



**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 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**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
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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>
Aug 20, 2015	2015_229213_0028	015850-15	Resident Quality Inspection

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

CORPORATION OF THE COUNTY OF BRUCE  
41 McGivern Street P.O. Box 1600 WALKERTON ON N0G 2V0

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

BRUCELEA HAVEN LONG TERM CARE HOME - CORPORATION OF THE COUNTY  
OF BRUCE  
41 MCGIVERN STREET WEST P.O. BOX 1600 WALKERTON ON N0G 2V0

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

RHONDA KUKOLY (213), CHRISTINE MCCARTHY (588), REBECCA DEWITTE (521)

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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): July 13, 14, 15, 16, 20, 21, 22, 2015**

**Three critical incidents and one follow up inspection were completed concurrently during this Resident Quality Inspection:**

**Follow up #008289-15 related to required programs.**

**Critical Incident #000084-15 M507-000001-15 related to alleged abuse.**

**Critical Incident #007545-15 M507-000004-15 related to alleged abuse.**

**Critical Incident #008239-15 M507-000005-15 related to alleged abuse.**

**Critical Incident #018814-15 M507-000010-15 related to alleged abuse.**

**During the course of the inspection, the inspector(s) spoke with the Chief Administrative Officer, the Administrator of Gateway Haven, the Director of Care, the Assistant Director of Care, a Resident Care Coordinator, a Resident Assessment Instrument (RAI) Coordinator, a Human Resources Staff, the Maintenance Supervisor, a Maintenance Staff, the Recreation and Leisure Manager, an Administrative Assistant, the Dietary Manager, two Registered Nurses, seven Registered Practical Nurses, thirteen Personal Support Workers, a Physiotherapy Assistant, four Family Members and more than 41 Residents.**

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



Accommodation Services - Maintenance  
Contenance Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Quality Improvement  
Residents' Council  
Responsive Behaviours  
Skin and Wound Care

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

6 WN(s)  
2 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:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 48. (1)	CO #001	2015_217137_0005		213



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

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: 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:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program.



Observations of resident washrooms on July 13, 14 & 15, 2015 by Inspectors #213, #521 & #588 on all three resident care floors including the special care unit which housed cognitively impaired residents revealed multiple soiled and unlabeled items including denture cups, tooth brushes, hair combs and brushes, pumice boards, razors, roll on deodorant, partially used bars of soap, and partially used jars of petroleum jelly were found stored on the counters in shared bathrooms.

An interview with a Personal Support Worker (PSW) on July 15, 2015 by inspector #521 confirmed it was the home's expectation that the personal care items were to be labeled with the resident's name when stored in shared bathrooms as part of the infection control program. (521)

An interview with a PSW on July 16, 2015 by Inspector #588 confirmed that the expectation of the home was that all personal care items needed to be labeled and any personal bar soap should be kept in the resident's specific drawer as part of the infection control program. (588)

Observations on July 13, 2015 at lunch in an identified dining room revealed staff fed residents, then cleared dirty dishes, and then fed other residents without consistently washing their hands between handling dirty and clean dishes. (521)

Observations on July 16, 2015 at 1230 hours in an identified dining room revealed the following: a Personal Support Worker fed a resident, cleared the dirty dishes, wiped a resident's hands and face, wiped the table down with cloths, placed the soiled cloths in the laundry cart, took the sample plates to another resident to make an order, placed the order, took the prepared food to the resident and gathered clean utensils to then be seated to feed the resident, all without washing their hands. (521)

An interview with a Personal Support Worker on July 16, 2015 by Inspector #521 confirmed their hands had not been washed between handling soiled dishes and other dirty items and clean items. The PSW confirmed it was the home's expectation that hands should be washed between gathering the dirty plates and feeding residents as part of the infection control program. (521)

A voluntary plan of correction was issued during the Resident Quality Inspection (RQI) on July 9, 2014 and on September 26, 2012 related to lack of hand washing during meals and unlabeled personal care items stored in shared spaces.

Record review of the home's policies and procedure: Hand Hygiene "Four Moments of Hand Hygiene" effective date January 31, 2013 revealed: "When to wash your hands (at a minimum): Before and after each resident contact, after touching a resident, or handling his or her belonging and after handling any contaminated items". (213)

Record review of the home's education records revealed that all staff received education in November 2014 related to hand washing, modes of transmission and infection prevention and control. (213)

An interview with the home's infection prevention and control nurse on July 22, 2015 by Inspector #213 confirmed the expectation that staff were to wash hands between resident contact and between handling soiled and clean items. This nurse confirmed that she provided education to the staff regarding the home's infection prevention and control program including hand washing and modes of transmission such as shared personal care items, citing specific examples. (213)

An interview with the Director of Care on July 21, 2015 by Inspector #213 confirmed the expectation that all personal care items including denture cups, combs and brushes, jars of creams and petroleum jelly, et cetera, are to be labeled with residents' names when they are stored in shared bathrooms. The Director of Care confirmed that she has expressed this expectation to all staff at staff meetings in the last two months, including labeling personal care items as part of the infection prevention and control program. The Director of Care also confirmed the expectation that hand washing is completed between resident contact and between handling soiled and clean items as part of the infection prevention and control program. [s. 229. (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 O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that that staff used safe transferring and positioning devices or techniques when assisting residents.

