
Policy Title: Complaints Management

Category: Administration

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Approved By:

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Distribution: All Departments

POLICY

CL is committed to prompt resolution of complaints– whether it involves residents/family members/caregivers/substitute decision-makers, employees/volunteers, or others. CL views complaints as an opportunity to improve processes and systems that underlie:

- service delivery to residents and tenants
- the work environment for all staff/volunteers

Any party that expresses or submits a written complaint, or who provides information regarding a concern or complaint under this Policy may do so without fear of retaliation or reprisal. Any employee or volunteer who retaliates or intimidates anyone expressing a concern shall be subject to immediate corrective action up to and including termination of employment/volunteering.

The Complaint Procedure is posted on the LTC Resident/Family Information Board LTC, Main floor, as is the MoLTC reporting contact telephone number and Patient Ombudsman signage (government of Ontario).

Where a complaint involves more than one department, Managers shall cooperate and collaborate in the investigation to achieve a resolution that is agreeable to all parties – including the complainant. The participation of cooperating parties shall be documented on the Complaints Form by the accountable investigating Manager/Director.

PURPOSE

1. Ensure that residents' rights are protected.
2. Ensure that there is a process for raising concerns, lodging complaints, or recommending changes regarding the home and its services.
3. Identify trends.
4. Identify opportunities for improvement in service quality.
5. Ensure that complaints are appropriately handled.

DEFINITIONS

Customer Complaint: This is a “customer's expression of dissatisfaction with a product or service, either orally or in writing, from an internal or external customer. A customer may have a genuine cause for complaint, although some complaints may be made as a result of a misunderstanding or an unreasonable expectation of a product or service.”

REF: <http://www.financepractitioner.com/dictionary/customer-complaint>

Complaint tracking: “Complaint tracking is used to capture, monitor, and analyze customer complaints and other feedback in order to improve and maintain an organization’s quality of service delivery. Organizations should capture negative feedback (complaints) and positive feedback (praise) to incorporate a holistic data set of customer feedback into their service offerings.”

REF: <http://asqservicequality.org/glossary/complaint-tracking/>

Complaint resolution: The process of resolving an individual complaint.

Customer feedback: Solicited or unsolicited spoken or written comments from a customer.

REF: <http://asqservicequality.org/glossary/complaint-tracking/>

Assumption

Unless a specific worker is named, the assumption is that a complaint arises from a process or system failure.

Harm: complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents

Exceptions:

The following are exempted from compliance with the policy:

1. *Verbal* complaints that staff can resolve within 24 hours of the complaint receipt.
2. Suggestions, observations, or comments about the operation of the organization or any aspect of resident care
3. Staff complaints that fall outside of the areas listed in the table below, and are not operational in nature: That is, that pertain to professional practice issues, co-worker practice, etc.
4. Specific allegations of:

Subject of Complaint	Accountability	Relevant P&P	Relevant forms
Bullying, Harassment or Workplace Violence	Director, Human Resources	Bullying OHS II-E	Bullying Incident Reporting Form
		Workplace Harassment HRE003	Harassment Incident Reporting Form

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		Workplace Violence OHS II-2	Workplace Violence Incident Reporting Form
Occupational Health & Safety	Director, Human Resources		Occupational Health & Safety Resolution Form
Resident Abuse or Neglect	Chief Executive Officer/Director of Care	1. Mandatory and Critical Incident Policy: A085 2. Resident Abuse and Neglect Policy (Employee Relations HRE007).	Resident Abuse & Neglect – Incident Reporting Form

Statutory Requirement

Copernicus Lodge (CL) is compliant with the requirements set out Fixing Long Term Care Act, 2021, s. 26 and 27 and its regulations – Ontario Regulation 246/22, R. 107 - 111.

See Appendix A.

REF: “Law Document English View.” *Ontario.ca*, 19 Nov. 2018, <https://www.ontario.ca/laws/statute/21f39>.

PROCEDURE

TRAINING REQUIREMENTS:

Resident Orientation

On admission, residents and/or their substitute decision-makers /caregivers are provided written instructions regarding the process for raising concerns and lodging complaints regarding the home and its services. The information is contained in the Long-Term Care Information Booklet. It is provided by the LTC Placement Coordinator (See Appendix D)

Employee & Volunteer Orientation

All employees and volunteers are provided with instructions regarding complaints management during orientation. Complaints should be recorded on the complaint form by registered staff/supervisors/ managers/Directors/CEO.

