



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

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130 Dufferin Avenue 4th floor  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 21, 2015	2015_226192_0063	032445-15	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

PeopleCare Not-For-Profit Homes Inc.  
650 Riverbend Drive Suite D KITCHENER ON N2K 3S2

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### **Long-Term Care Home/Foyer de soins de longue durée**

PeopleCare A.R Goudie Kitchener  
369 FREDERICK STREET KITCHENER ON N2H 2P1

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### **Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

DEBORA SAVILLE (192), ALI NASSER (523), DOROTHY GINTHER (568)

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## **Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): November 30, December 1, 2, 3, and 7, 2015.**

**During the course of this Resident Quality Inspection, Follow-up Inspection #032191-15 related to Compliance Order #002 from Inspection 2015\_182128\_0001 was completed.**

**During the course of the inspection, the inspector(s) spoke with residents and family members, the Administrator, Director of Care, Assistant Director of Care, Registered Dietitian, Director of Programs, Registered Practical Nurses, Registered Nurses, Director of Policy, Dietary Aides and Personal Support Workers.**

**The Inspectors toured the home, observed meal service, medication administration, medication storage areas, recreation activities, reviewed relevant clinical records, reviewed relevant policies and procedures, the provision of resident care, resident-staff interactions, posting of required information and observed general maintenance, cleaning and condition of the home.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Maintenance  
Contenance Care and Bowel Management  
Dining Observation  
Falls Prevention  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Residents' Council  
Skin and Wound Care  
Sufficient Staffing**



**During the course of this inspection, Non-Compliances were issued.**

**7 WN(s)  
4 VPC(s)  
1 CO(s)  
0 DR(s)  
0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 73. (1)	CO #002	2015_182128_0001		568



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 212. Administrator**



**Specifically failed to comply with the following:**

**s. 212. (4) Subject to subsection (5), the licensee shall ensure that everyone hired as an Administrator after the coming into force of this section,**

**(a) has a post-secondary degree from a program that is a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that is a minimum of two years in duration; O. Reg. 79/10, s. 212 (4).**

**(b) has at least three years working experience,**

**(i) in a managerial or supervisory capacity in the health or social services sector, or**

**(ii) in another managerial or supervisory capacity, if he or she has already successfully completed the course mentioned in clause (d); O. Reg. 79/10, s. 212 (4).**

**(c) has demonstrated leadership and communications skills; and O. Reg. 79/10, s. 212 (4).**

**(d) has successfully completed or, subject to subsection (6), is enrolled in, a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time. O. Reg. 79/10, s. 212 (4).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that an Administrator hired after July 1, 2010 had a post-secondary degree from a program that was a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that was a minimum of two years in duration and had at least three years working experience in another managerial or supervisory capacity, if he or she had already successfully completed a program in long-term care home administration or long-term care home management that was a minimum of 100 hours in duration of instruction time.

The licensee hired a new Administrator who started at the home in 2015.

Interview with the Administrator confirmed that they had not completed a degree that was a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that was a minimum of two years in duration. The Administrator confirmed they had greater than three years working experience in another managerial or supervisory capacity but that they had not completed a program in long-term care home administration or long-term care home management that was a minimum of 100 hours in duration of instruction time. The Administrator confirmed that they were enrolled in a long-term care home administration program to start February 20, 2016. [s. 212. (4)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

**Specifically failed to comply with the following:**

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that there was a written plan of care for each resident that set out the planned care for the resident.

On two occasions in 2015, a resident was observed in their room lying in bed eating a sandwich. A glass of juice was noted on the table beside their bed. There were no staff in attendance while the resident ate their meal.

Staff interview with a Registered Practical Nurse (RPN) revealed that it was the home's practice that when resident's eat in their rooms a staff member would be present either to assist, if needed, or to supervise. The RPN shared that the resident had refused to have staff present in their room. In this situation, they check on the resident at regular intervals during the meal.

During a review of the resident's plan of care there was no documentation to indicate that the resident refused to have staff in their room when they were eating. In addition, there was no direction to staff as to how the resident should be monitored when they ate in their room.

The Director of Care confirmed that the written plan of care for the resident did not set out the planned care for the resident. [s. 6. (1) (a)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that there is a written plan of care for each resident that sets out the planned care for the resident, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**



**Specifically failed to comply with the following:**

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
  - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

The home's policy entitled Head Injury indicated that following an unwitnessed fall and subsequent assessment, if the resident had sustained no injuries and the resident's level of consciousness and vital signs were within the resident's normal limits, repeat assessment of the resident's level of consciousness, blood pressure, pulse, respirations and pupillary reaction should be done at 30 minutes and again at 60 minutes. If normal for the resident, the Head Injury Routine did not have to be completed.

Record review revealed that resident #009 had a fall. The post fall assessment indicated that the fall was not witnessed and there was no head injury. Vitals were documented at the time of the incident but there was no documentation to indicate that the resident's level of consciousness, blood pressure, respirations and pupillary reaction were completed at 30 minutes and again at 60 minutes post fall.

