

# ACE NEWSLETTER

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## Smoking in a Long-Term Care Facility: The Wilson Inquest Jury Recommendations

*By Graham Webb, Barrister & Solicitor*

*A five week Coroner's inquest into the death of a resident of a home for the aged recently concluded. The resident died in a fire resulting from his smoking. The inquest jury concluded that the death was an accident and made several recommendations aimed at preventing similar deaths in long-term care facilities. The Advocacy Centre for the Elderly represented Canadian Pensioners Concerned (CPC) at the inquest. CPC was instrumental in convincing the jury to adopt recommendations calling for enforceable standards regarding the supervision of smoking and regarding the design and location of smoking rooms in these facilities.*

In the early evening of May 4, 2001, John Wilson, age 78, was engulfed in flames when ashes from his after-dinner cigarette ignited his clothing, his wheelchair and himself. He was taken to Sunnybrook Hospital in Toronto where burn specialists agreed he could not survive the horrific 4<sup>th</sup> degree burns to 50 to 60% of his body. Just as they would with a soldier in war, which fifty years earlier he was, they gave John Wilson the maximum dose of morphine and he died a few hours later.

John Wilson's death was doubly shocking because when he caught fire, he was a wheelchair-bound man living in a long-term care facility and there was almost no one around. He was severely disabled, deaf, blind in one eye and paralyzed on the left side. Inexplicably, he was left alone in a 5<sup>th</sup> floor smoking room with only one other severely demented and wheelchair-bound resident at his side. The entire staff of the home was in the 1<sup>st</sup> floor dining room helping the other residents finish their meals. There was not one single staff member on floors 2 through 8 of this eight floor facility.

John Wilson never had any family that anyone had ever heard of in the three years that he lived in long-term care. He did not have a single visitor in that time. After his death, Toronto police detectives searched for his family but could find no one.

*Wilson Inquest*

*Con't on P. 2*

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When a Coroner's Inquest was held from March 31-May 2, 2003, the Ontario branch of Canadian Pensioners Concerned was given standing to appear at the hearing. They stood in place of the next-of-kin that John Wilson didn't have. Lawyers Jane Meadus and Graham Webb from the Advocacy Centre for the Elderly provided legal representation for Canadian Pensioners Concerned.

The jury at the inquest determined that John Wilson's death was "by accident", and it made several important recommendations regarding smoking in long-term care facilities.

### **Smoking: A Hazardous Activity**

Smoking in a long-term care facility is an extremely dangerous activity. Ontario Fire Marshall Investigator Guy DeGagne testified that fully 20% of the 100 or so deaths by fire in Ontario each year are smoking-related. Life-long addiction coupled with the declining physical and cognitive abilities that are often found in long-term care residents, especially in the last years of life, escalate the risk of fire. Smoking-related deaths have also occurred within the past few years at other long-term care facilities in Ottawa and Thunder Bay. Ms. Alice Shulman, a senior administrator with the Ontario Ministry of Health and Long-Term Care, testified that in 2002 the Ministry identified 562 frequently-unsafe, and 1,538 occasionally-unsafe smokers, for a total of 2,100 identified unsafe smokers in Ontario's long-term care facilities.

Mr. DeGagne told the inquest that while smoking was the cause of this fire, disability and lack of supervision were its catalyst. Smoking coupled with specific kinds of disabilities demands close supervision because an open flame, especially one needed to light a cigarette, is extremely hazardous. A recent

Thunder Bay inquest, which also involved a wheelchair-bound man in a long-term care facility smoking room, heard about a fire caused by a faulty lighter. Mr. DeGagne could not say whether the cigarette or the lighter caused the fire, but once it started flames spread very fast. Tests later conducted at the Ontario Fire College in Gravenhurst showed that within 90 seconds of the fire's origin, Mr. Wilson would have been fully engulfed in flame. For Mr. John Wilson, with no one present to assist, 90 seconds was a very long time.

### **Supervision of Unsafe Smokers**

Canadian Pensioners Concerned argued that smoking is the right of anyone living in their own home, and the right of long-term care residents as well. The fundamental principle, as set out in legislation, is that a long-term care facility is the "home" of its residents. Within reason residents should be able to live as they would in their own homes. Many people choose not to smoke. However, those who do smoke should be able to do so safely and without being an undue risk to others.

