

Long-Term Care Home Design Manual, 2026

Ministry of Long-Term Care

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Table of Contents

Introduction	4
Part 1 – Using this design manual	6
Definitions.....	6
Measurement abbreviations.....	8
Part 2 – The design standards	9
C – Co-located occupancies and community-shared resident spaces	10
C.1 Co-located occupancies and community-shared resident spaces.....	10
1.0 – Resident home areas	12
1.1 Resident home areas (RHAs).....	12
2.0 – Resident personal space in the RHA	13
2.1 Resident bedrooms.....	13
2.2 Resident washrooms	16
2.3 Resident bathtub rooms and shower rooms	19
3.0 – Work space in the RHA.....	23
3.1 Therapy room and staff work space	23
3.2 Medication room and equipment/supply storage	24
4.0 – Resident lounge and program/activity space.....	25
4.1 Resident lounge and program/activity space	25
5.0 – Dining areas and dietary service space	28
5.1 Resident dining areas	28
5.2 Dietary service space	29
6.0 – Resident shared space	34
6.1 Outdoor space	34
6.2 Beauty salon/barber shop	35
6.3 Place of worship	36
6.4 Enhanced resident common space.....	36
7.0 – Environmental services	38
7.1 Laundry space	38
7.2 Housekeeping service support space	40
7.3 Utility space	41

7.4	Maintenance service support space	42
8.0	Safety and security features.....	43
8.1	Resident-staff communication and response system (RSCRS).....	43
8.2	Door access control system.....	45
8.3	Water temperature control system.....	47
8.4	Railing heights.....	47
8.5	Windows	47
9.0	Building systems	49
9.1	Lighting.....	49
9.2	Heating, ventilation and air-conditioning (HVAC) system.....	49
9.3	Emergency generating system.....	50
10.0	Other features	51
10.1	Storage space	51
10.2	Non-resident space	51
10.3	Receiving/service space	52
10.4	Reception/entrance.....	53
10.5	Signage.....	54
10.6	Elevators.....	55
10.7	Public washrooms.....	55
10.8	Corridors.....	57
Part 3	Design variance standards	59
1.0	Resident home areas.....	60
2.0	Resident bedrooms.....	60
3.0	Resident washrooms.....	61
4.0	Resident lounge and program/activity space	61
5.0	Resident dining areas and dietary service space.....	62
6.0	Resident outdoor space.....	62
7.0	Corridors.....	62
Appendix		63
	The Long-Term Care Home Catalogue of Standardized Designs, 2026	63

Introduction

The *Long-Term Care Home Design Manual, 2026* (the design manual) contains the Ministry of Long-Term Care's design standards for long-term care homes or parts thereof, being developed, or redeveloped in Ontario. The design manual reflects the evolving needs of long-term care residents, including complex care requirements, age-related changes and varying levels of cognitive functioning. These factors all influence how individuals experience and navigate their environment. This design manual is applicable to all long-term care homes being developed or redeveloped, where the applicable Development Agreement and/or Director's work approval under section 356 (3) of [Ontario Regulation 246/22](#) (the regulation) under the [Fixing Long-Term Care Act, 2021](#) (FLTCA) or other similar provision specifies that this design manual applies.

In addition to complying with the design standards set out in this design manual, as applicable, designs and constructions of long-term care homes are required to comply with all applicable law, including, without limitation, the Act and the regulation, especially sections 12 to 26 of the regulation, the *Fire Code*, the *Ontario Building Code*, the Infection Prevention and Control Standard (IPAC) for long-term care homes issued pursuant to section 102(2)(b) of the regulation, Food Premises Regulation under the [Health Protection and Promotion Act](#), and the [Accessibility for Ontarians with Disabilities Act, 2005](#) (AODA) (as applicable). Applicable law governs the design, construction and operation of long-term care homes and may change with time. References to specific applicable law in this design manual may become outdated, and users of the design manual should always check for current provisions/legislation, which will prevail over any outdated reference.

The ministry may issue clarifications of this design manual from time to time.

The design manual is composed of the following sections:

- Introduction - includes background information on the long-term care home design standards in Ontario.
- Part 1 - Using this design manual - includes definitions of words and terms in the design manual.
- Part 2 - The design standards - includes design objectives, design standards for long-term care homes' residents, staff and public spaces. There are also best

practices, which are suggestions for optional design features that further promote quality design and quality care outcomes.

- Part 3 – Design variance standards - includes defined or permitted exceptions to the design standards that may be applied, subject to applicable conditions, to long-term care renovation construction to address physical constraints related to existing building structures. These standards may apply to an existing building that is unable to fully meet one or more of the design standards.

Part 1

Using this design manual

Definitions

Bedroom vestibule – A transitory space that acts as a passageway and entryway leading into the resident personal space from the resident-accessible corridor. This space cannot be included in the useable net floor area calculation of the bedroom.

Best practices – Suggestions for optional design features that further promote quality long-term care home design and quality care outcomes.

Co-located occupancy – A facility located within the same building as, and/or attached to, the long-term care home, but that is not part of the long-term care home itself. Examples include retirement homes, seniors' housing, community services, retail spaces and other non-long-term care facilities. The long-term care home and co-located occupancy may share building service areas such as the kitchen, laundry, staff rooms, as well as the internal building systems such as water, hydro, sewage, waste disposal, lighting, heating, and ventilation.

Community-shared resident space – A resident shared space within the long-term care home, that is primarily used by residents (and their families, care givers, staffs, visitors, and volunteers) and can be shared with individuals from the broader community or occupants of a co-located occupancy, subject to applicable restrictions and requirements. The examples may include, but not limited to, a beauty salon or barber shop, an auditorium, or multi-purpose space.

Design manual – The Long-Term Care Home Design Manual, 2026.

Design objectives – The purpose and design expectations for each area of the home, including how the space is to be used and what the resident focus should be to achieve the desired care outcomes.

Design standards – The requirements set out in Part 2 – The design standards of this design manual that must be incorporated into the design of each long-term care home that is subject to the design manual, (subject to any permitted design variance standards).

Design variance standards – Permitted exceptions to design standards, as set out in Part 3 – Design variance standards of this design manual, that may be applied to renovation construction to address physical constraints related to existing building structure that prevent the long-term care home from fully meeting one or more of the design standards set out in Part 2.

Dietary service space – Includes the central kitchen and servery or home kitchen in each RHA.

Hand washing sink – A hand washing sink is a dedicated plumbing fixture equipped with hot and cold running water, used exclusively for washing hands. The hand washing sink must be wall-mounted or freestanding (not integrated into a counter) and equipped with a soap dispenser and a paper towel dispenser.

Long-term care home – means a long-term care home under the [Fixing Long-Term Care Act, 2021](#).

New construction - Construction of a new long-term care home building or a portion of long-term care home building that is intended to contain new licensed long-term care home beds, or demolition and reconstruction of an existing long-term care home building, but does not include construction defined as **renovation**.

Non-resident area - Rooms or spaces that are dedicated to the use of staff, including but not limited to service corridors, mechanical and electrical rooms, housekeeping closets, soiled and clean utility rooms, storage rooms, chute rooms, linen rooms, staff break and change rooms, medication rooms.

Regulation - [Ontario Regulation 246/22](#) under the [Fixing Long-Term Care Act, 2021](#) and any additional or successor regulation under the Act.

Renovation - includes both Renovation (within existing long-term care home), and Renovation (not within existing long-term care home).

Renovation (within existing long-term care home) – Construction within an existing long-term care home building structure, where the construction does not expand beyond the existing exterior walls or existing building height.

Renovation (not within existing long-term care home) – Construction involving the renovation of a building other than within an existing long-term care home building structure, including:

- Construction that expands the existing long-term care home building beyond the existing exterior walls or existing building height, where the expansion does not create additional new long-term care beds.
- Conversion of an existing non-long-term care building or a decommissioned long-term care home building into a long-term care building, where the construction either:
 - does not expand beyond the existing exterior walls or existing building height
 - expands beyond the existing exterior walls or existing building height, provided the expansion does not create new long-term care beds

Resident home areas (RHAs) – Small, self-contained units within the long-term care home that give residents more intimate and familiar living spaces and support long-term care home staff in providing efficient care to residents.

RSCRS – Resident-staff communication and response system.

The ministry – Ontario Ministry of Long-Term Care.

Measurement abbreviations

Measurement	Abbreviation
Metres	m
Millimetres	mm
Square metres	SM
Square feet	SF

Part 2

The design standards

The design standards are organized under the following 11 sections:

- C. Co-located occupancies and community-shared resident space
 - 1. Resident home areas (RHAs)
 - 2. Resident personal space in the RHA
 - 3. Work space in the RHA
 - 4. Resident lounge and program/activity space
 - 5. Dining areas and dietary service space
 - 6. Resident shared space
 - 7. Environmental services
 - 8. Safety and security features
 - 9. Building systems
 - 10. Other features

Each section contains a design objective and design standards component and may have additional commentary on long-term care sector's best practices.

