



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

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

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

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

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

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

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## **Amended Public Copy/Copie modifiée du public de permis**

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<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 26, 2015;	2015_277538_0002 (A2)	L-001766-15	Resident Quality Inspection

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

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED  
264 NORWICH AVENUE WOODSTOCK ON N4S 3V9

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

CARESSANT CARE ON BONNIE PLACE  
15 Bonnie Place St Thomas ON N5R 5T8

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



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NANCY JOHNSON (538) - (A2)

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

**The compliance date for Order 005 has been extended from March 27, 2015 to April 17, 2015.**

**Issued on this 30 day of March 2015 (A2)**

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

**Original report signed by the inspector.**



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NANCY JOHNSON (538) - (A2)

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

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

**This inspection was conducted on the following date(s): January 20, 21, 22, 23, 27, 28, 29, 30, February 2, 2015.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing, Regional Manager, RAI Coordinator, a Registered Nurse, 2 Registered Practical Nurses, 2 Ward Clerks, 8 Personal Support Workers, 1 Nutritional Manager, 2 Dietary Aides, 1 Dietitian, 3 Housekeeping Assistants, 1 Administrative Assistant, 1 Maintenance Supervisor, 3 Family Members and 40 Residents.**

**The Inspector(s) reviewed resident clinical records, posting of required information, and relevant policies and procedures. The Inspector(s) toured all the resident care areas, the medication room, observed dining service, medication pass, provision of resident care, recreational activities, staff/resident interactions, and infection prevention and control practices.**

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



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**Accommodation Services - Housekeeping**  
**Accommodation Services - Laundry**  
**Accommodation Services - Maintenance**  
**Continence Care and Bowel Management**  
**Dignity, Choice and Privacy**  
**Dining Observation**  
**Falls Prevention**  
**Family Council**  
**Hospitalization and Change in Condition**  
**Infection Prevention and Control**  
**Medication**  
**Minimizing of Restraining**  
**Nutrition and Hydration**  
**Personal Support Services**  
**Prevention of Abuse, Neglect and Retaliation**  
**Reporting and Complaints**  
**Residents' Council**  
**Safe and Secure Home**  
**Sufficient Staffing**

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

**17 WN(s)**

**9 VPC(s)**

**5 CO(s)**

**0 DR(s)**

**0 WAO(s)**



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

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

**WN #1: The Licensee has failed to comply with LTCHA, 2007, s. 3. Residents' Bill of Rights**

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

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

**1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that every the resident has the right to be treated with courtesy and respect.

Interviews with six identified residents during Stage 1 revealed residents had not been treated with dignity and respect, had been yelled at or treated rudely by staff.

Observations by an inspector on two separate occasions revealed a resident requesting assistance from two different staff members. Staff did not provide assistance to the resident.

Observation by an Inspector revealed a staff member in discussion with other staff, using verbal degrading and belittling comments regarding residents.

The Administrator and Regional Manager confirmed that the home failed to ensure that the resident's right to be treated with courtesy and respect. [s. 3. (1) 1.]

***Additional Required Actions:***

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

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**WN #12: The Licensee has failed to comply with LTCHA, 2007, s. 6. Plan of care**



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

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

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**  
**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**  
**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**  
**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that there is a written plan of care for each resident that sets out the nutritional goals the care is intended to achieve.

A) Record review of the current care plan for a specified resident revealed a nutritional goal "to maintain adequate Nutrition & Hydration through review date." Record review of the quarterly Minimum Data Set (MDS) Assessment revealed the resident was at "Moderate risk related to low Body Mass index (BMI) and a Nutritional Resident Assessment Protocol (RAP) goal to "maintain goal weight range 50-55 kg."

B) record review of the current care plan for a specified resident revealed a nutritional goal "to maintain adequate Nutrition & Hydration through review date." Record review of the Annual Minimum Data Set (MDS) Assessment revealed, "Resident remains a high nutritional risk related to BMI" and "Goal weight adjusted to more attainable range of 50-55 kg."

Interview with the Registered Dietitian (RD) confirmed there are no nutritional goals the care is intended to achieve in the care plan. The RD shared that it is the home's expectation that any resident with a low BMI should have goals and measurable





outcomes related to goal weight in the care plan.

2. The licensee failed to shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A) Record review of a specified resident revealed the resident has a specific intervention.

Observation of the Resident revealed the resident was not using the specific intervention.

Staff interview on January 28, 2015 with a Personal Support Worker (PSW) and a Registered Nurse (RN) confirmed that the care set out in the care plan was not provided to the resident as specified in the plan.

B) Record review of the current plan of care for a specified resident revealed specific interventions for fall prevention.

