

Regulating Care in Ontario's Retirement Home Industry: The Findings from 13 Consultations

1.0 Introduction

In its March 2006 Budget the Ontario government stated: "The government will continue to improve efficiency and accountability by engaging in formal consultations in 2006/07, through the Ontario Seniors' Secretariat, with the goal of establishing a new regulatory framework for strengthening standards of care in Ontario's retirement homes." This report summarizes the comments made by those who attended the formal consultations.

2.0 Process

Thirteen public consultations were held in 12 cities across the province. The cities, dates and locations of the consultations were:

January 30 1:30 - 4:30 p.m.	Sudbury	Older Adults Centre, YMCA 140 Durham Street
February 1 1:30 - 4:30 p.m.	Thunder Bay	Prince Arthur Hotel 17 Cumberland Street North
February 6 1:30 - 4:30 p.m.	Windsor	Giovani Caboto Club 2175 Parent Avenue
February 7 1:30 - 4:30 p.m.	London	Lamplighter Best Western 591 Wellington Road South
February 8 1:30 - 4:30 p.m.	Kitchener-Waterloo	Holiday Inn 30 Fairway Road
February 12 1:30 - 4:30 p.m.	Toronto	YMCA 20 Grosvenor Street
February 15 1:30 - 4:30 p.m.	Hamilton	Hamilton Convention Centre 1 Summers Lane
February 21 9:30 a.m. - 12:30 p.m. 1:30 - 4:30 p.m.	Ottawa French-language session English-language session	RA Centre 2451 Riverside Drive
February 22 1:30 - 4:30 p.m.	Kingston	Holiday Inn (Waterfront) 2 Princess Street

February 28 1:30 - 4:30 p.m.	Barrie	Holiday Inn 20 Fairview Road
March 1 1:30 - 4:30 p.m.	St. Catharines	Quality Hotel 327 Ontario Street
March 2 1:30 - 4:30 p.m.	Brampton/Peel	Holiday Inn Select 30 Peel Centre Drive

At each consultation, participants were welcomed by the Ontario Seniors' Secretariat Assistant Deputy Minister, Geoff Quirt (and in Toronto, Joan Andrew, the Deputy Minister of the Ministry of Citizenship and Immigration welcomed the group).

Sixteen MPPs brought greetings to the groups:

Sudbury – Bob Delaney, Mississauga West
Thunder Bay - Michael Gravelle, Thunder Bay – Superior North; Bill Mauro, Thunder Bay-Atikokan
London - Khalil Ramal, London--Fanshawe
Kitchener-Waterloo - John Milloy, Kitchener Centre
Toronto – David Zimmer, Willowdale; Monte Kwinter, York Centre; Donna Cansfield, Etobicoke Centre
Hamilton - Judy Marsales, Hamilton West; Dave Levac, Brant; Ted McMeekin, Ancaster--Dundas--Flamborough--Aldershot
Ottawa - Phil McNeely, Ottawa--Orléans
Kingston - John Gerretsen, Kingston and the Islands
Barrie - Bob Delaney, Mississauga West; Garfield Dunlop, Simcoe North
St. Catharines – Jim Bradley, St. Catharines; Kim Craitor, Niagara Falls
Brampton – Bob Delaney, Mississauga West

As well, there were representatives from the staff of Wayne Arthurs, Parliamentary Assistant to the Minister of Finance and MPP Lisa MacLeod (Nepean Carleton).

After the introductory remarks, participants were organized into small groups. A small group format was selected to enable each person to participate as fully as possible in the discussion. Each group was led by a facilitator. The consultation ended with short summaries of each group's discussions at a wrap-up session and concluding remarks by ADM Geoff Quirt.

In all designated areas, there was staff capacity to enable francophone participants to participate in French. In Toronto and Sudbury, there were small group discussions in French for francophone participants. Additionally there was a separate consultation in French in Ottawa to address the particular issues in the francophone community. All written materials were available in French.

The remarks of each group were recorded on flip charts and compiled into this report. The material below represents the range of comments expressed by groups of participants.

3.0 Participation

815 individuals participated in the consultations throughout the province. There were a total of 88 small groups. 178 (22%) participants were seniors (including some who were residents of retirement homes), and 365 (45%) were representatives of retirement home operators.

The table below presents the attendance by site and type of participant.

