



CLEO | Health and Disability

Residents' Bill of Rights: Your rights if you live in a long-term care home



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If you speak French

In many cases, you have the right to government services and legal proceedings in French, including hearings before French-speaking decision-makers.

If you have a legal problem, you can ask a lawyer or a community legal clinic about your French language rights.

Si vous parlez français

Il existe de nombreuses situations où vous avez droit à des services gouvernementaux et à des procédures juridiques en français. Ainsi, vous pouvez avoir droit à ce qu'une audience à laquelle vous êtes partie soit tenue devant un décideur qui parle français.

Si vous avez un problème juridique, vous pouvez demander à un avocat ou à un intervenant d'une clinique juridique communautaire de vous informer des droits linguistiques liés au fait de parler français.

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Introduction

Long-term care homes are places where you live and get support with personal care and nursing services. They are sometimes called nursing homes.

Long-term care homes are funded and licensed by the Ministry of Long-Term Care.

This booklet can help you understand your rights as a resident of an Ontario long-term care home.

Residents have legal rights

In Ontario, long-term care homes must follow a law called the Fixing Long-Term Care Act, 2021, which includes a **Residents' Bill of Rights**.

These rights are listed and explained starting on page 3.

Posting the Bill of Rights

Every long-term care home must post the Bill of Rights where people can easily see it.

They must also include it in the information package people get when they move into the home.

The Bill of Rights tells staff at the home that they must respect your rights while you live there. It tells them to remember that you are in your home. And it reminds everyone that residents of long-term care homes are valued members of the community.

Making sure the Bill of Rights is followed

Every long-term care home must have a way for residents and others to complain if the Bill of Rights is not being followed.

Inspectors from the Ministry of Long-Term Care enforce the Bill of Rights by inspecting the homes for various reasons. This includes when someone makes a complaint.

Residents can also enforce their rights in other ways, for example, by taking the home to court. Read about what to do if your rights are not being followed starting on [page 31](#).

During health emergencies

When there is a serious health emergency, Ontario's Chief Medical Officer of Health and local health officers can make temporary orders to protect peoples' health.

These temporary orders may **take away or limit** some of your rights. For example, the orders might say:

- you cannot have people visit you, except for essential caregivers,
- group activities and eating in the dining room must stop, or
- you cannot come and go from the home when you want.

Your long-term care home must follow these orders until the health emergency ends.

■■■ Residents' Bill of Rights

There are **29 rights** that are divided into **5 sections**.

You will see the legal wording first and then what it means in plainer language.

Section 1: Right to be treated with respect

1. Respect and dignity

"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."

In other words: You have the right to be treated with politeness, dignity, and respect, no matter who you are.

For example, staff must call you by the name, title, or pronoun that you prefer.

2. Lifestyle and choices

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

In other words: Staff must respect the choices you make about how you want to live your life in the home.

The home should respect your habits and what you prefer. For example, you can have a romantic or sexual relationship, if that is something you and your partner want and agree to.

You have the right to express yourself and take part in activities that you choose. For example, you might prefer to read a book in your room instead of joining an exercise group.

3. Taking part in decision-making

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

In other words: You have the right to be involved in decisions about all aspects of your life in the home.

You have the right to be told about medications or medical treatments that are recommended for you.

You also have the right to be asked about other decisions. For example, staff at the home should ask you what you like to eat and what activities you want to do.

You may not have the final decision. But the home should let you be a part of all decisions. This means that they should:

- tell you about changes they are thinking about making and give you the information you need to understand what is being decided,
- ask for your ideas and listen to what you say,
- tell you about the Residents' Council, and
- do what you ask whenever possible.

Section 2: Right to freedom from abuse and neglect

4. Freedom from abuse

"Every resident has the right to freedom from abuse."

In other words: No one is allowed to abuse you physically, financially, sexually, verbally, or emotionally.

Physical abuse is when someone assaults you, handles you roughly, or slaps, pushes, or beats you. It can also be physical abuse if:

- someone refuses to give you medicine that you should take, or
- makes you take medicine that you should **not** be taking.

Financial abuse is when someone takes your money or property by fraud, theft, or force, or by tricking you.

Sexual abuse is when someone forces you into any type of sexual activity that you do not want.

