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Ontario

Advancing Senior Care

Red Tape Reduction Amendments to the *Fixing Long-Term Care Act, 2021* and Ontario Regulation 246/22

October 2025

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Summary of Recommendations

The following is a summary of our comments and recommendations set out in this submission, which are grouped under two priorities:

1. Policy and consultation work:
 - i) Simplify Staff Screening and Training Requirements
 - ii) Reform Compliance and Inspections
 - iii) Streamline Documentation & Reporting Requirements
2. Legislative and regulatory amendments:
 - i) Improve Admissions Processes

Introduction

As one of the largest seniors' care associations in Ontario, we appreciate the opportunity to share proposals with the Ministry of Long-Term Care (the Ministry) on proactive changes to the *Fixing Long-Term Care Act, 2021* (FLTCA or "the Act") and Ontario Regulation 246/22 related to red tape reduction.

The FLTCA was introduced to improve the care and well-being of residents, and while the Act and its regulations introduced positive reforms and initiatives, the sector has raised concerns about the significant regulatory burden and administrative complexity it imposes on long-term care providers and staff. Homes are subject to extensive reporting, documentation, and compliance requirements under the Act and its regulations. Many of the requirements are overly resource-intensive and increasingly difficult to manage, particularly in a time of staffing shortages and rising resident acuity.

Compliance activity in the long-term care sector is at an all-time high. With the sheer volume of requirements outlined in the Act and its regulations, it is nearly impossible for a home to undergo an inspection without some form of minor infraction. This near-constant scrutiny is having a demoralizing effect on both frontline staff and leadership, contributing directly to staff burnout, high turnover, and ongoing recruitment challenges. Furthermore, because the current inspection process focuses solely on non-compliances—many of them minor—without recognizing where homes are excelling, it is contributing to negative public perceptions of homes and overshadowing the quality care being provided.

This submission identifies opportunities to reduce red tape within the FLTCA and its regulations, with the aim of improving operational efficiency and enabling staff to focus more fully on what matters most, providing high quality direct care and meaningful engagement with residents.

Commentary

The sections below outline key priority areas where streamlining and clarifying requirements could enhance staff capacity, reduce administrative workload, and foster a more resident-centered environment. These recommendations are not about lowering or reducing standards but rather, ensuring that time and resources are directed toward providing timely and high-quality care.

1. Policy and Consultation Work

i) Simplify Staff Screening and Training Requirement

Simplify Staff Screening

To be hired and start work in a long-term care home, the FLTCA sets out several mandatory screening requirements. These include a tuberculosis (TB) screening and a police record check. For staff who provide direct care to residents, the police record check is required to be a vulnerable sector check (VSC). Over the last year, we have heard from our membership that these screening measures are increasingly resource intensive and the length of time it takes to complete TB screening and obtain a VSC is significantly impacting homes' ability to recruit staff.

- *Vulnerable Sector Checks*

Across Ontario, regions that rely on the Ontario Provincial Police (OPP) for police record checks are experiencing delays of up to two months for VSCs. These delays are significantly impacting long-term care homes' ability to recruit staff, as potential hires often accept positions in other sectors that do not require VSCs and can make an employment offer in a more timely fashion. This is especially concerning given the chronic staffing shortages already facing the sector. Additionally, due to high turnover rates and the fact that many staff work across multiple homes, repeat VSC applications are common, which contributes to the backlog.

In previous discussions with the OPP regarding these processing delays, we understand that they are exploring the development of a standardized VSC registry system. This system would store completed checks and allow employers to access them for a set period of time. We believe such a system would substantially reduce processing times, and we would like to reaffirm our support for such a system.