City	Seniors	Operators*	Muni-cipal	Other Organ-izations	General Public	Other Govern-ment**	Total
Sudbury	31	14	7	8	3		63
Thunder Bay	13	4	3	6	4		30
Windsor	12	41		10	2		65
London	7	41		14	6		68
Kitchener	5	36		13	5		59
Toronto	17	51	4	33	6	6	117
Hamilton	3	29	7	8		1	48
Ottawa-F	6	9		4	4		23
Ottawa-E	46	48	3	20	14	1	132
Kingston	16	23	2	11	2		54
Barrie	17	41	3	17	6	2	86
St Cather-ines	1	9	3	5			18
Brampton	4	19	7	12	9	1	52
Total	178	365	39	161	61	11	815

* includes representatives from the Ontario Retirement Communities Association (ORCA)

** includes representatives of provincial ministries such as the Ministry of Health and Long Term Care, Ministry of Government Services, and Ministry of Community and Social Services.

In total, eighteen members of the media, representing television, radio and print outlets, covered the consultations.

4.0 Content of the Consultation

Was there a consensus of opinion either for or against regulating the retirement home sector?

The majority of participants agreed that care provided by the retirement home sector should be regulated.

Key messages about regulation

Although there was general consensus that care services should be regulated, several general comments were made at all of the consultations:

- The sector should not be over-regulated.
- New regulations should not duplicate existing provincial and municipal requirements.
- Regulations should recognize the range of care services being provided within the sector.
- Regulations should not restrict either the flexibility of operators to decide which care services to provide or the range of choices of seniors about where to live.
- The cost of complying with new regulations should be reasonable.
- The standards should be outcome-focused, not prescriptive.
- Participants who were familiar with the ORCA standards felt that those standards provided a good basis for development of provincial standards.

4.1 Definition of retirement homes and related issues

4.1.1 For purposes of legislation, how should “retirement home” be defined?

Every group struggled with the definition. Some agreed with the definition used by Ontario Residential Communities Association (ORCA) which is that a retirement home is a residence “occupied by 10 or more people who are primarily 65 years of age or older for the purposes of receiving care services. Care services include nursing, medication administration and assistance with activities of daily living, meals, laundry, housekeeping and recreation.” A number of participants disagreed with adopting several aspects of the ORCA definition (see below questions 4.1.2 and 4.1.3 for the discussion about minimum size and the definition of care services). Most groups felt that the definition needs to accommodate various sizes and level of care.

In addition to discussion about size and care services, other features of a definition were discussed.

Age: A minority of participants felt that the definition should specify that a retirement home serves only those over age 65 but most groups felt that the definition should not discriminate against those who are younger. Having said that, most groups stressed that the definition should protect senior citizens by indicating that retirement homes serve primarily those over age 65.

Unrelated individuals: Some groups wanted the definition to exclude families who care for their relatives. They felt that the definition of retirement homes should be limited to homes serving residents who are unrelated to the owner/operator. But residents related to each other, such as couples, siblings, cousins and other relatives should be able to live in the same retirement home.

At the end of this discussion, many groups stressed the need for the definition to accommodate the diversity within the sector and to be clear, measurable and objective.

4.1.2 Should a definition limit retirement homes to homes with 8 or more occupants?

As noted above, the ORCA definition refers to homes serving a minimum number of 10 residents. One of the rationales for 10 residents is that local departments of Public Health will not inspect homes with less than 10 residents. Many operators pointed out that it is not cost effective for smaller homes to have to meet certain standards.

Alternatively, a number of participants felt that if a home was providing care to residents, it should be regulated, regardless of size. Many stated that care is more important than size. Some groups expressed concern that small homes would “fly beneath the radar”. Others pointed out that perhaps municipalities could monitor care being delivered in smaller homes.

At the end of discussion there remained varying perspectives on the issue of size; although many groups endorsed a minimum size of from 8-10 residents; others felt that all homes providing care services should have to meet provincial standards of care.

4.1.3 If the definition of “retirement home” refers to care services, how should “care services” be defined?

Many groups agreed that a list of care services typically includes meals, laundry, housekeeping and recreation. Many homes also offer health-related services such as medication administration, care for the cognitively impaired, assistance with the activities of daily living (ADLs) such as bathing, and dressing, or access to physiotherapy and medical care.