Observation of the specified Resident on January 28, 2015 @ 1105 hours revealed that the specified interventions were not in place. This was confirmed by a Personal Support Worker (PSW).

The Regional Manager confirmed that it is the home's expectation that residents receive interventions as set out in the resident's plan of care.[s. 6. (7)]

3. The licensee has failed to ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan is no longer necessary.

Record review of the current plan of care for a specified resident revealed the resident requires a specific intervention.

Interview with the Resident Assessment Instrument (RAI) Coordinator confirmed that the resident is no longer using the intervention.

The Resident Assessment Instrument (RAI) Coordinator confirmed that the resident plan of care was not reviewed or revised to indicate that the resident's care needs had changed. [s. 6. (10) (b)]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that there is a written plan of care for each resident that sets out the goals the care is intended to achieve, ensure that the care is provided to the resident as specified in the plan and that the care plan is reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.***

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**WN #15: The Licensee has failed to comply with LTCHA, 2007, s. 64. s. 64. A licensee of a long-term care home shall attend a meeting of the Residents' Council or the Family Council only if invited, and shall ensure that the staff, including the Administrator, and other persons involved in the management or operation of the home attend a meeting of either Council only if invited. 2007, c. 8, s. 64.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the Administrator attends Family Council meetings only when invited.

Interview on January 28, 2015 at 1030 hours with the Activity Co-ordinator (AC) and members of Family Council revealed the Administrator of the home attended the November 24, 2014 Family Council meeting uninvited by Family Council.

Interview with the Administrator on January 28, 2015 at 1530 hours confirmed attendance at the November 24, 2014 Family Council meeting.

The Administrator and Regional Manager confirmed that the Licensee, Administrator and staff attend Family Council meetings only when invited. [s. 64.]



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**WN #5: The Licensee has failed to comply with LTCHA, 2007, s. 85. Satisfaction survey**

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

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

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the results of the Family Council and Resident Council satisfaction surveys are acted on.

A) Record review revealed the home has not taken action to follow-up on any unresolved concerns from the Family Council Satisfaction Survey results dated June 2014.

Interview with a Family Council member revealed that Family Council has not received feedback from the home regarding the actions the home is taking on the results of the satisfaction survey.

B) Record review revealed the home has not taken action to follow-up on any unresolved concerns from the Resident Council Satisfaction Survey results dated June 2014.

Interview with the Resident Council President revealed that Resident Council has not received feedback from the home regarding the actions the home is taking on the results of the satisfaction survey.

Interview with the Administrator and Regional Manager confirmed that the home has not taken action to follow up on any unresolved concerns from the Family and Resident Satisfaction Surveys dated June 2014. [s. 85. (3)]



***Additional Required Actions:***

**CO # - 004 will be served on the licensee. Refer to the “Order(s) of the Inspector”.**

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**WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

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

A) Record review of the Policy and Procedure on January 28, 2015 at 1430 hours titled Safety Plan – Resident, dated September, 2013 revealed;

“The interdisciplinary team will:

- Notify the attending physician and ensure immediate treatment after the fall as indicated.
- Complete an internal incident report, Post Fall Investigation and detailed progress note.”

Review of the clinical record for a specified Resident revealed no documented evidence of a fall in the progress notes or that the Physician and Substitute Decision Maker (SDM) were notified. This was confirmed by the Registered Nursing Assistant



(RPN).

Interview with a Registered Nurse (RN) on January 28, 2015 at 0830 hours confirmed that it is the expectation of the home to follow the home's policy and procedure.

B) Record review on January 23, 2015 of the Medical Pharmacies "The Medication Room Policy 3-4 dated 06/10" stated, "Monitor expiry dates on a regular basis (monthly suggested)."

Record review of the Medical Pharmacies "Expiry and Dating of Medications Policy 5-1 dated 06/10" stated, "Remove any expired medications from stock and order replacement if necessary."

Observation of the medication room on January 23, 2015 at 0845 hours revealed half a bottle of "Option+ Antacid Calcium Supplement, Ultra Strength Calcium Antacid" in the medication supply room with an expiry date of 08/14.

Staff interview with the Registered Practical Nurse (RPN) confirmed that prescription for the Antacid Calcium Supplement had expired in August 2014 and should have been destroyed as per policy.

Staff interview with the Resident Assessment Instrument Coordinator (RAI-C) and a Registered Nurse (RN) confirmed that it is the home's expectation the Medical Pharmacies do an audit of all stock medications twice a year and recommends that registered staff monitor expiry dates on a regular monthly basis.

[s. 8. (1) (b)]

***Additional Required Actions:***



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

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

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

**s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,  
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**

**(b) is on at all times; O. Reg. 79/10, s. 17 (1).**

**(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**

**(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**

**(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**

**(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**

**(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there is a resident-staff communication and response system available in every area accessible by residents.