- *Tuberculosis Screening*

There are several challenges and concerns with respect to TB screening of staff in long-term care homes. First, while the TB screening requirements are laid out for long term care homes, there is no clear guidance on how to properly screen and test for TB. As a result, most homes have their own policies and follow direction given by their local public health unit, which vary significantly across the province- some being more lenient than others. Second, the TB screening process is lengthy, often taking at least two weeks and, increasingly, up to two months. This includes the time required to book appointments, undergo testing, and receive results. Homes have also reported backlogs for chest x-rays, further contributing to onboarding delays. Finally, a major concern is the limited availability and high cost of TB tests. Homes have noted that they are struggling to test staff as TB skin tests are not available through their local public health unit. Some homes have started offering testing onsite, but this is very costly for homes, and it is not publicly funded. We understand that it costs about \$400-500 for a single

box with 10 vials which need to be used in 30 days. There are also very limited clinic dates and times for individuals to select from, and in some northern and rural regions in Ontario, the closest available clinic that conducts TB testing is hours away.

The requirement to screen new staff for TB, particularly when compounded by the significant delays in obtaining a VSC, has created serious health human resource and financial challenges across the sector. We therefore recommend that the Ministry work collaboratively with key sector partners to address and resolve these ongoing issues.

Recommendations:

- That the Ministry convene a review panel with the aim of assessing TB screening requirements for staff. This review panel would assess whether a risk-based approach to TB screening could be adopted. For example, delayed testing for low-risk individuals so that they may begin work in the interim.
- That the Ministry work with the OPP to explore how the long-term care sector could benefit from a standardized VSC registry system. Such a system would allow employers to access completed VSCs for potential staff members within a defined timeframe. This would help reduce the volume of VSC applications from the sector and support homes in onboarding staff more efficiently.
- Amend Ontario Regulation 246/22 s. 252(2-3) to recognize VSCs conducted within 12 months before the staff member is hired. This could be coupled with the individual signing a declaration that there have been no changes since the check was issued. This approach would be consistent with the current practice of annual declarations from existing staff.

Training Requirements

We recognize the importance of comprehensive training for long-term care staff, contractors, and vendors who provide direct care to residents. Ensuring staff are properly trained is essential for maintaining quality of care and resident safety. However, the current approach to training requirements under the Act and its regulations has created significant administrative and operational burdens for homes and staff.

One of the primary challenges is the lack of a centralized or consolidated reference for education and training requirements. These obligations are dispersed throughout the Act and regulations, making it extremely time-consuming and resource-intensive for homes to identify, track, and verify the full list of training requirements for each type of staff member, contractor, or vendor. This is especially difficult for homes that do not have dedicated human resources personnel.

Moreover, while training requirements have steadily increased, there does not appear to have been a recent, comprehensive review to assess whether all mandated training remains necessary and relevant for each role. We understand from our membership that registered staff spend more than 10 hours annually on mandatory training, and that some required training is duplicative, and not directly applicable to certain staff members. In some instances, member homes have lost potential contracts with positions such as optometrists because the required education and training were too onerous.

This issue is further compounded by the high rate of staff turnover and the prevalence of employees working across multiple long-term care homes. As a result, staff are often required to repeat the same training multiple times across different employers, contributing to inefficiency and lost time that could otherwise be spent on resident care.

Recommendations:

- Consolidate all training requirements under the Act and regulations into a single, accessible reference document for operators.
- Create a working group with sector representatives with the aim of streamlining training and education requirements by evaluating the necessity and relevance of existing requirements for each role, which includes training required under other Acts and ministries.
- That the Ministry allows for and supports the recognition and transferability of standard training modules, such as Workplace Hazardous Materials Information System (WHMIS), across all LTC homes.
- Provide funding for a dedicated Human Resources position in long-term care homes.

ii) Reform Compliance and Inspections

No other healthcare sector in Ontario is subject to the level of compliance activity, combined with such a comprehensive and enforcement-heavy inspection regime, as seen in the long-term care sector. Frontline staff and leadership often feel demoralized because of the revolving door of inspections and subsequent findings they are continually trying to rectify.

The current inspection and compliance framework often issues citations for many low-risk, administrative non-compliances. These minor infractions frequently result in Non-Compliance Remedied, as well as Written Notifications and Compliance Orders despite posing no risk to resident safety or care. Consequently, their issuances contribute to an increasing regulatory burden on homes and their inclusion in public inspection reports leads to an increasingly negative public perception of the sector.