Resident #009 had another fall. The post fall assessment indicated where the fall took place and that it was not witnessed. The resident was assessed and there was no injury noted. The post fall assessment identified that a Head Injury Routine was started but there was no documentation of the monitoring of the resident's level of consciousness at 30 minutes and 60 minutes post fall.

The Assistant Director of Care (ADOC) acknowledged that for unwitnessed falls where there was no evidence of head trauma, staff were to assess the resident's level of consciousness and vitals immediately post fall and at 30 minutes and 60 minutes as per their Head Injury policy. The ADOC confirmed that there was no head injury assessment



completed for resident #009's unwitnessed falls.

The licensee failed to ensure that the home complied with their Head Injury policy. [s. 8. (1) (a),s. 8. (1) (b)]

2. The home's policy titled Continence and Bowel Management Program indicated that continence assessments were to be completed on admission. Thereafter, bowel and bladder continence would be assessed using the Resident Assessment Instrument - Minimum Data Set (RAI-MDS) 2.0 tools. If a urinary continence Resident Assessment Protocol (RAP) was triggered or if bowel or bladder problems were identified in Section H, the assessment for Bladder and Bowel Incontinence would be completed.

A) Resident #010 was admitted to the home and was assessed as being continent of bowel and usually continent of bladder.

The RAI-MDS assessment completed on a specified date in 2015 identified under section H. 1 that the resident was now occasionally incontinent with respect to bladder. A RAP for Urinary Continence and Indwelling Catheter was triggered. The RAI-MDS assessment completed on a specified date identified that the resident was frequently incontinent with respect to bladder. The change in continence identified in the RAI-MDS assessment triggered the Urinary Continence and Indwelling Catheter RAP.

Record review and staff interview confirmed that a bladder continence assessment was not completed following resident #010's change in continence identified by the RAI-MDS assessments. (568)

The licensee failed to ensure that the home's policy related to the Continence and Bowel Management Program was complied with when resident #010 did not have a bladder assessment completed with changes in their continence.

B) Resident #008 was admitted to the home and was assessed to be incontinent of bladder and bowel.

RAI-MDS assessment completed on a specified date in 2015 indicated that the resident's bowel continence had improved from frequently incontinent to usually continent. RAI-MDS assessment completed on a specified date in 2015 indicated that the residents bowel continence had deteriorated from usually continent to frequently incontinent.



Interview with the Director of Care (DOC) and the Assistant Director of Care (ADOC) confirmed that a Bowel Assessment using the Bladder and Bowel Continence Assessment should have been completed with these changes in continence.

Interview with the DOC and ADOC confirmed record review of assessments completed in 2015, for resident #008 that identified that the assessments used did not include information related to Bowel Continence.

The licensee failed to ensure that the home's policy related to the Continence and Bowel Management Program was complied with when resident #008 did not have a Bowel Assessment completed with changes in their continence status. [s. 8. (1) (b)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with., to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system**



**Specifically failed to comply with the following:**

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
  - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
  - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
  - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
  - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
  - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
  - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home was equipped with a resident-staff communication and response system that, could be easily seen, accessed and used by residents, staff and visitors at all times.

On November 30, 2015, it was observed by Inspector 523 that on the first floor, the call bell in the west lounge was not easily seen and accessed. The call bell was located behind the television.

On November 30, 2015, it was observed by Inspector 568 that on the third floor, the call bell in the west lounge was not easily seen and accessed. The call bell was located behind the television.

During interview with the Administrator on December 7, 2015 it was confirmed that the call bell in the third floor lounge was not easily seen and accessible due to its location behind the television.

The licensee failed to ensure that the home was equipped with a resident-staff communication and response system that, could be easily seen, accessed and used by residents, staff and visitors at all times. [s. 17. (1) (a)]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that the home is equipped with a resident-staff communication and response system that, can be easily seen, accessed and used by residents, staff and visitors at all times, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

**Specifically failed to comply with the following:**

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:  
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that proper techniques were used to assist residents with eating, including safe positioning of residents who require assistance.

During observation of a meal a Personal Support Worker was observed standing while providing assistance with feeding for resident #016 and #017.

Record review revealed that resident #017 required extensive assistance of one person with eating and drinking. Resident #016's plan of care indicated that they required extensive assistance of one staff to initiate the eating process. Once they get started the resident can eat on their own but they may require cueing.

Staff interview with the Director of Care revealed that the home's practice when providing assistance for feeding was to sit at the level of the resident in order to minimize risk of choking. The Director of Care confirmed that staff did not use proper techniques including safe positioning while feeding Resident #016 and #017. [s. 73. (1) 10.]



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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that proper techniques are used to assist residents with eating, including safe positioning of residents who require assistance, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

**Specifically failed to comply with the following:**

**s. 51. (2) Every licensee of a long-term care home shall ensure that,  
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that each resident who was incontinent had an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan was implemented.

Resident #008 was identified in Bladder and Bowel Continence Assessment completed at the time of admission to be incontinent of bladder and bowel. The assessment indicated that a plan of care was initiated.

Review of the Resident Assessment Instrument (RAI) completed identified that resident #008 had a change in bowel continence and was usually continent. A subsequent assessment indicated that resident #008 was frequently incontinent of bowels.