C – Co-located occupancies and community-shared resident spaces

C.1 Co-located occupancies and community-shared resident spaces

Design objective

A long-term care home is primarily the residents' home, and in all cases, the long-term care home's design and configuration must ensure that the home is able to provide a safe and secure environment for its residents and comply with all applicable law.

A long-term care home operating alongside one or more co-located occupancies (refer to Definitions) must be separate and distinct from those co-located occupancies. Access points for persons not affiliated with the long-term care home to community-shared resident space (refer to Definitions) must be established so as to maintain a safe and secure environment for residents and comply with all applicable law.

Design standards

- C.1.1 The long-term care home must have a front entrance vestibule dedicated to the home. Any community-shared resident space must be provided with its own separate entrance. The community-shared resident spaces must be directly accessible by non-long term care home residents without requiring passage through the long-term care home's main entrance or any other area of the home.
- C.1.2 The long-term care home must be capable of operating independently in accordance with applicable law in the event of an outbreak, without limiting residents' access to any of the resident spaces (including community-shared resident spaces) in the long-term care home.
- C.1.3 There must be door access control systems provided between the community-shared resident spaces and the rest of the long-term care home to prevent unauthorized entry into or exit from the long-term care home.

- C.1.4 Community-shared resident space must be able to provide access for its users to a washroom that is separate from those dedicated to long-term care residents.
- C.1.5 At least one place of worship within the long-term care home must remain dedicated to long-term care home residents and their visitors.

1.0 – Resident home areas

1.1 Resident home areas (RHAs)

Design objective

Each RHA must be a self-contained unit for residents of that area to use. The intent is to create smaller home-like units that give residents more intimate and familiar living spaces.

Design standards

- 1.1.1 Each RHA must be a clearly defined, distinct unit on the same floor and provide accommodation for a maximum of 32 residents.
- 1.1.2 Resident spaces including the bedrooms, bathtub and shower rooms, dining areas, lounge spaces and program/activity spaces must be located in each RHA.
- 1.1.3 Staff work spaces, including the documentation area, storage for equipment and supplies, and utility spaces must be located in each RHA.
- 1.1.4 The RHA must be self-contained and not a transitory passageway for persons not connected with the RHA to pass through the RHA to go to other areas of the home.
- 1.1.5 No doors or movable partitions shall connect spaces such as dining areas, resident lounges or program/activity spaces of different RHAs.

Best practice

RHAs can be designed to accommodate fewer than 32 residents to support emotion-based models of care. The appropriate size and resident capacity of each RHA should be based on care needs and program requirements.

2.0 – Resident personal space in the RHA

2.1 Resident bedrooms

Design objectives

The resident bedroom is the centre of a resident's personal space. Its design must meet the resident's need for comfort and safety, promote their independence and provide privacy. Each bedroom must be designed to maximize a sense of familiarity for residents and support staff in the safe delivery of quality resident care.

There are three types of accommodation:

- Private bedroom – a one-bed bedroom accommodating one resident with a separate ensuite washroom.
- Semi-private bedroom – a one-bed bedroom accommodating one resident, another one-bed bedroom accommodating another resident with each bedroom having its own entrance from the corridor, as well as direct access into a separate shared ensuite washroom.
- Basic/standard bedroom – a two-bed bedroom accommodating two residents, with a separate shared ensuite washroom and a shared entrance from the corridor.

Design standards

- 2.1.1 Resident bedrooms must have at least one bed but not more than two beds per bedroom.
- 2.1.2 A one-bed bedroom (private and semi-private layouts) must have at least 12.08 SM (130 SF) of usable net floor space. The usable net floor space excludes the clothes closet, separate resident ensuite washroom, bedroom vestibule and the space that is occupied by mechanical/electrical units, building structures (for example, columns) and built-in furniture.

- 2.1.3 A two-bed bedroom must have at least 10.68 SM (115 SF) of usable net floor space per resident. The usable net floor space excludes the clothes closets, resident separate ensuite washroom, bedroom vestibule and the space that is occupied by mechanical/electrical units, building structures (for example, columns) and built-in furniture.
- 2.1.4 A resident-staff communication and response system (RSCRS) call station is required at the head of each bed.
- 2.1.5 Every bedroom must have a separate ensuite washroom.
- 2.1.6 The entrance to the washroom must be from within the bedroom itself (which includes the bedroom vestibule).
- 2.1.7 Bedrooms must have a clothes closet for each resident. Each clothes closet must have at least 0.56 SM (6 SF) of floor space. The clothes closet must be large enough in height and depth to store and hang clothes. If portable, the clothes closet must have a non-tipping design component.
- 2.1.8 Resident bedroom entrances from the corridor must have a clear width of not less than 1050 mm, when the door is in the open position.
- 2.1.9 If locks are installed on bedroom doors, the locks must be readily releasable and easy for residents and staff to open from the outside in an emergency.
- 2.1.10 In each bedroom, there must be sufficient space to give caregivers access to three sides of each bed — that is, both sides of the bed and the foot of the bed.
- 2.1.11 Bedrooms must be designed to allow specialized equipment (for example, fall arrest mattresses, mobility devices, portable floor lifts, stretchers, etc.) access on both sides and at the foot of the bed with a minimum clearance of 900 mm.

Where bedrooms include more than one bed, there must be a 1524 mm turning circle between beds to allow staff to safely use specialized equipment or to accommodate a fall arrest mattress on the floor beside each resident bed when needed.
- 2.1.12 Bedrooms must be designed to allow a 180-degree change of direction of any care equipment within the room.

- 2.1.13 Bedrooms must have at least one window that provides a direct view to the outdoors for each resident either sitting or lying in bed. Where there are two beds in a room, the window placement must ensure that each resident has a direct view of the outdoors when the required privacy curtain is closed for the other resident.
- 2.1.14 Bedroom windows must be equipped with blinds or curtains in order to provide privacy.
- 2.1.15 Windows that are accessible to residents cannot be opened more than 150 mm. All windows that open to the outside must have screens.
- 2.1.16 Telephone, television and internet service capability must be provided for each resident in each bedroom.
- 2.1.17 Where there are two beds in a room, there must be privacy curtains that provide complete privacy around each bed while allowing access to common spaces in the room such as the window and entrance into the ensuite washroom.
- 2.1.18 Each resident bedroom must include a minimum turning circle of 1524 mm to support resident safety, independence and the provision of assisted care.

Best practices

- The lowest edge of window glass should be no more than 600 mm from the floor to ensure an unobstructed view to the outside.
- Night lights should be considered especially in the bedroom vestibule and near the entrance to the washroom.
- Task lighting should be considered as part of the lighting layout of a bedroom. If staff are required to provide care in the night, can their work be safely completed with the proper lighting? Will a roommate in a standard bedroom be disturbed?
- A 1700 mm turning circle should be provided in bariatric resident bedrooms and washrooms to allow adequate clearance and maneuverability for staff when transferring bariatric residents in stretchers or beds.
- Consider providing an overhead lift for resident bedrooms and washrooms. The overhead lift must take into consideration the weight capacity requirements, available space within the room, types of slings, and handlebar locations.

2.2 Resident washrooms

Design objective

Each washroom must be designed to promote resident privacy, dignity and independence. In addition, the washroom space must also allow caregivers to provide effective and safe care delivery.

Design standards

- 2.2.1 Each resident washroom must be enclosed by permanent partitions and not by curtains, screens, or other non-permanent separations. The washroom must contain a toilet, a hand washbasin integrated into a counter and be equipped with a toilet paper dispenser, a soap dispenser, a paper towel dispenser, and an individual towel bar for each resident.
- 2.2.2 In order to allow sufficient space for a wheelchair or walker, and for staff to assist a resident, there must be a 1524 mm turning circle in each resident washroom. No furnishings or equipment such as storage cupboards or towel bars can impede the 1524 mm turning circle.

Note: The turning circle is measured from the edge of the toilet seat and from the edge of the countertop/washbasin.
- 2.2.3 Resident washroom entrances must have a clear width of not less than 914 mm, when the door is in the open position.
- 2.2.4 A resident-staff communication and response system (RSCRS) call station is required at the toilet within easy reach for a resident. Residents cannot be expected to reach over their shoulders or from behind to access the call station cord. The length of the cord attached to the activation station must be sufficient to extend over to the resident while sitting on the toilet. The call station cord must be kept off the floor to avoid posing a tripping hazard.
- 2.2.5 When open, a washroom door must not block the bedroom entrance-way and must not swing into another door in the bedroom, such as the bedroom door or a clothes closet door.