- *Non-Compliance Remedied*

Remedied non-compliances, introduced under the FLTCA, refer to low-risk instances of non-compliance that have been addressed by the licensee during the course of an inspection, with no harm or risk of harm to residents. While the sector recognizes that remedied non-compliances are both low-risk and resolved, their inclusion in inspection reports unnecessarily increases the length and detail of the reports, creating the perception of a greater number of issues than actually exist.

Although public inspection reports aim to promote transparency, accountability, and trust within the long-term care sector, they focus exclusively on non-compliance without recognizing positive performance or providing context regarding the risk levels of findings. As a result, including these low-risk, resolved findings is particularly concerning and unnecessary, especially since inspection reports do not highlight areas where a home is compliant or excelling. This leads to an unbalanced representation of overall performance.

Recommendations:

- Remove the remedied non-compliance section entirely from public inspection reports.
- Reframe inspection reports to be more like report cards, with the inclusion of where homes are excelling/in-compliance, in addition to areas of non-compliance that are high risk only.

- *Low-Risk Non-Compliances*

Non-compliances are issued based on scope and severity, while also considering a home's compliance history. While we fully support the goal of ensuring resident safety and quality of care, many non-compliances cited through the inspection process are administrative or procedural in nature and do not pose any risk to residents. In fact, with the sheer number of requirements set out in the Act and regulations that staff and licensees need to follow, it is increasingly rare for an inspector to leave a home without writing up the home for some sort of minor infraction.

As one example, a Written Notification may be issued for something as minor as an incorrect or missing date on a Continuous Quality Improvement Initiative Report. These types of findings do not impact resident safety or care, and, like Non-Compliance Remedied items, add unnecessary length and detail to public inspection reports. Minor issues such as these could be more effectively addressed and corrected during the inspection process through education and clarification of regulatory requirements, rather than formal enforcement measures.

Focusing enforcement efforts only on non-compliances that have a direct impact on resident safety and outcomes would also help reduce the administrative burden on homes. Low-risk items could be resolved collaboratively during inspections process, eliminating the need for homes to undertake additional post-inspection action for issues that pose no risk to resident well-being.

Supporting homes in this way would not only reduce red tape but also foster a more efficient, collaborative, and improvement-focused regulatory environment. Therefore, we are proposing that the Ministry adopt a more accurate and nuanced risk-based framework for assessing non-compliances and allow the most low-risk findings to be carved out and treated separately during the inspections process.

Recommendation:

- Work with the sector to re-evaluate the risk assessment for determining non-compliances. As part of this work, we recommend broader inclusion for Non-Compliance Remedied, such that all low-risk findings that do not impact resident safety and care, and that are administrative in nature, be eligible if resolved during the inspection. We also recommend that education and clear guidance is provided to the sector on the changes made from this evaluation.

iii) Streamline Documentation & Reporting Requirements

The sector understands the need for information sharing with government and support transparency in the sector. However, the reporting and documentation requirements under the Act and regulations have increased significantly over time and as a result, are taking significant amounts of staff time away from providing resident care. By streamlining and reducing some of these reporting and documentation processes, long-term care home staff can focus their attention on the individual needs of residents, improving care and outcomes.

- *Care Planning and Skin and Wound Care*

We have heard from our membership that the volume of required documentation related to skin and wound care is substantial. Staff are spending significant time on documentation and reporting to meet regulatory expectations, when that time could be more effectively spent

providing direct care to residents. While appropriate documentation is critical for continuity and quality of care, the current requirements are overly burdensome and detract from the hands-on clinical care that supports resident outcomes.

Similarly, documentation related to care planning has become increasingly complex and onerous. The plan of care remains one of the most frequent areas of non-compliance across the sector, which speaks to both the volume and complexity of what is required under the Act and regulations. Staff are required to document extensive, individualized details for every resident, and then reference and update these documents continuously. These expectations are particularly challenging in an environment where acuity is increasing and there is high staff turnover. As one example, a member home received a citation because a resident was using a cup, instead of a bowl, as indicated in their care plan.

