Ontario

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 13, 2018	2018_448155_0003	004224-18	Complaint

Licensee/Titulaire de permis

Caressant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue WOODSTOCK ON N4S 3V9

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

Caressant Care Fergus Nursing Home
450 Queen Street East FERGUS ON N1M 2Y7

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

SHARON PERRY (155), MARIAN MACDONALD (137)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): March 7-9, 12-15, 19-23, 26 -29, April 3-6, 9-10 and 13, 2018.

The following inspections were conducted concurrently during this Complaint Inspection:
Log #004799-18 Follow up to an immediate compliance order related to Director of Nursing qualifications;
-Log #002325-18 / Critical Incident System (CIS) and Log 001151-18 related to alleged staff to resident abuse;
-Log #004608-18 and Log #004889-18 Complaints regarding alleged staff to resident abuse;
-Log 004504-18 Other inspection - follow up to Director's order #003 issued on October 4, 2017; and
-Log 004446-18 Other inspection related to Personal Support Worker qualifications.

During the course of the inspection, the inspector(s) spoke with the Regional Manager/Nurse Consultant, Office Manager, Executive Director, Food and Nutrition Manager, Director of Care, Resident Care Coordinator, Former Resident Care Coordinator, Former Resident Assessment Instrument (RAI) Coordinator, Activity Coordinator, External Consultant, Tena Account Manager, Maintenance Worker, Nurse Clerks, Restorative Care Aides, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Residents, and Family members.

The inspectors also toured the home, reviewed complaints received by the home, reviewed the home's investigation notes, reviewed registered staff schedules, reviewed agency staff education files, reviewed invoices related to the purchase of Tena products, reviewed Tena profile worksheets, reviewed Tena products assessments done by Tena representatives and staff, observed storage room for continence care supplies, observed delivery of continence care supplies to resident living areas, observed staff to resident-staff interactions and observed the general maintenance and cleanliness of the home.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Sufficient Staffing

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

- **5 WN(s)**
- **2 VPC(s)**
- **3 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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. 76. Training

Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee failed to ensure that all staff at the home had received training before performing their responsibilities as required by this section.

A review of the registered staff schedules and the daily sign in sheets showed that on an identifed date, agency registered nurse #143 worked nights (2300 hours to 0700 hours). It also showed that on another identified date, agency registered nurse #144 worked nights (2300 hours to 0700 hours).

During an interview with staff member #110 they shared that agency registered nurses did work in the home at times.

During interviews, Executive Director #107 and Regional Manager/Nurse Consultant #100 were asked to provide education/orientation records for agency RNs #143 and #144. On an identified date, Executive Director #107 provided files for agency RN #143 and #144. The files for agency RN #143 and #144 contained their College of Nurses of Ontario, Registered Nurses registration information and criminal reference checks. Each file also contained a package of direct care staff mandatory education, however both packages were blank. When the Executive Director #107 was asked how they ensured that these individuals had orientation prior to working they shared that they were waiting for the agency to send back the information.

During an interview, Regional Manager/Nurse Consultant #100 was aware that the files for agency RN #143 and #144 contained blank packages of direct care staff mandatory education. Regional Manager/Nurse Consultant #100 shared that the expectation was that orientation was done and generally it was done prior to the staff performing their duties.

There was no documented evidence provided during the inspection to support that agency RN #143 and #144 completed any training/orientation prior to performing their responsibilities in the home.

The licensee failed to ensure that no person performed their responsibilities before receiving training. [s. 76. (2)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(h) residents are provided with a range of continence care products that,
(i) are based on their individual assessed needs,
(ii) properly fit the residents,
(iii) promote resident comfort, ease of use, dignity and good skin integrity,
(iv) promote continued independence wherever possible, and
(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that residents were provided with a range of continence care products that, (i) were based on their individual assessed needs, (ii) properly fit the residents, (iii) promoted resident comfort, ease of use, dignity and good skin integrity, (iv) promoted continued independence wherever possible, and (v) were appropriate for the time of day, and for the individual resident's type of incontinence.

On an identified date, the Ministry of Health and Long-Term Care received a complaint indicating that staff were double padding residents so that they did not have to do rounds to check and clean residents as frequently.