- 2.2.6 If locks are provided on washroom doors, the locks must be readily releasable and easy for residents and caregivers to open from the outside of the washroom in an emergency.
- 2.2.7 There must be no direct view of the toilet in the ensuite washroom from the corridor when the washroom door is open.
- 2.2.8 Washrooms must have sufficient space to enable independent or assisted transfer from both the front and at least one side of the toilet.
- A minimum clear space of 900 mm wide and 1500 mm deep must be provided on one side, from the edge of the toilet.
 - A minimum distance of 900 mm must be provided in front of the toilet to accommodate sit-to-stand lift positioning and operations.
 - The design must ensure that transfer spaces are unobstructed by fixtures, grab bars, or millwork and allow safe caregiver access.
- 2.2.9 There must be securely fastened grab bars at every toilet within the residents' easy reach. Each grab bar must be of sufficient size and design to support the full weight of a resident and must be placed on a reinforced wall capable of sustaining the weight load.

Where the toilet is located in the centre of the washroom wall, fold-down type grab bars are required on both sides of the toilet. One of the grab bars must be kept in the down position in order for a resident to be able to access the toilet paper dispenser. The toilet paper dispenser must be attached to the grab bar; it cannot be on the wall. The call station cord must also be attached to the grab bar in the down position in order for a resident to be able to access it. The length of the cord must be sufficient for the resident to be able to pull the cord or push the button while seated from either the left or the right side. The call station cord must be kept off the floor to avoid posing a tripping hazard.

- 2.2.10 Washrooms must have counter space to allow for easy placement of personal grooming items and must be equipped with a mirror.
- 2.2.11 There must be accessible space in each washroom for individual storage of resident's personal items. Storage cabinetry must be sufficient in size and depth to accommodate the products and grooming supplies of each resident. A medicine

cabinet alone is not sufficient. Where two residents share a washroom, there must be separate storage space available for each resident. The placement of the sink and storage cabinets must not impede wheelchair access.

2.2.12 Two clearly distinguished lever-handled taps, one for hot water and one for cold water, must be provided in all resident washrooms. This type of fixture allows for ease of use for residents with visual impairments and for residents with physical disabilities that affect hand movement.

2.2.13 If a sliding door is installed in the washroom:

- Door handles must be easy to grip ("C" or "D" type handles) and positioned so that hands and knuckles will not be hit when opening and shutting the door.
- The door must close completely to ensure resident privacy.
- The door must slide easily to make it easy for resident use.
- Sliding doors that recess into a wall cavity (for example, pocket doors) are not acceptable solutions, as the wall cavity cannot be adequately maintained for Infection Prevention and Control purposes. Surface-mounted sliding doors are acceptable.

2.2.14 Non-slip flooring must be provided in resident washrooms.

2.2.15 Where an individual shower space is provided within a resident ensuite washroom, the shower area must:

- be large enough to allow for a resident to be seated inside the wet zone and still have room for staff assistance in showering and to be able to use a portable floor lift if necessary
- provide a securely mounted grab bar for resident use on the faucet wall and on the adjacent wall of the shower
- provide a dedicated resident-staff communication and response system (RSCRS) call station located near the shower area
- provide adequate floor drainage

Best practices

- Consider having nursing staff involved at the design stage when determining the best place to install grab bars, towel bars, toilet paper dispensers, soap dispensers, paper towel dispensers and a resident-staff communication and response system (RSCRS) call station at the toilet.
- When determining the placement of storage areas for each resident, ensure that the cupboards do not impede wheelchair access.
- Consider providing a night-light in the bedroom near the doorway to the washroom.
- Where the toilet is placed in the centre of the wall with fold-down grab bars on both sides, consider locating toilet paper dispensers on both grab bars.
- Consider providing a residential-style mirror over the sink that can be adjusted and tilted down to accommodate residents of differing heights and those using a wheelchair.
- Consider installing illuminated light switches.
- Ensure counter and cabinet finishes have rounded edges and not sharp corners.
- Consider reinforcing the walls where towel bars will be located.

2.3 Resident bathtub rooms and shower rooms

Design objective

Resident bathtub rooms and shower rooms must be safe, private and comfortable for residents. They must also be designed so that caregivers can easily and safely assist residents to bathe or shower in a manner that protects resident dignity and promotes independence as much as possible.

Design standards

2.3.1 Each RHA must have a minimum of:

- one separate room, not by curtains, screens, or other non-permanent partitions, containing a height-adjustable bathtub that is equipped with a hydraulic, electric or mechanical lift and that allows for access to 3 sides of the bathtub
- one separate room, not by curtains, screens, or other non-permanent partitions, containing a shower (the showering area must have sufficient space to accommodate a shower chair so that a resident can receive assistance from a seated position)
- a toilet and a sink either located within each bathtub room and shower room or within a separate shared washroom providing direct access from both the bathtub room and the shower room

2.3.2 There must be no direct view of the bathtub, the shower or the toilet from the corridor outside of each resident bathtub room and shower room.

2.3.3 Bathtub room and shower room entrances must have a clear width of not less than 1050 mm, when the door is in the open position.

If a sliding door is proposed, sliding doors that recess into a wall cavity (for example, pocket doors) are not acceptable solutions, as the wall cavity cannot be adequately maintained for Infection Prevention and Control purposes. Surface-mounted sliding doors are acceptable.

2.3.4 In order to allow for sufficient space for a wheelchair or a walker, and for staff to assist a resident, there must be a 1524 mm turning circle in the tub rooms, the shower rooms and the washrooms. No furnishings or equipment such as storage cupboards or towel bars can impede the 1524 mm turning circle.

Note: The turning circle is measured from the edge of the toilet seat and from the edge of the countertop/sink.

2.3.5 The washroom in the resident bathtub room and shower room must have sufficient space to enable independent and/or assisted transfer from the front and one side of the toilet.

- A minimum distance of 900 mm must be provided from wall to the edge of the toilet on the transfer side.
- A minimum distance of 900 mm must be provided in front of the toilet to accommodate sit-to-stand lift positioning and operations.
- The design must ensure that transfer spaces are unobstructed by fixtures, grab bars, or millwork and allow safe caregiver access.

2.3.6 There must be a securely fastened grab bar for resident's use at each toilet, and on the faucet wall and on the adjacent wall of each shower. Each grab bar must be of sufficient size and design to support the full weight of a resident and must be placed on a reinforced wall capable of sustaining the weight load.

Where the toilet is located in the centre of the washroom wall, fold-down type grab bars are required on both sides of the toilet. One of the grab bars must be kept in the down position in order for a resident to be able to access the toilet paper dispenser. The toilet paper dispenser must be attached to the grab bar; it cannot be on the wall. The call station cord must also be attached to the grab bar in the down position in order for a resident to be able to access it. The length of the cord must be sufficient for the resident to be able to pull the cord or push the button while seated from either the left or the right side. The call station cord must be kept off the floor to avoid posing a tripping hazard.

2.3.7 There must be access to both sides and the foot of the bathtub.

2.3.8 The washroom must be equipped with a toilet paper dispenser, a soap dispenser and a paper towel dispenser.

2.3.9 All resident bathtub rooms and shower rooms must be equipped with a thermostat to control the temperature independently from the rest of the building, to set the air temperature at the resident's preference while bathing or showering.

2.3.10 Each bathtub room and shower room must have sufficient storage and counter space to accommodate resident towels, personal clothing and toiletries.

- 2.3.11 Resident bathtub rooms and shower rooms must have secure storage space to store cleaning and disinfection products.
- 2.3.12 A resident-staff communication and response system (RSCRS) call station is required at each shower and must be easily accessible to staff.
- 2.3.13 Resident-staff communication and response system (RSCRS) call stations are required on both sides of the tubs that are easily accessible to staff.
- 2.3.14 Non-slip flooring must be provided in all bathtub and shower rooms.

Best practices

- Review all bathtub and shower room layouts to ensure the nurse call locations meet the needs of the staff.
- Consider an area in the resident bathtub rooms and shower rooms where residents can receive help with dressing and grooming after a bath or shower in order to support resident comfort, privacy and dignity.
- Consider providing a hair washing sink in the tub or shower room in the RHA.
- Consider not only task lighting for the bathtub and shower rooms but lighting that can be dimmed to provide a more relaxing atmosphere.
- Consider a two chair transfer (wheelchair or Broda type chair and bathtub or shower chair), and the space that is required in order to safely transfer a resident into the bathtub or into the shower.
- Consider providing an overhead lift for resident care in bathtub rooms, shower rooms, and connected washrooms for the safe transfer of residents.

3.0 – Work space in the RHA

3.1 Therapy room and staff work space

Design objectives

The provision of resident care involves the assessment, planning, implementation, communication and evaluation of care. The work space for staff in each RHA must be designed to support a well-coordinated, multi-disciplinary system that will allow staff to meet resident care and treatment needs in an efficient and effective manner.

The work space for staff must also be designed so that it can readily be identified by residents, staff, visitors and others as an information centre and an area for contacting staff (refer to standard 10.5.1 - Signage).

