



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

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

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

**Rapport d'inspection  
prévues le Loi de 2007 les  
foyers de soins de longue**

**Health System Accountability and Performance  
Division  
Performance Improvement and Compliance Branch  
Division de la responsabilisation et de la  
performance du système de santé  
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**Public Copy/Copie du public**

<b>Date(s) of inspection/Date(s) de l'inspection</b>	<b>Inspection No/ No de l'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
Aug 2, 4, 7, 8, 9, 10, 11, Sep 2, 9, Oct 6, 12, 13, 17, Nov 7, 21, Dec 2, 2011; Jan 3, 4, 2012	2011_050151_0003	Resident Quality Inspection

**Licensee/Titulaire de permis**

ATIKOKAN GENERAL HOSPITAL  
120 DOROTHY STREET, ATIKOKAN, ON, P0T-1C0

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

ATIKOKAN GENERAL HOSPITAL  
120 DOROTHY STREET, ATIKOKAN, ON, P0T-1C0

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

MONIQUE BERGER (151), LAUREN TENHUNEN (196)

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



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

During the course of the inspection, the inspector(s) spoke with

- Administrator
- Director of Care (DOC)
- Physiotherapist
- Charge Nurse
- Food Service Manager
- Activation Co-ordinator
- Activation Summer student
- Residents
- Family members of residents
- Registered staff
- Personal Support Workers
- Maintenance Manager
- Pharmacy Technologist
- RAI/co-ordinator

During the course of the inspection, the inspector(s)

- directly observed care to residents
- did daily environmental walk-through the home
- observed dining and meal delivery service,
- reviewed policies and procedures manuals,
- reviewed resident health records
- directly observed medication administration to residents,
- reviewed the home's programs in regards to restorative care, pain management, fall management, skin and wound care, continence care and bowel management and responsive behavior management
- reviewed Activation Program goals, objectives, calendar of activities
- reviewed activation attendance records,

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping**

**Accommodation Services - Laundry**

**Accommodation Services - Maintenance**

**Admission Process**

**Continence Care and Bowel Management**

**Dignity, Choice and Privacy**

**Dining Observation**

**Falls Prevention**

**Family Council**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**



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Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Trust Accounts

Findings of Non-Compliance were found during this inspection.

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

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 87. Housekeeping**

Specifically failed to comply with the following subsections:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces;

(c) removal and safe disposal of dry and wet garbage; and

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

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**Findings/Faits saillants :**

1. The licensee does not address incidents of lingering offensive odours.

[O.Reg.79/10, s. 87. (2) (d)]

August 3,4,9, 10 and 11, 2011, Inspector did a home walk-through upon her arrival. On each of these days, the same room had a consistent and pervasive odor of feces and urine.

August 4, 2011 at 1030 h, Inspector observed that in a resident room there was a strong odor of urine and feces. Inspector observed the garbage can in the washroom of this bed room was over-flowing with soiled incontinent products. Inspector observed that feces was present on the raised toilet seat and that toilet paper on the floor close to the wall by the toilet had feces on it.

Inspector interviewed staff regarding persistent room odors. This staff person confirmed awareness that certain rooms in the home had recurrent lingering offensive odors.

**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 in addressing incidents of lingering offensive odors, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care**

Specifically failed to comply with the following subsections:

s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,

(a) mouth care in the morning and evening, including the cleaning of dentures;

(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and

(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

s. 34. (2) The licensee shall ensure that each resident receives assistance, if required, to insert dentures prior to meals and at any other time as requested by the resident or required by the resident's plan of care. O. Reg. 79/10, s. 34 (2).

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**Findings/Faits saillants :**

1. The licensee has not ensured that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes mouth care in the morning and evening, including the cleaning of dentures.[O.Reg.79/10, s. 34. (1) (a)]

The home's policy ORAL CARE(MOUTH CARE) NUMBER: 01-14 DATED SEPTEMBER 2010, is explicit in directing staff: they "must provide, remind, or cue oral hygiene care for patients/residents/clients twice daily or more frequently as their condition indicate".

Review of the most current Plan of Care for a resident indicates that staff are to do mouth care DAILY. Ministry regulation and the home's policy is explicit that oral care be done TWICE DAILY.

