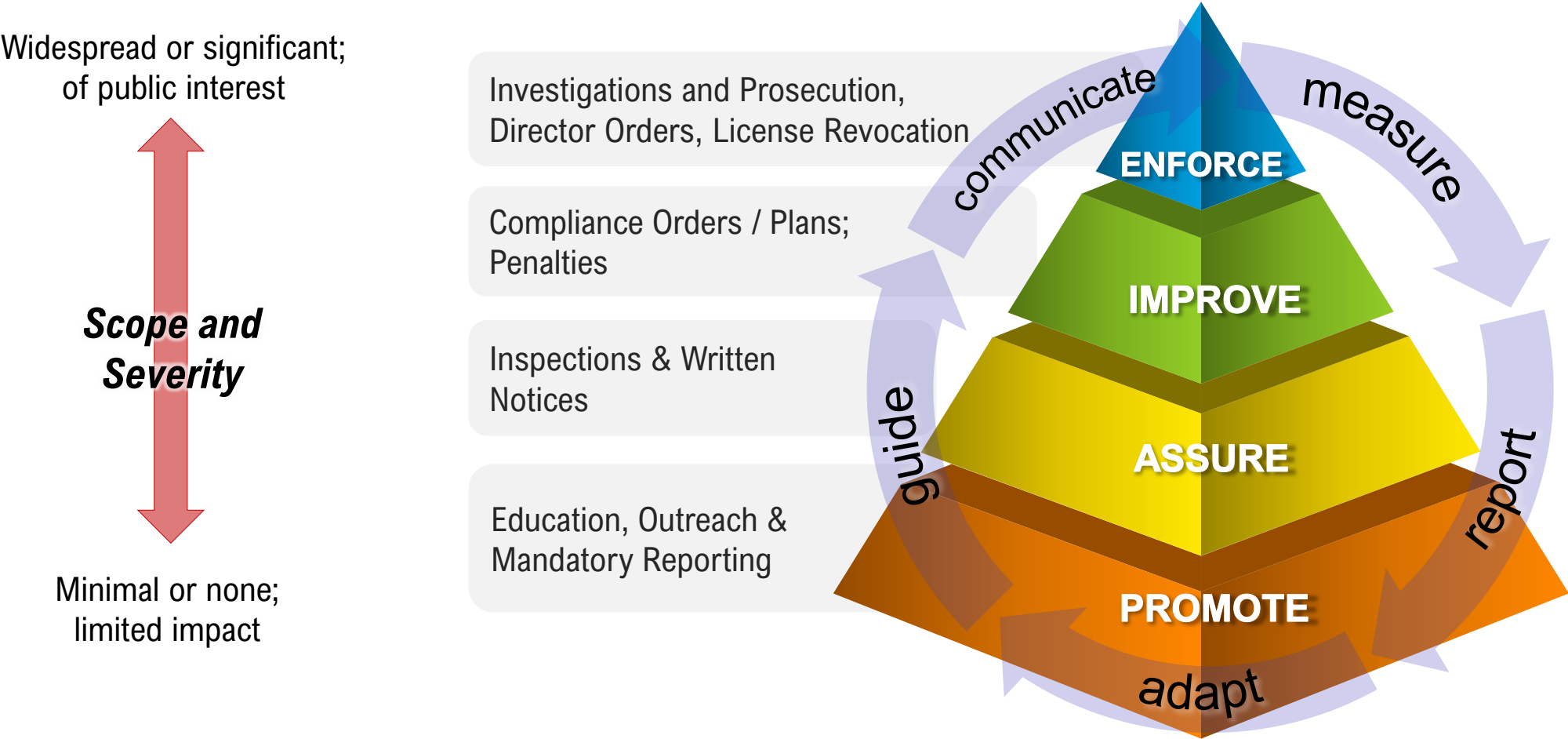
- Investigations
- Data analysis
- Risk management
- Policy development
- Training and education
- Stakeholder responses
- IT solutions