Observations revealed that there is no call bell or resident-staff communication and response system in the Greenhouse Room.

The Administrator and Regional Manager confirmed that there is no call bell or resident-staff communication and response system in the Greenhouse Room and that there should be a call bell system in every area accessible by residents. [s. 17. (1) (e)]



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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 resident-staff communication and response system available in every area accessible by residents, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.**

**Findings/Faits saillants :**





1. The licensee has failed to ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

A) Interview with a specified Resident revealed that the Resident did not have their desired bedtime and rest routines supported.

Clinical record review of the care plan in Point Click Care (PCC) revealed there is no direction as to the Resident's desired bedtime or wake up routines.

Interview with a Registered Nurse (RN) confirmed that the care plan does not address the individualized preferences to promote comfort, rest and sleep for the specified Resident. RN confirmed that the home's expectation is to have personalized care plans that would reflect resident's preferences regarding bedtime and rest routines supported.

B) Interview with a specified Resident revealed that the Resident did not have their desired bedtime and rest routines supported.

Clinical record review of the 24-hour admission plan of care on Point of Care for the Resident revealed there is no direction as to the Resident's desired bedtime or rest routines.

Interview with the Resident Assessment Coordinator (RAI) confirmed that the Resident was not asked about their customary instrument routines and comfort requirements including desired bedtime and rest routines at the time of admission as part of the admission MDS Assessment Face Sheet.

C) Interview with a specified resident revealed that the Resident did not have their desired bedtime and rest routines supported.

Clinical record review of the most current plan of care on Point of Care revealed there is no direction as to the Resident's desired bedtime or rest routines.

Interview with the Resident Assessment Instrument (RAI) Coordinator confirmed that the care plan does not address the sleep patterns of the Resident and their individualized preferences to promote comfort, rest and sleep. The RAI Coordinator confirmed that it is the home's expectation to personalize care plans to reflect Resident's preferences regarding desired bedtimes.(538) [s. 41.]





***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 each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep., to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007, s. 15.  
Accommodation services**

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

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

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home, furnishings and equipment are kept clean and sanitary.

Observations of the home revealed one or more of the following:

- wax, dust and dirt build-up along perimeter of floors, especially at door ways
- a build-up of dust along baseboards, the inside edge and perimeter of entire floor
- handrails are soiled with brown splatter
- large dust balls noted in C wing hall
- tub room B wing: noted rust colored stains in caulking around perimeter of the floor



and around the toilet

- tub room in C wing: floors soiled with dirt and dust build up along perimeter
- front hallway: wing chairs fabric soiled and vents noted to have heavy dust build up and black marks noted on ceiling from vents
- lounge: build-up of thick dust and cobwebs on vents and cobwebs in corners
- dining room: walls have food splatters and drips, window soiled with liquid drips, and food spills and dirt on floor beside refrigerator
- servery: build up of food spills and black marks
- multiple ceiling vents have heavy build-up of dust and dirt
- window ledges and nursing station desk had building up of dust, dried splatters and debris

Observations of resident rooms and bathrooms on January 20 & 21, 2015 revealed one or more of the following:

- floors have a build up of wax, dust, dirt and debris along entire perimeter
- heavily build-up around door frames, toilets and corners of baseboards
- baseboards heavily soiled
- furniture surfaces were dusty and behind larger pieces of furniture there was a large build-up of dust, dirt and debris
- bathroom vent covered in thick layer of dust with cobwebs
- base of toilet, the floor is soiled
- brown dried liquid stains on bedroom wall and on bathroom doors
- fall mats soiled with dried liquid and dust
- wheelchair cushions soiled
- laundry hamper soiled with dirt, dust and splatters

Staff interviews with the Administrator, the Maintenance Supervisor, and the Regional Manager confirmed the home and furnishings are not kept clean and sanitary.[s. 15. (2) (a)]

2. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Observations of the home on January 20, 2015 revealed one or more of the following:

- front hallway: wing chairs scraped with worn legs and fabric soiled
- paint peeling off numerous hallway walls and stains noted on multiple ceiling tiles
- cracked floor tile at Greenhouse lounge entrance



- multiple areas of wall damage and peeling paint

Observation of multiple resident rooms and bathrooms on January 20 & 21, 2015 revealed one or more of the following:

- multiple walls have repaired drywall without sanding and paint, other wall areas have a different paint color where touch ups done
- baseboards are heavily marked and cracked
- multiple floor board heaters have chipped paint, are scraped and wall paint and drywall cracked
- multiple floor board heaters noted to have a loose front panel
- wall corners repaired without painting
- toilet bolts caps missing
- large areas of drywall repair at foot of a resident's bed with no sanding or paint
- towel bars loose
- cracked tiles on bathroom floors
- missing handle on door to cupboard below vanity
- bathroom counters chipped with missing laminate

The Administrator and the Maintenance Supervisor confirmed that it is the expectation of the home that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.[s. 15. (2) (c)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with LTCHA, 2007, s. 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 has failed to ensure that there is at least one Registered Nurse (RN) who is an employee of the licensee and a member of the regular nursing staff is on duty and present at all times.