Observation by Inspector on August 9, 2011 showed that a resident did not have dentures in. In addition, the resident did not have dentures in for the evening meal. No dentures were found in resident's washroom or at the bedside. Resident's current plan of care printed June 29, 2011 states that resident has dentures and staff are to remove and rinse dentures after each meal.

Inspector directly observed a resident to have "scum" flaking on the lips. An interview was held with a staff member in regards to this observation. This staff person stated "Sometimes [staff] do not do [the resident's] mouth care, I have had to do it once in a while because it is apparent there is a need for mouth care".

**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 to ensure that all residents of the home receive oral care to maintain the integrity of the oral tissue, to be implemented voluntarily.*

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care****Specifically failed to comply with the following subsections:**

**s. 50. (2) Every licensee of a long-term care home shall ensure that,**

**(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,**

**(i) within 24 hours of the resident's admission,**

**(ii) upon any return of the resident from hospital, and**

**(iii) upon any return of the resident from an absence of greater than 24 hours;**

**(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**

**(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**

**(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**

**(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**

**(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;**

**(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and**

**(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).**

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**Findings/Faits saillants :**

1. The licensee has not ensured that any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated.[O.Reg.79/10, s. 50. (2) (d)]

The following observation was made by the Inspector on August 10, 2011 from 0850hrs to 1145hrs. Two residents were seated in their specialized chairs in front of nursing desk during this time period of 0850 to 1145 h. The only repositioning noted was to elevate chairs into a more upright position. A third resident was also present in the hallway and in a specialized chair from 0850 till 1100hrs. No repositioning was noted for this resident during this time period. At 1100 h, the third resident was removed from the nursing desk and moved to another room for an activity. Other than moving the location, the resident was not repositioned.

AUGUST 3, 2011 0830-1200 h. a resident was observed by the Inspector to be up in a specialized chair in the hallway by nursing station. Resident was not re-positioned or moved from the area during this entire span of time: 0830 h to 1200 h.

AUGUST 8, 2011 0830-1200 H. a resident was observed by Inspector to be up in a specialized chair in the hallway by nursing station. Resident was not re-positioned or moved from the area during this entire span of time: 0830 h-1200 h.

**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 to ensure that any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

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

**s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,**  
**(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and**  
**(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).**

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**Findings/Faits saillants :**

1. The licensee does not have a schedule for routine, preventive or remedial maintenance. [O.Reg.79/10, s.90.(1)(b)]

Inspector observed that in a resident room, the wall had chipped and scuffed paint and that pieces of the baseboard trim was missing. In addition there were water stains on the ceiling.

Review of the Family/Resident Council meeting notes from May 11, 2011 shows a documented resident/family concern that the resident rooms are very rundown and could use a complete refresher with walls being painted and trim replaced.

Inspector interviewed two staff persons who confirmed that they were not aware of any regular routine or preventative maintenance programs in regards to patching and painting of resident room on the ELDCAP unit. These staff persons stated that rooms are brought up to previous condition when residents expire or move out, if time permits.

**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 in ensuring the the home has a schedule for routine , preventative or remedial maintenance, to be implemented voluntarily.*

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**  
**Specifically failed to comply with the following subsections:**

**s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:**

- 1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.**
- 2. Residents must be offered immunization against influenza at the appropriate time each year.**
- 3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.**
- 4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.**
- 5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).**

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**Findings/Faits saillants :**

1. The licensee has not ensured that immunization and screening measures are in place in regards to tetanus and diphtheria.

[O.Reg.79/10, s. 229. (10) 3.]

Inspector interviewed a home staff person August 11, 2011. This staff person confirmed that the policies and procedures for immunizing residents in regards to tetanus and diphtheria were not as yet implemented.

**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 to ensure that the licensee's Infection Prevention and Control Program is reflective of the requirements under the act[subsection 86(1) and regulation 229],, to be implemented voluntarily.*

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning**  
**Specifically failed to comply with the following subsections:**

**s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,**

- (a) three meals daily;**
- (b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and**
- (c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).**

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**Findings/Faits saillants :**

1. The licensee has not ensured that all residents are offered at a minimum a between meal beverage in the morning and afternoon and a beverage in the evening after dinner.[O.Reg.79/10, s. 71. (3) (b)]

At 1115 h on August 10,2011, Inspector overheard two(2) staff persons questioning each other in regards to whether or not nourishments had been given out that morning. One staff person stated that a recreation aide had done the pass. The Inspector had been sitting at nursing station the whole of the morning and had noted that no staff was observed to give fluid/nourishments to two residents seated in specialized chairs by the desk. Review of the residents' care plans showed these residents were totally dependent on staff for personal care needs and were on textured modified diets.