*Wilson Inquest*

*Con't on P. 8*

The **Advocacy Centre for the Elderly (ACE)** is a legal clinic for low income seniors 60 years of age and over, funded by Legal Aid Ontario. ACE is incorporated as a non-profit corporation under the name "Holly Street Advocacy Centre for the Elderly Inc."

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## You receive Home Care through a Community Care Access Centre.

### Have you had any of these experiences?



1. You have been receiving home care services for weeks, months, or years from a Community Care Access Centre (CCAC). Then you are notified that your services will be cut back or ended. No reasons are given. Or you are given a reason that is not related to your needs. For example, you are told that due to funding problems, the CCAC cannot continue providing the same level of services to you. Or you are told that due to staff shortages, services cannot be continued. You may challenge these kinds of cutbacks by complaining to the CCAC, and if that is unsuccessful, by appealing to the Health Services Appeal and Review Board (HSARB). HSARB has authority to review decisions of this kind and to order a CCAC to reconsider its decision or replace the CCAC decision with a decision of its own reinstating services to you. The key to a successful challenge is to show that the cutback is not related to your care needs or circumstances.
2. You have been receiving homemaking services, such as help with cleaning, vacuuming, laundry, shopping, preparing meals, and the like. You are told that due to money problems, the CCAC has decided it can no longer provide these kinds of services to you or anyone else. Your case co-ordinator may tell you this, or you may receive a letter from the CCAC that went out to everyone who is a client of your CCAC that says this. You may challenge this kind of decision not to provide services that are listed as mandatory services in the *Long-Term Care Act, 1994*. You can challenge such a decision by

complaining to the CCAC, and if unsuccessful there, by appealing to HSARB. The key to a successful challenge is to convince either the CCAC or HSARB that a CCAC is required by law to provide this kind of service.

3. You are applying for a home care service and are told you are not eligible for any services, or that you are not eligible for as many hours of service or the kind of services you need. For example, you need help with bathing and are told that you cannot get this help, although you can get help with something else. Or you need 10 hours per week of care and you are told that you can only have 4 hours per week. You are not told why you are not eligible (or eligible for more), or you are suspicious of the reason you are given as to why you are not eligible. Unless the reason given is based on what the law says about eligibility for home care services, you may challenge such a decision. You may challenge the decision either by complaining to the CCAC or by appealing a CCAC decision to HSARB. The key to success here is to show that nothing in the *Long-Term Care Act, 1994* or in the regulations under that Act says that to be eligible for the services you need, you must meet the eligibility conditions that the CCAC says you must meet.

In none of these examples is there a guarantee that if you challenge a CCAC decision, you will be successful. Whether you are or not depends upon the facts in your case, and it depends on the law as it applies to those facts. But just as you cannot win a lottery without buying a ticket, you cannot get services or get services restored, without making a complaint to the CCAC. You may need information and legal assistance to be successful. Information about the process is found in a brochure called “Home Care Complaints and Appeals”, published by Community Legal Education Ontario (available free of charge at 416-408-4420). For legal help, contact a lawyer or a community legal clinic in your area. ♦

## HOME RENOVATIONS



*By Rita Chrolavicius,  
Barrister & Solicitor*

Home renovations can be an expensive undertaking for seniors who may have saved for years to try to improve their property. Seniors should spend some time and effort before deciding who to hire. I always advise that seniors spend at least as much time and effort in shopping for a contractor as they would shopping for a refrigerator.

Beware of people coming to the door offering special discounts or trying to talk you into repairs that you did not know you needed. The salespersons may seem very nice, but some companies are notorious for talking homeowners into signing high priced contracts for low quality work. Sometimes, a deposit price can be paid and the salesperson then disappears forever.

Avoid paying a deposit if at all possible. The contractor can do a credit check to assure himself that they will get paid. If the contractor insists that he needs a large deposit to "buy materials", do not hire this contractor. A successful contractor should have enough credit to enable him to buy materials for the first part of a job.

Before signing a contract, homeowners should get at least two other written estimates. It is a good idea to ask the contractor to leave a copy of the contract for a few days so that it can be studied. Ask for references and check them. Do not be in a rush, and do not let yourself be pressured into signing.