Record review of the homes Registered Nurse(s) (RN) staffing schedule from January 11, 2015 to January 24, 2015 revealed the following shifts did not have a Registered Nurse on duty:

January 14 and January 17, 2015 for the 8 hour evening shift.

Interview with the Administrative Assistant confirmed there was no RN coverage in the building for the 8 hour evening shift on January 14 & 17, 2015. [s. 8. (3)]

***Additional Required Actions:***

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

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**WN #8: The Licensee has failed to comply with LTCHA, 2007, s. 31. Restraining by physical devices**



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

**s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:**

- 1. There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained. 2007, c. 8, s. 31 (2).**
- 2. Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1. 2007, c. 8, s. 31 (2).**
- 3. The method of restraining is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable methods that would be effective to address the risk referred to in paragraph 1. 2007, c. 8, s. 31 (2).**
- 4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining. 2007, c. 8, s. 31 (2).**
- 5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 31 (2).**
- 6. The plan of care provides for everything required under subsection (3). 2007, c. 8, s. 31 (2).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied: Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to address the risk, a physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining and the restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.

Observation of a specified Resident on January 27, 2015 revealed a restraint was in use by the specified resident.

Record review of the progress notes dated June 3, 2014 revealed no documented evidence in the progress notes that alternatives to the use of a restraining device were considered. The use of the restraint in the plan of care was not documented and there was no evidence of an order or consent for the restraint.

Staff interviews with a Registered Nurse (RN), and the Administrator confirmed there is no order, or consent for the restraint for the resident and no interventions and monitoring care planned in the plan of care.

The Regional Manager (RM) confirmed it is the home's expectation that all restraining devices used requires documented evidence that alternatives to restraining the resident have been considered, a physician or registered nurse has ordered or approved the restraint and it has been consented to by the resident or substitute decision-maker. [s. 31. (2)]

***Additional Required Actions:***



***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied: Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to address the risk, a physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining and the restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent, to be implemented voluntarily.***

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**WN #9: The Licensee has failed to comply with LTCHA, 2007, s. 33. PASDs that limit or inhibit movement**

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

**s. 33. (3) Every licensee of a long-term care home shall ensure that a PASD described in subsection (1) is used to assist a resident with a routine activity of living only if the use of the PASD is included in the resident's plan of care. 2007, c. 8, s. 33. (3).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the PSAD used to assist a resident with a routine activity of living is included in the residents' plan of care.

A) Observation revealed an identified Resident was seated in a tilted wheelchair with a tabletop in place.

Record review of the most recent plan of care revealed the absence of a PASD assessment and documentation in the resident's plan of care related to the use of a tilt wheelchair or tabletops as a PASD.

The Regional Manager and a Personal Support Worker confirmed that the devices were used as a PASD. The Regional Manager confirmed there was no assessment completed to date and the use of the tilted wheelchair and tabletop was not included in the resident's plan of care.

B) Observation revealed an identified Resident on January 27, 2015 at 0930 hours seated in a tilt manual wheelchair (WC) in a reclined position.

Record review revealed, "Tilt w/c is a PASD... Care plan and POC updated." The current plan of care on revealed no interventions or monitoring related to use of the tilt wheelchair.

Staff interview with the Administrator and a Registered Nurse (RN) on January 27, 2015 confirmed there are no documented interventions and monitoring instructions in the care plan for the use of the tilt wheelchair as a PASD.

The Regional Manager (RM) on January 27, 2015 at 0930 hours confirmed it is the home's expectation that all PASD's used requires monitoring of the PASD and interventions listed in the plan of care. [s. 33. (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 the PASD used to assist a resident with a routine activity of living is included in the residents' plan of care, to be implemented voluntarily.***

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**WN #11: The Licensee has failed to comply with LTCHA, 2007, s. 76. Training Specifically failed to comply with the following:**

**s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that all staff have received training annually related to Residents' Bill of Rights and the home's policy to promote zero tolerance of abuse and neglect of residents.

Record review of the staff education list for Abuse and Resident Rights education for 2014 revealed several staff members across all disciplines have not received the mandatory annual training to promote zero tolerance of abuse and neglect of residents or training on the Residents' Bill of Rights.