On an identified date, staff members #105 and #111 shared that residents were being double padded and they should not be. They shared that they usually did not have any briefs in the home. They also shared that they had run out of a specific continent care product for resident #013 but were told by the Executive Director #107 to cut the briefs they had to make the specific continent care product for resident #013.

On a specific date and time, observation of the laundry carts was done as the continence care products were delivered to the floors on these carts. Noted on the carts were day

light liners, day regular liners, day plus liners and extra comfort liners. A review of the north and central resident profile Tena lists for that day was done. It was noted that there were no residents assessed as needing briefs or pull ups. It was also noted that only 3/56 residents (five per cent) were allotted more than three products in twenty-four hours.

On an identified date, staff member #108 shared that the home did not provide briefs for any residents. They shared that resident #007 and #010 were listed to have a specific continence care product but they did not fit properly and therefore were not absorbent enough. They also shared that resident #013 was to have a specific continence care product but they had to use other continence care products on that date as they did not have the specific ones to use. They shared that two residents used continence care products that were being provided by the resident/families as the home did not supply them.

On an identified date, staff member #109 shared that they did not have the specific continence care product for resident #013 so had to use another continence care product. They also shared that they had no briefs in the home. They identified that three residents were in a continence care product but they were often wet and soiled as the product was not adequate/absorbent enough.

On an identified date, staff member #112 shared that the home had stopped providing briefs about two years ago as they were told they were too expensive. They said that the home did not provide any pull-ups. When asked who determined the number of continence care products that a resident was to be given in a day, they shared that the Tena Resident Profile sheet showed the number of products that were to be given to a resident in a twenty-four hour period. What was on the Tena Resident Profile sheet was what would be sent up for the residents. They agreed that most residents were only assigned and therefore sent three products for a 24-hour period.

During an interview, resident #002 shared that they purchased their own continence care products. They shared the home offered them a product but found that they were not absorbent enough and were not comfortable.

On an identified date, staff members #104 and #114 were unable to locate any Tena continence product assessments. The external Consultant #138 provided the Tena binder however it did not contain any assessments of residents indicating which Tena product they were assessed for. They shared that the Regional Manager/Nurse

Consultant would be able to provide the assessments when they returned to the home.

Review of resident #002, #008 and #010's records showed that there were no completed Tena New Admission and Product Change Forms in their records. Staff member #104 shared that they did not complete these Tena New Admission and Product Change Forms, as the home had nothing other than liners to offer to the residents. Staff member #104 shared that Regional Manager/Nurse Consultant #100 had stopped the use of briefs in the home a few years ago. Staff member #104 shared that in the fall of 2017 the Tena representative came in and reviewed the residents' needs for continence products with the Resident Care Coordinator and Personal Support Workers.

On an identified date, resident #008 was observed lying in bed with their continence care product on. Resident #008 had been incontinent and it was noted that the continence product did not properly fit the resident.

On an identified date, a review of the complaints binder revealed a note written by staff was submitted to the Resident Care Coordinator reporting that staff had found six residents wearing two liners. Investigation notes revealed that the staff member admitted to the double liners on resident #007 and #010. The staff member stated the reasoning as being the continence product was not adequate for containment.

On an identified date, Regional Manager/Nurse Consultant #100 provided the Tena assessment that was done with the Tena representative and staff in the home in November 2017. Review of this assessment showed that nine residents were assessed as needing briefs but were not put in the assessed product and the reason noted on the assessment was because it was not in formulary.

During interview, Regional Manager/Nurse Consultant #100 shared with inspectors that the home offered light pads/liners to larger pads/liners to briefs. They stated that the home uses a two piece system and it was their understanding that the pad/liners were as absorbent as the brief. They shared that no one currently in the home was wearing briefs. When asked how residents were provided with a range of continence care products that met the needs for the individual resident's type of incontinence the Regional Manager/Nurse Consultant #100 said that they had been using the assessment through Tena, as well as voiding diaries and continence assessments. The Regional Manager/Nurse Consultant said that normally the Director of Care, Resident Care Coordinator and registered staff relied on assessment for product and they would take in the feedback from the PSWs and decide on the product.