Complaints Management

Receiving a Complaint:

1. Receiving a complaint is limited to registered staff and management.
 - a. If a verbal or written complaint is made by any party to an unregistered staff member or volunteer, they shall refer immediately to their immediate supervisor, or a registered nurse (RN, RPN).
2. Non-registered staff are NOT responsible for managing the complaint. They shall:
 - immediately *refer* a complainant to a registered staff member/ supervisor /manager
 - OR**
 - record the complaint and *deliver* to a registered staff member or supervisor/manager.
3. Complaints expressed in writing including written communication in any form – such as a letter, note, e-mail or FAX shall be immediately submitted to the MOLTC as per legislative requirements.

Refer to FLTCHA s.26 and 27 and Ontario Regulation 246/22, R. 109, 110 and 111

Fixing Long-Term Care Act, 2021, ONTARIO REGULATION 246/22, R. 111 Complaints — reporting certain matters to Director

111. (1) Every licensee of a long-term care home who receives a written complaint with respect to a matter that the licensee reports or reported to the Director under section 28 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 108 (1).
- (2) The licensee shall comply with subsection (1) immediately upon completing the licensee's investigation into the complaint, or at an earlier date if required by the Director.

Original notes and letters shall be attached; emails/texts/images/ printed and attached to the Complaint Form (see Appendix C). Documents shall be retained for the duration of the resident stay + 7 years.

4. Obtain a copy of the Complaint Form. They are located:
 - in every RHA in a pink complaint folder
 - Main floor legislative information board outside the scheduling room
5. Complete Part 1 and Part 2 of the form. Pay special attention to issues that must be **IMMEDIATELY** referred to the CEO, Director, Human Resources or designate. (See Important Considerations below).
6. Provide the completed Complaint Form directly to the Manager/Director or leave it in their mailbox in the Administration. Staff must leave a voice mail that informs them that a complaint was received.

IMPORTANT CONSIDERATIONS:

Where the complaint alleges harm or risk of harm, including, but not limited to, physical harm to one or more residents, allegation of abuse/neglect, criminal activity, or activity that threatens the health and safety of a resident and/or employee, the investigation shall be commenced IMMEDIATELY!

IMMEDIATELY NOTIFY a Senior Manager – CEO / Director, Human Resources/Director of Care/delegate.

See Appendix E for reporting requirements of the Ministry of Long-Term Care.

Investigation shall commence immediately under the leadership of the CEO/Director, Human Resources/ Director of Care and/or delegate.

Complaints Resolution

1. The manager/director shall acknowledge receipt of the complaint within **2 business days**.
 - Enter the date on which the verification of receipt occurred on the Complaint form
2. **An Investigation** shall be completed within **10 business days** of receipt of the complaint.
3. For those complaints that **cannot** be investigated and resolved within 10 business days, an acknowledgment of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response as noted in #4. (Resolutions below), will be provided as soon as possible in the given circumstances.
4. **Resolution:** Notification of resolution shall be offered to the complainant **within 10 business days** of receipt and will include the following elements:
 - an explanation of,
 - i. what the licensee has done to resolve the complaint, or
 - ii. that the licensee believes the complaint to be unfounded, together with the reasons for the belief, and
 - the Ministry's toll-free telephone number for making complaints about homes and their hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,
 - if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.

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5. If all parties are satisfied that the matter has been satisfactorily resolved, or plans are in place to move toward resolution, that shall be documented. All documentation related to the complaint shall be submitted to the CEO **within 30 calendar** days or sooner.
6. If there is no resolution, or the complaining party remains dissatisfied with the outcome, the matter - including all relevant documentation - shall be escalated to the CEO for follow-up. The party involved will be notified who will be contacting them, and approximately when they may expect the follow-up conversation.
7. Documentation of all complaints shall be kept in the office of CEO for review and tracking purposes.

COMPLAINT TRACKING:

Metrics tracked:

- Percentage (%) of complaints received by complaint category
- Percentage (%) of complaints acknowledged to the person who made the complaint within two (2) business days
- Percentage (%) of complaints closed within 10 calendar days

Complaint Reporting at CQI Committee and QARM:

Statistics shall be reported quarterly to the CQI Committee and Quality and Risk Management Committee (QARM) of the Board for review and analysis for trends at least quarterly. Recognition of any high-risk complaints shall be brought to the immediate attention of the Chief Executive Officer.