Design standards

- 3.1.1 RHAs must have work spaces for staff to carry out their administrative duties, that are clearly identifiable by residents and visitors. Residents and visitors must be able to ask for help, obtain information, or communicate concerns at this location. The space must accommodate:
- a work area to complete documentation, such as a nurse station or a care centre, that includes secure storage for resident care records
 - a work area that supports multi-disciplinary team activities and confidential discussions, such as an office or a meeting room
- 3.1.2 On every floor where RHAs are located, there must be one space to support the delivery of therapeutic programs that the home provides such as podiatry, dental, ophthalmology, social and psychiatric services. There must be a minimum of one therapy room for every three RHAs. This space or spaces must be in a centrally accessible area. The therapy room must have a hand washing sink (refer to Definitions).
- 3.1.3 In areas where therapeutic programs are delivered, there must be convenient access for residents to a washroom that is separate from resident bedroom washrooms (refer to standards 10.7.1 to 7.8 – Public washrooms).

3.2 Medication room and equipment/supply storage

Design objective

Each RHA must have space for storing required medications, supplies and equipment for the care and treatment of residents. Medications and nursing care supplies and equipment must be stored in a place where they are readily accessible to caregivers but do not intrude on residents' personal space.

Design standards

- 3.2.1 Each RHA must have secured storage spaces for resident care supplies and equipment such as resident personal hygiene products, portable lifts, wheelchair batteries, etc.
- 3.2.2 A secured medication room must be provided either within each RHA or shared between RHAs on the same floor, for the storage of resident medications, stock medications and medication carts. Each medication room must have a hand washing sink (refer to Definitions) positioned away from the medication preparation area to avoid splashing.
- 3.2.3 Areas used for charging batteries (for example, mechanical floor lift batteries) must have adequate and continuous mechanical ventilation.

Best practices

- Consider optional medication equipment (for example, medication carts, portable blood pressure machines, medication disposal box, etc.) and the size of the medication room required for them.
- Consider staff ease of access when pushing a medication cart through the area in order to store the cart in a locked space.

4.0 – Resident lounge and program/ activity space

4.1 Resident lounge and program/ activity space

Design objectives

Resident lounges must be comfortable and designed so that residents can interact in a relaxed atmosphere with other residents, volunteers and visitors. The lounges must be designed for conversation, reading and other social activities.

Program and activity spaces must be able to accommodate a variety of resident-focused activities and support social functions that promote resident quality of life.

Design standards

- 4.1.1 The minimum total required usable net floor space for resident lounge and program/activity space is 2.5 SM (27 SF) of floor area per resident.
- 4.1.2 At least 70% of the required resident lounge and program/activity space for each RHA must be located within the RHA. The remaining required space for the resident lounge and program/activity space may be located outside of RHAs for access by all residents of the long-term care home (refer to standards 6.4 – Enhanced resident common space).
- 4.1.3 Each RHA must have at least one resident lounge with a minimum of 14 SM (150 SF) of the usable net floor space. The usable net floor space excludes circulation spaces, corridors, as well as spaces that are occupied by mechanical/electrical units, building structures (for example, columns) and built-in furniture.

- 4.1.4 Each RHA must have at least one resident program/activity space with a minimum of 14 SM (150 SF) of the usable net floor space. The usable net floor space excludes circulation spaces, corridors, as well as spaces that are occupied by mechanical/electrical units, building structures (for example, columns) and built-in furniture.
- 4.1.5 At least one resident lounge in each RHA must have a window with a direct view to the outside.
- 4.1.6 Resident lounge and program/activity spaces must have convenient access to a washroom that is separate from and not located in resident bedrooms or tub and shower rooms (refer to standards 10.7.1 to 10.7.8 – Public washrooms).
- 4.1.7 Where heat-generating electrical appliances are accessible to residents, such appliances must be equipped with deactivation devices or programming to render the appliance inactive when needed.
- 4.1.8 A resident-staff communication and response system (RSCRS) call station is required in every lounge and program/activity space.
- 4.1.9 Each lounge and activity space must be separate and distinct in RHAs. If these spaces are combined into one room/space, a permanent design solution to physically separate the two spaces must be provided to allow residents to engage in different activities simultaneously. In addition, separate entry points to the lounge and activity space are required to support the combined design of lounges and activity rooms.
- 4.1.10 Resident program/activity spaces must have a hand washing sink (refer to Definitions).

Best practices

- Consider providing task lighting in the lounges and activity rooms. For example, lighting at activity tables.
- Consider providing additional RSCRS call stations in large open areas where residents may choose to congregate.
- Shelving and storage should be considered when designing the space that will become lounges and activity rooms.
- Consider fireplaces that emit only low heat, that do not pose a burn risk for residents.
- When designing an area with a fireplace and a hearth, there should be no sharp edges or corners.
- Entrances into lounges and program/activity spaces should be as large as possible with no single door widths. If doors are provided in these areas, they must be able to be kept in the open position (refer to standard 8.2.7 – Door access control system).

5.0 – Dining areas and dietary service space

5.1 Resident dining areas

Design objectives

All resident dining areas must include design features that promote a home-like feel and that reinforce familiar eating patterns associated with smaller social gatherings.

Efforts must be made to keep noise to a minimum in dining areas by providing finishes that reduce reflected noise and increase sound absorption.

Design standards

- 5.1.1 RHAs must have dedicated space for dining that is separate from any other type of space.
- 5.1.2 The minimum required usable net floor space for dining areas in each RHA is 2.8 SM (30 SF) of floor area per resident of the RHA. The usable net floor space excludes serveries, circulation spaces, corridors, spaces where access for dining tables with chairs and wheelchairs are limited (for example, niches and alcoves), as well as spaces that are occupied by mechanical/electrical units, building structures (for example, columns) and built-in furniture. The area immediately surrounding the servery where staff pick up meals must have a minimum clearance of 900 mm on the dining room side and must be excluded from the required usable net floor space.
- 5.1.3 100% of the required space for dining areas must be located within the RHA.
- 5.1.4 A resident-staff communication and response system (RSCRS) call station is required in every dining room.
- 5.1.5 Dining areas must have convenient access to a washroom that is separate from and not located in resident bedrooms, tub and shower rooms, and does not open directly into food preparation or dining areas (refer to standards 10.7.1 to 10.7.8 – Public washrooms).

- 5.1.6 Dining areas must incorporate storage space for equipment/supplies as necessary.
- 5.1.7 A hand washing sink (refer to Definitions) must be provided within the dining area for staff, residents and visitors.
- 5.1.8 Dining areas must provide a direct view to the outdoors.
- 5.1.9 To provide resident comfort and security while eating, dining area chairs must be equipped with armrests.
- 5.1.10 To promote a home-like dining atmosphere, dining tables must accommodate no more than four residents.
- 5.1.11 Dining areas must provide a server area for assembling and serving meals. If the dining area is located immediately next to the kitchen, the kitchen can be used for the server function.
- 5.1.12 Where heat-generating electrical appliances are accessible to residents, such appliances must be equipped with deactivation devices or programming to render the appliance inactive when needed.

Best practices

- When designing dining room layouts, consider wheelchair access to the tables as well as staff accessibility in and around the tables as they serve the meals.
- Entrances into dining areas should be as large as possible with no single door widths. If doors are provided in these areas, they must be able to be kept in the open position (refer to standard 8.2.7 – Door access control system).
- Consider placing RSCRS call stations at each end of larger, elongated dining room configurations for staff, residents, and visitors to easily locate.

5.2 Dietary service space

Note: The dietary service space of a long-term care home must comply with applicable law, which includes the requirements set out in the [Food Premises Regulation](#) under the [Health Protection and Promotion Act](#). The dietary service space design must be approved by

the local public health unit. Specifically, they provide final direction on the number and placement of hand washing sinks (refer to Definitions) and how or if meals need to be protected from contamination in service areas.

Design objectives

The design of the dietary service space must facilitate the delivery of a quality food service program that responds to residents' physical, social and nutritional care needs. It must also be flexible enough to respond to changing dietary service models, different cultural and therapeutic dietary requirements, and different food preparation methods.

Decisions about the type of meal service program and the necessary equipment to support that program must be determined before designing the dietary service space.

In addition to serving residents of the long-term care home, the dietary service space may also be used to provide dietary services to other co-located occupancy (for example, retirement home/rest home and supportive housing) or community support service programs (for example, Meals-on-Wheels or non-resident community dining programs), subject to applicable law.

Dietary service spaces must accommodate the receiving, storage and preparation of food products and goods for the dietary program and the delivery of meals and snacks to the residents of the home.

