



**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
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Performance Improvement and
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**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 23, 2014	2014_365194_0005	000681- 13,001185- 13,000523- 13	Complaint

Licensee/Titulaire de permis

Chartwell Master Care LP
100 Milverton Drive, Suite 700, MISSISSAUGA, ON, L5R-4H1

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

BON AIR RESIDENCE
131 Laidlaw Street South, Cannington, ON, L0E-1E0

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

CHANTAL LAFRENIERE (194)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

**This inspection was conducted on the following date(s): June 17, 18, 19 & 20,
2014**

**During the course of this inspection two Complaint logs were completed
concurrently. Log # O-000681-13 and O-001185-13.**

**An area of non compliance for Log # O-001185-13 under LTCHA, 2007 s. 24 will
be issued under report #2014_284545_0015.**

**During the course of the inspection, the inspector(s) spoke with
Administrator/Director of Care, Resident Care and Services Consultant,
Assistant Director of Care (ADOC), Registered Nurse (RN), Registered Practical
Nurse(RPN), Social Worker (SW), Food Services Manager (FSM), Program and
Support Services Manager (PSSM), Personal Support Worker (PSW) and
Residents**

**During the course of the inspection, the inspector(s) reviewed internal concerns
forms, the licensee's complaint log, Residents' Council meeting minutes,
Resident Council recommendation/concern response form, staff educational
records. Review of identified resident's clinical health records and licensee's
policy related to oxygen, Resident Council, Complaints and Pain.**

**The following Inspection Protocols were used during this inspection:
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council**

Findings of Non-Compliance were found during this inspection.



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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :



1. The licensee failed to comply with LTCHA, 2007 s.57(2) when advice related to concerns or recommendations received by the Residents' Council was not responded to within 10 days

Review of the Residents' Council meeting minutes dated May 14, 2014 states that;

- concern was brought forward about staff assisting residents with completion of the satisfaction survey
- noted that Resident Council was not provided with survey to provide input in the development
- concern related to the availability of tomato juice at meals

President of Residents' Council has confirmed that no response from the licensee has been received for issues noted in the May 2014 minutes.

Administrator/Director of Care has confirmed that a response to the May 2014 Residents' Council Minutes has not been provided. [s. 57. (2)]

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 if the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing, to be implemented voluntarily.



WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 65. No interference by licensee

A licensee of a long-term care home,

(a) shall not interfere with the meetings or operation of the Residents' Council or the Family Council;

(b) shall not prevent a member of the Residents' Council or Family Council from entering the long-term care home to attend a meeting of the Council or to perform any functions as a member of the Council and shall not otherwise hinder, obstruct or interfere with such a member carrying out those functions;

(c) shall not prevent a Residents' Council assistant or a Family Council assistant from entering the long-term care home to carry out his or her duties or otherwise hinder, obstruct or interfere with such an assistant carrying out those duties; and

(d) shall ensure that no staff member, including the Administrator or other person involved in the management or operation of the home, does anything that the licensee is forbidden to do under clauses (a) to (c). 2007, c. 8, s. 65.

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA 2007, s.65(a) when it interfered with a meeting of the Residents' Council

President of the Residents' Council confirmed that on an identified date a guest was invited to attend the meeting and a staff member directed, that the guest could not attend the meeting.

The staff member stated that Council had been informed that the guest could not attend the meeting because the guest had not been invited by the "whole" Council. [s. 65. (a),s. 65. (b),s. 65. (c),s. 65. (d)]



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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 the licensee shall not interfere with the meetings or operation of the Residents' Council., to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 64. A licensee of a long-term care home shall attend a meeting of the Residents' Council or the Family Council only if invited, and shall ensure that the staff, including the Administrator, and other persons involved in the management or operation of the home attend a meeting of either Council only if invited. 2007, c. 8, s. 64.

Findings/Faits saillants :

1. The home failed to comply with LTCHA 2007, s.64 when the Administrator and other persons involved in the management of the home attended a meeting of the Residents' Council without being invited.

President of the Residents' Council confirmed that on two identified dates members of the management team attended the meetings without being invited.[s. 64.]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :



1. The licensee failed to comply with LTCHA, 2007 s.85(3) when it did not seek the advice of the Residents' Council in developing and carrying out the satisfaction survey.

PSSM has stated that Residents' Council did not participate in the development of the 2013 satisfaction survey.

President Residents' Council has confirmed that the licensee did not seek the advice of the Council in the development of the 2013 satisfaction survey [s. 85. (3)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :



1. The licensee failed to comply with O. Reg. 79/10 s.101(1)1 when a response was not provided within 10 business days of receipt of a resident complaint where the following concerns were identified:

A complaint letter from a resident was received by the Administrator on an identified date. The letter refers to a meeting held where the following concerns were identified:

- poor communication
- spending of Residents' Council funds.
- The PSSM and staff liaison had brought forward to the Council a "new format" for the running of the Resident's Council, also stating that at no time was the council given the format set out by OARC "so how can we decide how or if it would work for us".
- The staff liaison to Council "seems to be the one that takes charge of the meetings which is supposed to be handled by the group now and liaison is just there to take notes".

The Administrator at the time the complaint was submitted, is no longer at the home. The current Administrator and Resident Care and Services Consultant have confirmed that no response was provided to the resident related to this concern.

A complaint letter from a resident was received by the Administrator on an identified date outlining the following concerns;

- the way the resident is being treated.
- the resident has never been provided with assistance or help when it was requested
- the resident had purchased a book and when it was received by the home it was not given to the resident
- the resident identifies a conflict with a staff member

The Administrator at the time of the complaint is no longer at the home. The current Administrator and Resident Care and Services Consultant have confirmed that no response was provided to the resident related to this concern. [s. 101. (1) 1.]



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Issued on this 23rd day of June, 2014

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