At 1145 h. the Inspector spoke to a staff person and inquired as to whether or not the two residents seated in specialized chairs near the desk had received any fluids during the morning fluid pass. The Staff person made an inquiry and returned to inform the Inspector the two residents had not been given any fluids on the morning pass.

**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 to ensure that all residents are offered at a minimum a between meal beverage in the morning and afternoon and a beverage in the evening after dinner, to be implemented voluntarily.***

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 241. Trust accounts**

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

**s. 241. (7) The licensee shall,**

**(a) provide a resident, or a person acting on behalf of a resident, with a written receipt for all money received by the licensee from the resident, or any other person, for deposit in a trust account on behalf of the resident;**

**(b) where the licensee has deposited in a trust account money received from any person on behalf of a resident, make part or all of the money available to the resident or a person acting on behalf of the resident, (i) in accordance with the instructions of the resident or a person acting on behalf of the resident in respect of the property the resident or the person is legally authorized to manage, and**

**(ii) upon the resident, or the person acting on behalf of the resident, signing an acknowledgement that the resident, or the person acting on behalf of the resident, received the funds;**

**(c) maintain a separate ledger for each trust account showing all deposits to and withdrawals from the trust account, the name of the resident for whom the deposit or withdrawal is made and the date of each deposit or withdrawal;**

**(d) maintain a separate book of account for each resident for whom money is deposited in a trust account;**

**(e) on the written demand of a resident, or a person acting on behalf of a resident, make the residents' book of account referred to in clause (d) available for inspection by the resident or the person during any business day;**

**(f) provide to the resident, or to a person acting on behalf of a resident, a quarterly itemized written statement respecting the money held by the licensee in trust for the resident, including deposits and withdrawals and the balance of the resident's funds as of the date of the statement; and**

**(g) with respect to each resident for whom money is deposited in a trust account, retain for a period of not less than seven years,**

**(i) the books of account, ledgers, deposit books, deposit slips, pass-books, monthly bank statements, cheque books and cancelled cheques applicable to the trust account,**

**(ii) the written instructions and authorizations and acknowledgements of receipt of funds of the resident and the person acting on behalf of the resident, and**

**(iii) the written receipts and statements provided to the resident, or a person acting on behalf of a resident. O. Reg. 79/10, s. 241 (7).**

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**Findings/Faits saillants :**



1. The licensee has not provided to the resident, or to a person acting on behalf of a resident, a quarterly itemized written statement respecting the money held by the licensee in trust for the resident, including deposits and withdrawals and the balance of the resident's funds as of the date of the statement.[O.Reg.79/10, s. 241. (7) (f)]

In an interview held August 3, 2011, a resident's family member stated that POA (Power of Attorney) does not receive any statements for the trust account held by the home. A staff person interviewed confirmed that no monthly or quarterly statements from the trust accounts are issued to residents or POAs.

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**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16.**

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**Findings/Faits saillants :**

1. The licensee has not ensured that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.[ O. Reg. 79/10, s. 16]. Direct observations made by Inspector 196 on August 2,3,and 4, 2011 showed that for every resident room observed the windows could be opened to the outside greater than 15cm.

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**WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services Specifically failed to comply with the following subsections:**

**s. 15. (2) Every licensee of a long-term care home shall ensure that,**  
**(a) the home, furnishings and equipment are kept clean and sanitary;**  
**(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and**  
**(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

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**Findings/Faits saillants :**

1. The licensee is not ensuring that the home is maintained in a good state of repair. [LTCHA,2007 S.O.2007,c.8, s.15. (2) (c)]

Inspector observed that in a resident room, the wall had chipped or scuffed paint and that pieces of baseboard trim was missing. In addition there were water stains on the ceiling.

Review of the Family/Resident Council meeting notes from May 11, 2011 shows a documented resident/family concern that the resident rooms are very rundown and could use a complete refresher with walls being painted and trim replaced.

Inspector interviewed two(2) staff persons who stated they were not aware of any regular routine maintenance schedule for painting or wall repairs for the ELDCAP unit. Further, they related rooms are brought up to previous condition when only when residents expire or move out, if time permits.