There was wide ranging discussion about care services in most groups. Because of the variation within the industry, some felt that homes could be categorized by the range of care services they provided. Care services could range from basic services (recreation, meals, laundry and housekeeping) to more extensive care packages which could include assistance with ADLs, medication management, care for the cognitively impaired, and end-of-life care.

A number of groups mentioned that external agencies, the Community Care Access Centres, for example, may provide care services in retirement homes. They were unclear how the services provided by external agencies should be accommodated within the definition. Some groups pointed out that the definition needed to be carefully worded to ensure that operators did not contract out all services to external agencies in order to avoid having to meet care standards. All groups that discussed provision of care services by CCACs and other community agencies pointed out that sometimes provision of services by external agencies enabled residents to delay or avoid placement in a long-term care home.

Another issue that arose during this discussion was the need to maintain the flexibility of operators to choose which care services to provide and to provide a variety of options for seniors to select a retirement home that met their needs.

4.2 Regulating Care and Related Services

In this section of the small group discussions, a series of areas for possible development of care standards were presented. The areas were based on the care standards developed by ORCA.

Most groups felt that care standards should be established for the list of topics in the tables below. Some topics generated more discussion than others. The comments below reflect the range of comments in each area. If there are no comments in an area, the groups did not discuss that area.

Administration

4.2.1 Should there be provincial standards governing the following or other aspects of administration of retirement homes? If so, why and what is particularly important to you?

Area	Additional comments
Employee orientation?	Many groups felt that staff should be properly oriented to their roles within retirement homes.
Employee training and education?	All groups agreed that staff training and education are very important. They felt that training needs increase if a home offers higher levels of care. Groups often mentioned the need for kitchen and dietary staff to be well trained as well as those providing “nursing care”, (especially medication administration and management). Some groups felt that retirement homes should be required to document their staff training program. A number of groups mentioned the need for staff to have CPR certification.
Handling of money/trust accounts by the home?	Groups were uneasy about the home’s handling of resident funds because of possible abuse. Some felt that trust accounts should not be allowed but most groups felt that it was necessary to have trust accounts for small amounts of money. All groups agreed that if retirement home staff handles residents’ funds, standards needed to be set.
Complaints procedures?	There should be standards for complaint procedures. Many groups suggested that the existing Complaint Response and Information Service (CRIS) line become a part of the complaint process. Many groups felt that the standards should require the complaint process to be posted in every home. The description of the process should be clear and transparent to residents and family members. Some groups felt that the standards should require that complaints be responded to in writing.
Resident councils?	Requiring a resident council was felt by a number of groups to be prescriptive. These groups felt that it was

	<p>important to have standards to ensure that residents have a regular (i.e. monthly) opportunity to discuss issues with managers and administrators. Groups felt that agendas and minutes of these meetings should be posted for residents and family members. If resident councils are mandated but residents chose not to have one, the home should be required to document how residents were given the opportunity to have a resident council. The point was made that sometimes residents do not want a resident council.</p>
<p>Standard form contract between the home and tenants regarding rent and services?</p>	<p>Almost all groups agreed that a standard form contract was desirable. The standards should require that the contract is clear about what services can be provided at admission and which could be provided later on if the resident's needs change. A number of participants indicated that the contract should be clear about the prices being charged for services and the extent to which service rates can be increased each year. The contract should be written in easily understood language and some groups felt that it should include the provisions of the Care Home Information Package (CHIP) required under the <i>Residential Tenancies Act</i>. Some were concerned that a standard form contract might restrict the ability of the operator to decide the services to be provided. Many groups mentioned that a standard form contract could be based on the ORCA model.</p>
<p>Adherence to current governing legislation including Residential Tenancies Act, Health Promotion and Protection Act, the Fire Code, the Building Code, Workplace Hazardous Materials Information System (WHMIS), Material Safety Data Sheets (MSDS) and applicable municipal by-laws?</p>	<p>All groups felt that existing legislative requirements should not be duplicated. Several felt that the requirements under various pieces of legislation should be coordinated. Some groups pointed out that the Building Code does not cover some aspects of buildings that house seniors, such as standards for physical access and environmental restraints, which have safety implications.</p>

Other Comments:

It was frequently mentioned that there should be standards for staff hiring, for example that all staff pass a police check.

Several groups mentioned the need for standards for maintaining an adequate staffing pattern on a 24/7 basis. A few groups felt that the standards should require a ratio of staff to residents.

Resident Services

4.2.2 Should there be provincial standards governing the following or other aspects of resident services in retirement homes? If so, why and what is particularly important to you?