Design standards

- 5.2.1 The dietary service space must be designed so the storage areas for small equipment and utensils and for non-refrigerated and frozen food are conveniently located for dietary staff to easily access. Storage areas must be close to dietary work areas.
- 5.2.2 The kitchen must include a work area for dietary staff that:
- is secure for storing records and reference materials
 - accommodates appropriate furnishings and equipment
 - is accessible without passing through the food production area

- 5.2.3 The design of the dietary service space must provide a layout that allows for an efficient workflow, prevents cross-contamination between clean and soiled areas and supports safe food production and delivery.
- 5.2.4 The design of the dietary service space must allow for the preparation of a range of food products prepared in a variety of methods. If an innovative cooking system is proposed, the space must be sufficiently sized and adaptable to allow conversion to a conventional food preparation configuration in the future, if required.
- 5.2.5 The design of the dietary service space must support the delivery of a bulk food service system to the dining areas so that meals can be served by individual courses.
- 5.2.6 Serveries must include serving areas near the dining area where residents can see, smell, and make food choices at the point of meal service.
- 5.2.7 Dietary service space must be provided to accommodate the required equipment to support the home's meal service program. The provided equipment must be appropriate in size and design to prepare and serve a variety of food products and beverages that meet the nutritional care needs of residents, retain the texture, colour and palatability of food items, and allow the home to meet the cultural requirements, therapeutic needs and food preferences of all of its residents.
- 5.2.8 The dietary service space must be designed to keep excessive noise, steam and heat to a minimum.
- 5.2.9 Depending on the food service program, the dietary service space must provide dishwashing space for scraping, soaking, pre-rinsing, washing, rinsing, sanitizing, air drying and sorting of dishes, pots/pans, utensils, and large equipment.
- 5.2.10 The dietary service space must include adequate floor drainage.
- 5.2.11 The central kitchen must have a storage space for non-refrigerated (dry) goods and supplies. The storage space must be able to meet usual and peak capacity volume storage requirements and be well-ventilated.
- 5.2.12 The central kitchen must have storage spaces for refrigerated and frozen food supplies. This storage space must be able to meet usual and peak capacity volume storage requirements.

- 5.2.13 The dietary service space must include hand washing sink(s) (refer to Definitions).
- 5.2.14 The dietary service space must include convenient access to electrical services and to hot and cold water supply services.
- 5.2.15 The dietary service space must provide separate and sufficient space for garbage cans/recycling bins.
- 5.2.16 The dietary service space must provide space for equipment used to deliver meals and snacks to residents (for example, food carts).
- 5.2.17 The dietary service space must include a dedicated housekeeping/janitor's closet (refer to standard – 7.2.3 Housekeeping service support space).

If one housekeeping closet is provided for a servery that serves two dining rooms, ensure that the closet is sufficient in size to accommodate chemical storage, chemical dispensing units, cleaning supplies and equipment (brooms, mop handles, buckets, clothes, floor pads, etc). A mop sink cabinet alone is not sufficient.

- 5.2.18 There must be a dedicated area in the central kitchen used for cleaning and disinfecting kitchen carts, equipped with a floor drain and running water supply.
- 5.2.19 Where heat-generating electrical appliances are accessible to residents, such appliances must be equipped with deactivation devices or programming to render the appliance inactive when needed.
- 5.2.20 Where a long-term care home is sharing the kitchen with another co-located occupancy, the design and layout of the shared kitchen must ensure that the long-term care home's dietary service requirements can be met independently and without operational disruption from the shared use arrangements. (refer to section 78 of the regulation).
- 5.2.21 There must be a physical design solution to restrict resident access into the servery, such as gates and doors, while the meal service is underway and the equipment holding food is hot. Gates must be a minimum of counter height.

- 5.2.22 At any opening into the servery, such as a pass-through window or counter at the areas where meals are presented and distributed, where heat-generating appliances are located within easy reach of residents, there must be a protective barrier to prevent direct physical contact between appliances and residents.

Best practices

- A kitchen design consultant should be part of the food service program planning and design of the dietary service space.
- Where other services/programs share dietary service space, (for example, Meals-on-Wheels), ensure additional dietary service space is provided, to accommodate the needs of these services/programs without compromising the level of service required for the long-term care home residents.
- Consider the extent to which meals will be prepared both centrally and in a decentralized location when designing the dietary service space. The allocation of dietary service space will be different if all foods are prepared in a central kitchen versus a kitchenette or servery located in the RHA. While centralized production provides for the greatest control of quality food preparation, decentralized production maximizes individual service to the residents and promotes a more 'home-like' atmosphere.
- Consider the ease of access for staff into the servery with food carts, dish carts, etc., as well as the width of the servery area where carts must pass through where staff are working. Consider the width of the doorway into the servery area and the space within the servery to accommodate the transportation of various carts and equipment.

6.0 – Resident shared space

6.1 Outdoor space

Design objective

The outdoor space must be designed to provide a safe environment for residents where they can enjoy the outdoors.

Design standards

- 6.1.1 Secured outdoor space must be provided for each RHA.
- 6.1.2 The distance measured from the entrance of the RHA's resident outdoor space to the entrance of the farthest resident bedroom in the RHA must be no more than 61 m.
- 6.1.3 There must be an additional secured outdoor space outside of RHAs, that is accessible at grade level and available to all residents, visitors, and staff, while preventing unauthorized entry to or exit from the home. Residents must be able to access the secured outdoor space without having to pass through RHAs.
- 6.1.4 Secured outdoor spaces, including grade level spaces, balconies, rooftop terraces, etc. must have a minimum railing/fencing/gate height of 1524 mm.
- 6.1.5 The landscaping and design of resident outdoor space must consider the safety needs of residents. Outdoor space in resident-accessible areas must incorporate hard, flat surfaces and not include inclines or steps.
- 6.1.6 Each secured outdoor space for residents, including balconies and terraces on upper levels, must be equipped with lighting fixtures located near all access doors and have an area that provides shade, seating and protection from wind and other weather elements.
- 6.1.7 A resident-staff communication and response system (RSCRS) call station is required in all secured outdoor spaces.

6.2 Beauty salon/barber shop

Design objective

The beauty salon/barber shop enables residents to participate in an enhanced level of grooming that is a familiar activity of daily living.

Design standards

- 6.2.1 The long-term care home must have a beauty salon/barber shop that is available to all residents.
- 6.2.2 There must be sufficient space to include hairdressing chairs, work and storage counters, secured storage space for chemicals, as well as a hair drying area.
- 6.2.3 The beauty salon/barber shop must contain a shampoo chair that allows residents to have their hair washed, either leaning forward over the basin or leaning back, and a hair wash sink equipped with a hose.
- 6.2.4 There must be a hand washing sink (refer to Definitions) in the beauty salon/barber shop.
- 6.2.5 A resident-staff communication and response system (RSCRS) call station is required in the beauty salon/barber shop.

Best practices

- Consider locating the beauty salon/barber shop mechanical exhaust ventilation where it will best control the odours from the hairdressing process.
- Consider providing a hair wash sink with a high-low feature built in to provide resident comfort and less neck extension during hair washing.

6.3 Place of worship

Design objective

The place of worship provides residents with a place to practice their spiritual beliefs, religious observances, practices and affiliations.

Design standards

- 6.3.1 A long-term care home must have space outside of the RHAs for the purpose of worship. The place of worship may be shared with other enhanced resident common spaces located within the long-term care home, but there must be the ability to convert/section off an area to provide appropriate private worship space.
- 6.3.2 A resident-staff communication and response system (RSCRS) call station is required in the place of worship.

Best practice

Consider a design that allows an area to be closed off to provide a quiet space when a smaller group of residents are gathered, and then the ability to open when required to meet the needs of a larger resident population.

6.4 Enhanced resident common space

Design objective

Lounge and program/activity space located outside of RHAs provides residents with opportunities to leave their RHAs and meet and interact for social purposes in a larger community setting.

Design standards

- 6.4.1 If all of the required usable space for lounge and program/activity space is located inside of RHAs, at least one additional area must be provided outside of RHAs.

- 6.4.2 Residents must have convenient access to a separate washroom, located outside of RHAs (refer to standards 10.7.1 to 10.7.8 – Public washrooms).
- 6.4.3 Resident-staff communication and response system (RSCRS) call stations are required in all resident common spaces located outside of RHAs.

7.0 – Environmental services

7.1 Laundry space

Design objective

Laundry space must be designed to meet the daily requirements of all residents. Consideration must be given to the design requirements for on-site laundry as well as design requirements for holding laundry prior to being processed off-site.

Design standards

- 7.1.1 The laundry area must be able to accommodate industrial washers and dryers of appropriate size and capacity to meet the laundry service needs of the long-term care home. If the home shares laundry services with another co-located occupancy, the size of the laundry space must be able to accommodate maximum laundry service volumes of the long-term care home.
- 7.1.2 If an off-site laundry service is to be used, there must be separate space in the long-term care home for soiled laundry storage and for clean laundry receiving and delivery.
- 7.1.3 The laundry area must be designed so that there is access to the back of the equipment (including washers, dryers and chemical dispensers) to ensure easy cleaning and repair work.
- 7.1.4 The laundry area must be designed so that there is separation of, and a one-way work-flow between clean and soiled areas.
- 7.1.5 The laundry area must have hand washing sinks conveniently located for staff use. At least one hand washing sink (refer to Definitions) must be provided in the soiled area of the laundry space.
- 7.1.6 The laundry area must include space for collecting, storing and sorting soiled laundry until it can be processed.