This could be:

- making sexual comments that offend you,
- touching you in a way that is not appropriate, or
- making you feel that you cannot say no to sexual activity with them because they have power over you.

Staff, such as doctors, nurses, and personal support workers, should only touch you as part of their job.

Verbal abuse is when someone calls you names or yells at you. Or they speak to you in a way that scares, belittles, or threatens you.

Emotional abuse is when someone threatens, insults, or frightens you. Or they say or do something that humiliates you.

This kind of abuse can make you feel lonely, scared, not respected, or ignored.

5. Freedom from neglect

“Every resident has the right to freedom from neglect by the licensee and staff.”

In other words: The owner and staff at the home are not allowed to neglect you.

Neglect happens when the home does not give you the treatment, care, services, or help that you need.

For example, you have the right to get medication that is prescribed for you.

Neglect also happens when someone puts your health, safety, or well-being at risk by not doing something.

If you need help getting to the toilet, staff should take you to the washroom in a reasonable amount of time. You should not be forced to wear a brief or another incontinence product if you do not want to.

Section 3: Right to an optimal quality of life

6. Communicate and visit in private

“Every resident has the right to communicate in confidence, receive visitors of their choice and consult in private with any person without interference.”

In other words: You have the right to meet and talk with people in private.

If you want to speak to someone alone, you have the right to do this.

Tell the staff if you do not have enough privacy in your room. They should find a private place for you to meet if you tell them ahead of time.

Because this is your home, you can invite your family, friends, or anyone else to visit you. You get to choose who visits and when. You do not need to ask for permission to do this.

In most cases, no one can stop someone from visiting you if you want to see them. If this happens, get legal advice. See the list of places that can help you starting on [page 42](#).

Staff should not open your mail or read any documents you have unless you tell them that this is okay.

7. Friendships and relationships

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

In other words: You have the right to make friends and to spend time with them. And you have the right to take part in activities at the home if you want to.

For example, you may want to go to a Residents’ Council meeting or take part in exercise classes, craft groups, or card games.

8. Share a room

“Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.”

In other words: You have the right to share a room with another resident, as long as you both agree and there is space at the home.

The person you share with could be your spouse, a friend, or someone you are having a romantic relationship with. It does not matter what their sex or gender is or whether or not you are married.

9. Intimacy

“Every resident has the right to meet privately with their spouse or another person in a room that assures privacy.”

In other words: You have the right to be alone with your spouse or partner, or a person you want to be intimate with.

The home must have a place where you can meet in private and be intimate if you wish. It does not matter what the person’s sex or gender is or whether or not you are married.

To give you privacy, staff must leave your door closed. Before opening your door, they must knock and ask you if it is okay to come in.

10. Pursue interests

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

In other words: You have the right to do things that interest you and are important to you inside or outside the home.

When you move into the home, you may want to continue your hobbies, follow your religion, and do other activities you enjoy.

The home should make it possible for you to do these things unless they have a good reason not to. For example, they could:

- set aside a special area for prayer
- help you get ready on time for outings
- contact organizations that may be able to help you

But there may be things that you cannot do. For example, you might want to do wood carving. But the home does not have a workshop where you can do it safely.

11. Safe and clean home

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

In other words: You have the right to have a clean and safe place to live.

For example, smoke alarms must work, fire exits must be clearly marked, and stairways must be clear.

When a resident gets sick, staff should take special care so that others are not infected. This might include carefully washing their hands, using masks and gloves, and isolating the sick person.

The building must be kept clean. The garbage should be taken out regularly and there should be no bad smells. The building must have a good air supply and be kept at a comfortable temperature.

12. Go outdoors

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

In other words: You have the right to use the home’s protected outdoor areas to enjoy nature, fresh air, and outdoor activities.

13. Personal possessions

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

In other words: You have the right to keep personal things in your room.

This is your home. You can choose what to have in your room as long as it does not affect the safety or rights of other people in the home.

For example, you might want pictures of your family, some of your own furniture, or your computer or television. Having these things can help you feel more comfortable.

14. Manage finances

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

In other words: You have the right to manage your own money if you are mentally capable of doing this.