# Modernization of the Long-Term Care Inspections Branch

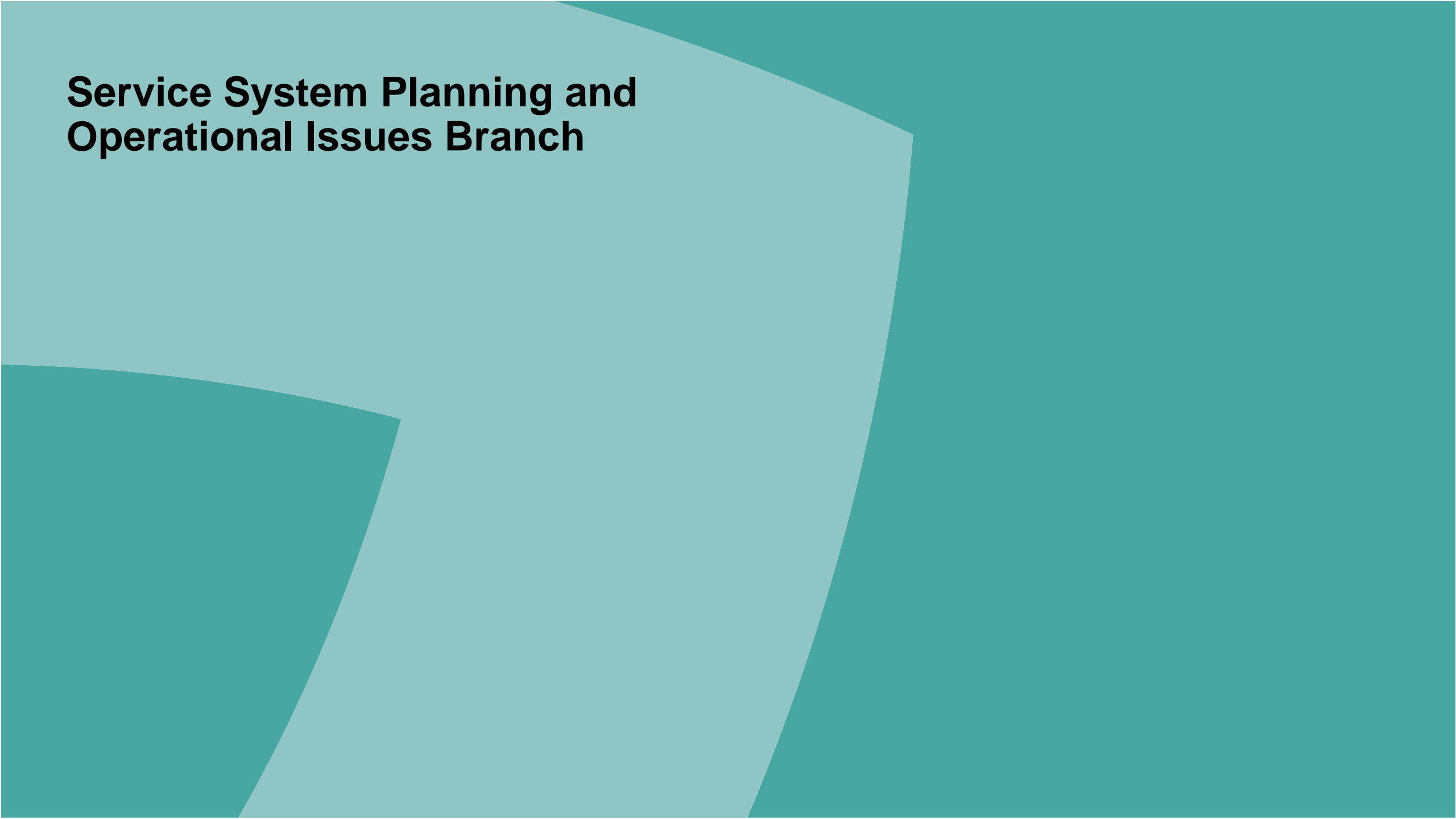
- A large recruitment drive in 2022 led to a doubling of the number of LTC inspectors with 156 being hired.
- A modernized inspection software tool is being developed to streamline inspections and allow for better strategic planning and analysis.
- We're also developing new linkages and initiatives with sector partners including the Retirement Homes Regulatory Authority (RHRA), Ministry of Labour, Immigration, Training and Skills Development (MLITSD), Public Health Units, and Public Health Ontario.

# Compliance Continuum

A **Modern Regulator** communicates expectations, provides guidance, measures effectiveness, reports on results, and adapts where needed.



# **Service System Planning and Operational Issues Branch**

The background of the slide features abstract, flowing shapes in two shades of teal. A large, light teal shape curves from the top left towards the center, while a darker teal shape fills the right side and bottom left corner. The overall effect is modern and professional.



# Introducing: Service System Planning and Operational Issues Branch

- The Ministry recognizes that there is a need for capacity to take a service system view that supports effective governance, greater accountability, improved quality and continuous improvement along with greater integration across the broader health care system and the continuum of services for seniors.
- In order to drive forward with this much needed capacity, the Ministry of Long-Term Care established a new branch in Operations Division – the **Service System Planning and Operational Issues Branch**.
- Role of the new branch includes:
  - **Strengthening relationships** between the ministry and sector partners, including LTC homes, Ontario Health and Home and Community Care Support Services, etc.
  - Facilitating **resolution to emerging operational issues**, working collaboratively with homes and sector partners
  - **Identifying trends** in issues and opportunities for knowledge sharing
  - Undertaking collaborative **service system planning**, including LTC system capacity assessment
  - Overseeing the ministry's **governance and accountability** frameworks with Ontario Health and HCCSS, and
  - Evolving the ministry's **pandemic response** plan.

# Introducing: Service System Planning and Operational Issues Branch

- Over the next few months, the branch will be building its capacity and engaging partners on key opportunities. Stay tuned for further updates on the activities of the branch.
- If you have feedback, ideas or questions for the new branch, please reach out to the branch management team:
  - Christine Loureiro, Director, [Christine.Loureiro@ontario.ca](mailto:Christine.Loureiro@ontario.ca)
  - Maria Pesce, Manager, [Maria.Pesce@ontario.ca](mailto:Maria.Pesce@ontario.ca)
  - Tanya Bass, Manager, [Tanya.Bass@ontario.ca](mailto:Tanya.Bass@ontario.ca)

# What to Expect During an Inspection

# About Our Inspectors

## Long-Term Care Home Inspectors:



- Are required to have a current registration in good standing as a:
  - registered nurse, registered dietitian, registered physiotherapist, social worker, occupational therapist, or speech language pathologist in Ontario.
- Undergo extensive training and job shadowing prior to being certified.
- Wear name tags and identify themselves upon arrival and when speaking with staff, families and residents during their inspection.

The primary role of an inspector is to determine compliance with the Act and Regulations.

Inspectors do not provide advice and recommendations on how to comply.

# About Long-Term Care Inspections

- All inspections are unannounced and last anywhere from 1 day to 2 weeks
- Upon arrival, inspectors meet with the Administrator or their delegate
- Inspectors explain the purpose of their visit
- They will ask to see certain documents and will require access to your IT systems and resident records.
- They will review the documents, and conduct interviews of staff and residents
- Inspections often take place during business hours but may occur on evening or weekends
- After an exit debrief, the inspector makes decisions around compliance action
- A report is written and shared with the home before being posted publicly.