During an interview Regional Manager/Nurse Consultant #100 was asked about the complaint that residents were double padded. Regional Manager/Nurse Consultant #100 responded that residents were to be assessed. The Tena assessment report of November 2017 showed that some residents were on a pad/liner and a brief was recommended. However, the reason that the recommendation was not followed was because it was not in formulary. Regional Manager/Nurse Consultant #100 shared that they had no reason to review this report; did not know what was meant by not in formulary; and they were not aware that at least three residents were buying their own continence care products. They also shared that they had been ordering continence care products for the home prior to February 26, 2018. When asked why there was not a specific continence product available on an identified date, the RM/NC #100 shared that there were lots of products available when they did the inventory and the problem was that staff were using them on other residents.

A review of the home's continence care product invoices for an identified period was done. There were no pull-ups or briefs purchased during this time. The orders included different sizes of pads/liners and one size of comfort mesh pants.

A review of the Tena Resident Profile sheets showed that there were nine of one type of continence care product to be allotted for use in 24 hours. Review of the invoices showed that one case of this specific type of continence care product was ordered on an identified date. This amount of product was insufficient to meet the residents needs.

On an identified date, Tena Account Manager #145 was at the home because of concerns that residents were not in the proper products. They stated that some of the assessments that they had done showed that some residents that had been in pads/liners needed to be in briefs or pull-ups. The Tena Account Manager #145 shared that the Tena Resident Profile Worksheet would be up to date by end of day and the list would be left with the Executive Director #107.

On and identified date, a review of the Tena Resident Profile sheets for central and north units and the residents' individualized Tena product Change Form showed that some residents were assessed as needing pull-up and briefs.

During an interview with External Consultant #138, they shared that the home was only offering one product. They shared that they had discussed with the home and corporate office that the regulations required that more than one type of product had to be offered

and this was at the time the Tena representative came and had completed individualized assessments. External Consultant #138 stated that staff had brought forward a complaint/concern that PSWs were using double pads and the Executive Director #107 and Regional Manager/Nurse Consultant #100 were aware as well, as they were copied. They shared that staff had approached them about the continence care products not meeting the residents' needs but the types of products available in the home was controlled by the RM/NM #100. External Consultant #138 shared that on an identified date they contacted Tena and asked for a Tena representative to come to the home because a variety of products were not available in the home to meet the residents' needs.

During an interview, with a family member they shared that they had been buying a specific continence care product for the resident. They shared that it was said that the home had certain continence care products available but the specific continence care product the resident needed was not available.

During an interview with a resident's Substitute Decision Maker they shared that they were providing a specific product for the resident and that the home had not offered to provide the same product.

Observations and review of the home's Tena invoices showed that on March 28, 2018, the first order for medium/regular briefs and large pull-ups was placed. These arrived in the home on March 29, 2018. On April 4, 2018, the first order for large/extra-large briefs was placed and these arrived in the home on April 5, 2018.

The licensee failed to ensure that residents were provided with a range of continence care products that, (i) were based on their individual assessed needs, (ii) properly fit the residents, (iii) promoted resident comfort, ease of use, dignity and good skin integrity, (iv) promoted continued independence wherever possible, and (v) were appropriate for the time of day, and for the individual resident's type of incontinence. [s. 51. (2) (h)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 245. Non-allowable resident charges
The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:
1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
ii. the Minister under section 90 of the Act. O. Reg. 79/10, s. 245.
2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario. O. Reg. 79/10, s. 245.
3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and a local health integration network. O. Reg. 79/10, s. 245.
4. Charges for goods and services provided without the resident's consent. O. Reg. 79/10, s. 245.
5. Charges, other than the accommodation charge that every resident is required to pay under subsections 91 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 138 or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home. O. Reg. 79/10, s. 245.
6. Charges for accommodation under paragraph 1 or 2 of subsection 91 (1) of the Act for residents in the short-stay convalescent care program. O. Reg. 79/10, s. 245.
7. Transaction fees for deposits to and withdrawals from a trust account required by section 241, or for anything else related to a trust account. O. Reg. 79/10, s. 245.
8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted. O. Reg. 79/10, s. 245.

Findings/Faits saillants :

1. The licensee failed to ensure that residents were not charged for goods and services that a licensee was required to provide to a resident using funding that the licensee

received from,
i. a local health integration network under section 19 of the Local health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
ii. the Minister under section 90 of the Act.

The licensee received funding from the local health integration network under section 19 of the Local Health System Integration Act, 2006, for goods and services funded by the local health integration network under their service accountability agreement for continence care supplies.