Area	Comments
Maintenance of health records?	Standards for health records should be developed if health services are provided. There were some groups that felt that residents should have a choice about the extent to which they are required to provide health information to the operator. There was also a concern that standards be developed regarding the confidentiality of health records. Some felt that residents should have copies of their health records.
Storage and administration of medication?	All groups agreed that there should be standards for medication management and administration. Many groups emphasized the need to ensure that only registered nurses supervise the storage and administration of medication and that they follow the guidelines of the College of Nurses. At the same time, many groups felt that standards in this area should be reasonable given the difficulties in hiring registered staff.
Assistance with activities of daily living (bathing, dressing, eating, personal hygiene, assistance with mobility or transfer)?	There was relatively little discussion about developing standards in this area. The groups agreed that if these services were offered there should be standards.
Continence care management?	See above.
Caring for persons with cognitive impairments (safety, resident rights, and quality of life concerns)?	The groups agreed that if services are provided to seniors with cognitive impairments, there should be standards. The standards should include requirements for staff training. Several groups mentioned that the local Alzheimer Society could help to provide staff training. This topic often led to a group discussion about the limits of care of retirement homes and the care provided in Long Term-Care homes. Many groups felt that there was a point at which residents could not be safely cared for in retirement homes and should move to a Long Term-Care home.
Reporting and investigating elder abuse?	Almost all groups indicated that there should be zero tolerance of elder abuse in the standards. Many indicated that there should

	be mandatory reporting of resident abuse and whistle-blower protection for those reporting it. Some groups added that the staff should be trained in ways to prevent elder abuse.
Regular assessment of resident care needs and advising residents of full range of care options?	The groups felt that there should be standards in this area. Some groups indicated that the wording of standards should be carefully done because of concern that the assessment would be used to justify increasing the service cost to the resident. Some felt that the frequency and type of assessments should be defined and that the results of assessments should be discussed with the resident and family members.
Relationship between home and external care providers?	Many groups indicated that retirement homes depend on the availability of services provided by external agencies such as the CCACs, pharmacists and physicians yet it was unclear about the extent of liability of the operator for services provided by external agencies. One group felt that services provided by external agencies/providers should have to meet standards.
Use of restraints?	Many groups began this discussion by saying that restraints should not be allowed in retirement homes. But if restraints are allowed (because of resident need and the capacity of the operator to provide care for those needing behavioral management) that clear standards should be developed. Groups felt that staff should receive training about the standards. Several groups mentioned that personal safety devices should not be considered restraints.

Other Comments:

There was one group which felt that the care areas listed above should not be regulated.

Food Services

4.2.3 Should there be provincial standards governing the following or other aspects of food services in retirement homes? If so, why and what is particularly important to you?

Area	Comments
Food safety?	There were a number of comments that

	standards should be developed for the training of those handling food.
Nutrition and variety?	The Canada Food Guide should be used as a standard to ensure that nutritional needs are met. Almost all groups mentioned that residents should have food choices at meals. A number of groups mentioned that dieticians should approve menus.
Special Diets?	Special diets should be provided but residents need to have choices about what they eat. It may be difficult for smaller homes to provide certain special diets.
Cultural needs?	There was concern that some cultural preferences may be difficult to provide and standards could be difficult to enforce. Most groups felt that it was important for operators to clearly explain the extent to which they are able to accommodate cultural needs at the time of application/admission.

Comments:

The ability of the retirement home to accommodate special diets and cultural preferences should be clearly stated in the contract.

Environment

4.2.4 Should there be provincial standards governing the following or other aspects of the retirement home environment? If so, why and what is particularly important to you?

Area	Comments
Infection control including: (a) procedures with respect to dietary, housekeeping, and laundry and (b) outbreak control?	All groups felt there should be standards for infection control. This is an area in which there is involvement with local municipal authorities and some groups mentioned that there was need for more involvement with public health during outbreaks.
Fire including (a) fire safety plan, (b) emergency procedures, (c) staff training and (d) fire drill record?	This is also an area in which standards are needed but they must be coordinated with local authorities.
Other emergencies (loss of heat or water, hot weather, natural disasters, supply chain disruption)?	Groups agreed that there should be standards in these areas.
Water temperature?	A number of groups mentioned the need for standards for air temperature and quality as well

	as water temperature.
Missing persons?	Standards in this area need to recognize the need to maintain resident independence. Several groups mentioned that standards could require linkage with the local wandering person registry.
Emergency call bell systems?	There was no consensus on the need for standards for call bells. Some groups mentioned that whatever system was in place for resident safety needed to be appropriate for those with visual and auditory impairments.
Other building maintenance issues?	A number of groups mentioned that there should be standards regarding building cleanliness and routine maintenance (such as replacing light bulbs and snow removal). Standards regarding other building issues such as use of defibrillators, sprinkler systems could be considered.