- 7.1.7 The laundry area must have space for all laundering process functions including storing, folding and hanging clean linen/personal clothing, and labelling personal clothing.
- 7.1.8 The laundry area must have access to a dedicated space equipped with floor drains and running water supply for cleaning and sanitizing laundry equipment such as carts used for soiled linens. The cart wash area must be located either within the soiled area of the laundry space or immediately adjacent to the laundry space. Steam and water splashing during the cleaning process must be contained within the cart wash area to avoid and minimize affecting nearby rooms/areas.
- 7.1.9 The laundry area must include storage space for laundry service supplies and equipment.
- 7.1.10 The laundry area must have floor drains.
- 7.1.11 Where the home provides laundry chutes, doors leading into chute rooms where residents have access must be self-locking and self-closing.

Best practices

- Consider providing a refrigerated storage area for soiled laundry with wash down features, when an off-site laundry service is used.
- Consider the space required for moving carts through the laundry process areas as well as the space required for storing them.

7.2 Housekeeping service support space

Design objective

Space dedicated to housekeeping services to promote efficient and well-organized cleaning programs that will facilitate a clean and safe environment for all residents, staff, volunteers, family and visitors.

Design standards

- 7.2.1 There must be at least one housekeeping/janitor's closet located:
- inside of every RHA
 - in service corridors outside of RHAs serving laundry space, receiving space, maintenance space, staff areas, etc.
 - in public corridors outside of RHAs serving resident shared spaces such as a cafe, beauty salon, place of worship, reception area, elevator lobby, etc.
- 7.2.2 Housekeeping/janitor's closets must be equipped with a hot and cold running water supply, and a curb service sink.
- 7.2.3 Housekeeping/janitor's closets must have sufficient space and provide for securely storing chemicals, cleaning supplies and chemical dispensing units, as well as space for storing carts and other housekeeping equipment such as mops and pails. At least one housekeeping/janitor's closet in each RHA and service/public corridor must be large enough to accommodate and store housekeeping carts.
- 7.2.4 Doors leading into housekeeping/janitor closets in areas to which residents have access must be self-closing and self-locking.

7.3 Utility space

Design objective

Clean and soiled utility spaces help facilitate a clean, safe and efficient working environment.

Design standards

- 7.3.1 Clean and soiled utility rooms must be conveniently located in each RHA to support storage, cleaning and sanitizing resident care equipment.
- 7.3.2 Doors leading into utility rooms in areas that residents can access must be self-closing and self-locking.
- 7.3.3 The clean utility room must be sufficient in size to accommodate cabinetry or shelving for the storage of resident care supplies (for example, bed pans, urinals, wash basins, resident personal hygiene products, hair and nail care supplies, etc.), personal protective equipment (PPE), and multiple clean linen carts or supply carts.
- 7.3.4 The soiled utility room must have a hand washing sink (refer to Definitions) positioned away from areas used for storing or drying of cleaned equipment to avoid splashing.
- 7.3.5 The soiled utility rooms must be sufficient in size to accommodate a work counter, a deep utility sink, a hand washing sink (refer to Definitions), enclosed cabinets for routine items and supplies (for example, PPE, cleaning solutions, etc.), soiled linen carts and garbage bins.
- 7.3.6 The soiled utility rooms must have fixtures that the home uses for cleaning and disinfecting equipment. At minimum, soiled utility rooms must include a deep utility sink. Additional fixtures may include a bedpan flusher and/or sterilizer, or disinfectant.
- 7.3.7 The soiled utility room must have floor drain(s).

7.4 Maintenance service support space

Design objectives

The design of the home must incorporate a secured service support space for maintenance activities of equipment, furnishings and all building components.

Design standards

- 7.4.1 There must be a secured and dedicated maintenance service support space in the long-term care home.
- 7.4.2 There must be an area within the maintenance service support space, where maintenance equipment, machinery and tools are stored.
- 7.4.3 The maintenance service support space must have a hand-washing sink (refer to Definitions).
- 7.4.4 Doors leading into maintenance spaces in areas where residents can access must be self-closing and self-locking.

8.0 – Safety and security features

8.1 Resident-staff communication and response system (RSCRS)

Design objectives

A resident-staff communication and response system (RSCRS) must be provided in the long-term care home to give staff, volunteers and residents the ability to alert others for assistance. This system must be designed to facilitate prompt response to a resident or staff request (refer to section 20 of the regulation).

Design standards

- 8.1.1 A resident-staff communication and response system (RSCRS) must be equipped with call stations that are easily seen, accessible, and easy to use by residents, visitors, staff and volunteers.
- 8.1.2 A resident-staff communication and response system (RSCRS) must be designed so that it remains on at all times.
- 8.1.3 A resident-staff communication and response system (RSCRS) must be connected to a back-up generator (refer to section 20 (b) and section 22 (1)(c) of the regulation).
- 8.1.4 When a resident-staff communication and response system (RSCRS) call station is activated, the system must be designed to clearly display the locations of all activation (room number, name of the RHA, etc.) and continue to display continuously in a loop without priority until the call station is deactivated. The RSCRS must include one or more of the following components:
 - Portable devices, such as phones or pagers carried by staff, with digital display and an audio component to alert staff to an active call station.
 - Audio/visual display boards, installed in all corridors within RHAs and near each staff work space, where staff can clearly read the information.

- 8.1.5 A resident-staff communication and response system (RSCRS) must be designed so when it is activated, the deactivation of the call can only occur at the source of the activation.
- 8.1.6 If a resident-staff communication and response system (RSCRS) uses sound to alert staff, it must be designed so that the level of sound is calibrated and equalized to be audible to staff but not excessive or unduly disruptive to residents. An audible system must be equally distributed in the coverage areas.
- 8.1.7 Resident-staff communication and response system (RSCRS) call stations are required in all locations where residents have access. These locations include, but are not limited to:
- all toilets and urinals
 - auditoriums
 - balconies/terraces and courtyards
 - bathtubs (must be accessible from both sides of the tub)
 - beauty salon/barber shop
 - dining rooms
 - family dining areas/café
 - lounges and program/activity rooms
 - place of worship
 - resident bedsides
 - resident personal laundry rooms
 - showers
 - therapy rooms
 - designated seating or congregation areas along corridors
- 8.1.8 A resident-staff communication and response system (RSCRS) call station must be located at every toilet so that residents are able to activate the call station while in a sitting position without having to reach forward or backward.

Where the toilet is located in the centre of the washroom wall, the call station cord must be attached to the grab bar in the down position in order for a resident to be able to access it. The length of the cord must be sufficient for the resident to be able to pull the cord or push the button while seated from either the left or the right side. The call station cord must be kept off the floor to avoid posing a tripping hazard.

- 8.1.9 Where only pagers/phones are used as the sole method of alerting staff, there must be an escalation feature that initially alerts the front-line staff and after a predetermined time, alerts senior staff.

Best practices

- The placement of additional call stations may be considered in large spaces/rooms (to reduce walking distance and ensure visibility).
- Where scrolling display boards are used as an audio and visual component of the RSCRS, consider connecting the display board to a distributed speaker system to ensure even sound coverage. Consider harmonics, or musical instrument-based sounds.

8.2 Door access control system

Design objectives

To provide a secure environment that ensures the safety of residents of the long-term care home (refer to the section 12 of the regulation).

Design standards

- 8.2.1 All resident accessible doors leading into non-resident areas (refer to Definitions), such as dietary service spaces, utility rooms, mechanical rooms, offices, etc. must be equipped with locks to prevent unsupervised resident access.
- 8.2.2 All resident accessible doors leading into secured outdoor spaces, such as balconies and terraces, must be equipped with locks to prevent unsupervised resident access.

- 8.2.3 All resident accessible doors in the long-term care home leading into stairwells and outside of the building (including the main entrance) must be equipped with a door access control system (such as magnetic locks or similar devices) that are operational at all times to prevent unauthorized entering and exiting. This requirement does not apply to resident accessible doors leading into secured outdoor spaces or to gates/doors that are part of a fence enclosing a secured outdoor space.
- 8.2.4 All doors described in standard 8.2.3 must be equipped with an independent (separate from RSCRS), audible back-up alarm to alert the staff in the event that a magnetic lock does not properly engage, therefore leaving the doors unlocked. The alarm must alert near the vicinity of the door and continue until the back-up alarm is deactivated or reset by the staff (refer to section 12 (1) 1. iii of the regulation).
- 8.2.5 The back-up alarm must be programmed to sound after a predetermined time depending on the type of door, and the amount of time it takes for a person to pass through and close the door. For main entrance and exit doors used regularly by visitors and residents, the timing may be slightly prolonged, to approximately 45 seconds. For stairwell doors, the timing may take around 20 seconds (the amount of time suggested is a recommendation and may be further customized). The delay prior to the door alarm activation allows staff/volunteers and visitors, where applicable, to go through the door without alerting other staff that the door has been opened.
- 8.2.6 The back-up alarm must be connected to the back-up power supply.
- 8.2.7 All door access related alarms must only allow for deactivation at the source of the alarm.
- 8.2.8 If, under applicable law (for example, the Fire Code), door closures are required on any door leading into resident areas (for example, lounges, dining room, place of worship) then the home must provide electronic "hold open" devices to ensure that residents have unobstructed access to resident areas.
- 8.2.9 All doors described in Standard 8.2.3 must be integrated with the resident-staff communication response system (RSCRS), in order to alert the staff when the doors are not closed properly or when the doors are being held open.