Role of Education, Quality & Risk Specialist (or designate in their absence)

1. Reviews the completed Complaint Form to verify the appropriateness of action taken and confirm that resolution has been achieved. Incompletions shall be referred to the CEO for action.
2. In collaboration with the multidisciplinary teams, reviews and analyzes each incident to determine what improvement are required in the home and keep a record of each review and of the improvements made in response to the concern raised.
3. Prepares a quarterly summary, including all metrics, and any issues escalated to the direct attention of the CEO/delegate or Director, Human Resources.
4. Forwards summary report to the CQI Committee and QARM Committee of the Board.
5. Ensures that this policy is reviewed annually.
6. Reviews complaints management process and high-level trends during annual [mandated] retraining.

Tips For Handling Complaints!

1. **Listen carefully** to what the customer has to say and let them finish. Don't get defensive. The customer is rarely attacking you personally; he or she has a problem and is upset. Repeat back what you are hearing to show that you have listened.
2. Ask questions in a ***caring and concerned*** manner.
The more information you can get from the customer, the better you will understand his or her perspective. It's easier to ask questions than to jump to conclusions.
3. ***Put yourself in their shoes.***
Your goal is to solve the problem, not argue. The customer needs to feel like you're on his or her side and that you empathize with the situation.
4. ***Apologize without blaming.***
When a customer senses that you are sincerely sorry, it usually diffuses the situation. Don't blame another person or department. Just say, "I'm sorry about that."
5. Ask the customer, "***What would be an acceptable solution*** to you?"
Whether or not the customer knows what a good solution would be, it's best to propose one or more solutions. Become a partner with the customer in solving the problem.
6. ***Solve the problem or find someone who can solve it— quickly!***
Research indicates that customers prefer the person they are speaking with to instantly solve their problem. Moving the complaint are moved up the chain of command only adds to the customer's frustration.

REF: Revision of Six Steps to Dealing with Customer Complaints. Ben Ridler **EO New Zealand**
<https://www.eonetwork.org/octane-magazine/special-features/sixstepstodealing>

Customer Complaint Check list

1. Acknowledge the complaint
2. Inform the customer that you are taking action
3. Record and categorize the customer complaint
4. Resolve the complaint according to company policy
5. Follow up with the customer to make sure they are satisfied

REF: Why Customer Complaints Are Good for Your Business.
<https://www.superoffice.com/blog/customer-complaints-good-for-business/>

How to Make a Complaint to the Ministry of Long-Term Care

Types of complaints

The way you make your complaint depends on the type of complaint. There are two types:

1. **urgent complaints** – these include cases of harm, neglect, or danger to residents
2. **non-urgent complaints** – these include less serious complaints related to diet, activities, or care

Report an urgent complaint

Call the Long-Term Care Family Support and Action Line:

toll-free [1-866-434-0144](tel:1-866-434-0144)

Hours of operation: 8:30 a.m.-7:00 p.m., 7 days a week

Make a non-urgent complaint

You can make a complaint that is not urgent:

1. Report your concern directly to the home

By law, all long-term care homes in Ontario must have written steps for people to make a complaint.

Homes must post these steps in a place where they are easy to find and easy to see. If you cannot find this information, contact the home's office staff.

Staff must let you know that the home has received your complaint within **10** business days.

They must call or write to let you know:

- what they are doing to resolve your complaint now
- what they plan to do to resolve your complaint in the future
- when you can expect the complaint to be resolved

If the home believes there is no cause for complaint, they must explain why.

2. Call the Ministry

Call the Long-Term Care Family Support and Action Line: toll-free [1-866-434-0144](tel:1-866-434-0144)

Hours of operation: 8:30 a.m. - 7:00 p.m., 7 days a week

If your complaint is not urgent, you will hear back within two business days.

3. Write to the ministry

Send a written letter, by mail, to:

Director
Long-Term Care Inspections Branch
Long-Term Care Operations Division
119 King St. W, 11th Floor
Hamilton ON L8P 4Y7

You will receive a reply to let you know that the ministry has received your complaint. The director will pass your complaint on to an inspector who will look into the matter.