The contract should itemize all the work to be completed and should specify all the materials

to be used. The contract should also specify a commencement date and a completion date. Get any warranties in writing.

You also want to hire a company that will do a good job and will comply with all minimum building code standards. Some companies offer discount prices by cutting corners and leaving out important steps or buying inferior material. This might result in expensive repair problems later, by which time the company might be out of business.

If a job is big enough to require a building permit, make sure the building permit is obtained and is properly displayed. A building inspector can be a homeowner's best friend in ensuring that minimal standards are maintained. Speak with the building inspector and make sure all inspections are carried out at every stage of the renovation.

When choosing contractors, I recommend choosing a company that has been in business for many years and whose name is reputable. They may not be the cheapest price quoted, but you will get what you pay for.

For contracts signed at home, you have ten days after receiving the contract to cancel it. This must be in writing. You can send a cancellation letter to the contractor's address.

The Ontario Home Builders Association can be contacted at 1-800-387-0109. This Association can give you the number of the local building association. It is a good idea to find out if your contractor is a member of the association (web site [www.homesontario.com](http://www.homesontario.com)) The Government of Ontario Consumer Services Bureau, 1-800-889-9768 can be contacted for further information about consumer rights. The Bureau can also be consulted before you sign a contract (web site [www.cbs.gov.on.ca](http://www.cbs.gov.on.ca)) ♦

# The Abuse Education, Prevention and Response Project

## Community Development in Action



The public is becoming more aware of the problem of abuse of older adults. As the population ages, and a higher percentage of the population are over the age of 65, this issue is gaining more attention in the press, from government, and from community services and seniors groups. Like spousal assault and other forms of domestic violence, we need to learn more about the dynamics of this type of abuse. We need to develop appropriate community responses that provide assistance when needed and wanted. But we must also at the same time respect the rights of senior citizens to make their own decisions and control their own lives.

Against this background, in July of 1999 the Steering Committee of the Haldimand-Norfolk (H-N) Project on the Abuse of Older Adults and the Advocacy Centre for the Elderly (ACE) collaborated in an application to the Ontario Trillium Foundation to "work together, and with groups in other communities in Ontario, to:

- raise awareness about the abuse of older adults
- help communities identify ways of actively preventing, and responding to, the abuse of older adults at a local level
- prepare educational materials to assist communities to understand the dynamics of abuse, abuse prevention, and response
- prepare materials that will act as a community development guide for groups interested in raising awareness about abuse and in developing a local response to abuse, and,
- work with communities who request Connecting Module Workshops to develop Community Response Networks to improve the quality of life of seniors." (Trillium Application; 1999)

The H-N group had previously identified the need to raise awareness about abuse of older adults and appropriate responses as a key community issue in their area. A group of local volunteers from a wide variety of sectors joined forces to research this issue and decided to adapt the Community Response Network approach that had been developed in British Columbia for use in their own region. ACE was retained to assist the H-N group in adapting the written materials, also known as the "Connecting" modules, as well as to work with the H-N group on the legal components of the project. The success of the H-N project led to this further collaboration and funding request to bring this model to other communities in Ontario.

The request for funding was successful and the Abuse Education, Prevention and Response Project began in January, 2000 under the direction of the Project Coordinator, Joanne Preston. Joanne had previously been the coordinator of the H-N project.

Over the course of the project, Community Training Workshops (one or two days in length) were facilitated in Oakville (Halton Region), London, Brantford (Brant County), Whitby (Durham Region), Little Current (Manitoulin Island), Fergus (Wellington & Dufferin Counties), Elliot Lake, Red Lake, White Dog (Wabaseemong), Kenora, Huntsville (Muskoka), and York Region. More intensive Connecting Module Workshops (two or four days) were facilitated in Belleville (Hastings and Prince Edward County), Peterborough (County and City), Thunder Bay and District, Little Current (Manitoulin Island), Brantford (Brant County), Whitby (Durham Region), Dryden, Sioux Lookout and Sudbury.

*E. A. Project*



*Con't on P.6*

The overall outcome of the Abuse Education, Prevention and Response Project was anticipated to be healthier communities whose members are trained to assist older adults suspected of being abused and/or neglected, and to co-ordinate the community responses to such abuse when it occurs. The focus of the project was to help communities develop their own approaches and models of response, based on local community resources, both funded and volunteer. There is no one "response network" that fits all communities as every community has a different mix of people, of cultures, and of funded and volunteer resources. Instead of telling individual communities what they should do, this project focused on working with the community to help it decide what shape its network would take, who would participate, and how the networking and response should be done, based on local needs and available resources.