The Long Term Care Home (LTCHA) Policy, LTCHA Required Goods, Equipment, Supplies and Services, dated July 1, 2010, identified that:
"The licensee must provide the following goods, equipment, supplies and services to long-term care (LTC) home residents at no charge, other than the accommodation charge payable under the Long Term Care Homes Act, 2007 (LTCHA), using the funding the licensee receives from the Local Health Integration Network under the Local Health System Integration Act, 2006 (LHSIA) or the Minister under the LTCHA or accommodation charges received under the LTCHA.
2.1 Required Goods, Equipment, Supplies and Equipment
2.1.2 Continence Management Supplies - Continence management supplies including, but not limited to: a. A range of continence care products in accordance with section 51 of the Regulation under the LTCHA".

Section 51(2) of the Regulation under the LTCHA identified the following: "51. (2) Every licensee of a long-term care home shall ensure that (h) residents are provided with a range of continence care products that, (i) are based on their individual assessed needs, (ii) properly fit the residents, (iii) promote resident comfort, ease of use, dignity and good skin integrity, (iv) promote continued independence wherever possible and (v) are appropriate for the time of day, and for the individual resident's type of incontinence".

During an interview, staff member #108 shared that the home did not provide briefs or pull-ups for any residents. They shared that two residents were providing continence care products for their own use as the home did not supply them.

During an interview, staff member #112 shared that the home had stopped providing briefs about two years ago. They said that the home did not provide any pull-ups.

On an identified date, resident #002 shared that they purchased their own continence care products.

Review of resident #002's record revealed that the Tena New Admission and Product Change Form from admission was blank and had not been completed.

During an interview, resident #002's family member shared that they had been buying continence care products for the resident. They shared that it was said the home had continence care products available however they did not provide the continence care product that the resident was wearing.

During an interview, resident #002 expressed that they would continue to buy their own continence care products as the products supplied by the home were not comfortable. When asked if the home had trialed a certain continence care product the resident stated no.

According to the Tena Resident Profile Worksheet resident #011 wore a certain continence care product however staff members #108, #105 and #106 shared that resident #011 wore a product provided by the family.

A review of the Tena Resident Profile sheets for central and north units and the residents' individualized Tena product Change Form showed that some residents were assessed as needing pull-ups and briefs.

During an interview, Regional Manager/Nurse Consultant #100 shared with inspectors that the home offered light pads/liners to larger pads/liners to briefs. They stated that the home uses a two piece system and it was their understanding that the pad/liners were as absorbent as the brief. They shared that no one currently in the home was wearing briefs. The Regional Manager/Nurse Consultant #100 also indicated that they were not aware that at least three residents were buying their own continence care products.

On March 19, 2018, a review of the home's continence care product invoices for the period of November 8, 2017, to March14, 2018, was done. There were no pull-ups or no briefs purchased during this time. The orders included different sizes of pads/liners and one size of comfort mesh pants.

The licensee failed to ensure that residents were not charged for continence products that a licensee was required to provide to a resident using funding received from the

LHIN. [s. 245. 1.]

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, except as provided for in the regulations.

On February 26, 2018, the Ministry of Health and Long Term Care Infoline received a complaint stating that there was no registered nurse in the home.

A review of the registered staff schedules and the daily sign in sheets for the period of January 28, 2018, to March 9, 2018, was done. The review showed that on an identified date, agency registered nurse #143 worked nights (2300 hours to 0700 hours). It also showed that on another identified date, agency registered nurse #144 worked nights (2300 hours to 0700 hours).

During an interview with the Executive Director #107 they shared that if the registered nurses employed by the home were unavailable they would use agency registered nurses. The Executive Director #107 shared that registered nurse #143 and #144 were not employees of the home but were agency registered nurses.

The licensee failed to ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, except as provided for in the regulations. [s. 8. (3)]

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 at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations,, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. The licensee failed to ensure that all hazardous substances at the home were kept inaccessible to residents at all times.

On an identified date, Inspectors #137 and #155 were walking down an identified hallway and observed that the soiled utility room door was open. There was a soiled laundry cart that prevented the door from closing and locking. Oxivir Plus, Good Sense HC Liquid Air Freshener, Neutral cleaner, and Stride Citrus Neutral Cleaner were noted on the shelf in the soiled utility room. Inspector #137 met the Executive Director #107 and External Consultant #138 and showed them the soiled utility room door that was open. They acknowledged that the door should have been closed and locked as the room contained hazardous substances.