How to Make a Complaint to the Patient Ombudsman

Families and caregivers may wish to contact the Patient Ombudsman if you have already contacted the home directly and have been unable to reach a satisfactory resolution.

“The Patient Ombudsman is a champion for fairness in Ontario’s health sector organizations defined as public hospitals, long-term care homes and home and community care services coordinated by Home and Community care Support Services (formerly Local Health Integration Networks).”

Many Ombuds offices use the principle of fairness when looking at the issues and circumstances that make up a complaint or concern. Achieving a level of fairness for everyone involved in the review of a complaint is also key to our resolution process at Patient Ombudsman.”

Patient Ombudsman Contact Information:

Telephone:

Toronto: 416-597-0339

Toll free: 1-888-321-0339

TTY: 416-597-5371

Fax: 416-597-5372

Mailing address:

Box 130, 77 Wellesley St. W.
Toronto, ON M7A 1N3

Ref: “What We Do.” *Ontario Patient Ombudsman*, <https://patientombudsman.ca/About-Us/What-We-Do>.

Appendix A. Statutory Requirements

From: Fixing Long Term Care Act, 2021, s. 26 and 27

Reporting and Complaints

Complaints procedure — licensee

26 (1) Every licensee of a long-term care home shall,

- (a) ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints.
- (b) ensure that the written procedures include information about how to make a complaint to the patient ombudsman under the *Excellent Care for All Act, 2010* and to the Ministry; and
- (c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

Other documentation

(2) A licensee who is required to forward a complaint under clause (1) (c) shall also provide the Director with any documentation provided for in the regulations, in a manner that complies with the regulations.

Licensee must investigate, respond and act

27 (1) Every licensee of a long-term care home shall ensure that,

- (a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:
 - (i) abuse of a resident by anyone,
 - (ii) neglect of a resident by the licensee or staff, or
 - (iii) anything else provided for in the regulations.
- (b) appropriate action is taken in response to every such incident; and
- (c) any requirements that are provided for in the regulations for investigating and responding as required under clauses (a) and (b) are complied with.

Reports of investigation

(2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b).

Manner of reporting

(3) A licensee who reports under subsection (2) shall do so as is provided for in the regulations and include all material that is provided for in the regulations.

Reporting and Complaints

Complaints procedure: licensee

107. Every licensee of a long-term care home shall ensure that the written procedures required under clause 26 (1) (a) of the Act incorporate the requirements set out in section 108 of this Regulation.

Dealing with complaints

108. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.
 2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.
 3. The response provided to a person who made a complaint shall include,
 - i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,
 - ii. an explanation of,
 - A. what the licensee has done to resolve the complaint, or
 - B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief, and
 - iii. if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.
- (2) The licensee shall ensure that a documented record is kept in the home that includes,
 - (a) the nature of each verbal or written complaint.
 - (b) the date the complaint was received.
 - (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action

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- required.
 - (d) the final resolution, if any.
 - (e) every date on which any response was provided to the complainant and a description of the response; and
 - (f) any response made in turn by the complainant.
- (3) The licensee shall ensure that,
- (a) the documented record is reviewed and analyzed for trends at least quarterly.
 - (b) the results of the review and analysis are considered in determining what improvements are required in the home; and
 - (c) a written record is kept of each review and of the improvements made in response.
- (4) Subsections (2) and (3) do not apply with respect to verbal complaints that the licensee is able to resolve within 24 hours of the complaint being received.
- (5) Where a licensee is required to immediately forward a complaint under clause 26 (1) (c) of the Act, it shall forward it in a form and manner acceptable to the Director, and,
- (a) during the Ministry's normal business hours, to the Director or the Director's delegate; or
 - (b) outside normal business hours, using the Ministry's after-hours emergency contact method.

Additional requirements, s. 26 of the Act

109. (1) A complaint that a licensee is required to immediately forward to the Director under clause 26 (1) (c) of the Act is a complaint that alleges harm or risk of harm, including, but not limited to, physical harm, to one or more residents.
- (2) For the purposes of subsection 26 (2) of the Act, the licensee shall also ensure that it provides to the Director, in a manner acceptable to the Director, a copy of the part of the documented record the licensee is required to keep under subsection 108 (2) that is related to the complaint.

Transitional, complaints

110. Where a complaint was made before the coming into force of this section, but not finally dealt with, the complaint shall be dealt with as provided for in section 108 to the extent possible.