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**WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program**

Specifically failed to comply with the following subsections:

s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,  
(a) the provision of supplies and appropriate equipment for the program;  
(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends;  
(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests;  
(d) opportunities for resident and family input into the development and scheduling of recreation and social activities;  
(e) the provision of information to residents about community activities that may be of interest to them; and  
(f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).

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**Findings/Faits saillants :**

1. \*\*\*\*\*The licensee's recreation and social activities program does not offer programming in the evenings [O.Reg.79/10, s.65.(2)(b)].  
Inspector reviewed the activity calendars for the month of July and August 2011. They show the only activity offered in the evenings is "communion service" once weekly.

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**WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service**

Specifically failed to comply with the following subsections:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,  
(a) procedures are developed and implemented to ensure that,  
(i) residents' linens are changed at least once a week and more often as needed,  
(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,  
(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and  
(iv) there is a process to report and locate residents' lost clothing and personal items;  
(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;  
(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and  
(d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).

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**Findings/Faits saillants :**

1. The licensee does not have a formal process for the reporting and the locating of residents' lost clothing and personal items.

[O.Reg.79/10, s.89(1)(a)(iv)]

Inspector interviewed a resident who stated that [this resident] was missing two pairs of slippers and that to date they have not been found.

Inspector interviewed two(2)staff persons who confirmed the home does not have a formal process to report and locate residents' lost clothing and personal items.

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**WN #12: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
  - i. participate fully in the development, implementation, review and revision of his or her plan of care,
  - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
  - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
  - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
  - i. the Residents' Council,
  - ii. the Family Council,
  - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
  - iv. staff members,
  - v. government officials,
  - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

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**Findings/Faits saillants :**

1. \*\*\*\*\*The licensee has not ensured that every resident is properly sheltered, fed, clothed and cared for in a manner consistent with his or her need.[LTCHA,2007 S.O.2007,c.8, s.3. (1) 4]

The Inspector observed that a resident had an occasional moist cough during the meal. The Inspector was made aware by a staff person the resident was at risk for choking with food or fluid intake. For a noon day meal, the Inspector observed a staff member feeding the resident in the main dining room. The staff person was using a spoon to feed the resident and was observed to put into the resident's mouth a total of three full teaspoons of food within a 5 seconds span of time. In addition, the staff person repeatedly used the same spoon to remove excess pureed food off of the residents lips and chin.

During this resident's meal, there was no observed communication or interaction between the staff person and the resident.

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**WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 43. Every licensee of a long-term care home shall ensure that strategies are developed and implemented to meet the needs of residents with compromised communication and verbalization skills, of residents with cognitive impairment and of residents who cannot communicate in the language or languages used in the home. O. Reg. 79/10, s. 43.**

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**Findings/Faits saillants :**

1. \*\*\*\*\*Strategies are not developed and implemented to meet the needs of the resident who is presenting with compromised communication and verbalization skills, cognitive impairment and who cannot communicate in the languages used in the home. [O.Reg.79/10, s.43]

Interviews, direct observation and record reviews confirm that there is no individual communication plan developed to address the communication and language barrier needs for a resident identified to have cognitive impairments

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**WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 224. Information for residents, etc.**

Specifically failed to comply with the following subsections:

s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:

1. The resident's ability under subsection 82 (2) of this Regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 82 (1).
  2. The resident's obligation to pay the basic accommodation charge as described in subsection 91 (3) of the Act.
  3. The obligation of the resident to pay accommodation charges during a medical, psychiatric, vacation or casual absence as set out in section 258 of this Regulation.
  4. The method to apply to the Director for a reduction in the charge for basic accommodation and the supporting documentation that may be required, including the resident's Notice of Assessment issued under the Income Tax Act (Canada) for the resident's most recent taxation year.
  5. A list of the charges that a licensee is prohibited from charging a resident under subsection 91 (1) of the Act.
  6. The list of goods and services permitted under paragraph 3 of subsection 91 (1) of the Act that a resident may purchase from the licensee and the charges for those goods and services.
  7. The resident's ability to have money deposited in a trust account under section 241 of this Regulation.
  8. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 224 (1).
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**Findings/Faits saillants :**

1. \*\*\*\*\*The admission package does not include information on the ability to retain a physician or RN (EC) to perform the required services.