Being able to manage your money includes deciding:

- how you will pay your bills
- how much cash you keep with you

- whether to ask the home to set up an account for you where you can keep some spending money
- what debit and credit cards you have

Even if you made a Continuing Power of Attorney for Property, you can make your own decisions about your money if you are mentally capable.

15. Citizens' rights

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

In other words: When you move into a long-term care home, you keep all of the rights you have as a citizen.

These rights include:

- your democratic rights, such as the right to vote
- your equality rights, including the right to be protected against discrimination
- the right to practise your religion
- the right to express yourself
- the right to meet with anyone you wish or join any organization or group

You also have the right to decide if someone can:

- open or read your mail
- look through or take your belongings

This is true unless the law says that they **can do this**.

As a citizen, you also have responsibilities, such as:

- respecting other people's rights and freedoms
- following the law

Section 4: Right to quality care and self-determination

16. Proper care and services

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

In other words: You have the right to get the care and services that you need.

For example, this includes a safe and clean room, nutritious food, and clean clothes.

The staff should give you whatever help you need to:

- dress,
- eat,
- bathe,
- use the washroom, and
- move from place to place in the home.

You should also get any special services you need, like physical therapy, nail cutting, or hairdressing.

17. Know your caregivers

“Every resident has the right to be told both who is responsible for and who is providing the resident’s direct care.”

In other words: You have the right to know who is looking after you.

Staff at the home should:

- tell you who is responsible for your care,
- wear a name badge, and
- introduce you to each person who gives you personal care or medical treatment.

This includes doctors, nurses, personal support workers, and any other caregivers. And it applies even if they come from an agency, or are students on a work placement or volunteers.

18. Privacy during treatment

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

In other words: You have the right to privacy when you are getting or talking about personal care or medical treatment.

For example, when a doctor or nurse is examining or treating you, they should close the door to your room or the curtain around your bed.

You should also have privacy when staff are helping you with your personal needs, like bathing or getting dressed.

When you use the washroom, the door should be closed if that is what you want.

19. a) Plan of care

“Every resident has the right to participate fully in the development, implementation, review and revision of their plan of care.”

In other words: You have the right to be fully involved in your plan of care. This includes when the plan is being made, carried out, or changed.

A **plan of care** is a written document that says what types of care you need and how you will get that care.

It covers your medical and nursing care. And it also covers things like personal support, nutrition, social activities, recreation, and religious practices.

Your plan of care is created just for you, with your input.

You have the right to be at meetings with your doctors and caregivers to talk about your plan of care.

You can ask questions and say what you want to have in the plan. And you can ask for changes.

You can also ask to see a copy of your plan at any time.

19. b) Consent to treatment

“Every resident has the right to give or refuse consent to any treatment, care or services for which their consent is required by law and to be informed of the consequences of giving or refusing consent.”

In other words: When a doctor, nurse, or other health professional suggests a new treatment, they must tell you:

- what it is for,
- the risks, benefits, and side effects,
- what will happen if you decide not to take it, and
- if there are any other options.

You need to know all of this to make an **informed decision**. You can decide to take the treatment, not take it, or ask for another opinion.

If you are **mentally capable**, no one else can make decisions for you about your plan of care or your medical treatment.

You cannot be punished or forced to leave the home if you refuse a treatment, including taking medication.

You are **mentally capable** if you are able to understand:

- what you are doing,
- what people are telling you about your care, and
- what could happen when you make decisions about your care.

If you are **not** mentally capable of making certain decisions, your **substitute decision-maker** must make them for you.

A substitute decision-maker has the legal right to make decisions for you during times when you are not mentally capable of making them yourself.

19. c) Decisions about your care

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

In other words: You have the right to take part in all decisions about moving into the long-term care home, leaving it, or moving to another room within it.

When making decisions, you can **choose** to have someone help you.

You have the right to talk to someone outside your long-term care home to get their opinion about the kind of care you need.

You also have the right to have a family member, friend, or advocate with you when you meet with doctors and nurses. You can ask this person to help you decide what to do.

19. d) Health records

“Every resident has the right to have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.”

In other words: The law says your health and medical records must be kept private and confidential.

The home must keep your health and medical records in a secure place where others cannot see them.

Only the people responsible for your care can see your records. Other people can see them only if you give your consent.

You have **a right** to see and get copies of your health records. And you can show them to other people if you want to.