# About the Inspections Process



# Inspection Types

**Reactive inspections** are done in response to complaints or critical incidents and generally focus on the substance of the complaint or incident—**follow-up inspections** ensure that any compliance orders have been addressed. All intakes undergo a triage and risk assessment to determine their priority level.



Complaint Inspection



Critical Incident Inspection



Follow-Up Inspection

**Proactive inspections** are broad-based inspections carried out on a regular basis to ensure a home is in ongoing compliance with the Act and Regulation.



Proactive Inspection

**Other** types of inspections include the Post-Occupancy Inspection and the Pre-Licensing/Occupancy Assessment visit to the home.



Pre-Licensing/Occupancy Assessments



Post Occupancy Inspection

# Residents' Bill of Rights

## FLTCA – Fundamental Principle:

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

<p>PART II RESIDENTS: RIGHTS, CARE AND SERVICES</p> <p>RESIDENTS' BILL OF RIGHTS</p> <p>Residents' Bill of Rights</p>	
3 (1)	Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
<p>RIGHT TO BE TREATED WITH RESPECT</p> <p>1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.</p> <p>2. Every resident has the right to have their lifestyle and choices respected.</p> <p>3. Every resident has the right to have their participation in decision-making respected.</p>	



# Residents' Councils



- A highly functioning Residents' Council is a key contributor to positive outcomes for residents.
  - The *FLTCA, 2021* requires every home to establish a Residents' Council made up only of residents of that LTCH.
  - As the collective voice of residents at the home, the councils meet regularly and provide advice and recommendations to the LTCH leadership.
  - Homes are also required to appoint a Residents' Council Assistant that is acceptable to the council.
- 
- Residents' Councils have a number of powers under the *FLTCA, 2021*, including, but not limited to:
    - Advising residents of their rights,
    - Attempting to resolve disputes between residents and the home,
    - Sponsoring and planning activities,
    - Advising the home of concerns or recommendations about operations of the home.



# Implementation:

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

# Implementation:

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

The plan to fix long-term care prioritizes actions in these areas:

Staffing & Care

Accountability,  
Enforcement &  
Transparency

Building Modern, Safe  
& Comfortable Homes  
for Seniors



The ***Fixing Long-Term Care Act, 2021*** lays the groundwork for systemic, long-lasting reform over time that will enhance resident quality of care and life.

# Implementation of the *Fixing Long-Term Care Act, 2021*

## Resources Available on LTCHomes.net

### **NEW:** April 6, 2022 – Implementation Tools and Supports for the Fixing Long-Term Care Act, 2021

The Ministry of Long-Term Care has developed a suite of tools and supports to assist with implementing the new Fixing Long-Term Care Act, 2021 and regulation 246/22, which will be in force April 11, 2022. The attached memo from Associate Deputy Minister Erin Hannah goes into further detail about each of the available tools. They are also attached here.

#### AsDM Memo

- Associate Deputy Minister Memo [EN/FR](#)

#### Q&As

- General Implementation Q&A (re: the new legislative and regulatory framework) [EN/FR](#)

#### Fact Sheets

- Compliance and Enforcement [EN/FR](#)
- Complaints [EN/FR](#)
- Continuous Quality Improvement [EN/FR](#)
- Whistle-Blowing Protections [EN/FR](#)
- IPAC [EN/FR](#)
- Palliative Care [EN/FR](#)
- Screening Requirements [EN/FR](#)
- Emergency Planning [EN/FR](#)

#### Other

- New IPAC Standard [EN/FR](#)
- Key Dates Chart [EN/FR](#)
- Technical Orientation Deck [EN/FR](#)
- [April 4 Webinar Recording](#)

# Reporting Requirements under the FLCTA

- The sector received updated guidance on complaints and reporting requirements.
- Operators are no longer required to report complaints provided to them by residents, or family/friends of residents, to the ministry unless the complaint alleges harm or risk of harm to one or more residents.
- Operators must both inform and facilitate residents of how to contact the ministry should they wish to file a complaint.

Ministry of Long-Term Care

## Reporting Requirements for LTC Homes

October 2022

### Overview

As of April 11, 2022, the *Fixing Long-Term Care Act, 2021* (FLTCA) and Ontario Regulation 246/22 have replaced the previous *Long-Term Care Homes Act, 2007* (LTCHA) and Ontario Regulation 79/10 as the governing legislation for long-term care in Ontario.

This fact sheet provides updated legislative references to the requirements around reporting complaints, critical incidents, and other specific matters to the ministry. Readers are encouraged to familiarize themselves with this summary document and refer to the FLTCA, 2021 and its Regulation for the complete requirements.

### 1. Reporting Procedures

There are two different reporting procedures that may apply to situations involving complaints, critical incidents, and other matters. As this document addresses various situations in detail, it will regularly refer to the **Report Immediately procedure** and the **Report in 1 Business Day procedure**, which are both outlined below.

#### Report Immediately Procedure:

- If during business hours (Monday to Friday, 8:30 a.m. to 4:30 p.m.), submit a Critical Incident System (CIS) report,
- If outside of business hours or during a statutory holiday, call the Service Ontario After-Hours Line (1-888-999-6973), and submit a CIS report the next business day.

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

## Compliance and Enforcement Tools

- Remedied Non-Compliance
- Written Notifications
- Compliance Orders
- Administrative Monetary Penalties
- Order Requiring Management
- Increased Fines for Offences
- Investigations
- License Suspension and Supervisor

To learn more, see the **Compliance and Enforcement Fact Sheet**



Ministry of Long-Term Care

Compliance and Enforcement

As of April 11, 2022, the *Fixing Long-Term Care Act, 2021* (FLTCA) and Ontario Regulation 246/22 have replaced the previous *Long-Term Care Homes Act, 2007* (LTCHA) and Ontario Regulation 79/10 as the governing legislation for long-term care in Ontario.