[O.Reg.79/10, s. 224. (1) 1]

Inspector reviewed the admission package with a staff person who confirms that the admission package does not have any reference to s. 224.(1) 1. and that it has not been revised since April 2007

2. \*\*\*\*\*The admission package did not include trust account information

[O.Reg.79/10, s. 224. (1) 7]

Inspector reviewed the admission package with a staff person who confirms Inspector's observation that the admission package does not have any reference to s. 224.(1) 7. and that it has not been revised since April 2007.

3. \*\*\*\*\*The admission package does not include the list of goods and services that a resident may purchase from the licensee and the charges for those goods and services. [O.Reg.79/10, s. 224. (1) 6].

Inspector reviewed the admission package with a staff who confirms Inspector 151's observation that the admission package does not have any reference to [s. 224.(1) 6.] and that the admission package has not been revised since April 2007.

4. \*\*\*\*\*The home has not ensured that the Ministry's toll free telephone number for making complaints about the home is accurate and up to date in the package of information provided to residents upon admission.[O.Reg.79/10, s. 224. (1) 8.]

Inspector reviewed the admission package with a staff person who confirms Inspector 151's observation that the admission package does not have any reference to s. 224.(1) 8. and that the admission package has not been revised since April 2007.

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**WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information**

Specifically failed to comply with the following subsections:

s. 225. (1) For the purposes of clause 79 (3) (q) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 79 of the Act includes the following:

1. The fundamental principle set out in section 1 of the Act.
2. The home's licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 101 (3) of the Act.
3. The most recent audited report provided for in clause 243 (1) (a).
4. The Ministry's toll-free telephone number for making complaints about homes and its hours of service.
5. Together with the explanation required under clause 79 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 24 of the Act. O. Reg. 79/10, s. 225 (1).

**Findings/Faits saillants :**

1. The most recent audited report is not posted and communicated.

[O.Reg.79/10, s. 225. (1) 3].

Inspector was unable to find this report posted in the home or hospital. Interview with a staff person confirms that this report has not been historically posted.

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**WN #16: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**

Specifically failed to comply with the following subsections:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 24 to make mandatory reports.
5. The protections afforded by section 26.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

**Findings/Faits saillants :**

1. The licensee has not ensured that staff receive training in the area of mandatory reporting under section 24 of the Act of improper or incompetent treatment or care, unlawful conduct, abuse or neglect resulting in harm or potential harm to a resident, prior to performing their responsibilities.

[LTCHA,2007 S.O.2007,c.8, s.76. (2) 4.]

The home's current policy that guides staff in regards to mandatory reports is POLICY 10-10-01 - REPORTING OF ABUSE. This policy has a last review date of January 2009. This policy references the Ministry process requirements that existed prior to the proclamation of the LTCH Act 2007 made effective July 1, 2010. For example: the policy references and directs staff to complete "Unusual Occurrence form...if the incident involves a resident of the ECW" (Extended Care West Unit) and "to do so within 10 working days". It gives no other circumstance than "abuse" for mandatory reporting.

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**WN #17: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.**

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

**s. 78. (2) The package of information shall include, at a minimum,**

- (a) the Residents' Bill of Rights;**
- (b) the long-term care home's mission statement;**
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;**
- (d) an explanation of the duty under section 24 to make mandatory reports;**
- (e) the long-term care home's procedure for initiating complaints to the licensee;**
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;**
- (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;**
- (h) the name and telephone number of the licensee;**
- (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home;**
- (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;**
- (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;**
- (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;**
- (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;**
- (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;**
- (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;**
- (p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;**
- (q) an explanation of the protections afforded by section 26; and**
- (r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)**

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**Findings/Faits saillants :**