Staff interview with the Director of Nursing (DON) on February 2, 2015 at 1320 hours confirmed that not all staff have received training in 2014 related to Residents' Bill of Rights and the home's policy to promote zero tolerance of abuse and neglect of residents. [s. 76. (4)]

***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 staff have received training annually related to Residents' Bill of Rights and the home's policy to promote zero tolerance of abuse and neglect of residents, to be implemented voluntarily.***

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**WN #16: 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 failed to ensure that the Nutrition Care and Hydration Program include a weight monitoring system to measure and record, with respect to each resident, body mass index (BMI) and height upon admission and annually thereafter.

Record review of the "Caressant Care on Bonnie Place Weights and Vitals Summary" on January 20, 2015 at 1400 hours revealed 44 of 113 (38%) of residents were not measured for height in 2014.

The Resident Assessment Instrument Coordinator confirmed residents were not measured for height in 2014 and that it is the expectation of the home that residents should be measured for body mass index and height upon admission and annually. [s. 68. (2) (e) (ii)]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 87.**

**Housekeeping**

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

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

**(a) cleaning of the home, including,**

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

**(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that procedures are implemented for cleaning of the home including resident bedrooms, floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces.

A) Record review of the "Housekeeping Daily Routines" on January 29, 2015 revealed the following:

-areas cleaned daily, "B and C wing rooms / washrooms, sweep and mop dining rooms, B tub rooms, front entrance (floors, windows, and garbage), soiled utility / rooms and staff and visitor washrooms."

-areas cleaned at least once a week, "Greenhouse Lounge, offices, C wing tub room cleaned 5 times a week, chapel, front lounge, high low dusting, and fans." Every Sunday the routine outlines, "thorough clean rooms (as per schedule)" and for the "C wing Buffing Shift- 4 hours to buff main and small dining room, clean dining room walls / windows and thoroughly clean rooms (as per schedule) and another B-wing Buffing Shift- 3 hours to buff Gracie's Place Dining room, front lounge, clean dining room walls / windows and thoroughly clean rooms (as per schedule)."

The Regional Manager (RM) confirmed that Housekeeping is not following a cleaning schedule and shared that this process was discontinued in the fall of 2014.

B) Record review of the "Caressant Care Bonnie Place Thorough Cleaning Schedule" on January 29, 2015 revealed the routine to thoroughly clean all resident rooms is over a five week period for specific rooms to be cleaned Wednesdays, Thursdays and Sundays for B wing and Thursdays, Saturdays and Tuesdays for C wing.

Record review of the "Caressant Care Bonnie Place Deep Cleaning Schedule" on January 29, 2015 revealed the routine to deep clean all resident rooms is over a three week period completed daily from Monday to Friday for both B and C wings.

The Regional Manager (RM) and the Administrator confirmed that Housekeeping is not following a thorough or deep cleaning schedule of resident rooms.

The Regional Manager on January 29, 2015 confirmed it is the home's expectation that procedures are implemented for cleaning of the home are being met. [s. 87. (2) (a)]



***Additional Required Actions:***

CO # - 005 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**(A2)The following order(s) have been amended:CO# 005**

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**WN #17: 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 are labeled properly and are kept inaccessible to residents at all times.

During the initial tour of the home on January 20, 2015 revealed the "Janitor" door in C wing was ajar and unlocked with multiple bottles of Virex, D Germ, Strife Neutral Cleaner and Bathroom Disinfectant.

Staff interview with Personal Support Worker (PSW) on January 20, 2015 at 0945 hours confirmed the "Janitor" door should be locked at all times and proceeded to close the door tight to activate keypad lock.

Staff interview with the Administrator on January 20, 2015 confirmed it is the home's expectation that all hazardous substances at the home should be kept inaccessible to residents at all times. [s. 91.]



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**WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

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

**s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,**

**(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).**

**(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).**

**(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).**

**(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).**

**(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).**

**(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).**

**Findings/Faits saillants :**

1. The Licensee has failed to ensure that the documented record of complaints, kept in the home includes every date on which any response was provided to the complainant and a description of the response, and any responses made by the complainant.

Interviews with specified residents revealed fourteen out of forty (35%) of residents had complaints or concerns about missing laundry.

Policy review of the Complaints Process dated March, 2012 revealed that “all verbal or written complaints concerning care or operation of the home will be documented, investigated and formally responded to”.