- 8.2.10 If locks are provided for resident bedrooms, washrooms, bathtub and shower rooms, the locks must easily be unlocked and released from the outside in an emergency.

8.3 Water temperature control system

To provide safe water temperatures in areas of the long-term care home used by residents (refer to section 96 (2)(g) of the regulation).

8.4 Railing heights

Design objective

To provide safe and secure areas for residents by preventing falls and restricting unauthorized access.

Design standard

- 8.4.1 Where railings/fencing/gates are required, both indoors and outdoors, the height must be a minimum of 1524 mm.

8.5 Windows

Design objective

To provide safe and secure access to operable windows while maintaining resident comfort and protection (refer to the section 19 of the regulation).

Design standard

- 8.5.1 Windows that are accessible to residents must not open more than 150 mm. All openable windows must have screens installed throughout the year.

Best practice

Consider installing window covers for all windows in resident shared spaces that can be easily operated by staff to block direct sunlight and excessive heat.

9.0 – Building systems

9.1 Lighting

Note: Ensure adequate lighting is provided (refer to section 21 of the regulation).

Design objectives

Adequate lighting must be provided for residents, staff, volunteers and visitors so they can carry out activities in comfort and safety. Lighting design must address age-related vision loss and diminished visual acuity (sharpness). Lighting must be designed and located in a manner that meets residents' needs as their sensory orientation diminishes.

Design standards

- 9.1.1 Lighting controls must not be integrated with the Building Automation System and must remain accessible to all staff.
- 9.1.2 Occupancy or motion sensors must not be installed in resident accessible areas.

Best practice

Dimmable lighting switches or controls may be installed in resident bedrooms and common areas (excluding corridors and stairways) provided that the minimum lighting requirements are achieved with the Regulation when measured.

9.2 Heating, ventilation and air-conditioning (HVAC) system

Design objectives

To ensure the long-term care home is equipped with an HVAC system that maintains air temperatures within a range that optimizes resident comfort throughout the year (refer to section 23 and 24 of the regulation).

Design standards

- 9.2.1 The long-term care home shall be equipped with a mechanical system to cool air temperatures in all areas of the home.
- 9.2.2 There must be mechanical exhaust ventilation in spaces that produce heat, steam or odours, including but not limited to washrooms, soiled utility spaces, dietary service spaces, hair salons, and laundry spaces.

9.3 Emergency generating system

To ensure services are maintained to support resident care in the event of an electrical power outage (refer to section 22 of the regulation).

10.0 – Other features

10.1 Storage space

Design objectives

To provide additional secure storage space for residents' personal belongings.

Design standard

- 10.1.1 In addition to clothes closets in resident bedrooms, there must be additional storage space located in the long-term care home available for securely storing residents' personal belongings.

10.2 Non-resident space

Design objectives

The design of a long-term care home must have dedicated spaces that support staff functions, administrative operations, comfort, privacy and well-being.

Design standards

- 10.2.1 There must be office space for the Administrator, Director of Care, supervisory staff, visiting health care providers, social service providers and other professional service providers.
- 10.2.2 There must be space provided for administrative/clerical functions.
- 10.2.3 There must be an area, separate from resident care and common areas, for staff/volunteer break periods.
- 10.2.4 There must be separate male and female staff/volunteer change areas with lockers for storage of personal items.
- 10.2.5 There must be separate male and female washrooms in the area where locker rooms are located.

- 10.2.6 Where separate staff change areas are not provided for each gender, gender-neutral change rooms must be designed to support staff comfort, privacy, dignity, and accessibility. Adequate private spaces must be provided, including two-piece washrooms, and change rooms constructed with full-height walls, doors, and appropriate locking hardware. If a change area is combined with a washroom or a shower room, it must be large enough to provide a separate dry change area.

10.3 Receiving/service space

Design objectives

A long-term care home must have well-organized spaces that support the safe and efficient receipt, storage and handling of goods, food supplies, dry goods and equipment.

Design standards

- 10.3.1 The receiving/service space must be located away from the main entrance of the long-term care home and from all other resident and public spaces so as not to expose residents and the public to noise, vehicle exhaust and safety hazards.
- 10.3.2 There must be a separate area for garbage storage and pick-up in the receiving/service space.
- 10.3.3 The receiving/service space must be in a location with convenient access to the dietary service space.
- 10.3.4 The receiving/service space must be designed so that no direct receipt of goods into food preparation areas occurs.
- 10.3.5 There must be storage space for the temporary accumulation of received goods.
- 10.3.6 Receiving/service space must provide year-round access for delivery services.
- 10.3.7 There must be a dedicated area used for cleaning and disinfecting equipment such as garbage containers, carts and racks, equipped with floor drains and a running water supply.

Best practices

- Consider locating the receiving/service space convenient to general storage areas, the laundry space and the dietary service space.
- Consider having an overhang for the exterior of the receiving/service space that will provide staff and goods with protection from inclement weather.
- Consider equipping the receiving/service space with an exterior intercom system that will allow delivery personnel to alert home staff when goods have arrived.
- Consider providing refrigerated space for garbage storage.

10.4 Reception/entrance

Design objectives

The entrance shall provide a welcoming and inviting introduction to the long-term care home.

Design standards

- 10.4.1 The main entrance of the home must be connected to the protected vehicle pick-up and drop-off area for residents.
- 10.4.2 The main entrance must include adequate space for a reception desk or a counter for visitor registration, as well as a waiting area that can be used as a screening area when necessary.

Best practices

- Consider placing a security device such as keypad in the vestibule for entering and exiting the long-term care home building.
- Consider a telephone/intercom located in the home's vestibule to alert staff of visitors after hours.

10.5 Signage

Design objectives

Signage or visual cueing is provided in the home to assist residents, staff and visitors in way-finding.

Design standards

10.5.1 At a minimum, the following areas must be provided with signage including text and/or symbols that are easy to recognize, read and understand:

- all public washrooms
- each bedroom entrance that includes the bedroom number and name of the residents residing in the room
- entrance to each RHA
- resident common areas inside and outside of RHAs such as bathtub/shower rooms, program/activity spaces, resident lounges, dining areas, the place of worship, the beauty salon/barber shop, café, therapy spaces, etc.
- the lobby (both the main lobby and in elevator lobbies, where applicable), providing directions to RHAs, administration areas and to service areas
- work spaces provided in the RHAs

Best practices

- Consider using Arial font, with a minimum 40 point size, printing dark on a light background.
- Consider enhanced wayfinding, visual contrast, and environmental cues to support orientation and create a more home-like setting. This may include contrasting colours for walls, doors, and hardware, colour highlighting of key destinations, and opportunities for personalization (for example, memory boxes) to support recognition and familiarity.

10.6 Elevators

Design objectives

Elevators located in multi-story long-term care homes must be designed so they are safe and easy for residents' use. They must be located in areas that are accessible to residents, staff and the public (refer to section 13 of the regulation).

Design standards

- 10.6.1 At least one of the elevators in a long-term care home must be large enough to accommodate a stretcher and must be located close to the RHAs.
- 10.6.2 Where elevators that are accessible to residents open into non-long term care areas, such as co-located occupancies or areas where residents do not have authority to access, such as service spaces, controls must be placed inside of the elevators to prevent long-term care residents from accessing these areas.

10.7 Public washrooms

Design objectives

Residents and visitors must have convenient access to washrooms located near common-use areas.

Design standards

- 10.7.1 Public washrooms must be equipped with at least one toilet, one sink and be equipped with a toilet paper dispenser, a soap dispenser and a paper towel dispenser.
- 10.7.2 Public washrooms must have locks that are readily released and easy to open from the outside in an emergency.
- 10.7.3 Public washroom entrances must have a clear width of not less than 914 mm, when the door is in the open position.