20. Support from caregivers

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

In other words: You have the right to get extra care and support from caregivers you choose.

You can arrange your own care if you want to add to the care that the home provides.

For example, this could be a family member or friend, or a caregiver you pay for directly. They could come in each day to help you get dressed or eat your meals, or to keep you company.

21. Bringing people to meetings

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

In other words: You have the right to ask people who are important to you to come to meetings you have with the management or staff at the home.

For example, you can bring family members, friends, or an advocate, such as a lawyer. They can help by asking questions, taking notes, remembering details, and making sure your rights are followed.

22. Designated contact person

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

In other words: You have the right to choose who your long-term care home must call if you:

- go to hospital, or
- have to transfer to another part of the home or to another home unexpectedly.

The home must tell your contact person right away if any of these things happen.

An unexpected transfer to another home can happen only if there is an emergency in your home, like a fire or a disease is spreading.

23. Independence

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

In other words: You have the right to get help to become as independent as you can be.

For example, you might get help to improve your walking or to go to the bathroom on your own.

You have the right to take part in programs at the home that help you to be as independent as possible or do more things for yourself. For example, this might be getting physiotherapy or going to exercise groups.

You have this right even if you:

- are living with cognitive changes or have limits to what you can do physically,
- need extra help to leave your room, or
- cannot leave your room.

24. Restraints

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

In other words: You have the right to be free of restraints, except in the few situations where the law says that the home can use them.

A **restraint** is anything that limits how you move and stops you from doing something you might want to do. Some examples are:

- medication or drugs,
- wheelchairs with seatbelts or tray tables,
- mittens that keep you from scratching yourself,
- bed rails that keep you from falling out of bed, and
- locked doors.

There are some types of restraints that homes can **never** use, for example:

- roller bars on wheelchairs, commodes, and toilets,

- restraints that can be released only with a separate device such as a key or magnet, and
- sheets and other items they can wrap you in to stop you from moving.

Your home's restraint policy

Your home must have a written policy that says how they will try to avoid using restraints whenever possible. It must say when they will use restraints and explain what the law allows them to do.

The home can use restraints only in a way that follows the law and where there is a serious risk to a resident or someone else. They must try other options first. And they must use the least restraint possible.

The owner must make sure that the policy is followed. They must also make sure that no resident is ever restrained:

- to punish them,
- because it makes things easier for the staff, or
- using physical devices, drugs, barriers or locks, except when the law says these restraints can be used to keep a resident safe.

When restraints can and cannot be used

If you are **mentally capable**, no one can restrain you, put you in a locked unit, or stop you from leaving the home unless you agree.

And you can change your mind about the restraints. For example, if you agreed to live on a locked unit, staff must let you out if you ask them.

You may want a friend, family member, or advocate help you decide whether restraints can be used on you.

If you are **not** mentally capable, there are certain times when your substitute decision-maker may be able to decide if you will be restrained.

Restraints and safety

You may need a restraint for your own safety. This type of restraint is sometimes called a Personal Assistive Services Device (PASD). These are devices that help you with your daily activities.

Before a PASD can be used, it must be approved by a doctor, nurse, occupational therapist, or physical therapist.

Whether a device is a restraint or a PASD depends on why it is being used.

For example, if a seatbelt on your wheelchair is being used to stop you from getting out, it is a restraint. But if it is being used to keep you safe from falling, it may be a PASD.

Restraints should not hurt you or make you feel uncomfortable. They must be the least restrictive type possible.

If you are put in restraints, your health-care providers must check on you frequently. And you must be assessed at regular times by a doctor, nurse practitioner, or a registered nurse.

Your doctor or nurse practitioner must tell you about any plans to use a restraint or PASD on you. And they must explain how it will be used.

You must be told what will happen if you agree to the restraint or PASD and what will happen if you do not agree.

Using restraints in an emergency

In an emergency, the home can sometimes use restraints for a short period of time without getting your consent.

This can happen if there is no other way to stop you or someone else from being seriously harmed. The law calls this the caregiver's "common law duty".

The restraints could be physical devices or drugs, or you or someone else could be put in a locked area.

But there are rules that the home must follow when they use restraints, even in an emergency.

Drugs can be used as a restraint only in an emergency if a doctor or registered nurse orders them. Drugs that are part of your regular treatment plan are **not** restraints.