Observations on an identified date at 1105 hours on an identified unit by Inspector #521 revealed resident #020 being pulled up by the forearm out of a chair by a Personal Support Worker while the resident was refusing to stand up.

An interview with the Personal Support Worker by Inspector #521 verified the worker pulled the resident up using the resident's forearm.

A record review of this resident's care plan revealed the resident was able to fully bear weight and required one staff physical assist.

Observations on an identified date of another Personal Support Worker transferring resident #020 by Inspector #521 revealed the staff supported the resident by the side guiding the resident into a safe standing position with the resident's consent.

An interview with a Registered Staff Member on July 21, 2015 by Inspector #521 confirmed it was the home's expectation that residents should be transferred using recommended safe lift and transfer techniques and according to the residents' care plans. (521) [s. 36.]

***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 that staff use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs**

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

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,**
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
  - (b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
  - (c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).**
  - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).**
  - (e) a weight monitoring system to measure and record with respect to each resident,**
    - (i) weight on admission and monthly thereafter, and**
    - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there was a weight monitoring system to measure and record each resident's body mass index and height on admission and annually thereafter.

Record review of resident heights revealed residents #001, #020, #047, #048 and #052 had documented heights last recorded in 2013.

An interview with the Resident Assessment Instrument (RAI) Coordinator on July 14, 2015 confirmed that these residents' heights were not measured annually. She confirmed the expectation that heights are measured annually, but that she was not aware of a policy or procedure related to the completion of annual height measurements for all residents.

An interview with the Director of Care on July 20, 2015 confirmed the expectation that resident heights are measured annually. She also confirmed that the home does not have a policy or procedure regarding the measuring of annual heights for all residents. [s. 68. (2) (e) (ii)]



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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 to ensure that there is a weight monitoring system to measure and record each resident's body mass index and height on admission and annually thereafter, to be implemented voluntarily.***

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**WN #4: 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:**

**s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with.

A policy review revealed the policy "Prevention of Abuse and Neglect" revised April 2014, stated: "Following the applicable 'Reporting of Abuse' decision tree from the MOHLTC, cases of alleged/abuse shall be reported within specified time frame via after hours contact and/or the Critical Incident System".

A record review revealed resident #070 notified a Registered Staff Member on an identified date that a Personal Support Worker (PSW) had refused to provide care as requested and that this resident would refuse this care by this PSW because of this incident. The Registered Staff Member informed the Director of Care of the complaint/incident via an email on the date of the incident.

An interview with the Director of Care on July 20, 2015 confirmed the alleged act was an incident of neglect.

An interview with the Director of Care on July 21, 2015 confirmed the home had not yet consulted the Abuse and Neglect Decision Trees for Licensee Reporting and the Ministry of Health had not been notified of the alleged act of neglect. She confirmed it was the home's expectation to follow the policy to follow the decision tree and inform the Ministry of Health of the incident. [s. 20. (1)]

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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:**  
**8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that meals were served course by course.

Observations on July 16, 2015 at noon hour meal service on an identified unit revealed resident #015 was served the main course (entree) while this resident was still eating the first course (soup), requiring ongoing cuing and encouragement to finish eating. The hot main course remained on the table for 15 minutes while the resident ate the first course.

An interview with a Personal Support Worker on July 16, 2015 confirmed the resident was not ready to receive the hot main course and the home's expectation was that the residents should be served the meals course by course. [s. 73. (1) 8.]

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

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

**s. 129. (1) Every licensee of a long-term care home shall ensure that,**

**(a) drugs are stored in an area or a medication cart,**

**(i) that is used exclusively for drugs and drug-related supplies,**

**(ii) that is secure and locked,**

**(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**

**(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**

**(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that drugs were stored in an area or a medication cart, that was used exclusively for drugs and drug-related supplies.

During the medication administration observation on July 21, 2015 at 0800 hours on an identified unit, the medication fridge was observed to contain multiple staff food items beside medications.

An interview with a Registered Staff Member on July 21, 2015 revealed that the food items belonged to them and that the expectation of the home was that the medication fridge was to be used to store medications only. Interview with a different registered staff member on July 21, 2015 confirmed that the expectation of the home is that the medication fridge should store medications only.