Interview with the Administrator confirmed that missing clothing were, at times, recorded in the “Lost Clothing Record” however there is no documented evidence to support that a response to residents was provided unless the resident’s lost clothing was found. [s. 101. (2)]



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Ministère de la Santé et des  
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Rapport d'inspection prévue  
le Loi de 2007 les foyers de  
soins de longue durée

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the documented record of complaints, kept in the home includes every date on which any response was provided to the complainant and a description of the response, and any responses made by the complainant, to be implemented voluntarily.***

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 131.  
Administration of drugs**

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

**s. 131. (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).**

**Findings/Faits saillants :**





1. The licensee has failed to ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident.

Interview with a specified Resident revealed the resident self administered a medication supplied by the nursing staff.

Record review of the electronic Medication Administration Record (MAR) for the specified resident revealed that the medication was discontinued and there was no documented evidence of the prescription in the electronic Medication Administration Record for the Resident.

Record review of the electronic Medication Administration Record for the Resident revealed no order for the resident to self administer any prescriptions.

Staff interview with the Registered Practical Nurse (RPN) confirmed the Resident does not have an order to self administer medications or an active prescription order in place. [s. 131. (5)]

***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 no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident, to be implemented voluntarily.***





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

**Issued on this 30 day of March 2015 (A2)**

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

**Original report signed by the inspector.**



**Ministry of Health and  
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**Ministère de la Santé et des  
Soins de longue durée**

**Order(s) of the Inspector**

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

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

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**

London Service Area Office  
130 Dufferin Avenue, 4th floor  
LONDON, ON, N6A-5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de London  
130, avenue Dufferin, 4ème étage  
LONDON, ON, N6A-5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**Amended Public Copy/Copie modifiée du public de permis**

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

**Nom de l'inspecteur (No) :** NANCY JOHNSON (538) - (A2)

**Inspection No. /**

**No de l'inspection :** 2015\_277538\_0002 (A2)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**Registre no. :** L-001766-15 (A2)

**Type of Inspection /**

**Genre d'inspection:** Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Mar 26, 2015;(A2)

**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 ON BONNIE PLACE  
15 Bonnie Place, St Thomas, ON, N5R-5T8



**Order(s) of the Inspector**

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**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Colleen Wilson

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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:

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**Order # /  
Ordre no :** 001      **Order Type /  
Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

LTCHA, 2007, s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
  - i. participate fully in the development, implementation, review and revision of his or her plan of care,
  - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or



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refusing consent,

- iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
- iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,

- i. the Residents' Council,
- ii. the Family Council,
- iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
- iv. staff members,
- v. government officials,
- vi. any other person inside or outside the long-term care home.

18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.



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19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.
22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

**Order / Ordre :**



**Ministry of Health and  
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The licensee must prepare, submit and implement a plan for achieving compliance to ensure that every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

The plan must;

1. Identify how and when education will be provided to all staff regarding Resident Rights and Zero tolerance of Abuse.
2. Identify who will be responsible for ongoing monitoring to ensure training is effective.
- 3 Identify how this monitoring will be carried out.

Please submit the plan in writing to Nancy Johnson, Long Term Care Homes Inspector-Nursing, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 130 Dufferin, 4th Avenue, 4th floor, London, Ontario, N6A 5R2, by email, [nancy.johnson@ontario.ca](mailto:nancy.johnson@ontario.ca) by February 27, 2015



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**Grounds / Motifs :**

1. This non compliance was previously issued as a WN, VPC on July 23, 2013.

The licensee has failed to ensure the resident's right to be treated with courtesy and respect.

Interviews with six identified residents during Stage 1 revealed residents had not been treated with dignity and respect, had been yelled at or treated rudely by staff.

Observations by an Inspector on two separate occasions revealed a resident requesting assistance from two different staff members. Staff did not provide assistance to the resident.

Observation by an Inspector revealed a staff member in discussion with other staff, using verbal degrading and belittling comments regarding residents.

The Administrator and Regional Manager on January 28, 2015 at 1500 hours confirmed that the home failed to ensure that the resident's right to be treated with courtesy and respect. (538)

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

May 15, 2015

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**Order # /  
Ordre no :** 002

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



**Ministry of Health and  
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**Pursuant to / Aux termes de :**

LTCHA, 2007, 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).

**Order / Ordre :**

The licensee must prepare, submit and implement a plan 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 at the home at all times to achieve compliance with Reg. 79/10, s. 8. (3)

The plan must include:

1. Recruitment strategies.
2. Strategies to ensure a Registered Nurse in on duty and present in the home.
3. The plan must contain time lines for completion of the actions required and who is accountable for the task.