Complaints — reporting certain matters to Director

111. (1) Every licensee of a long-term care home who receives a written complaint with respect to a matter that the licensee reports or reported to the Director under section 28 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 108 (1).

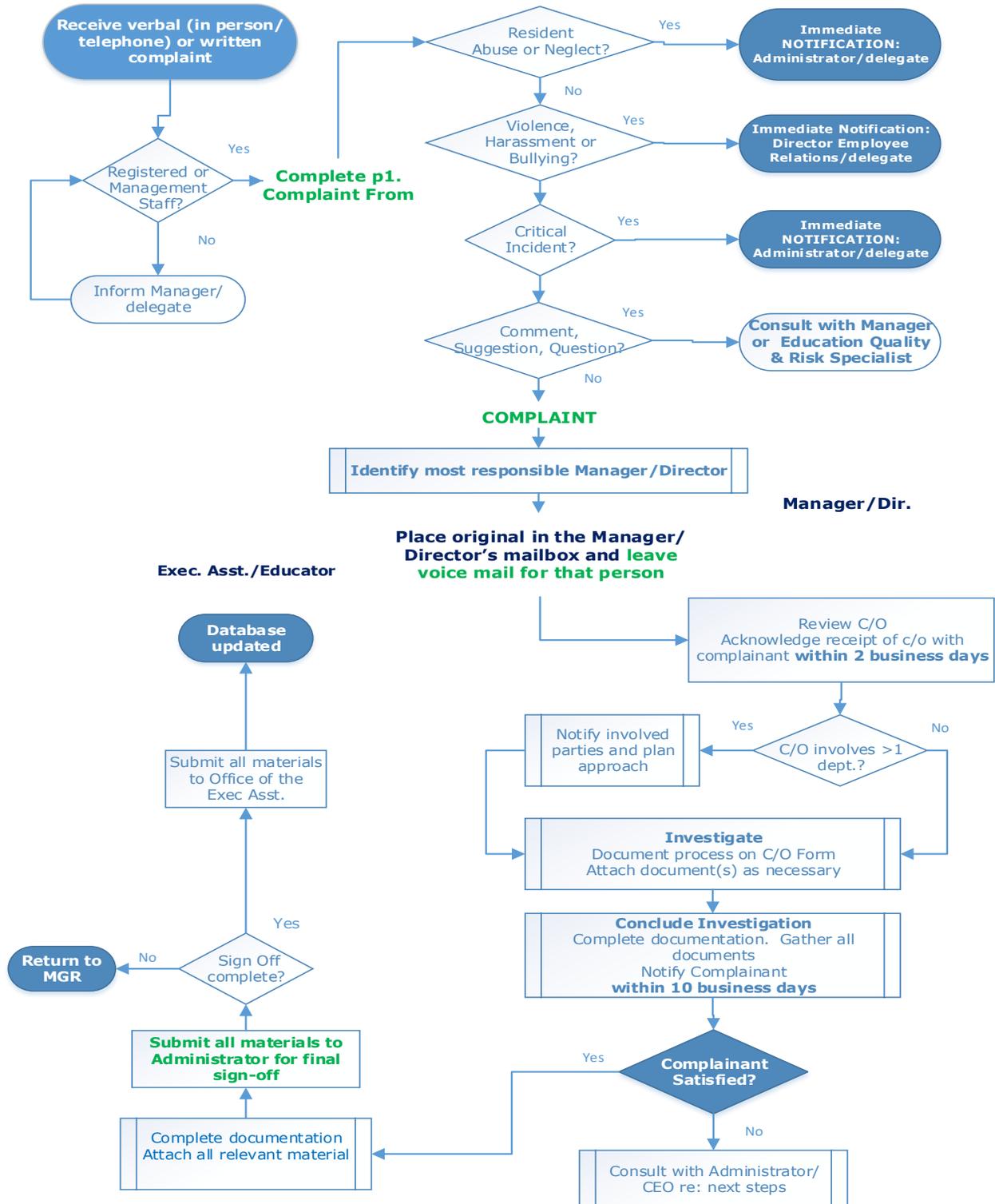
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(2) The licensee shall comply with subsection (1) immediately upon completing the licensee's investigation into the complaint, or at an earlier date if required by the Director.