The licensee failed to ensure that all hazardous substances at the home were kept inaccessible to residents at all times. [s. 91.]

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 hazardous substances at the home are kept inaccessible to residents at all times,, to be implemented voluntarily.

Issued on this 27th day of July, 2018

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

Original report signed by the inspector.

Ontario

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

Ministére 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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	SHARON PERRY (155), MARIAN MACDONALD (137)
Inspection No. / No de l'inspection :	2018_448155_0003
Log No. / No de registre :	004224-18
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Jun 13, 2018
Licensee / Titulaire de permis :	Caressant-Care Nursing and Retirement Homes Limited 264 Norwich Avenue, WOODSTOCK, ON, N4S-3V9
LTC Home / Foyer de SLD :	Caressant Care Fergus Nursing Home 450 Queen Street East, FERGUS, ON, N1M-2Y7
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Penny Silva

To Caressant-Care Nursing and Retirement Homes Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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).

Order / Ordre :

The licensee must be compliant with s.76.(2) of the LTCHA.

Specifically the licensee must:
a) Ensure that agency Registered Nurse (RN) #143 , agency RN #144, any other agency staff and all other staff at the home, do not perform their responsibilities before receiving training in the following areas:
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.

b) The training shall be documented and the training records, for agency RN#143, agency RN #144, any other agency staff and all other staff at the home will be kept in the home.

Grounds / Motifs :

1. A review of the registered staff schedules and the daily sign in sheets showed that on an identifed date, agency registered nurse #143 worked nights (2300 hours to 0700 hours). It also showed that on another identified date, agency registered nurse #144 worked nights (2300 hours to 0700 hours).

During an interview with staff member #110 they shared that agency registered nurses did work in the home at times.

During interviews, Executive Director #107 and Regional Manager/Nurse Consultant #100 were asked to provide education/orientation records for agency RNs #143 and #144. On an identified date, Executive Director #107 provided files for agency RN #143 and #144. The files for agency RN #143 and #144 contained their College of Nurses of Ontario, Registered Nurses registration

information and criminal reference checks. Each file also contained a package of direct care staff mandatory education, however both packages were blank. When the Executive Director #107 was asked how they ensured that these individuals had orientation prior to working they shared that they were waiting for the agency to send back the information.

During an interview, Regional Manager/Nurse Consultant #100 was aware that the files for agency RN #143 and #144 contained blank packages of direct care staff mandatory education. Regional Manager/Nurse Consultant #100 shared that the expectation was that orientation was done and generally it was done prior to the staff performing their duties.

There was no documented evidence provided during the inspection to support that agency RN #143 and #144 completed any training/orientation prior to performing their responsibilities in the home.

The licensee failed to ensure that no person performed their responsibilities before receiving training. [s. 76. (2)]

The severity of this issue was determined to be a level 2 as there was potential for actual harm. The scope of the issue was a level 3 as it related to two of the two agency staff reviewed. The home had a level 3 history of one or more related non-compliance with this section of the Act that included: Voluntary plan of correction (VPC) issued June 15, 2016 (2016_325568_0015) and a VPC issued March 29, 2017 (2017_601532_0004). (155)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 13, 2018

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 51. (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Order / Ordre :

The licensee must be compliant with s. 51.(2)(h) of the O.Reg. 79/10.

Specifically the licensee must:
a) Provide resident #002, #007, #008, #010, #011, #013 and all other residents requiring continence care products, with a range of continence care products that, (i) are based on their individual assessed needs, (ii) properly fit the residents, (iii) promote resident comfort, ease of use, dignity and good skin integrity, (iv) promote continued independence wherever possible, and (v) are appropriate for the time of day, and for the individual resident's type of incontinence.
(b) Implement and educate all nursing staff on the use of an Admission and Product Change Form for staff to complete and submit to the continence care team lead when there is an admission to the home, there is a change in resident's condition that requires a continence care product change or when the current continent care product is not meeting the needs of the resident. The Admission and Product Change Forms are to be retained as part of the resident's clinical record. A record of education provided and attendees shall be kept in the home.