Please submit a plan in writing to Nancy Johnson, Long Term Homes Inspector-Nursing Ministry of Health and Long Term Care, Performance and Compliance Branch, 130 Dufferin Avenue, 4th floor, London, Ontario, N6A 5R2, by email, at [nancy.johnson@ontario.ca](mailto:nancy.johnson@ontario.ca) by February 27, 2015





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l'article 154 de la Loi de 2007 sur les  
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O. 2007, chap. 8

**Grounds / Motifs :**

1. This non compliance was previously issued as a WN, VPC on April 14, 2014..

The licensee has failed to ensure that there is at least one registered nurse (RN) who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times.

Record review of the Staff Schedule for Registered Nurses for the week of January 11-24, 2015 revealed there was not RN coverage on January 14 and January 17, 2015 for the 8 hour evening shift.

Staff interview with the Administrative Assistant on January 30, 2015 at 1210 hrs. confirmed there was no RN in the building for the 8 hour evening shift on January 14 & 17, 2015.

(563)

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

May 15, 2015

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**Order # /**  
**Ordre no :** 003      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**



**Order(s) of the Inspector**

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

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

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

LTCHA, 2007, s. 15. (2) Every licensee of a long-term care home shall ensure that,

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

**Order / Ordre :**

The licensee shall ensure the home, furnishings and equipment are kept clean and sanitary, and the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

**Grounds / Motifs :**

1. This non compliance was previously issued as a WN, VPC on July 23, 2013.

The licensee has failed to ensure that the home, furnishings and equipment are kept clean and sanitary.

Observations of the home on January 20, 2015 revealed one or more of the following:

- wax, dust and dirt build-up along perimeter of floors, especially at door ways
- a build-up of dust along baseboards, the inside edge and perimeter of entire floor
- handrails are soiled with brown splatter
- large dust balls noted in C wing hall
- tub room B wing: noted rust colored stains in caulking around perimeter of the floor and around the toilet
- tub room in C wing: floors soiled with dirt and dust build up along perimeter
- front hallway: wing chairs fabric soiled and vents noted to have heavy dust build up and black marks noted on ceiling from vents
- lounge: build-up of thick dust and cobwebs on vents and cobwebs in corners
- dining room: walls have food splatters and drips, window soiled with liquid drips, and food spills and dirt on floor beside refrigerator
- servery: build up of food spills and black marks
- multiple ceiling vents have heavy build-up of dust and dirt



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- window ledges and nursing station desk had building up of dust, dried splatters and debris

Observations of resident rooms and bathrooms on January 20 & 21, 2015 revealed one or more of the following:

- floors have a build up of wax, dust, dirt and debris along entire perimeter
- heavily build-up around door frames, toilets and corners of baseboards
- baseboards heavily soiled
- furniture surfaces were dusty and behind larger pieces of furniture there was a large build-up of dust, dirt and debris
- bathroom vent covered in thick layer of dust with cobwebs
- base of toilet, the floor is soiled
- brown dried liquid stains on bedroom wall and on bathroom doors
- fall mats soiled with dried liquid and dust
- wheelchair cushions soiled
- laundry hamper soiled with dirt, dust and splatters

Staff interviews with the Administrator, the Maintenance Supervisor, and the Regional Manager confirmed the home and furnishings are not kept clean and sanitary. (563)



**Order(s) of the Inspector**

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Pursuant to section 153 and/or  
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2. This non compliance was previously issued as a WN, VPC on July 23, 2013.

The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Observation of the home on January 20, 2015 revealed one or more of the following:

- front hallway: wing chairs scraped with worn legs and fabric soiled
- paint peeling off numerous hallway walls and stains noted on multiple ceiling tiles
- cracked floor tile at Greenhouse lounge entrance
- multiple areas of wall damage and peeling paint

Observation of multiple resident rooms and bathrooms on January 20 & 21, 2015 revealed one or more of the following:

- multiple walls have repaired drywall without sanding and paint, other wall areas have a different paint color where touch ups done
- baseboards are heavily marked and cracked
- multiple floor board heaters have chipped paint, are scraped and wall paint and drywall cracked
- multiple floor board heaters noted to have a loose front panel
- wall corners repaired without painting
- toilet bolts caps missing
- large areas of drywall repair at foot of a resident's bed with no sanding or paint
- towel bars loose
- cracked tiles on bathroom floors
- missing handle on door to cupboard below vanity
- bathroom counters chipped with missing laminate

The Administrator and the Maintenance Supervisor confirmed that it is the expectation of the home that the home, furnishings, and equipment are maintained in a safe condition and in a good state of repair. (563)

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



**Order(s) of the Inspector**

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

Pursuant to section 153 and/or  
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2007, c. 8

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Jun 30, 2015(A1)

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**Order # /**                      **Order Type /**  
**Ordre no :** 004              **Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Pursuant to / Aux termes de :**

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

**Order / Ordre :**

The licensee must prepare, submit, and implement a plan for achieving compliance with LTCHA, 2007 S.O. 2007, s. 85. (3) to ensure the licensee seeks the advice of the Resident and Family Council in acting on the results of the satisfaction survey results.