Other Comments:

Some groups mentioned that there should be standards regarding pets and visitor access to residents in retirement homes.

4.3 Enforcing Provincial Care Standards

4.3.1 Who should be responsible for ensuring that care standards are met in retirement homes? What kind of regulatory body should be responsible for this?

The groups felt that the options include: the provincial government, a 3rd party agency, the municipalities, or ORCA. After discussion, most groups agreed that the enforcement agency should be a third party organization if it was objective and independent.

But some groups felt that enforcement was a government responsibility and should be carried out by a government ministry. There was no agreement about which government ministry would be the appropriate ministry.

Although ORCA and local municipalities were supported by some groups, they did not have the same level of support as the other options. In the case of ORCA, it was felt to be too close to the industry to be objective and in the case of the local municipalities it was felt that they would not be able to ensure that care standards would be uniformly applied across the province.

All groups agreed that the mandate for the enforcement agency needed to be strong enough to allow the agency to take action when retirement homes did not meet standards.

4.3.2 Which of the following activities should regulators be required to do? Are there other functions that you think are important?

Area	Comments
Assist homes to operate according to provincial standards (offer consultative advisory services)?	Many groups felt that it was important for the enforcement agency to offer assistance to homes to help them understand and meet the standards. Some groups felt that this could be a role for ORCA. They also felt that homes should be given a transitional period during which they could adjust their procedures to meet the standards.
Respond to complaints from consumers?	Many groups mentioned that the Complaint Response and Information Service (CRIS) line be transferred to the enforcement group. Others groups also raised the need for the standards to protect those who make complaints. Some groups indicated that there are other laws that also provide complaint mechanisms such as the Residential Tenancies Act.
Inspect homes on a regular, periodic basis?	Almost all groups felt that inspection visits should be unannounced and that a written report about the inspection should be available to residents. Some also felt that the report should be available to the public. Some groups felt that inspections could be every 2 or 3 years but others thought that they should be at least annually. There was discussion about whether visits should be triggered by complaints or be a regular activity that each home should expect. The consensus seemed to be that each home should expect a regular inspection visit and could also expect visits if complaints were filed with the enforcement agency.
Enforce care standards?	All groups felt that the agency needed to have the mandate to enforce the standards
Offer dispute resolution/mediation services for operators and residents?	There was some disagreement on this topic. Some groups felt that the enforcement agency should offer a dispute resolution/mediation service but others did not.
Produce a public annual report on their year's work and recommend changes to standards/ regulations?	There was support for a public annual report and a transparent process of the work of the enforcement agency. Some groups felt that the report should only be available to the industry but most felt that the enforcement agency needed to be accountable to the public.

Other Comments:

Many groups felt that the agency should license and/or accredit retirement homes. Homes that did not meet the standards would have their license/accreditation withdrawn.

A number of groups felt that the enforcement agency should maintain a registry of retirement homes in Ontario.

Several groups mentioned that the prior history of operators/owners should be taken into account when awarding licenses. For example, some groups felt that operators/owners who had been in bankruptcy should not be awarded licenses.

4.3.3 What should happen if a retirement home fails to live up to a care standard set in provincial legislation? Should there be authority to do any of the following if a home fails to meet care standards or other requirements of legislation? Do you have any other suggestions?

Area	Comments
Publication of failure?	A number of groups felt that the public should know which homes are failing to meet standards but only after the operator has been given a reasonable opportunity to improve their procedures. Many groups thought that all inspection reports should be made public and that positive as well as negative observations should be included in the report.
Fines?	Groups agreed that fines should be levied as one step on a progression approach to enforcement. Some groups felt that monies collected from fines should be redistributed to the residents of the home paying the fine. Another suggestion was that money collected from fines should be devoted to retirement home staff education.
Closure?	All groups agreed that closure should be the final step in the enforcement process but that it should only be taken after all other steps were exhausted. In the event of closure, the standards must require that residents are not left without a home. One suggestion was that the enforcement agency could appoint another operator to run the home.
Supervision by an external body?	Most groups did not address this area. One group did not agree that this should be an activity of the enforcement agency. Another group warned against micromanagement by the enforcing agency.
Order specific actions by the home?	The standards should allow the enforcement agency to order the operator to take remedial steps. There should be a graduated set of penalties with higher penalties for failure to meet health and safety standards.
Order training of relevant persons?	There should be standards in this area.