1. The admission package does not include an explanation of whistle-blowing protections related to retaliation. [LTCHA,2007 S.O.2007,c.8, s.78. (2) (q)]  
Inspector reviewed the admission package with a staff person who confirms the admission package does not have this reference and the admission's package latest revision was April 2007.
2. \*\*\*\*\*The admission package does not include a disclosure of any non-arm's length relationships that exist between the licensee and other providers who offer care, services, programs or goods to residents. [LTCHA,2007 S.O.2007,c.8, s.78. (2) (n)]  
Inspector reviewed the admission package with a staff person who confirms the admission package does not have this reference and the Admission Package was last revised April 2007.
3. \*\*\*\*\*The admission package does not include a statement that residents are not required to purchase care, services, programs or goods from the licensee, and may purchase such things from other providers, subject to any restrictions by the licensee, with respect to the supply of drugs. [LTCHA,2007 S.O.2007,c.8, s.78. (2) (m)].  
Inspector reviewed the admission package with a staff person who confirms the admission package does not have this reference.
4. \*\*\*\*\*The admission package does not include a statement of the maximum amount that a resident can be charged for each type of accommodation offered in the home. [LTCHA,2007 S.O.2007,c.8, s.78. (2) (i)]  
Inspector reviewed the admission package with a staff person who confirms the admission package does not have this reference and the Admission package has not been revised since April 2007.
5. \*\*\*\*\*The admission package does not include the home's policy on minimizing the restraining of residents and how to obtain a copy of the policy.[LTCHA,2007 S.O.2007,c.8, s.78. (2) (g)]  
Inspector reviewed the admission package with a staff person who confirms the admission package does not have this reference and the admission package has not been revised since April 2007.
6. \*\*\*\*\*The admission package does not include an explanation of the duty to make mandatory reports related to incidents resulting in harm or risk of harm to residents.
  - \* abuse by anyone or neglect by the licensee or staff
  - \* unlawful conduct
  - \* misuse or misappropriation of a resident's money
  - \* misuse or misappropriation of funding provided to the licensee?[LTCHA,2007 S.O.2007,c.8, s78. (2) (d)]  
Inspector reviewed the admission package with a staff person who confirms the admission package does not have this reference and the admission package has not been revised since April 2007.
7. \*\*\*\*\*The admission package did not include the current Resident Bill of Rights. [LTCHA,2007 S.O.2007,c.8, s. 78. (2) (a)]  
Inspector reviewed the admission package with a staff person who confirms the Inspector's observation that the Handbook has not been revised since April 2007 and that the most current Resident's Bill of Right is not present.

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**WN #18: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information**



Specifically failed to comply with the following subsections:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,

- (a) the Residents' Bill of Rights;
  - (b) the long-term care home's mission statement;
  - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
  - (d) an explanation of the duty under section 24 to make mandatory reports;
  - (e) the long-term care home's procedure for initiating complaints to the licensee;
  - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
  - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;
  - (h) the name and telephone number of the licensee;
  - (i) an explanation of the measures to be taken in case of fire;
  - (j) an explanation of evacuation procedures;
  - (k) copies of the inspection reports from the past two years for the long-term care home;
  - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;
  - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;
  - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;
  - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;
  - (p) an explanation of the protections afforded under section 26; and
  - (q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)
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Findings/Faits saillants :

1. \*\*\*\*An explanation of whistle-blowing protections related to retaliation is not posted and communicated.  
[LTCHA,2007 S.O.2007,c.8,s.79. (3) (p)]  
Inspector toured the home and was unable to find this reference posted in the home or hospital. Staff member interviewed confirmed this reference has not been historically posted.
2. \*\*\*\*The most recent minutes of the Residents' Council meetings, with consent of the Council, were not posted and communicated.  
[LTCHA,2007 S.O.2007,c.8, s.79. (3) (n)]  
Inspector toured the home and was unable to find this reference posted in the home or hospital. The staff member was interviewed confirmed this reference has not been historically posted.
3. \*\*\*\*The policy to minimize the restraining of residents is not posted and communicated, as well as information about how a copy of the policy can be obtained.  
[LTCHA,2007 S.O.2007,c.8, s.79. (3) (g)]  
Inspector toured the home and was unable to find this reference posted in the home or hospital. The staff member interviewed confirmed this reference has not been historically posted.
4. \*\*\*\*The procedures for initiating complaints to the licensee is not posted and communicated.  
[LTCHA,2007 S.O.2007,c.8, s.79. (3) (e)]  
Inspector toured the home and was unable to find this reference posted in the home or hospital. The staff person interviewed confirmed this reference has been posted historically, however, at the time of the inspection it appeared to have gone missing.
5. \*\*\*\*The policy to promote zero tolerance of abuse and neglect of resident is not found to be posted and communicated.  
[LTCHA,2007 S.O.2007,c.8, s.79. (3) (c)]  
Inspector toured the home to identify required postings. The policy to promote zero tolerance of abuse and neglect of residents was not found posted anywhere on the unit or in public areas of the hospital.