The FLTCA includes new and strengthened compliance and enforcement tools to improve resident care and safety. These tools will be used as part of the Ministry of Long-Term Care's inspection program, which aims to hold licensees accountable and ensure they provide:



The program focuses on ensuring that licensees comply with the standards for promoting the quality of care and quality of life for residents. If the Director finds non-compliance, they take into account the nature and severity of the non-compliance, and the compliance history of the licensee to determine appropriate compliance action(s) to take under the Act.

[Compliance and Enforcement Fact Sheet - EN.pdf \(ltchomes.net\)](#)

# Fixing Long-Term Care Act, 2021

## Remedied Non-Compliance [NEW]

- For **low-risk** instances of non-compliance.
- Can only be used by an inspector when a licensee is able to demonstrate they have **remedied the non-compliance during an inspection** and the inspector is satisfied that there was no resulting harm or risk of harm to a resident.
- Inspectors document the non-compliance and remedy in the inspection report.

### Compliance and Enforcement Tools

- Remedied Non-Compliance
  - Written notifications
  - Compliance Orders
  - Administrative Monetary Penalties
  - Order Requiring Management
  - Increased Fines for Offences
  - Investigations
  - License Suspension and Supervisor

# *Fixing Long-Term Care Act, 2021*

## Written Notifications

- Unlike the LTCHA, the FLTCA does **not** allow the inspector to issue a voluntary plan of correction as a possible compliance action.
- However, it is still possible for an inspector to issue a written notification to communicate a finding of non-compliance.

### Compliance and Enforcement Tools

- Remedied Non-Compliance
- Written notifications
- Compliance Orders
- Administrative Monetary Penalties
- Order Requiring Management
- Increased Fines for Offences
- Investigations
- License Suspension and Supervisor



# Fixing Long-Term Care Act, 2021

## Compliance Orders [Updated]

- The FLTCA includes **two new aspects** of a Compliance Order that may direct licensees to take certain action such as:
  - Arrange for specific staff to receive training.
  - Allow the ministry/agents/contractors to perform any work or activity at the LTC home at the licensee's expense.

### Compliance and Enforcement Tools

- Remedied Non-Compliance
- Written notifications
- Compliance Orders
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- Order Requiring Management
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# Fixing Long-Term Care Act, 2021

## Order Requiring Management [Updated]

- The FLTCA **expands the grounds** under which the Director may order a licensee to retain a temporary manager to assist in managing the LTC home.
- It also specifies that a temporary manager may be brought in to manage the **entire operations** of the LTC home **or** to manage **a specific issue** related to the operation of the home such as IPAC, financial management or clinical operations.

### Compliance and Enforcement Tools

- Remedied Non-Compliance
- Written notifications
- Compliance Orders
- Administrative Monetary Penalties
- Order Requiring Management
- Increased Fines for Offences
- Investigations
- License Suspension and Supervisor

# Fixing Long-Term Care Act, 2021

## Increased Fines for Offences [NEW]

- Maximum fines upon conviction of an offence under the FLTCA have been doubled from those in the LTCHA.
- If convicted, an individual could face a fine of up to \$200,000 for the first offence and up to \$400,000 for a subsequent offence.
- If convicted, a corporation could face a fine of up to \$500,000 for a first offence and a fine of up to \$1,000,000 for a subsequent offence.

### Compliance and Enforcement Tools

- Remedied Non-Compliance
- Written notifications
- Compliance Orders
- Administrative Monetary Penalties
- Order Requiring Management
- Increased Fines for Offences
- Investigations
- License Suspension and Supervisor

# *Fixing Long-Term Care Act, 2021*

## **License Suspension and Supervisor [NEW]**

- A license may be suspended, and a home supervisor appointed to take over operations of the home.
- The appointment of the supervisor will allow the ministry full control of the home until the suspension is lifted, the license expires or is revoked, or another solution is found.

### **Compliance and Enforcement Tools**

- Remedied Non-Compliance
- Written notifications
- Compliance Orders
- Administrative Monetary Penalties
- Order Requiring Management
- Increased Fines for Offences
- Investigations
- License Suspension and Supervisor

# Use of New Compliance & Enforcement Tools

*(April 11, 2022 – March 14, 2023)*

**54** Administrative Monetary Penalties served to licensees (~8% of homes)

Issued over **35** inspections

**\$183,700** Total dollar amount of AMPs served to licensees

**2** Re-inspection fees issued

# Proactive Inspections

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# Proactive Inspections

- The average Proactive Inspection takes just over 7 days to complete. These are some of the areas that inspectors focus on:

**Infection  
Prevention and  
Control (IPAC)**

**Abuse and  
Neglect**

**Safe Medication  
Management**

**Nutrition and  
Hydration**

**Policies /  
Directives**

**Dining  
Observation**

**Resident Rights**

**Plan of Care**

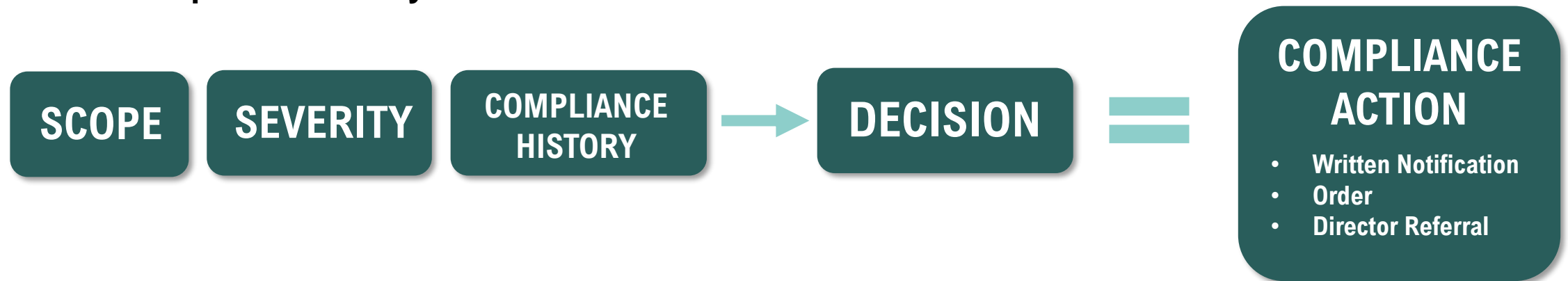


# **Enforcement Actions and Administrative Monetary Penalties (AMPs)**



# Determining Appropriate Enforcement Action

- Inspectors receive standardized training on how to determine appropriate enforcement action.
- The goal is to have inspectors:
  - Make fair, consistent decisions across the province;
  - Determine the most appropriate enforcement action; and
  - Document their findings in an inspection report.
- The non-compliance is examined in terms of **scope** and **severity** while also considering the home's **compliance history**.

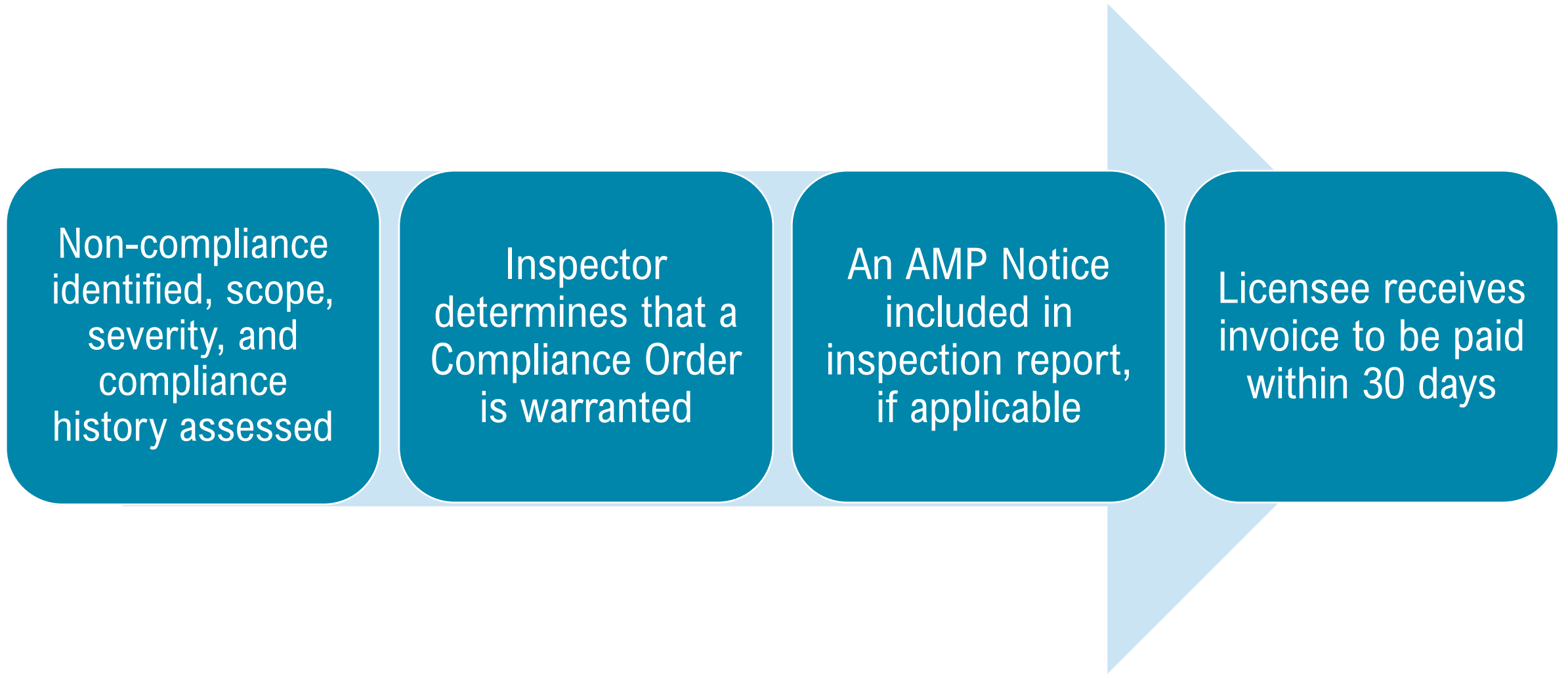


# When AMPs are Issued

AMPs are automatically issued when:


- An **inspector's order was issued for a similar issue within the past three years** (even if it was complied with).
- A **licensee remains non-compliant with an inspector's order after the expected compliance date.**

# AMPs Process



# AMPs Process

- Pictured here is the AMP invoice that licensees will receive.
- Reminder: licensees must not pay an AMP from a resident-care funding envelope.



