
Navigating the Crisis: Addressing the Growing Demand and Declining Supply of Ontario Nursing Homes

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Date Published: August 5, 2025

DOI: <https://doi.org/10.18192/UOJM.V15iS2.7530>

From a population of under half a million in 2001, to a million in 2024, to a projection of over three million by 2051, Canadians aged 85 and older (older seniors) are a rapidly growing demographic [1]. This is especially observed in cities, which provide greater access to amenities, services, and healthcare. Over 2.5% of the population in large urban centres constitutes older seniors, a significant portion of whom need complex care in long-term care homes (LTCH) [1]. Currently, there are over 40,000 people on waitlists for these facilities [2]. This figure has doubled over the past decade, and is expected to rise to nearly 50,000 by 2030 [2]. The consequence of an ageing population is an increased complexity amongst residents, with more concomitant chronic conditions, prescription medications, and extensive impairments upon admission [3]. An increasing number of LTCH are closing their doors, particularly in cities like Toronto and Ottawa due to a variety of elements, including financial instability and facility regulations. As homes close, patients are left facing fewer options for long-term care, leading to increased wait times, and creating a perfect storm that compromises the quality of care and overall well-being of older seniors.

A contributing factor to home closures are regulatory pressures. LaPointe-Fisher Nursing Home, a 92-bed facility in Guelph, ON, is one of many homes that are closing due to a 2025 automatic fire sprinkler deadline for LTCH in the province [4]. While safety is essential, meeting these deadlines has been structurally challenging due to the ageing foundations of the building and increasing construction costs [4]. Homes like Mount Nemo in Burlington, ON, rely on well water filtration and septic systems, which would need to be significantly overhauled for renovations such as sprinklers [4]. Unfortunately, closures due to regulations are exacerbated in rural communities with few LTCH, ultimately forcing residents to leave their community.

The social impact of moving between facilities due to closure can be immense. Lisa Sharp, the president of LaPointe-Fisher spoke regarding residents saying, “[they have] to start all over again, with a new roommate, with a new facility, new staff...” [4]. This is especially significant in residents diagnosed with dementia who rely heavily on routine to continue socialisation and daily activities [5,6]. Losing relationships with fellow residents and staff at their existing home and potentially moving further away from their support system can negatively impact these residents.

A dramatic rise in operating costs over the past few years has exacerbated the problem, making it difficult to hire, train, and retain staff when combined with pressures for renovation [7]. The vast majority of LTCH feel they cannot adequately fill provider shifts. Nearly 59,000 more care staff needed to accommodate rising needs by the end of the decade [2]. Changes in leadership at nearly half the LTCH in Ontario over the past few years have added to the dire situation as well [2]. Near Ottawa, ON, Madonna Care Community closed due to rising costs of repairs and staff, leaving residents and families weary of adjustment to a new home that may be much further from their loved ones [8]. Many LTCH have thus chosen to sell their property to housing developers [9]. There are 20 facilities, as of last year, that did not intend to meet the June 2025 deadline for renovations, including six in Toronto alone [9]. These homes account for nearly 10% of the beds within the city [9]. The majority of LTCH in Canada are owned by private companies, highlighting the downsides to privatised healthcare and leaving the provincial government in a vulnerable position.

Actions such as early goals of care conversations, increased funding for family caregivers, and expansion

of facilities are a necessity for the present and future. Goals of care conversations are essential for patients with chronic illnesses to ensure care is consistent with the patient's wishes, using the gold standard framework (GSF) for palliative care [10]. These conversations can, "help improve anxiety, depression, and quality of life" as a part of a holistic approach [11]. This will ensure patients whose wishes are consistent with palliative care units are referred to these facilities, as opposed to a lengthy wait that may not adequately meet their goals.

At-home living is usually preferred amongst seniors, but families may not be able to commit to their level of care, or home care may not be an option through existing pathways. We can aim to fortify these areas of concern through increased funding for caregiver benefits and programs such as Ontario Health atHome's High Intensity Supports At Home (HISH) program [12]. By providing more extensive options outside of LTCH, we can ensure care for those who are on waitlists due to a lack of alternatives.

The provincial government has made strides to provide funding for the construction of LTCH, which will help overcome increased construction costs that are slowing down developments [13]. As part of this initiative, we should attempt to introduce a greater proportion of nonprofit homes to avoid administrative decisions, such as home closure, being made for financial gain. While building facilities is beneficial in the long-term, subsidies for renovations to current homes can take advantage of existing infrastructure. Studies on nursing home closures in the United States and England found that homes with smaller bed sizes were more likely to close, perhaps demonstrating a need for larger facilities that reduce inefficiencies [14,15]. Moreover, alternative fire suppression systems and regulatory deadline extensions for renovating homes can be considered to ensure safety standards are met without further closures in rural areas.

Ontario's finance minister, Peter Bethlenfalvy, captured the essence of this issue by stressing the importance of action. He stated, "We owe the seniors who helped build this province a huge debt of gratitude and the dignity of modern, comfortable long-term care facilities" [13]. Through home care programs, emphasising early goals of care conversations, and expediting construction and renovation of facilities, Ontario's seniors can receive the level of care they deserve.

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