Grounds / Motifs :

1. On an identified date, the Ministry of Health and Long-Term Care received a complaint indicating that staff were double padding residents so that they did not have to do rounds to check and clean residents as frequently.

On an identified date, staff members #105 and #111 shared that residents were being double padded and they should not be. They shared that they usually did not have any briefs in the home. They also shared that they had run out of a specific continent care product for resident #013 but were told by the Executive Director #107 to cut the briefs they had to make the specific continent care product for resident #013.

On a specific date and time, observation of the laundry carts was done as the continence care products were delivered to the floors on these carts. Noted on the carts were day light liners, day regular liners, day plus liners and extra comfort liners. A review of the north and central resident profile Tena lists for that day was done. It was noted that there were no residents assessed as needing briefs or pull ups. It was also noted that only 3/56 residents (five per cent) were allotted more than three products in twenty-four hours.

On an identified date, staff member #108 shared that the home did not provide briefs for any residents. They shared that resident #007 and #010 were listed to have a specific continence care product but they did not fit properly and therefore were not absorbent enough. They also shared that resident #013 was to have a specific continence care product but they had to use other continence care products on that date as they did not have the specific ones to use. They shared that two residents used continence care products that were being provided by the resident/families as the home did not supply them.

On an identified date, staff member #109 shared that they did not have the specific continence care product for resident #013 so had to use another continence care product. They also shared that they had no briefs in the home. They identified that three residents were in a continence care product but they were often wet and soiled as the product was not adequate/absorbent enough.

On an identified date, staff member #112 shared that the home had stopped providing briefs about two years ago as they were told they were too expensive. They said that the home did not provide any pull-ups. When asked who determined the number of continence care products that a resident was to be given in a day, they shared that the Tena Resident Profile sheet showed the number of products that were to be given to a resident in a twenty-four hour period. What was on the Tena Resident Profile sheet was what would be sent up for the residents. They agreed that most residents were only assigned and therefore sent three products for a 24-hour period.

During an interview, resident #002 shared that they purchased their own continence care products. They shared the home offered them a product but found that they were not absorbent enough and were not comfortable.

On an identified date, staff members #104 and #114 were unable to locate any Tena continence product assessments. The external Consultant #138 provided the Tena binder however it did not contain any assessments of residents indicating which Tena product they were assessed for. They shared that the Regional Manager/Nurse Consultant would be able to provide the assessments when they returned to the home.

Review of resident #002, #008 and #010's records showed that there were no completed Tena New Admission and Product Change Forms in their records. Staff member #104 shared that they did not complete these Tena New

Admission and Product Change Forms, as the home had nothing other than liners to offer to the residents. Staff member #104 shared that Regional Manager/Nurse Consultant #100 had stopped the use of briefs in the home a few years ago. Staff member #104 shared that in the fall of 2017 the Tena representative came in and reviewed the residents' needs for continence products with the Resident Care Coordinator and Personal Support Workers.

On an identified date, resident #008 was observed lying in bed with their continence care product on. Resident #008 had been incontinent and it was noted that the continence product did not properly fit the resident.

On an identified date, a review of the complaints binder revealed a note written by staff was submitted to the Resident Care Coordinator reporting that staff had found six residents wearing two liners. Investigation notes revealed that the staff member admitted to the double liners on resident #007 and #010. The staff member stated the reasoning as being the continence product was not adequate for containment.

On an identified date, Regional Manager/Nurse Consultant #100 provided the Tena assessment that was done with the Tena representative and staff in the home in November 2017. Review of this assessment showed that nine residents were assessed as needing briefs but were not put in the assessed product and the reason noted on the assessment was because it was not in formulary.

During an interview, Regional Manager/Nurse Consultant #100 shared with inspectors that the home offered light pads/liners to larger pads/liners to briefs. They stated that the home uses a two piece system and it was their understanding that the pad/liners were as absorbent as the brief. They shared that no one currently in the home was wearing briefs. When asked how residents were provided with a range of continence care products that met the needs for the individual resident's type of incontinence the Regional Manager/Nurse Consultant #100 said that they had been using the assessment through Tena, as well as voiding diaries and continence assessments. The Regional Manager/Nurse Consultant said that normally the Director of Care, Resident Care Coordinator and registered staff relied on assessment for product and they would take in the feedback from the PSWs and decide on the product.