Invoice / Facture

1 / 1

Customer #/N° du client <b>468987</b>	Ministry / Ministère <b>MLTC - XXXXXXXX</b>	Date <b>July 09, 2010</b>
Payment Information / Renseignements sur la facture TO / DESTINATAIRE		Billing Enquiry Renseignements - Facturation 1-877-535-0554
GENERIC CUSTOMER 123 AVENUE STREET CITYVILLE ON H0H 0H0		Invoice Number Numéro de la facture <b>52189</b>
		Due Date Date d'échéance <b>August 08, 2010</b>
		Payment Terms Modalités de paiement <b>30 NET</b>
HST Registration No. / No d'inscription aux fins de la TVH <b>124668666</b>	Purchase Order Bon de commande	


Line No N° de ligne	Item Description Description	Price Prix	Quantity Quantité	Amount Montant	HST TVH
1	045-XXXXXXXXXXXXXXXXXXXXXXXXXXXX	60.71	1	60.71	7.89
				60.71	7.89

06-5104 (2009/12)  
© Queen's Printer for Ontario, 2009

Interest will be charged on all past due accounts.  
Des intérêts seront exigés sur tout compte en souffrance.

Amount Due / Montant dû CAD\$ **68.60**

Detach here / Détachez ici



Ministry of Finance / Ministère des Finances  
Payment Processing Centre / Centre de traitement des paiements  
33 King St. West / 33 Rue King Ouest  
PO Box 647 / CP 647  
Oshawa ON L1H 8X3

Remittance Advice / Avis de remise

Please detach and return this portion with your payment in the enclosed envelope. Make your certified cheque or money order payable to the **Minister of Finance**. Veuillez détacher et retourner cette partie avec votre remise dans l'enveloppe ci-jointe. Libellez votre chèque certifié ou votre mandat à l'ordre du **ministre des Finances**.

GENERIC CUSTOMER  
123 AVENUE STREET  
CITYVILLE ON H0H 0H0

Credit Card No. / N° de la carte de crédit

☐ Visa ☐ Master Card ☐ American Express

Signature

Expiry  
Expiration  
MM / YY  
MM / AA

Customer No. / N° du client  
468987

Transaction Id / Code de transaction  
851237

Invoice No. / N° de la facture  
52189

Due Date / Date d'échéance  
August 08, 2010

Amount Due / Montant dû  
CAD \$ **68.60**

Payment Amount / Montant remis  
CAD \$ .

# AMPs Process

There are three levels of Administrative Monetary Penalties that may be issued:

**1. \$11,000** – Examples include:

- Act, s.77 Director of Nursing and Personal Care,
- Act, s. 78 Medical Director,
- Regulation, s. 249 (3) Administrator, qualifications

**2. \$5,500** – Examples include:

- Act, s. 24 Duty to protect,
- Act, s. 23 Infection prevention and control program
- Regulation, s. 53 Required programs

**3. \$1,100** – For Example:

- Failure to comply with any requirement under the Act not otherwise provided for in the Table (Act, s. 349).

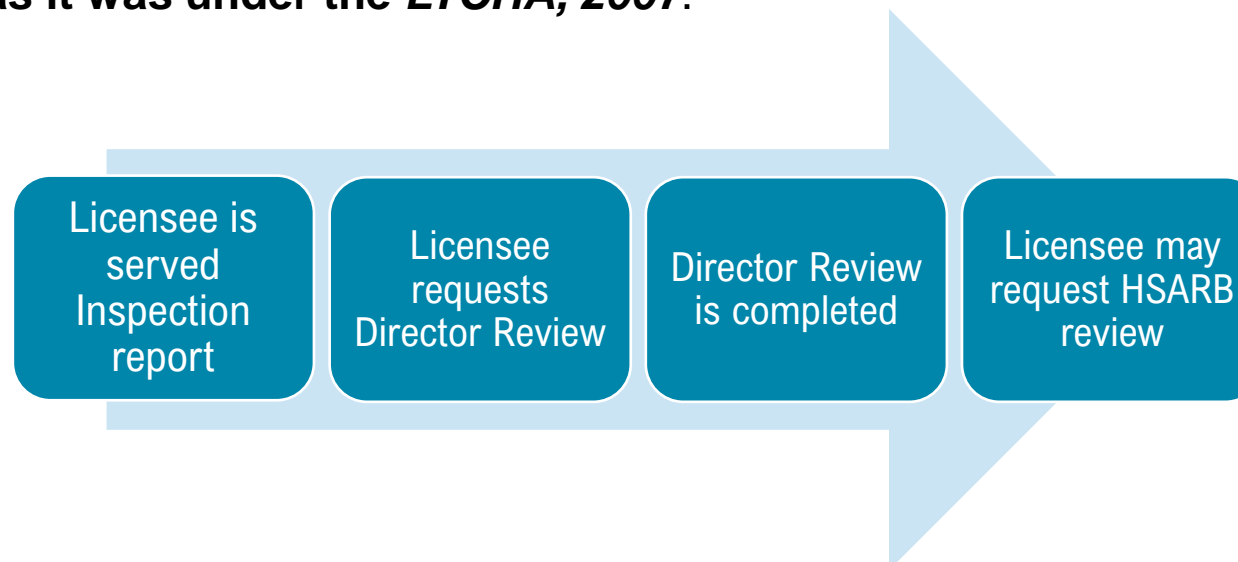
## Ontario Regulation 246/22, Section 349

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
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

## Director Review

- Licensees can request a Director Review of orders and/or AMPs within 28 calendar days after being served the Licensee Inspection Report.
- The Director Review may confirm, amend, substitute, or rescind the order or AMP.
- If a licensee is not satisfied with the Director Review decision, they may request to have the Health Services Appeal and Review Board (HSARB) review the Director's decision.
- **Reminder** – Documents for Director Reviews and Appeals to HSARB must be served personally, by registered mail, email, or commercial courier. **It is no longer acceptable to serve these documents on the ministry via fax, as it was under the *LTCHA, 2007*.**