There is a clear need for streamlining and clarification of documentation requirements for both care planning overall and clinical programs such as skin and wound care. The current level of documentation required does not always contribute meaningfully to resident care or safety but significantly increases the workload of front-line staff and pulls time away from resident care. Moreover, it contributes to a significant number of findings of non-compliance even when the situation poses no risk to residents.

Recommendation: Create a sector working group with the aim of evaluating and streamlining the reporting and documentation requirements as part of the skin and wound care program and care planning overall. As part of this work, clarity is needed on what does and does not need to be included in the plan of care.

- *Critical Incidents*

The current Critical Incident (CI) reporting process places a significant administrative burden on long-term care homes. Preparing and submitting CIs is a time-consuming task that requires extensive documentation, coordination, and often multiple rounds of follow-up with the Ministry. In many cases, additional information is requested after initial submission; information that could have been captured at the outset if the CI templates were better aligned with the Ministry's recurring information needs.

By proactively including these commonly requested details in the initial CI submission templates, the Ministry could significantly reduce the administrative burden on long-term care home staff, as well as minimize unnecessary back-and-forth communication between homes and MLTC Inspection Branch staff.

Additionally, there is a lack of clarity regarding the definitions of "harm" and "risk of harm" as they relate to abuse reporting. This ambiguity has led to many homes overreporting, which is extremely time-consuming. The removal of previously used decision trees for abuse reporting has further exacerbated this issue. Reintroducing clear, standardized decision-making tools would help ensure consistency and more appropriate reporting practices.

Recommendations:

- Update the CI reporting templates to better align with the information routinely requested of homes through subsequent amendments.
- Clarify abuse reporting definitions and criteria. This can be achieved through the reintroduction of decision-making tools to support the sector.

- *Overall Reporting Requirements*

As noted above, the volume of reporting required in long-term care is substantial and continues to grow, placing a significant administrative burden on operators and staff. In addition to the high volume, there is considerable uncertainty and inconsistency regarding reporting timelines, deadlines, and the specific requirements associated with different regulatory obligations and funding received by homes. Some reports are submitted to MLTC, while others are submitted to Ontario Health or other agencies, often with overlapping or duplicative content.

Recommendations:

- MLTC to work collaboratively with other reporting partners to rationalize and provide more clarity on reporting requirements and responsibilities. Through this work, it is recommended the various ministries identify areas of duplicative reporting requirements, and work to streamline this internally by creating information sharing processes amongst the ministries.
- In the short term, we also recommend the development of a standardized annual reporting calendar for the sector so that they are aware of important dates and deadlines.

2. Legislative and Regulatory Amendments

i) Improve Admissions Processes

- *Assessments*

The demand for long-term care is increasing, driven by an aging population with more complex care needs and a lack of early intervention and more appropriate care options in the community. Currently, homes can receive upwards of 150 applications a month, with a required five-day turnaround to review and either accept or decline each application. As individuals are entering long-term care with increasingly complex care needs, application reviews often require more time and consideration. In many cases, applications are incomplete or missing key information necessary to make an informed decision. This further increases the review period and places an additional administrative burden on homes as they may go back and forth with other system partners to receive additional information regarding the prospective resident. Additionally, due to staff shortages at Ontario Health atHome (OHH), once these applications are reviewed by homes it can take weeks before the resident is ultimately put forward for admission. This increases the chances of changes in the condition of the resident, which in turn can affect the home's ability to properly care for them per the care they were originally assessed for.

On top of this, overall regulatory requirements and workload across all areas of long-term care have significantly increased in recent years. Staff are being stretched thin and have limited capacity to meet increasing administrative demands. As a result, member homes have frequently shared that they are unable to meet this five-day turnaround period. In fact, homes have shared that if they were to successfully review and keep up with the volume of applications they are receiving, it would require an additional FTE to meet this workload in the current timeframe.