During an interview Regional Manager/Nurse Consultant #100 was asked about

the complaint that residents were double padded. Regional Manager/Nurse Consultant #100 responded that residents were to be assessed. The Tena assessment report of November 2017 showed that some residents were on a pad/liner and a brief was recommended. However, the reason that the recommendation was not followed was because it was not in formulary. Regional Manager/Nurse Consultant #100 shared that they had no reason to review this report; did not know what was meant by not in formulary; and they were not aware that at least three residents were buying their own continence care products. They also shared that they had been ordering continence care products for the home prior to February 26, 2018. When asked why there was not a specific continence product available on an identified date, the RM/NC #100 shared that there were lots of products available when they did the inventory and the problem was that staff were using them on other residents.

A review of the home's continence care product invoices for an identified period was done. There were no pull-ups or briefs purchased during this time. The orders included different sizes of pads/liners and one size of comfort mesh pants.

A review of the Tena Resident Profile sheets showed that there were nine of one type of continence care product to be allotted for use in 24 hours. Review of the invoices showed that one case of this specific type of continence care product was ordered on an identified date. This amount of product was insufficient to meet the residents needs.

On an identified date, Tena Account Manager #145 was at the home because of concerns that residents were not in the proper products. They stated that some of the assessments that they had done showed that some residents that had been in pads/liners needed to be in briefs or pull-ups. The Tena Account Manager #145 shared that the Tena Resident Profile Worksheet would be up to date by end of day and the list would be left with the Executive Director #107.

On and identified date, a review of the Tena Resident Profile sheets for central and north units and the residents' individualized Tena product Change Form showed that some residents were assessed as needing pull-up and briefs.

During an interview with External Consultant #138, they shared that the home was only offering one product. They shared that they had discussed with the home and corporate office that the regulations required that more than one type

of product had to be offered and this was at the time the Tena representative came and had completed individualized assessments. External Consultant #138 stated that staff had brought forward a complaint/concern that PSWs were using double pads and the Executive Director #107 and Regional Manager/Nurse Consultant #100 were aware as well, as they were copied. They shared that staff had approached them about the continence care products not meeting the residents' needs but the types of products available in the home was controlled by the RM/NM #100. External Consultant #138 shared that on an identified date they contacted Tena and asked for a Tena representative to come to the home because a variety of products were not available in the home to meet the residents' needs.

During an interview, with a family member they shared that they had been buying a specific continence care product for the resident. They shared that it was said that the home had certain continence care products available but the specific continence care product the resident needed was not available.

During an interview with a resident's Substitute Decision Maker they shared that they were providing a specific product for the resident and that the home had not offered to provide the same product.

Observations and review of the home's Tena invoices showed that on March 28, 2018, the first order for medium/regular briefs and large pull-ups was placed. These arrived in the home on March 29, 2018. On April 4, 2018, the first order for large/extra-large briefs was placed and these arrived in the home on April 5, 2018.

The licensee failed to ensure that residents were provided with a range of continence care products that, (i) were based on their individual assessed needs, (ii) properly fit the residents, (iii) promoted resident comfort, ease of use, dignity and good skin integrity, (iv) promoted continued independence wherever possible, and (v) were appropriate for the time of day, and for the individual resident's type of incontinence.

The severity of this issue was determined to be a level 2 as there was potential for actual harm. The scope of the issue was a level 3 as it related to six of the six residents reviewed. The home had a level 3 history of one or more related non-compliance with this section of the O. Reg 79/10 that included a voluntary plan of correction (VPC) issued March 1, 2018 (2018_448155_0001). (155)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 13, 2018

Order # / Ordre no : 003

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 245. The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:
1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
ii. the Minister under section 90 of the Act.
O. Reg. 79/10, s. 245.

Order / Ordre :

The licensee must be compliant with s. 245. of the O.Reg 79/10.