REF: "Law Document English View." *Ontario.ca*, 19 Nov. 2018,
<https://www.ontario.ca/laws/statute/21f39>.

Appendix B.

Process MAP: Complaints (C/O) Management



MS/31DEC2018

Appendix C. Internal Complaint Form

INTERNAL COMPLAINT FORM

Part 1: Complainant Information (person who made the complaint)

Complaint made by: _____
 (First Name & Last Name)

Telephone #: (H) _____ (W) _____

Person Making the Complaint is a:
 Resident POA/Family / SDM Staff Volunteer Other (specify) _____

Date Complaint Received (m/d/y): _____ Time: _____ am / pm

Part 2: Description of Complaint (Who, What, Where, When?)

(Attach emails, notes – including PCC documentation – as necessary)

Nature of Complaint: (check all that apply)

() Quality of Care () Staff Related () Safety () Food

() Facility / Accommodations / ill Repair () Other

Complaint Heard/ documented by: _____ Dept.: _____ Ext. _____

IMMEDIATE REFERRAL to: CHIEF EXECUTIVE OFFICER /DELEGATE	<ul style="list-style-type: none"> ▪ Resident abuse or neglect ▪ Crime or criminal behavior ▪ Issue that threatens the health/safety of residents/other
IMMEDIATE REFERRAL to: DIRECTOR, HUMAN RESOURCES	<ul style="list-style-type: none"> ▪ Bullying ▪ Harassment ▪ Workplace violence ▪ Issue that threatens the health/safety of an employee(s)
Referral Made:	To: _____ Date: _____ Time: _____

Part 3: ACKNOWLEDGEMENT OF COMPLAINT (2 business days)

Place Complaint Form in Manager's/Director's mailbox, and leave a voice mail that complaint was received.

Complaint acknowledged by Manager/Director: _____

Date: _____ **Time:** _____

Person contacted: _____

Part 4: INVESTIGATION AND ACTIONS TAKEN

INVESTIGATIVE NOTES (Document all conversations: Include names, dates)

Attach additional documents as necessary.

SUMMARY OF FINDINGS / ACTIONS TAKEN

Resolution Communicated to: _____ **Date/ time:** _____

Response of Complainant to Resolution: Satisfied Dissatisfied

Completed Form Submitted to: CEO/ delegate **Date/ time:** _____

Disposition:

Following verification that resolution is agreeable to the complainant, the Complaint may be closed. If the complainant remains displeased, angry or disgruntled, the file remains open, and should be escalated with all supporting findings.

Appendix D.

HOW TO MAKE A COMPLAINT AT COPERNICUS LODGE

Internal process

STEP 1: *Speak directly to the staff member* involved. If you are not satisfied with his/her response or the issue is not resolved,



STEP 2: *Speak to the Supervisor* of the Department involved. If you are not satisfied with his/her response,



Step 3: *Speak to the Manager / Director* of the Department involved. If you are not satisfied with his/her response,



STEP 4: Submit your complaint/concern *in writing to the Chief Executive Officer (CEO)*. If you are still dissatisfied,



STEP 5: *The Chief Executive Officer (CEO) will* submit your complaint/concern *in writing to the Board of Directors*.

Appendix E. Mandatory Reporting and Critical Incident Reporting under FLTCHA s.28 and O. Regulation 115

Type of Incident in LTC home	Section of FLTCHA s. 28 and O Reg. 115	Action to be taken by LTC Home to notify MOHLTC		Reporting Time Frame
		Mon. – Fri. 8 a.m. - 5 p.m.	All other times & Statutory holidays	
Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident	FLTCHA s.28(1)1.	Immediately initiate and submit the on-line Critical Incident System (CIS) form as “Mandatory Reporting”	Phone the After Hours reporting line: 1-888-999-6973 and fill out CIS form first thing the following business day	Immediately upon having reasonable grounds to suspect this has occurred or may occur
Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident	FLTCHA s.28(1)2.	Immediately initiate and submit the on-line Critical Incident System (CIS) form as “Mandatory Reporting”	Phone the After Hours reporting line: 1-888-999-6973 and fill out CIS form first thing the following business day	Immediately upon having reasonable grounds to suspect this has occurred or may occur
Unlawful conduct that resulted in harm or a risk of harm to a resident	FLTCHA s.28(1)3.	Immediately initiate and submit the on-line Critical Incident System (CIS) form as “Mandatory Reporting”	Phone the After Hours reporting line: 1-888-999-6973 and fill out CIS form first thing the following business day	Immediately upon having reasonable grounds to suspect this has occurred or may occur
Misuse or misappropriation of a resident’s money	FLTCHA s.28(1)4.	Immediately initiate and submit the on-line Critical Incident System (CIS) form as “Mandatory Reporting”	Phone the After Hours reporting line: 1-888-999-6973 and fill out CIS form first thing the following business day	Immediately upon having reasonable grounds to suspect this has occurred or may occur