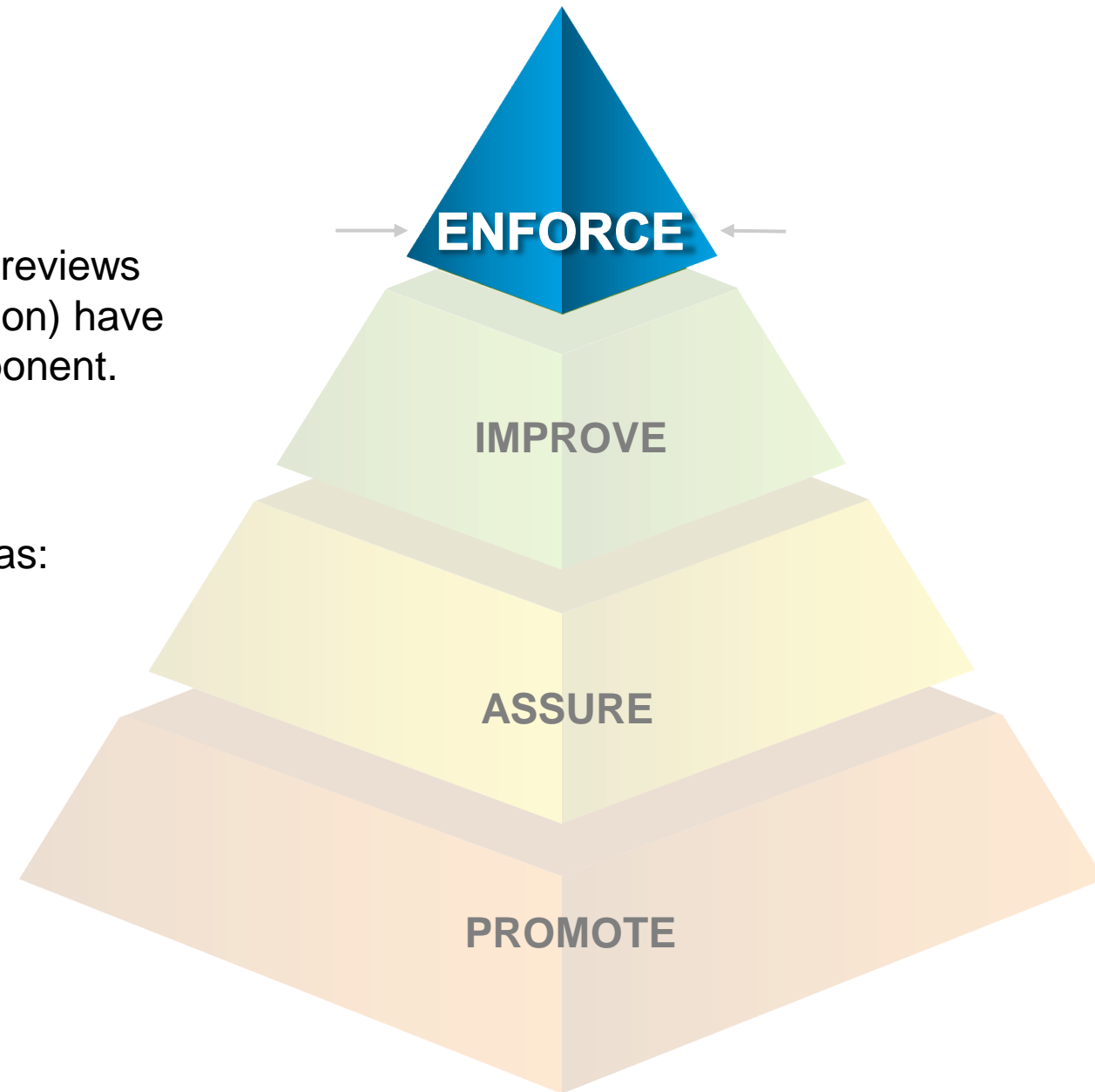




# Investigations

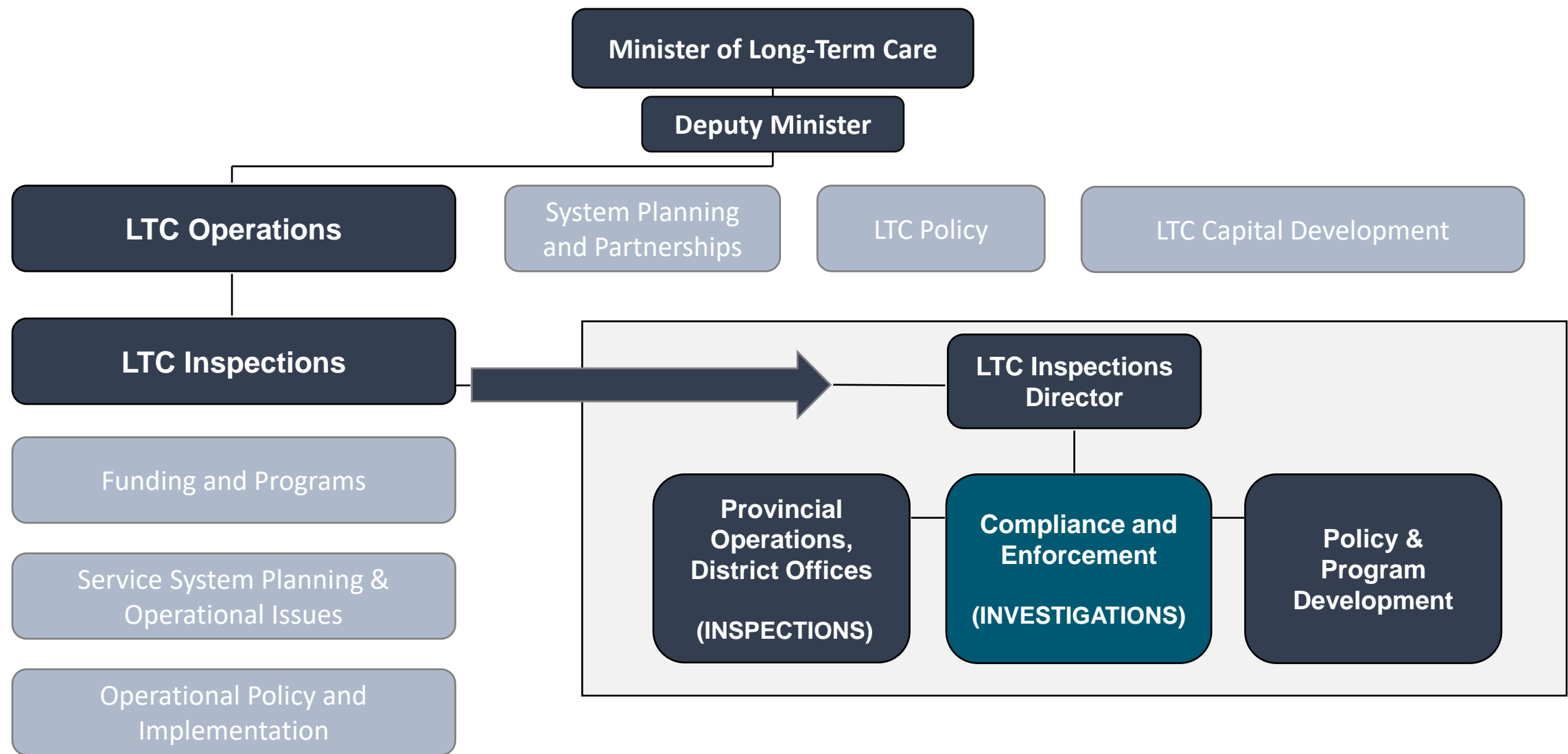
# Why Undertake Investigations

- Historical outcomes of the inspections program and reviews by third parties (i.e., Auditor General, LTC Commission) have shown that there is a need for an investigative component.
- Investigations will address systemic problems such as:
  - Repeated/ongoing non-compliance,
  - Failure to comply with orders,
  - Suppressed Reporting, and
  - Accountability of Corporate Directors.





# Investigations, Organizational Structure



# Offenses

- Investigators may charge licensees, individuals, and/or corporate directors under the FLTCA.
- These penalties apply to individuals convicted of an offense under the act:
  - For a first offence, to a fine of not more than \$200,000 or to imprisonment for a term of not more than 12 months, or to both; and
  - For a subsequent offence, to a fine of not more than \$400,000 or to imprisonment for a term of not more than 12 months, or to both.

#	Provincial Offences	FLTCA Reference
1	Duty to Protect	s. 24(3)
2	Reporting False Information to Director	s. 28(2)
3	Failure to Report to Director	s. 28(5)
4	Attempts to Suppress Reports	s. 28(6)
5	Whistle-Blowing Protection	s. 30(9)
6	Obstruction – Information to Inspectors, Director	s. 32
7	Directors Duties to Comply	s. 75(3)
8	Operating without License or Outside Authority of License	s. 98(3)
9	Obstruction of Inspector	s. 153
10	Failure to Comply with Order	s. 168
11	False Labeling of a Home	s. 188

# Inspection vs. Investigation

## INSPECTOR

Determines compliance with a statute or regulation

- Identifies and addresses contraventions of the Act/Regulation
- Issues reports and orders
- Can compel production of documents, records, information

## INVESTIGATOR

Collects and evaluates evidence of non-compliance with a view to prosecution

- Identifies and gathers evidence to determine if offenses have been committed
- Creates investigation reports/crown briefs, lays charges, issues summonses