The independent evaluation of the Project was very positive and confirmed that the goals of the project were met. The response from the communities visited was very positive and a number of the networks are thriving and engaging in their own work in this area.

The Trillium funded project ended March 31, 2003. However, the Advocacy Centre for the Elderly will continue to offer the training workshops and work with communities to develop local networks, raise awareness, and develop responses to the abuse of older adults. The continuing work will be done as part of the Community Development mandate of ACE and as part of its legal aid funded activities. As well, the Community Education Manual is available on the ACE website at [www.advocacycentreelderly.org](http://www.advocacycentreelderly.org). Anyone interested in having a Community Training Workshop or Connecting Workshop should contact Judith Wahl at ACE.

Thanks must be given to Joanne Preston for her work as Coordinator. Much of the success of this project is to her credit. Thanks must also be given to all the staff at ACE for their various contributions to the project. Thanks also go out to the ACE Board of Directors, and to the Steering Committee of the H-N Project on the Abuse of Older Adults for their support of the project.

Special thanks must be given to all the people who participated in the project in the various communities across the province. They were warm and welcoming, eager to participate, and a delight to work with. We thank them all for welcoming us into their communities and their homes. We learned a great deal from listening to the participants. What we learned will shape our future work on elder abuse issues at ACE.

Lastly, we greatly appreciate the funding support from the Ontario Trillium Foundation that made this Project possible. ♦

**International Conference on Clinic Law  
Connections & Directions –  
Sharing Visions for Clinic Law**



Ontario has one of the finest legal aid clinic systems in the world. To celebrate that fact, and to share our expertise with others and learn from the experience of others, Legal Aid Ontario and The Association of Community Legal Clinics of Ontario have organized an international conference to be held at the Hamilton Convention Centre, June 23 – 25, 2003. Funding is provided by the Law Foundation of Ontario and the Ontario Trillium Foundation. The aim of the conference is to explore future directions for community based legal services. Over 40 sessions have been planned, with expert panels and interactive workshops. To register for the conference, please call (416) 204-7109 or outside Toronto call 1-800-668-8258 x7109. You may wish to visit the conference website for more information at [www.connections&directions.ca](http://www.connections&directions.ca). ♦

## Waiting Lists for Long-Term Care Facilities in Ontario: Everything You Wanted to Know

By George T. Monticone, Barrister & Solicitor

*In May of 2002 major changes were made to the Ontario regulations that govern waiting lists for nursing homes and homes for the aged. Since many applicants for these long-term care facilities end up on waiting lists, applicants should know how the waiting lists work, and should understand some of the pitfalls and problems. This is the first in a series of articles that explain these waiting lists. This article discusses the basic framework. Future articles will discuss how priorities are assigned and how individual applicants are ranked within priority categories.*

Persons wanting to apply for a nursing home or home for the aged in Ontario must apply to a Community Care Access Centre (CCAC). CCACs are responsible for deciding who is eligible for admission to a home, and for overseeing the admission process. While individual homes have a part to play in the admission process, CCACs have the central role in admitting applicants to homes. You cannot be admitted to a home if you only apply directly to that home.

As part of overseeing the admission process, each CCAC is assigned specific homes for which the CCAC is responsible. Regulations say that each CCAC must do the following in relation to each of the homes it is responsible for:

1. place applicants on the waiting list for the home,
2. rank applicants on the waiting list for the home,

3. rank applicants for admission to each home, maintain a special list of applicants who have refused to accept a bed in a home they have been wait listed for (the “refusal list”), and
4. remove applicants from waiting lists in accordance with various regulations.

**How does an applicant get on a waiting list for a home?** The applicant first provides information to allow the CCAC to decide whether the applicant is eligible for admission to any home. Once the CCAC decides the applicant is eligible, the applicant must choose between one and three homes he or she would like to live in. Applicants may in fact choose a home or homes before the CCAC decides whether they are eligible, and provide the names to the CCAC at the same time as applying. The CCAC then authorizes admission to these homes. Each of the homes chosen by the applicant must then approve the applicant’s admission to the home. If a bed is available immediately the applicant will be admitted. Otherwise, the CCAC will place the applicant’s name on the waiting list for each home provided that this will not result in the applicant being on more than three waiting lists (except for persons in crisis or persons applying for a short stay).