An interview with the Director of Care on July 21, 2015 confirmed that the home's expectation was that the Medication Fridge should only contain medication and supplies and should not contain staff food items. [s. 129. (1) (a)]

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**Issued on this 27th day of August, 2015**

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

**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**

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

**Nom de l'inspecteur (No) :** RHONDA KUKOLY (213), CHRISTINE MCCARTHY  
(588), REBECCA DEWITTE (521)

**Inspection No. /**

**No de l'inspection :** 2015\_229213\_0028

**Log No. /**

**Registre no:** 015850-15

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Aug 20, 2015

**Licensee /**

**Titulaire de permis :**

CORPORATION OF THE COUNTY OF BRUCE  
41 McGivern Street, P.O. Box 1600, WALKERTON, ON,  
N0G-2V0

**LTC Home /**

**Foyer de SLD :**

BRUCELEA HAVEN LONG TERM CARE HOME -  
CORPORATION OF THE COUNTY OF BRUCE  
41 MCGIVERN STREET WEST, P.O. BOX 1600,  
WALKERTON, ON, N0G-2V0

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :**

Eleanor MacEwen

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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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de soins de longue durée, L.O. 2007, chap. 8*

To CORPORATION OF THE COUNTY OF BRUCE, you are hereby required to  
comply with the following order(s) by the date(s) set out below:

**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**

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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*

**Order # /**

Ordre no : 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

**Order / Ordre :**

The licensee must prepare, submit and implement a plan to ensure that staff participate in the implementation of the infection prevention and control program. Specifically, in washing hands between resident contact and between handling soiled and clean items. Also, to ensure that personal items stored in shared spaces are labeled to prevent the sharing of these items and thus the spread of infection. The plan must include what immediate and long-term actions will be undertaken to correct and sustain the identified deficiencies, as well as identify who will be responsible to correct the deficiencies and the dates for completion.

Please submit the plan, in writing, to Rhonda Kukoly, Long-Term Care Homes Nursing Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 130 Dufferin Avenue, 4th Floor, London, Ontario, N6A 5R2, by email, at [rhonda.kukoly@ontario.ca](mailto:rhonda.kukoly@ontario.ca) by September 3, 2015.

**Grounds / Motifs :**

1. 1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program.

Observations of resident washrooms on July 13, 14 & 15, 2015 by Inspectors #213, #521 & #588 on all three resident care floors including the special care unit which housed cognitively impaired residents revealed multiple soiled and unlabeled items including denture cups, tooth brushes, hair combs and brushes, pumice boards, razors, roll on deodorant, partially used bars of soap, and partially used jars of petroleum jelly were found stored on the counters in shared bathrooms.

An interview with a Personal Support Worker (PSW) on July 15, 2015 by

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inspector #521 confirmed it was the home's expectation that the personal care items were to be labeled with the resident's name when stored in shared bathrooms as part of the infection control program. (521)

An interview with a PSW on July 16, 2015 by Inspector #588 confirmed that the expectation of the home was that all personal care items needed to be labeled and any personal bar soap should be kept in the resident's specific drawer as part of the infection control program. (588)

Observations on July 13, 2015 at lunch in an identified dining room revealed staff fed residents, then cleared dirty dishes, and then fed other residents without consistently washing their hands between handling dirty and clean dishes. (521)

Observations on July 16, 2015 at 1230 hours in an identified dining room revealed the following: a Personal Support Worker fed a resident, cleared the dirty dishes, wiped a resident's hands and face, wiped the table down with cloths, placed the soiled cloths in the laundry cart, took the sample plates to another resident to make an order, placed the order, took the prepared food to the resident and gathered clean utensils to then be seated to feed the resident, all without washing their hands. (521)

An interview with a Personal Support Worker on July 16, 2015 by Inspector #521 confirmed their hands had not been washed between handling soiled dishes and other dirty items and clean items. The PSW confirmed it was the home's expectation that hands should be washed between gathering the dirty plates and feeding residents as part of the infection control program. (521)

A voluntary plan of correction was issued during the Resident Quality Inspection (RQI) on July 9, 2014 and on September 26, 2012 related to lack of hand washing during meals and unlabeled personal care items stored in shared spaces.

Record review of the home's policies and procedure: Hand Hygiene "Four Moments of Hand Hygiene" effective date January 31, 2013 revealed: "When to wash your hands (at a minimum): Before and after each resident contact, after touching a resident, or handling his or her belonging and after handling any contaminated items". (213)



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Record review of the home's education records revealed that all staff received education in November 2014 related to hand washing, modes of transmission and infection prevention and control. (213)

An interview with the home's infection prevention and control nurse on July 22, 2015 by Inspector #213 confirmed the expectation that staff were to wash hands between resident contact and between handling soiled and clean items. This nurse confirmed that she provided education to the staff regarding the home's infection prevention and control program including hand washing and modes of transmission such as shared personal care items, citing specific examples. (213)

An interview with the Director of Care on July 21, 2015 by Inspector #213 confirmed the expectation that all personal care items including denture cups, combs and brushes, jars of creams and petroleum jelly, et cetera, are to be labeled with residents' names when they are stored in shared bathrooms. The Director of Care confirmed that she has expressed this expectation to all staff at staff meetings in the last two months, including labeling personal care items as part of the infection prevention and control program. The Director of Care also confirmed the expectation that hand washing is completed between resident contact and between handling soiled and clean items as part of the infection prevention and control program. (213) (213)

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

**Vous devez vous conformer à cet ordre d'ici le : Oct 30, 2015**



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

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

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).



**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*

## **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.



**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*

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 20th day of August, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** RHONDA KUKOLY

**Service Area Office /**

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