The plan must include;

1. Person(s) responsible for presenting the June 2014 satisfaction survey to the Resident and Family Councils to obtain advice in acting on the results.
2. Timeline to create an action plan to address Resident and Family concerns.
3. Who will follow through on actions developed.
4. Who will be responsible on an ongoing basis.

Please submit a plan in writing to Nancy Johnson, Long Term Care Homes Inspector-Nursing, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 130 Dufferin, 4th Avenue, 4th floor, London, Ontario, N6A 5R2, by email, nancy.johnson@ontario.ca by February 27, 2015.



**Order(s) of the Inspector**

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

Pursuant to section 153 and/or  
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O. 2007, chap. 8

**Grounds / Motifs :**

1. This non compliance was previously issued as a WN, VPC on July 23, 2013.

The licensee has failed to ensure that the results of the Family Council and Resident Council satisfaction surveys are acted on.

A) Record review revealed the home has not taken action to follow-up on any unresolved concerns from the Family Satisfaction Survey results dated June 2014.

Interview with a Family Council member revealed that Family Council has not received feedback from the home regarding the actions the home is taking on the results of the satisfaction survey.

B) Record review revealed the home has not taken action to follow-up on any unresolved concerns from the Resident Satisfaction Survey results dated June 2014.

Interview with the Resident Council President revealed that Resident Council has not received feedback from the home regarding the actions the home is taking on the results of the satisfaction survey.

Interview with the Administrator and Regional Manager confirmed that the home have not taken action to follow up on any unresolved concerns from the Family and Resident satisfaction surveys dated June 2014.

(538)

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

May 15, 2015



**Order(s) of the Inspector**

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

Pursuant to section 153 and/or  
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O. 2007, chap. 8

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**Order # /**

**Ordre no :** 005

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

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

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

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

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

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

(iii) contact surfaces;

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

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

**Order / Ordre :**

(A2)

The licensee shall ensure that the home s procedures are implemented for cleaning of the home that will address the issues as noted in the grounds.

**Grounds / Motifs :**

1. This non compliance was previously issued as a WN, VPC on July 23, 2013.





**Order(s) of the Inspector**

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

Pursuant to section 153 and/or  
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The licensee has failed to ensure that procedures are implemented for cleaning of the home including resident bedrooms, floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces.

A) Record review of the "Housekeeping Daily Routines" on January 29, 2015 revealed the following:

- areas cleaned daily, "B and C wing rooms / washrooms, sweep and mop dining rooms, B tub rooms, front entrance (floors, windows, and garbage), soiled utility / rooms and staff and visitor washrooms."

- areas cleaned at least once a week, "Greenhouse Lounge, offices, C wing tub room cleaned 5 times a week, chapel, front lounge, high low dusting, and fans." Every Sunday the routine outlines, "thorough clean rooms (as per schedule)" and for the "C wing Buffing Shift- 4 hours to buff main and small dining room, clean dining room walls / windows and thoroughly clean rooms (as per schedule) and another B-wing Buffing Shift- 3 hours to buff Gracie's Place Dining room, front lounge, clean dining room walls / windows and thoroughly clean rooms (as per schedule)."

The Regional Manager (RM) confirmed that Housekeeping are not following a biweekly cleaning schedule and shared that this process was discontinued sometime in the of 2014.

B) Record review of the "Caressant Care Bonnie Place Thorough Cleaning Schedule" on January 29, 2015 revealed the routine to thoroughly clean all resident rooms is over a five week period for specific rooms to be cleaned Wednesdays, Thursdays and Sundays for B wing and completed on Thursdays, Saturdays and Tuesdays for C wing.

Record review of the "Caressant Care Bonnie Place Deep Cleaning Schedule" on January 29, 2015 revealed the routine to deep clean all resident rooms is over a three week period completed daily from Monday to Friday for both B and C wings.

The Regional Manager (RM) and Administrator confirmed that Housekeeping is not following a thorough or deep cleaning schedule of resident rooms.

The Regional Manager on January 29, 2015 confirmed it is the home's expectation





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O. 2007, chap. 8

that procedures are implemented for cleaning of the home are being met. (563)

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

Apr 17, 2015(A2)



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

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

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O. 2007, chap. 8

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

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

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

The written request for review must include,

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

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

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

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



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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

**Ministère de la Santé et des  
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**Ordre(s) de l'inspecteur**

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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).

**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, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



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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.

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  
Toronto ON M5S 2B1  
Télécopieur : 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 30 day of March 2015 (A2)**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :**

NANCY JOHNSON - (A2)

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

London