Leaving the home

Safety measures are **not** restraints, unless they stop you from leaving when you want to. Safety measures include locks, push button devices, and barriers at stairways, entrances, and exits.

But a locked door might be a restraint if the staff will not give you the security code that opens it.

If you are being **restrained or confined against your will**, there may be legal steps you can take. Find out where to get legal advice starting on [page 42](#).

25. Palliative care philosophy

“Every resident has the right to be provided with care and services based on a palliative care philosophy.”

In other words: You have the right to care and services that help you have the fullest life possible.

A palliative care philosophy is about relieving suffering and improving the quality of care for everyone with a serious illness.

It looks at you as a whole person and includes your personal goals, beliefs, and wishes.

The care that you get should support your quality of life. For example, this could be giving you pain relief and other treatments so you can stay as active and comfortable as possible.

Your care and services should meet your psychological, social, and spiritual needs, not just your physical needs.

This includes care that helps and supports you and your loved ones at the end of your life.

26. Visitors during critical illness

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

In other words: You have the right to have your family and friends with you when you are very ill or dying.

Family and friends can be with you day and night. And they can stay as long as they want.

Section 5: Right to be informed, participate, and make a complaint

27. Written policies

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

In other words: You have a right to be told in writing how to make a complaint about problems in the home. And the home must tell you in writing about any rules you are supposed to follow.

For example, the home must tell you in writing if the cost for your room goes up or if fees for extra services go up, such as phone or cable services, or hairdressing.

The home must tell you about all of their policies. And these policies must follow the law.

For example, they should have policies for visiting hours, moving out, and using restraints. And policies should cover being away from the home for overnight family visits, vacations, and medical treatments.

28. Residents' Council

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

In other words: You have the right to take part in the Residents' Council. Every long-term care home must have one.

Only the residents of the long-term care home can be members of the Residents' Council. And only residents can attend the meetings.

Every resident in the home is considered a member, even if they do not go to meetings.

The law gives Residents' Councils certain powers over how the home is run. For example, they can:

- give residents advice about their rights
- ask for changes to improve the residents' care

- help settle disagreements between residents and staff
- plan activities

They can also report problems to the Ministry of Long-Term Care, see reports about inspections of the home, and get copies of the home's financial statements.

29. Raising concerns

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

- i. the Residents' Council,
- ii. the Family Council,
- iii. the licensee (this includes directors, officers and others involved in the management of the home),
- iv. staff members,
- v. government officials,
- vi. any other person inside or outside the long-term care home."

In other words: You have the right to speak freely. No one is allowed to punish you for speaking out or making a complaint.

You can talk about things that concern you and suggest changes to your home's rules and services. You can do this for yourself or for others.

You can talk to:

- members of the Residents' Council,
- members of the Family Council if the home has one,
- staff at the home, and
- people who work for the government.

You can tell them your concern, make a complaint, or tell them you want changes at the home.

It is a very serious matter if anyone punishes you for making a complaint about the home. If this happens, you should report it right away.

How to make a complaint

You can take any of these steps if you think your rights are not being followed:

1. Make a complaint to the long-term care home.
2. Make a complaint to the Ministry of Long-Term Care.
3. Sue the long-term care home.
4. Look at other options.

No matter which option you choose, make sure to find out if there are **time limits**.

You also need to find out if choosing one option will affect what else you can do.

If a resident in a long-term care home is being hurt or threatened, **call 911**. Police can investigate any crimes that take place in long-term care homes.

If it is not an emergency but you think a crime has been committed, call your local police station.

You can also report a crime to Crime Stoppers without giving your name. Call **1-800-222-8477** or visit canadiancrimestoppers.org/tips.

1. Make a complaint to the long-term care home

The law says that you have the right to make a complaint about the care you are getting or about the long-term care home.

This includes making a complaint if the Residents' Bill of Rights is not being followed.

Your complaint might be about something specific that happened or about general behaviour that goes against your rights.

Ask the staff for a copy of the home's complaint process. You have a right to get this information in writing.

If you complain that you or another resident has been abused or neglected, the home must investigate this **right away**.

If the home thinks that the abuse is a criminal offence, they must call the police.