As of May 2002, applicants must choose at least one home, and no more than three homes. This represents a major change. Before that time, it was not clear how many homes an applicant had to choose. It is possible to choose only one home initially, and then add one or two more at a later time.

If the applicant is in a crisis situation, generally he or she will be admitted to the first available bed. Once in a home, the applicant may then want to choose one to three other homes, and be placed on waiting lists for those homes.

*Waiting Lists*

*Con’t on P. 10*

The inquest heard Mr. Ivor Zagnoev, former administrator of Spencer House, that unsafe smokers are hard to place. Many facilities, especially newer more modern facilities, do not take smokers at all. They are not required to do so. Facilities that do take smokers must have a closed smoking room that is directly vented to the outside, just like all other businesses and other public places under the *Tobacco Control Act*. There are fewer facilities that do take smokers, and very few that would take an unsafe smoker like Mr. Wilson. The jury recommended that the Ministry of Health and Long-Term Care study ways to ensure that there are enough long-term care facilities to properly place smokers.

Smoking in long-term care facilities may only take place outdoors or in designated vented

smoking areas. However, facilities are left to their own devices as to how smokers are supervised in these areas. Some facilities allow unrestricted access to smoking rooms without supervision, except for unsafe smokers. Others allow restricted access to smoking rooms only at designated times when staff can supervise. While all facilities must have a smoking policy, at present there is no consistency and no clear direction from any government ministry on what the smoking policy must say.

In response to the recent Thunder Bay inquest, the Ontario Fire Marshall's Office has developed Guidelines for the Development of Smoking Policies in Long-Term Care Facilities.

These Guidelines were reached after consultation with long-term care groups, and they were released in March of 2003 on the eve of the Wilson inquest. One criticism of the Guidelines is that they are just that, merely guidelines that have no force of law and do not set any minimally enforceable fire-safety

standards for smoking in long-term care facilities.

Canadian Pensioners Concerned and the Coroner's counsel asked the Wilson inquest jury to recommend that the Ministry of Health and Long-Term Care set concrete minimum fire-safety standards for smoking in long-term care facilities by revising the *Long-Term Care Facilities Program Manual* to include standards that are binding on facilities. The jury adopted this recommendation. If binding and enforceable standards are implemented, it is hoped that the supervision of unsafe smokers will be substantially improved.

One of the important standards that the jury recommended be written into the *Long-Term Care Facilities Program Manual* is that all residents be assessed for smoking safety on admission and be reassessed quarterly, with proper and up-to-date documentation on smoking status and an assessment to be included in any family review sessions.

The jury made a number of other recommendations relating to the supervision of smokers including:

- \*Smokers assessed as "unsafe" must wear a smoking apron and be supervised in person by staff trained in fire safety, and
- \*while it is preferable to have direct staff supervision in smoking rooms, an alternative is to have video cameras and a monitoring station which is staffed whenever a smoking room is unlocked.



## Design and Location of Indoor Smoking Rooms

Canadian Pensioners Concerned insisted throughout the Wilson inquest that there be enforceable standards regarding the design and location of indoor smoking rooms in long-term care facilities. The inquest heard that Mr. Wilson met his death in a "hidden" smoking room that was away from any common or high-traffic areas of the home. It was at the end of a hall, and had a solid steel door with a small window to the side. No one could clearly see the entire room from the outside, in the unlikely event that someone should be walking by.

The inquest also heard that the *Ontario Fire Code* deals with fire safety hazards across a wide range of settings, but does not specifically address smoking rooms. The *Tobacco Control Act*, which is administered by the Ontario Ministry of Health and Long-Term Care, calls for indoor smoking rooms in all public places to be closed and directly vented to the outside. However it does not address the design or location of indoor smoking rooms in long-term care facilities.