The plan of care for resident #008 was reviewed with the Director of Care and the Assistant Director of Care who confirmed that the plan of care did not include an individualized plan to manage bowel continence for resident #008.

The licensee failed to ensure that resident #008, who was incontinent, had an individualized plan, as part of their plan of care, to promote and manage bowel continence based on the assessment and that the plan was implemented. [s. 51. (2) (b)]

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

**Specifically failed to comply with the following:**

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,  
(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks; O. Reg. 79/10, s. 90 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that procedures ensuring that the plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories were maintained and free of corrosion and cracks, were implemented.

A review of the home's policy titled Deep Cleaning Resident Room LTC reference number 003040.00 with the Administrator and Director of Policy confirmed that under procedure #11 staff were to complete the Preventive Maintenance (PM) Quarterly Room Audit and report findings immediately to their supervisor and put maintenance requests in the maintenance log book for any outstanding issues in the room.

Attached to that policy was form 003040.00 (a), titled Preventive Maintenance Deep Clean Quarterly Room Inspection Record which included plumbing/toilet inspection as part of the record.

Observations during the RQI revealed specified resident bathrooms with washroom fixtures with corrosion, and calcification build up.

A tour of the sample rooms, completed with the Administrator, confirmed the observations.

The Administrator confirmed that it was the home's expectation that staff implement all policies and procedures of the home, and ensure that the plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories were maintained and kept free of corrosion and cracks. [s. 90. (2) (d)]

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**Issued on this 23rd day of December, 2015**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**



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soins de longue durée**

**Original report signed by the inspector.**





Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
des Soins de longue durée

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** DEBORA SAVILLE (192), ALI NASSER (523),  
DOROTHY GINTHER (568)

**Inspection No. /**

**No de l'inspection :** 2015\_226192\_0063

**Log No. /**

**Registre no:** 032445-15

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Dec 21, 2015

**Licensee /**

**Titulaire de permis :** PeopleCare Not-For-Profit Homes Inc.  
650 Riverbend Drive, Suite D, KITCHENER, ON,  
N2K-3S2

**LTC Home /**

**Foyer de SLD :** PeopleCare A.R Goudie Kitchener  
369 FREDERICK STREET, KITCHENER, ON, N2H-2P1

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Dale Shantz

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To PeopleCare Not-For-Profit Homes Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8



**Ministry of Health and  
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**Ministère de la Santé et  
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**Order(s) of the Inspector**

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section 154 of the *Long-Term Care  
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**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 212. (4) Subject to subsection (5), the licensee shall ensure that everyone hired as an Administrator after the coming into force of this section,

- (a) has a post-secondary degree from a program that is a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that is a minimum of two years in duration;
- (b) has at least three years working experience,
  - (i) in a managerial or supervisory capacity in the health or social services sector, or
  - (ii) in another managerial or supervisory capacity, if he or she has already successfully completed the course mentioned in clause (d);
- (c) has demonstrated leadership and communications skills; and
- (d) has successfully completed or, subject to subsection (6), is enrolled in, a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time. O. Reg. 79/10, s. 212 (4).

**Order / Ordre :**



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

The licensee shall prepare, submit and implement a plan to ensure that the Administrator of the home has;

- a) A post-secondary degree from a program that is a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that is a minimum of two years in duration and
- b)(ii) has a least three years working experience in another managerial or supervisory capacity if they have already successfully completed a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time.

The plan is to be submitted electronically to Long Term Care Homes Inspector, Debora Saville of the Ministry of Health and Long Term Care, London Service Area Office, 130 Dufferin Ave, 4th Floor, London, Ontario, at [debora.saville@ontario.ca](mailto:debora.saville@ontario.ca) by January 5, 2016.

**Grounds / Motifs :**



**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

1. The licensee has failed to ensure that an Administrator hired after July 1, 2010 had a post-secondary degree from a program that was a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that was a minimum of two years in duration and had successfully completed a program in long-term care home administration or long-term care home management that was a minimum of 100 hours in duration of instruction time.

The licensee hired a new Administrator who started in the home on August 31, 2015.

Interview with the Administrator confirmed that they had not completed a degree that was a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that was a minimum of two years in duration. The Administrator confirmed they had greater than three years working experience in another managerial or supervisory capacity but that they had not completed a program in long-term care home administration or long-term care home management. The Administrator confirmed that they are enrolled in a long-term care home administration program to start February 20, 2016.

The licensee failed to ensure that the Administrator of the home has a post secondary degree or diploma in health or social services and has successfully completed or is enrolled in a program in long-term care home administration or management.

The licensee has no history related to this area of non-compliance. There is a potential risk in that the Administrator is not qualified to run the home and has no experience in long-term care. The impact is widespread in that the Administrator is to be in charge of the long-term care home and has responsibility for its management. (192)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Jan 29, 2016**



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et  
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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

### **REVIEW/APPEAL INFORMATION**

#### **TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance  
Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).





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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 21st day of December, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** DEBORA SAVILLE

**Service Area Office /**

**Bureau régional de services :** London Service Area Office