You can make your complaint in **writing** or by **talking** to any staff of the home.

Written complaints

The home must send a copy of your complaint to the Ministry of Long-Term Care right away if:

- you put your complaint in writing, and
- it says that you or another resident has been harmed or is at risk of being harmed because of:
 - treatment that was **not** proper or competent,
 - abuse or neglect, or
 - conduct that is against the law.

The home must tell the Ministry what they did about the complaint.

When the home responds

The home must:

- respond to your complaint within **10 business days** from the date they get it ,and
- let you know what they have done about the problem.

If they cannot find a solution in 10 business days, they must let you know when they expect to.

When the home responds, they must give you:

- the Ministry's toll-free phone number for making complaints and their hours of service, and
- contact information for Ontario's Patient Ombudsman.

If the home thinks that your complaint is **not valid**, they must tell you why. They **do not** have to do this in writing.

Keep notes

It is important to keep notes about your complaint.

If you make your complaint by **talking** to staff, write down:

- the date you do this
- the name of the person you spoke to and what you told them

If you make your complaint in **writing**, keep a copy of it.

You should also make notes about anything the home says to you about your complaint.

And the home must keep a record of your complaint and what they did about it.

2. Make a complaint to the Ministry of Long-Term Care

You can complain directly to the Ministry of Long-Term Care if you do not want to complain to your long-term care home. You can do this by **telephone** or in **writing**.

Some homes might tell you that you must follow their complaint process and that you cannot complain to the Ministry directly. **This is not true.**

You can make your complaint to the Ministry at any time, even if you have started to follow the home's complaint process.

You do **not** have to complete the home's complaint process before contacting the Ministry.

You might want to make your own complaint to the Ministry. This could be because:

- the home may not report it to the Ministry, or
- the home may have a different opinion than you do about what happened.

Complain to the home first

For minor problems, you may want to try to find a solution by going through the home's complaint process **before** you contact the Ministry.

For example, you might want to start with the home's complaint process for things like:

- wanting more protein in your meals
- getting meat when you are a vegetarian
- having more activities for residents

The home may fix the problem after they get your complaint.

How to deal with urgent problems

The best way to report an urgent problem is to call the Long-term Care Family Support and ACTION Line at **1-866-434-0144**. TTY users can call **1-800-387-5559**.

A problem is urgent if a resident is being harmed or neglected, or is in danger.

Give the staff at the ACTION Line as much information as you can about the issue. Make sure to include:

- the name and address of the home
- a description of what happened and whether it is an ongoing problem
- when and where it happened
- who was involved
- what you would like done to resolve the complaint

The ACTION Line staff cannot answer detailed questions or give advice. When you call, they give you a number so you can keep track of your complaint.

They pass your information to a “triage inspector” who will call you. This might take several days or longer.

If the triage inspector thinks that the home might be breaking the rules, they send the information to a local inspector. The local inspector will go to the home to investigate.

If you leave your name and phone number, the local inspector will contact you later to let you know how the issue was handled.

If you do not leave your name and number, they still look into the issue. But they will not be able to contact you to let you know what happened.

How to deal with less urgent problems

If the problem is not as urgent, you can **write to the Ministry**. You might do this for less serious complaints, such as complaints about the meals or the activities and services the home provides for the residents.

Send your complaint to the Director, Long-Term Care Inspections Branch at:

Long-Term Care Operations Division
119 King St. W., 11th Floor
Hamilton, Ontario L8P 4Y7

Keep a copy for yourself.

You will find places to get legal help starting on [page 42](#).

3. Sue the long-term care home

Your long-term care home made a legal agreement with you to respect your rights in the Residents' Bill of Rights. So if the home does not do this, they have broken the agreement.

A lawyer can give you advice about suing the home for "breach of contract", which means breaking the agreement. Or you can start a claim on your own in Small Claims Court.

You will find places to get legal help starting on [page 42](#).

4. Look at other options

You may be able to take your complaint to other places depending on what it is about.

Police

If you think a crime has been committed against you, you can report it to the police.

If you have been hurt or threatened, **call 911**.

If it is not an emergency, but you think a crime is being committed, call your local police station.

Patient Ombudsman

The role of Ontario's Patient Ombudsman is to investigate and resolve complaints about health care, without taking sides.