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**WN #19: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

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

**s. 73. (2) The licensee shall ensure that,**

**(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and**

**(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).**

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**Findings/Faits saillants :**

1. \*\*\*\*The licensee has not ensured that no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.[O.Reg.79/10, s. 73. (2)]  
Inspector noted the following on August 2, 2011 at the supper meal. A tray service for a resident was plated and not given to the resident for greater than 10 minutes. No attempt to re-therm the food before bringing it out to the resident was made.

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**WN #20: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance**

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

- s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,**
- (a) shall provide that abuse and neglect are not to be tolerated;**
  - (b) shall clearly set out what constitutes abuse and neglect;**
  - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;**
  - (d) shall contain an explanation of the duty under section 24 to make mandatory reports;**
  - (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;**
  - (f) shall set out the consequences for those who abuse or neglect residents;**
  - (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and**
  - (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**
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**Findings/Faits saillants :**

1. The licensee has not ensured that the policy to promote zero tolerance of abuse and neglect of residents shall: (d) contain an explanation of the duty under section 24 of the Act to make mandatory reports. [LTCHA,2007 S.O.2007,c.8, s.20 (2) (d)]

Inspector observed the last revision date for policy 10-10-01 -"Reporting of Abuse" is dated as "Jan/09". The processes for mandatory reporting under section 24 are not stipulated or explained in this policy. The home's policy references the process used prior to the proclamation of the LTCH Act 2007, July 1, 2010.

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**WN #21: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 56. Residents' Council**

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

- s. 56. (1) Every licensee of a long-term care home shall ensure that a Residents' Council is established in the home. 2007, c. 8, s. 56 (1).**
- s. 56. (2) Only residents of the long-term care home may be a member of the Residents' Council. 2007, c. 8, s. 56 (2)**
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**Findings/Faits saillants :**

1. Not all members of the Resident's Council are residents of the long-term care home. [LTCHA,2007 S.O.2007,c.8, s.56.(2)]

The Council is named "Resident/Family" Council. Review of the minutes of the last 3 meetings shows the following attendance at meetings: \*\*\*January 24, 2008: 5 residents and 3 family members. \*\*\*June 26, 2010:7 residents + 7 family members. Three staff noted to be in attendance at this meeting.\*\*\*May 11, 2011: 5 residents + 6 family members + 2 home staff

Policy Number 02-30 RESIDENT/FAMILY ADVISORY COUNCIL: TERMS OF REFERENCE/GOALS indicates that membership is to include as voting members "any resident and family member"

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**WN #22: 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 subsections:

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;

(b) the goals the care is intended to achieve; and

(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 plan of care does not set out clear directions to staff and others who provide direct care to the the resident. [LTCHA,2007 S.O.2007,c.8, s.6. (1) (c)]

On Aug 09, 2011 at 18:36 h, Inspector noted that resident's Plan of Care includes a separate document called "Kardex". Interview with staff confirms staff use the Kardex for quick reference in relation to giving care to residents. Inspector observed that information in the Kardex does not give clear direction to staff and others who provide direct care to the resident.

For example and in reference to the most recent Kardex printed June 28, 2011 for a resident: examples of Kardex being not clear are as follows:

a.) Notation as written regarding mouth care: " Has dentures and/or removable bridge. Daily cleaning of teeth or dentures, or daily mouth care by Client or staff".

The Kardex is not clear as to whether the resident has teeth, dentures or a bridge. The Kardex is not clear as to how much assistance the resident requires.

b.) Notation as written: "ADL: 2 person physical assist".

Notation as written in relation to transfer: " 2 person physical assist- lift manually-lifted, mechanically-transfer aid(eg slide board, trapeze, cane, walker, brace) - "Total dependence". "Full staff performance of activity during entire shift."

The Kardex is unclear as to whether the resident is a 2 person physical lift or if the resident is a mechanical lift. The Kardex is unclear in indicating what transfer aid to use:slide board, tapeze, cane, walker or brace.

c.) Notation as written:"Nutritional Status: related to chewing and swallowing difficulty and total dependence on staff for feeding - plate guard stablelizer, built up utensils- chewing problems - mechanically altered diet"

Kardex is unclear. Do staff need to feed the resident or is the resident able to feedself with the aide of built up utensils and a plate guard to stablelize the plate? How much assistance is required?

Issued on this 4th day of January, 2012

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

*Monique G. Berger*