The Ontario Ministry of Health and Long-Term Care funds the construction and renovation of long-term care facilities, and has design standards that must be met for new and reconstructed long-term care facilities that are set out in the *Long-Term Care Facilities Design Manual* (and the *Retrofit Design Manual*). However, while the design manuals describe in detail such things as how to build a closet, they are completely silent and do not in any way address the location and design of indoor smoking rooms. Beyond the *Tobacco Control Act*, there are no legally enforceable standards.

Canadian Pensioners Concerned fought to have the design manuals introduced as evidence at the inquest. They were introduced as the last exhibits. At the request of the Coroner's counsel and Canadian Pensioners Concerned, the jury recommended that the Ministry of Health and Long-Term Care revise their design manuals to include minimum standards for the design and location of indoor smoking rooms.

Unfortunately, many existing facilities do not comply with the design manuals. They are grandfathered, and are not required to comply unless they retrofit or reconstruct their facilities. Also, there is no additional funding available for the cost of constructing or renovating a smoking room. Canadian Pensioners Concerned was deeply troubled that existing non-compliant smoking rooms would not be renovated and brought up to standards (if standards that do not now exist were put in place) unless funding were also available for that purpose. At their request, the jury also recommended that the Ministry of Health and Long-Term Care develop a plan to retrofit all non-compliant indoor smoking rooms, and that they make one-time capital grants available to do so.

The jury made a number of specific recommendations about the design and location of smoking rooms. One of the most important is that smoking rooms be located in high traffic areas and be fitted with the maximum available window and door area wherever physically possible in order to maximize accessibility and visibility by staff. In addition the jury recommended that smoking rooms:

- \*be large enough to accommodate resident needs,

- \*have heat and/or smoke detectors, along with increased ventilation to allow them to operate with the minimization of false alarms as recommended by the Ontario Fire Code,

- \*have automatic sprinkler systems,
- \*have automatic door openers to ensure that all wheelchair residents are able to enter/exit without difficulty,
- \*have a fire extinguisher and a fire blanket in addition to other fire safety equipment required by the Ontario Fire Code.

### **Timely Advice**

Fire safety is a complex and important issue, especially in the context of a vulnerable population such as residents of retirement homes and long-term care facilities. Following the deaths by fire of a number of seniors at the Meadowcroft Retirement Home in 1995, a lengthy Coroner's inquest resulted in recommendations that influenced the Fire Marshal's Office and the Ontario Fire Code in relation to fire safety in retirement homes. It is hoped that the Wilson inquest will also have an impact on fire safety in long-term care facilities.

Canadian Pensioners Concerned brought to the Wilson inquest critical expertise and experience from the consumers' perspective in areas that might not have otherwise been brought to light. They were instrumental in bringing out evidence of the need for minimum enforceable standards regarding supervision of smoking, and regarding the design and location of smoking rooms in long-term care facilities. The positive result of their work is the jury's recommendations for changes to the design manuals. It is hoped that one day these and other recommended changes will be made.

The coroner's motto is "we speak for the dead to protect the living." Canadian Pensioners Concerned generously gave its voice to protect future generations of long-term care residents. ♦

**What happens once your name is on the waiting list for a home?** The CCAC will first decide what priority category you belong in. There are four main categories and six special categories (these will be discussed in part 2 of this article). Once placed in a priority category, you will be ranked against all other applicants in that category. The regulations include rules setting priorities for the categories and rules about how applicants are to be ranked within each category. If in the "crisis" category, the applicant will normally be admitted to the first available bed, and only then go through the normal process as described above.

**What happens if a bed becomes available in one of my choices and I don't want to accept it?** The May 2002 legislation introduced a penalty for those applicants who do not take an available bed in a home of their choice. Such applicants must be placed on a "refusal list" by the CCAC. This means that the applicant's name is taken off all waiting lists, and unless their circumstances or condition worsens, they cannot go back on a waiting list for 24 weeks. It is therefore very serious to refuse an available bed in one of the homes you have chosen. If after you put your name on a waiting list you change your mind, you should notify the CCAC immediately that you want your name removed from that home's waiting list. In this way you will avoid being placed on the refusal list. Your request must be in writing.

There are two other situations where your name could end up on the refusal list.

Your name will go on the refusal list if you are offered a bed in a facility that you accept, but you do not move into the facility by the fifth day following the offer. However, if you have an illness or injury that makes it impossible to move or would make it detrimental to your health to move, your name will not go on the refusal list.