This includes complaints about long-term care homes.

The Patient Ombudsman calls itself an office of last resort. This means that it reviews complaints only after your home has had a chance to deal with the issue.

So before going to the Patient Ombudsman, you need to try to resolve the issue with your home. You can do this yourself or with the help of the Ministry.

If you do this and are not satisfied with the result, you can ask the Ombudsman to investigate.

You must make your complaint in writing. For more information, visit patientombudsman.ca or call:

Toll-free: 1-888-321-0339

TTY: 416-597-5371

Professional colleges

To complain about a health-care professional who is regulated, such as a doctor, nurse, or physiotherapist, contact the organization that regulates that person's profession.

The names of these organizations often begin with the word "College". For example, the College of Physicians and Surgeons of Ontario regulates doctors.

You can find contact information for the colleges that govern health-care professions in a few places.

Visit the website for the Federation of Health Regulatory Colleges of Ontario at regulatedhealthprofessions.on.ca/professionscolleges.html.

Visit the website for the Health Professions Regulatory Advisory Council at hprac.org and click on Useful Links.

Contact ServiceOntario by calling:

Toll-free: **1-866-532-3161**

Toll-free TTY: **1-800-387-5559**

To complain about a **social worker**, contact the Ontario College of Social Workers and Social Service Workers. Visit ocswssw.org or call **1-877-828-9380**.

Human rights

If you think you have been discriminated against, you can take your complaint to the Human Rights Tribunal of Ontario (HRTO).

Discrimination includes being treated unfairly because of your:

- age
- disability
- race, colour, or creed
- citizenship, ancestry, ethnic origin, or place of origin
- sex, sexual orientation, gender identity, or gender expression
- marital status or family status

For more information about making an application to the HRTO, visit <https://tribunalsontario.ca/hrto> or call:

Toll-free: **1-866-598-0322**

TTY use Bell's Relay Service: **1-800-855-0511**

For more information about discrimination or for help or advice about making an application to the HRTO, contact the Human Rights Legal Support Centre.

Visit hrlsc.on.ca or call:

Toll-free: **1-866-625-5179**

Toll-free TTY: **1-866-612-8627**

TTY Toronto area: **416-597-4903**

Getting legal help and information

Advocacy Centre for the Elderly (ACE)

ACE provides legal services to seniors who are living on a low income. For more information, visit acelaw.ca or call:

Toll-free: **1-855-598-2656**

Toronto area: **416-598-2656**

Community legal clinics

Community legal clinics give free legal advice to people living on a low income. But not all clinics can help with problems in long-term care homes.

Visit legalaid.on.ca/legal-clinics to find the clinic nearest you.

Legal Aid Ontario

For more information about Legal Aid Ontario's services, visit legalaid.on.ca or call:

Toll-free: **1-800-668-8258**

TTY: **711**

Law Society Referral Service

This online service gives you the name of a lawyer who will speak with you for up to 30 minutes for free.

Visit lsrs.lso.ca/lsrs.

Pro Bono Ontario legal advice hotline

This hotline gives you 30 minutes of free legal help and advice on civil law matters, including going to Small Claims Court.

Visit probonoontario.org or call **1-855-255-7256**.

Ontario Legal Information Centre

The Centre gives you 30 minutes of free legal help in English or French. This can be over the telephone or at their Ottawa office.

Visit legalinfocentre.ca or call **1-844-343-7462**.

Steps to Justice

CLEO's Steps to Justice website has step-by-step information about common legal problems. This includes issues related to long-term care homes and the abuse of older adults.

Visit stepstojustice.ca.

Guided Pathways

CLEO's Guided Pathway for responding to elder abuse has information and resources to help understand, prevent, and respond to elder abuse and violence.

Visit stepstojustice.ca/guided-pathway-elder-abuse.

This booklet gives only general information. You should get legal advice about your own situation.

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CLEO has more free publications on Health and Disability and other legal topics.

We revise our publications regularly to reflect changes in the law. Our Discard List tells you which publications are out of date and should be thrown away.

For our Discard List, or to order or view our publications online, visit cleo.on.ca. You can reach us by phone at **416-408-4420**.

CLEO's **Steps to Justice** website has step-by-step information about common legal problems. Visit stepstojustice.ca.



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