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Misuse or misappropriation of funding provided to a licensee under this Act or the <i>Local Health System Integration Act, 2006</i>	FLTCHA s.28(1)5.	Immediately initiate and submit the on-line Critical Incident System (CIS) form as “Mandatory Reporting”	Phone the After-Hours reporting line: 1-888-999-6973 and fill out CIS form first thing the following business day	Immediately upon having reasonable grounds to suspect this has occurred or may occur
An emergency, including loss of essential services, fire, unplanned evacuation, intake of evacuees or flooding	S. 115 (1)1.	Immediately initiate and submit the on-line Critical Incident System (CIS) form	Phone the After Hours reporting line: 1-888-999-6973 and fill out CIS form first thing the following business day	Immediately; Full report within 10 days of becoming aware of the incident
An unexpected or sudden death, including a death resulting from an accident or suicide.	S. 115 (1) 2	Immediately initiate and submit the on-line Critical Incident System (CIS) form	Phone the After-Hours reporting line: 1-888-999-6973 and fill out CIS form first thing the following business day	Immediately, Full report within 10 days of becoming aware of the incident
A resident who is missing for three hours or more.	S. 115 (1) 3.	Immediately initiate and submit the on-line Critical Incident System (CIS) form	Phone the After-Hours reporting line: 1-888-999-6973 and fill out CIS form first thing the following business day	Immediately, Full report within 10 days of becoming aware of the incident
Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of	S. 115 (1) 4.	Immediately initiate and submit the on-line Critical	Phone the After Hours reporting line: 1-888-999-6973 and fill out CIS	Immediately; Full report within 10 days of becoming aware of the incident

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time the resident was missing.		Incident System (CIS) form	form first thing the following business day	
An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act.	S. 115 (1) 5.	Immediately initiate and submit the on-line Critical Incident System (CIS) form	Phone the After Hours reporting line: 1-888-999-6973 and fill out CIS form first thing the following business day	Immediately; Full report within 10 days of becoming aware of the incident
Contamination of the drinking water supply.	S. 115 (1) 6.	Immediately initiate and submit the on-line Critical Incident System (CIS) form	Phone the After-Hours reporting line: 1-888-999-6973 and fill out CIS form first thing the following business day	Immediately, Full report within 10 days of becoming aware of the incident
A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.	S. 115 (3) 1.	Initiate the on-line CIS form	No after-hours reporting requirement	Within one business day. Full report within 10 days of becoming aware of the incident
An environmental hazard, that affects the provision of care or the safety, security, or well-being of one or more residents for a greater than six (6) hours, including: <ul style="list-style-type: none"> • a breakdown or failure of the security system • a breakdown of major equipment or a system in the home • a loss of essential services • Flooding 	S. 115 (3) 2	Initiate the on-line CIS form	No after-hours reporting requirement	Within one business day. Full report within 10 days of becoming aware of the incident

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A missing or unaccounted for controlled substance.	S. 115 (3) 3	Initiate the on-line CIS form	No after-hours reporting requirement	Within one business day . Full report within 10 days of becoming aware of the incident
An incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's condition	S. 115 (3) 4	Initiate the on-line CIS form	No after-hours reporting requirement	Within one business day ; Full report within 10 days of becoming aware of the incident
A medication incident or adverse drug reaction in respect of which a resident is taken to hospital.	S. 115 (3) 5	Initiate the on-line CIS form	No after-hours reporting requirement	Within one business day . Full report within 10 days of becoming aware of the incident

Please note that the Mandatory Critical Incident System reporting form can also be used to report the results of the investigation undertaken by the licensee under Section 28 (1) of the Act with respect to an alleged, suspected or witnessed incident of abuse of a resident by anyone and neglect of a resident by the licensee or staff.