Recommendations:

- As a short-term solution, amend Ontario Regulation 246/22 s. 179(3) to extend the requirement of five business days for review of an application to 10 business days.
- That the Ministry work with sector partners and long-term care homes on a

longer-term solution.

- *Risk-Based Admissions*

With the focus on crisis admissions from hospitals in recent years, long-term care homes have received many more residents with complex mental health needs as their prevalent condition due to lack of other options available in the community to support these individuals. In fact, the prevalence of serious mental illness, such as schizophrenia and bipolar disorder, are more common in long-term care settings compared to community settings, and this prevalence in long-term care is continuing to increase. While the sector has always been supportive of the needs of acute care, long-term care was not built nor is it funded to support residents with complex mental health issues in its current capacity.

As a result of this increase, homes are increasingly rejecting applications because they feel they do not have the ability or infrastructure to appropriately meet the care needs. Homes are most often not equipped with the knowledge and skills in psychogeriatric conditions and addictions to assess, plan, and implement appropriate interventions for residents with a psychiatric need (e.g., residents with schizophrenia, personality disorders, active addictions). Moreover, most homes aren't equipped to support substance use and harm reduction approaches for residents with addictions, and are not equipped to support residents with opioid addiction. However, under the current legislative framework, long-term care homes have limited grounds on which they can refuse an applicant. Despite many homes not having the resources and capacity to support admitting these individuals, they are being cited/at risk of being cited for not admitting potential residents by the Ministry's compliance program.

This is concerning because untreated mental health conditions are creating unsafe environments for the individual themselves, as well as other residents, staff, and visitors, and as a result, instances of resident-on-resident altercations, violence, and verbal abuse have increased. Several members have shared examples of residents with serious mental illness and addictions damaging property and harming themselves in accidents. For example, starting fires in their rooms.

Long-term care homes have a duty to protect the safety and well-being of all residents. However, with this increasing number of applicants being put forward for admissions with complex mental health conditions, responsive behaviours, and substance use disorders, it is becoming more challenging for homes to safely provide care for these individuals and ensure the safety of their other residents- especially in environments that are not designed or resourced to provide this level of specialized care. Long-term care settings often are not the most appropriate care setting for these individuals. Therefore, we are proposing that the Ministry amend the grounds for refusal of an applicant- both to ensure people are receiving care in the most appropriate setting, and to ensure homes can meet their duty to protect their residents and staff.

Recommendation:

- That the grounds for refusal in FLTCA s. 51(7) be revised such that long-term care homes may refuse residents where there are reasonable grounds to believe that the applicant poses a significant risk to the health, well-being and safety of other residents and staff. Below is a consideration for this proposal:
 - “Significant or high risk” in terms of refusal of admission would need to be defined. We recommend that the Ministry work with the sector on this definition.

Conclusion

Long-term care providers remain committed to delivering safe, high-quality, and person-centered care to residents. However, the cumulative impact of increasing administrative, documentation, training, and compliance requirements under the FLTCA and its regulations has created a level of regulatory burden that is not sustainable for the workforce to meet and detracts from time spent on providing direct care to residents. Compliance activity in long-term care is at an all-time high, and with the volume of regulatory requirements, minor administrative infractions which pose no risk to residents are nearly unavoidable. This is deeply demoralizing for staff, who feel they cannot move beyond their compliance history despite providing high quality and safe care to their residents.

We greatly appreciate this opportunity to share proposals with the Ministry on proactive changes to the FLTCA and its regulations related to red tape reduction. We remain available to engage in further discussions and welcome the opportunity to collaborate on solutions that will reduce unnecessary administrative burden while upholding the safety and quality of care for residents.

About Us

For more than 100 years, AdvantAge Ontario has been the voice of not-for-profit seniors' care in Ontario. We represent more than 520 providers of long-term care, seniors' housing, supportive housing and community service agencies, including 98 per cent of all municipal long-term care homes and 86 per cent of all not-for-profit long-term care homes. We are the only association representing the full continuum of seniors' care in the province.

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