Other Comments:

Almost all groups did not agree with the order of activities presented in the list above. They felt that a progressive series of enforcement sanctions should be taken beginning with the least punitive. Homes should be given time to comply with directives from the enforcement agency and should provide a written action plan to demonstrate the steps they intended to take and a time period for completion of those steps. Stronger directives could be ordered by the enforcement agency upon continued failure of the operator to meet the standards. Groups also felt that if residents' health or safety was of concern, the enforcement agency could be more directive in its interactions with operators.

One group felt that criminal prosecution could be a step that the enforcement agency could take.

4.3.4 What is your advice on the qualifications necessary for staff that will monitor retirement homes' compliance with standards and respond to consumer complaints?

There was relatively little discussion of this area. All groups that did discuss it felt that all staff should have previous experience in the retirement industry and that they be trained about the standards and their roles as inspectors or surveyors. A number of groups felt that staff should work as a team and have backgrounds in such areas as nursing, food services and building maintenance.

Some groups mentioned that staff should have clear guidelines to follow to ensure that standards are being monitored consistently across the province.

A number of groups suggested that ORCA could provide assistance with training.

Several groups mentioned that once the standards are developed, the required qualifications of the staff will be clearer.

4.3.5 Do you think that a third-party regulatory agency, similar to those that have been established in Ontario for other non-funded industries would be an appropriate and effective way to regulate retirement homes?

Almost all groups agreed that a third-party agency would be appropriate.

4.3.6 If you think that a third-party regulatory agency is appropriate, who do you think should be represented on the agency's board of directors? Who should appoint the board members? Should the government specify a certain number of consumer and industry representatives to ensure a balance of perspectives?

Almost all groups felt that the Board should be representative of consumers, industry, and government. Some groups added other stakeholders such as seniors' advocacy groups,

staff, and ORCA. Some groups felt that the Board should be comprised of only industry and consumer representatives on an equal basis.

There was some disagreement about the distribution of votes among Board members. Most groups felt that each of the main groups (consumers, industry and government) should have equal numbers of votes. Several groups felt that a majority of members should be from industry.

Many groups felt that Board members should be geographically representative of parts of the province and of the range of retirement homes across the province.

Most groups felt that the Board members could be appointed by the government but there were a number of suggestions that there be elections or appointments for Board members by each sector.

Some participants who felt that enforcement was a government responsibility felt that this part of the discussion was biased toward a third party agency.

4.3.7 Do you have any additional comments or suggestions on anything pertaining to regulating the retirement home industry?

There was great concern that the affordability or flexibility of the retirement home sector not be strongly impacted by the imposition of standards of care. Many groups mentioned that the cost of complying with standards would be passed along to residents which could make retirement home living unaffordable for some seniors. As well, most groups were concerned about the ability of smaller homes to comply with standards, with the result that they might have to close.

Several groups felt that the government should fund enforcement of standards in retirement homes.

Several groups mentioned that there should be an ombudsman overseeing the sector.

5.0 Other Issues that Arose in the Small Group Discussions

The term 'other issues' refers to topics that arose that were not directly related to the issue of regulating the retirement home sector.

- There is a need to educate the public about the role of the retirement home sector in the continuum of care for older people.
- Many groups mentioned that because of shortages of Long-Term Care Home (LTCH) beds, retirement homes are providing care for those who would otherwise be in a LTCH. Some felt that the government should help fund care that meets the level of care provided in LTCHs. In the same vein, many groups discussed the provision of CCAC services in their areas. Some operators were pleased that the CCACs were providing care to residents of retirement homes but in some parts of the province, participants stated that CCAC services were inadequate.

Some groups felt that if retirement homes offered services that the CCAC would have provided in the community, retirement homes ought to receive a subsidy.

- In various regions, groups mentioned that there were shortages of long-term care home beds, supportive housing and CCAC services.