Specifically the licensee must:
a) Speak with resident #002 and their substitute decision maker/billing contact to inform them of the range of continence care products in the home available to them at no cost.
b) Reimburse resident #002 for their pull ups used from the time of admission until April 2018, when resident was assessed for a continence care product that properly fit the resident and promoted resident comfort and dignity.
c) Speak with resident #011's substitute decision maker and inform them of the range of continence care products in the home available to them at no cost.
d) Reimburse resident #011's substitute decision maker for their pull ups used from approximately six months after admission, until the home started providing resident #011 with pull-ups on March 30, 2018.
e) Ensure that any resident that is assessed as needing a pull-up continence product and if they are currently being purchased by the resident, the home shall reimburse the resident for the purchasing of the pull-ups. Documentation of any reimbursements are to be kept in the home.
f) Ensure that all residents and families are made aware of the range of continence products available to them at no cost.

Grounds / Motifs :

1. The licensee received funding from the local health integration network under section 19 of the Local Health System Integration Act, 2006, for goods and services funded by the local health integration network under their service accountability agreement for continence care supplies.

The Long Term Care Home (LTCHA) Policy, LTCHA Required Goods, Equipment, Supplies and Services, dated July 1, 2010, identified that:
"The licensee must provide the following goods, equipment, supplies and services to long-term care (LTC) home residents at no charge, other than the accommodation charge payable under the Long Term Care Homes Act, 2007 (LTCHA), using the funding the licensee receives from the Local Health Integration Network under the Local Health System Integration Act, 2006 (LHSIA) or the Minister under the LTCHA or accommodation charges received under the LTCHA.
2.1 Required Goods, Equipment, Supplies and Equipment
2.1.2 Continence Management Supplies - Continence management supplies including, but not limited to: a. A range of continence care products in accordance with section 51 of the Regulation under the LTCHA".

Section 51(2) of the Regulation under the LTCHA identified the following: "51. (2) Every licensee of a long-term care home shall ensure that (h) residents are provided with a range of continence care products that, (i) are based on their individual assessed needs, (ii) properly fit the residents, (iii) promote resident comfort, ease of use, dignity and good skin integrity, (iv) promote continued independence wherever possible and (v) are appropriate for the time of day, and for the individual resident's type of incontinence".

During an interview, staff member #108 shared that the home did not provide briefs or pull-ups for any residents. They shared that two residents were providing continence care products for their own use as the home did not supply them.

During an interview, staff member #112 shared that the home had stopped providing briefs about two years ago. They said that the home did not provide any pull-ups.

On an identified date, resident #002 shared that they purchased their own

continence care products.

Review of resident #002's record revealed that the Tena New Admission and Product Change Form from admission was blank and had not been completed.

During an interview, resident #002's family member shared that they had been buying continence care products for the resident. They shared that it was said the home had continence care products available however they did not provide the continence care product that the resident was wearing.

During an interview, resident #002 expressed that they would continue to buy their own continence care products as the products supplied by the home were not comfortable. When asked if the home had trialed a certain continence care product the resident stated no.

According to the Tena Resident Profile Worksheet resident #011 wore a certain continence care product however staff members #108, #105 and #106 shared that resident #011 wore a product provided by the family.

A review of the Tena Resident Profile sheets for central and north units and the residents' individualized Tena product Change Form showed that some residents were assessed as needing pull-ups and briefs.

During an interview, Regional Manager/Nurse Consultant #100 shared with inspectors that the home offered light pads/liners to larger pads/liners to briefs. They stated that the home uses a two piece system and it was their understanding that the pad/liners were as absorbent as the brief. They shared that no one currently in the home was wearing briefs. The Regional Manager/Nurse Consultant #100 also indicated that they were not aware that at least three residents were buying their own continence care products.

On March 19, 2018, a review of the home's continence care product invoices for the period of November 8, 2017, to March14, 2018, was done. There were no pull-ups or no briefs purchased during this time. The orders included different sizes of pads/liners and one size of comfort mesh pants.

The licensee failed to ensure that residents were not charged for continence products that a licensee was required to provide to a resident using funding received from the LHIN.

The severity of this issue was determined to be a level 1 as there was minimal risk to the residents. The scope of the issue was a level 2 as it related to two of the three residents reviewed. The home had a level 2 history of one or more unrelated non-compliance with this section of the O. Regs. (155)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 13, 2018

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, commercial courier or by fax upon:

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

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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
Long-Term Care Inspections 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.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 13th day of June, 2018

Signature of Inspector /
Signature de l'inspecteur :

Ontario

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

Ministére 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

Name of Inspector /
Nom de l'inspecteur : SHARON PERRY

Service Area Office /
Bureau régional de services : Central West Service Area Office