- 10.7.4 Public washrooms must have sufficient space to enable independent or assisted transfer for at least one toilet from both the front and at least one side.
- A minimum distance of 900 mm must be provided from the wall to the edge of the toilet on the transfer side.
 - A minimum distance of 900 mm must be provided in front of the toilet to accommodate sit-to-stand lift positioning and operations.
 - The design must ensure that transfer spaces are unobstructed by fixtures, grab bars, or millwork and allow safe caregiver access.
- 10.7.5 In order to allow for sufficient space for a wheelchair or a walker, and for staff to assist a resident, there must be a 1524 mm turning circle in each public washroom. No furnishings or equipment such as storage cupboards or towel bars can impede the 1524 mm turning circle. For multi-stall washrooms, a 1524 mm turning circle must be provided in the stall containing the toilet with the required transfer space.
- 10.7.6 There must be a securely fastened grab bar located at the toilet with the required transfer space within the resident's reach. Each grab bar must be of sufficient size and design to support the full weight of a resident and must be placed on a reinforced wall capable of sustaining the weight load.

Where the toilet is located in the centre of the washroom wall, fold-down type grab bars are required on both sides of the toilet. One of the grab bars must be kept in the down position in order for a resident to be able to access the toilet paper dispenser. The toilet paper dispenser must be attached to the grab bar; it cannot be on the wall. The call station cord must also be attached to the grab bar in the down position in order for a resident to be able to access it. The length of the cord must be sufficient for the resident to be able to pull the cord or push the button while seated from either the left or the right side. The call station cord must be kept off the floor to avoid posing a tripping hazard.

- 10.7.7 Resident-staff communication and response system (RSCRS) call stations are required at all toilets and urinals in public washrooms.

- 10.7.8 A separate lever-handled tap, one for hot water and another for cold water must be used in all public washrooms. This type of fixture allows for ease of use for residents with visual impairments and for residents with physical disabilities that affect hand movement.

Best practices

- Consider providing toilet paper dispensers on both grab bars where the toilet is placed in the centre of the wall with fold-down grab bars.
- Consider providing a mirror over the sink that can be adjusted to accommodate residents of differing heights and those using a wheelchair.
- Consider installing illuminated light switches.
- Ensure counter and cabinet finishes have rounded edges and not sharp corners.

10.8 Corridors

Design objectives

Corridors provide the way for residents, staff and volunteers to move throughout the home and must support safe, intuitive, and comfortable use. The length of corridors should, where possible, be kept to a minimum to provide a more home-like environment and reduce travel distance within the home for residents and staff.

Design standards

- 10.8.1 All corridors in resident areas must be at a minimum width of 1820 mm.
- 10.8.2 Resident-accessible corridors must remain level and free of steps, and any changes in elevation shall be accommodated through accessible design features, such as ramps, lifts and elevating devices.
- 10.8.3 Handrails must be securely mounted on both sides of all corridor walls in all resident areas. They should be installed at least 865 mm above the floor so that the handrails are at a height that residents can easily use.

Best practices

- Consider providing handrail brackets at least 70 mm below the top of the handrail so that resident hands can move freely along it.
- The handrails should be inspected for rough edges and joints.
- Consider including cueing where handrails end (for example notches).
- Consider incorporating seating areas along and/or at the ends of corridors to support resident mobility, aid wayfinding, and create opportunities for social interaction.
- Consider incorporating interactive wall features to support resident orientation and engagement when extended corridor lengths are inevitable.

Part 3

Design variance standards

Design variance standards are defined or permitted exceptions to design standards that may be applied to renovation construction to address physical constraints that related to existing building structure that prevents the long-term care home from fully meeting one or more of the design standards.

Design variance standards can be applied only to construction that meets the ministry's definition for renovation. Projects classified as renovation (within existing long-term care home) may without approval rely on the design variance standards that are specifically set out below in sections 1 through 7 of this Part 3 – Design variance standards. Projects classified as renovation (not within existing long-term care home) are not automatically eligible to rely on design variance standards and must undergo review and assessment by the ministry and receive approval in writing before using any design variance standard set out below in sections 1 through 7 of this part 3. To be approved, applicable design variance standard for renovation (not within existing long-term care home) must be determined by the ministry based on the specific circumstances of the project.

Design variance standards are not applicable to new construction.

Notes:

- Issues not specifically addressed under sections 1 through 7 of this part of the design manual (Part 3 – Design variance standards) are subject to detailed requirements set out in the sections in Part 2 – The design standards, subject to any applicable design variance standard specifically approved by the ministry writing.
- Design variance standards do not under any circumstances excuse a licensee or approved operator of a long-term care home from compliance with all applicable law in respect of the home. It is the responsibility of the operator or developer of the home to confirm compliance with applicable law. Ministry approval does not imply compliance with applicable law.

1.0 Resident home areas

- 1.1 RHAs must be a clearly defined, distinct unit that provide accommodation for a maximum of 40 residents.
- 1.2 RHAs must be clearly defined distinct units. They may be split between two adjacent floors provided that each floor of the split RHA has the following spaces:
 - lounge space (there must be at least 1 lounge on each floor that is a minimum of 14 SM (150 SF))
 - housekeeping/janitor closet
 - soiled utility space
 - staff work space

Note: Dining space in a split RHA can be located on each floor or only on one of the floors. Where there is dining space on only one of the floors, the Project Summary (refer to the Preliminary and Working Drawing Plan Review Guidelines), must include the operator's plan for transporting residents from one floor to another for meal times.

2.0 Resident bedrooms

- 2.1 A one-bed bedroom must have a minimum 11.15 SM (120 SF) of usable net floor space. The usable net floor space excludes the clothes closet, resident ensuite washroom, vestibule, and the space that is occupied by mechanical/electrical units, building structures (e.g. columns) and built-in furniture.
- 2.2 A two-bed bedroom must have a minimum of 9.75 SM (105 SF) of usable net floor space per resident. The usable net floor space excludes the clothes closets, resident ensuite washroom, vestibule, and the space that is occupied by mechanical/electrical units, building structures (e.g. columns) and built-in furniture.
- 2.3 Bedrooms must have clothes closets for each resident. Each clothes closet must have a minimum of 0.46 SM (5 SF) of floor space. The clothes closet must be large enough in height and depth to store and hang clothes. If portable, the clothes closet must have a non-tipping design.

- 2.4 Bedrooms must have space to allow specialized equipment access on both sides and at the foot of the bed (for example, falls arrest mattress, mobility device, portable floor lift, stretcher, etc.). A minimum clearance of 760 mm must be provided on both sides and at the foot of the bed.

3.0 Resident washrooms

- 3.1 In order to allow for sufficient space for a wheelchair or a walker, and for staff to assist a resident, there must be a 1524 mm turning circle in each resident washroom. The 1524 mm turning circle may go underneath the toilet and the sink, however the amount of space that can be measured underneath the toilet and sink will be limited to the depth of the wheelchair pedals / foot rests. The 1524 mm turning circle does not include the space all the way to the walls where the toilet and sink hang.
- 3.2 Washrooms must have sufficient space to enable independent or assisted transfer from both the front and at least one side of the toilet.
- A minimum clear space of 900 mm wide and 1500 mm deep must be provided on one side, from the edge of the toilet.
 - A minimum distance of 700 mm must be provided in front of the toilet to accommodate sit-to-stand lift positioning and operations.
 - The transfer space may be impeded by grab bars or fixtures such as a toilet paper dispenser.

4.0 Resident lounge and program/ activity space

- 4.1 The minimum total required space for resident lounge and program/activity space is 1.95 SM (21 SF) per resident.
- 4.2 At least 70% of the required resident lounge and program/activity space mentioned in standard 4.1 of Part 3 for each RHA must be located within the RHA. The remaining required space for the resident lounge and program/activity

space may be located outside of RHAs for access by all residents of the long-term care home.

5.0 Resident dining areas and dietary service space

- 5.1 The minimum required usable net floor space for dining areas in each RHA is 2.32 SM (25 SF) of floor area per resident of the RHA. The usable net floor space excludes serveries, circulation spaces, corridors, spaces where access for dining tables with chairs and wheelchairs are limited (for example, niches and alcoves), as well as spaces that are occupied by mechanical/electrical units, building structures (for example, columns) and built-in furniture. The area immediately surrounding the servery where staff pick up meals must have a minimum clearance of 900 mm on the dining room side and must be excluded from the required usable net floor space.
- 5.2 At least 70% of the total required space for dining must be located within the RHA and allocated based on the number of residents in each RHA. This is calculated at the minimum of 2.32 SM (25 SF) per resident within each RHA. Up to 30% of the total required space for dining may be located outside of RHAs. However, the applicable requirements for meal service (for example, the provision of three meals per day, including alternates/choices, diet types, etc.) must be able to be provided in these areas.

6.0 Resident outdoor space

- 6.1 Residents must have access to adequate outdoor space.

7.0 Corridors

- 7.1 Corridors in resident areas may be a minimum of 1727 mm.

Appendix

The Long-Term Care Home Catalogue of Standardized Designs, 2026

The Long-term Care Home Catalogue of Standardized Designs, 2026 (the “catalogue”) is a visual supplement to the Long-Term Care Design Manual, 2026, which features drawings and illustrations that support the interpretation and application of the design standards. The catalogue is a separate document and can be downloaded from the Long-Term Care Design Manual page on [Ontario.ca](https://www.ontario.ca).