# Statistics






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## Inspections Statistics, (April 11, 2022 – December 31, 2022)

Number of Intakes Completed	
Critical Incident System	2306
Complaint	835
Follow Up	96
Other	23
Proactive Compliance Inspection	15
TOTAL	3275






Non-Compliance Actions	
Compliance Order	234
Written Notification	1763
Non-Compliance Remedied	226
TOTAL	2223




# Inspections by the Numbers, Top 5 Compliance Orders

[2022] Legislative Reference Cited		# of COs Issued
1 	r. 102. (4). (r. 229. (4).) Infection prevention and control program	86
2 	s. 6. (s.6.) Plan of Care	51
3 	s. 24. (s.19.) Duty to protect	41
4 	r. 131 (r. 140.) Administration of Drugs	19
5 	r. 11. (1). (r.8. (1).) Policies, etc., to be followed, and records	17

	Ranking unchanged
	Higher ranking than previous year
	Lower ranking than previous year

# Inspections by the Numbers, Top 5 Non-Compliances

[2022] Legislative Reference Cited		# of NCs Issued
1 	s. 6. (s. 6.) Plan of care	730
2 	r. 102. (r.229.) Infection prevention and control program	635
3 	s. 24. (s. 28.) Reporting Certain Matters to the Director	177
4 	r. 11. (r.8.) Policies, etc., to be followed, and records	164
5 	r. 50 (r. 55.) Skin and Wound Care	155

	Ranking unchanged
	Higher ranking than previous year
	Lower ranking than previous year



# Final Thoughts



# Final Thoughts

- The Long-Term Care Inspection Branch takes a resident-centre approach to its compliance framework and works to drive positive outcomes for residents through ensuring compliance with legislation.
- The majority of homes have strong compliance records and work cooperatively with inspectors. Thank you for your partnership.
- Together, as regulators and operators in Ontario's long-term care sector, we have a shared duty to ensure that resident well-being and quality of life is priority number one.

# Questions?

Please email [LTCHSupport@Ontario.ca](mailto:LTCHSupport@Ontario.ca) with  
“LTC Webinar” in the subject line.