### *Waiting Lists*

### *Con't from P.10*

Also, your name will go on the refusal list if you refuse to sign a written agreement with a home stating when you will move in, and what you will pay in the interim. This agreement is not to be confused with a general admission agreement that many facilities encourage residents to sign. There is no penalty attached to refusing to sign a general admission agreement, although many residents do sign. This narrower agreement deals only with when you will move in and what you will pay to make sure the bed is held for you in the interim. If you move to the home on the day an offer is made, the day after, or the second day after, you pay only the normal accommodation rate starting from the day after the offer. However, if you move into the home on the third, fourth, or fifth day after the offer, you must pay both the accommodation rate starting from the day after the offer as well as an additional \$53 per day as a special bed holding fee. To avoid the refusal list, you must sign an agreement tailored to your circumstances (when you plan to move in).

**When will my name be removed from a waiting list for a home?** As explained above, your name will be removed if you fail to move to a home you have chosen, fail to sign an agreement with a home as to when you will move in, or fail to move in by the fifth day after a bed offer from one of the homes you have chosen. Of course, your name will also be removed if you ask the CCAC in writing to remove it.

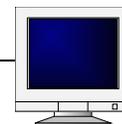
**Do I have to give a CCAC good reasons why I want my name removed from a waiting list?** No. You have the right to change your mind about going to a particular home at any time. You cannot be forced to go to any home.

Usually you will have a good reason for changing your mind and there is no harm in letting the CCAC know what it is. But you do

not have to give your reasons or win a debate with the CCAC as to whether it is a good idea or not.

**If I end up on the refusal list, how do I get off of it?** As stated above, you may have to wait 24 weeks before you are removed from the refusal list. However, if your condition or circumstances deteriorate, you may ask to be reinstated to a waiting list. The wording of this rule is very broad. It would almost certainly apply to someone who is diagnosed with a new illness, or someone who becomes less able to cope with activities of daily living such as eating, bathing, getting dressed, etc. Also, it almost certainly would apply if a caregiver dies, moves away, or becomes unable to continue providing care. This takes some of the sting out of the harsh rule requiring applicant's names be placed on the refusal list for 24 weeks.

**What if I already live in a nursing home or home for the aged and am hoping to move to another home?** An applicant for admission to a different home may have his or her name removed from the waiting list for the other home for the same reasons as an applicant living in the community. However, the resident may be reinstated on the waiting list by asking the CCAC in writing to authorize admission to that home. The CCAC will place the resident back on the waiting list unless doing so means that the resident is on more than three waiting lists. ♦



### ***New ACE Website***

In celebration of Seniors' Month, the Advocacy Centre for the Elderly will be unveiling a new website in June, 2003. This new site will include general information on topics of interest to seniors, and will include various publications and links to other helpful websites. We are excited about developing this new way of reaching out to the seniors' community. Watch for us at [www.advocacycentreelderly.org](http://www.advocacycentreelderly.org)

If you are not already a member of ACE, please consider joining. Benefits of membership include the ACE Newsletter, published twice a year, and voting privileges at the Annual General Meeting.

## ADVOCACY CENTRE FOR THE ELDERLY\*

2 Carlton Street, Suite 701, Toronto, Ontario M5B 1J3

### APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_  
(Individual/Corporate) Please Print

CORPORATE CONTACT (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

#### Membership Fee:

- (a) individual \_\_\_\_\_ \$10.00 Enclosed  
(b) corporate (agency, group) \_\_\_\_\_ \$25.00 Enclosed

In addition to my membership fee, a donation of \$\_\_\_\_\_ is enclosed.\*\*

\_\_\_\_\_  
Signature

**Your membership is important.** If the fee presents financial difficulties, please feel free to join anyway.

**Committee Membership:** I am interested in seniors' issues and would consider membership on an ACE Committee. Yes \_\_\_\_ No \_\_\_\_

#### Membership Expiry Date: Annual General Meeting, Fall 2003

By-Law No.1, 14.9 states: No owner or management official of a long term care facility, or employee of any organization representing long term care facilities shall be eligible to be elected to the Board of Directors of the Advocacy Centre for the Elderly.

\* Holly Street Advocacy Centre for the Elderly Inc.

\*\* A tax receipt will be issued for donations over \$10.00.

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