



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

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
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  
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**Public Copy/Copie du public**

<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 14, 2014	2014_317703_0004	185-14	Other

**Licensee/Titulaire de permis**

Downsview Long Term Care Centre Limited  
3595 Keele Street, NORTH YORK, ON, M3J-1M7

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

Downsview Long Term Care Centre  
3595 Keele Street, NORTH YORK, ON, M3J-1M7

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

ANDREW RENNER (703)

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

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): February 14, 2014

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Business Operations, Office Coordinator and residents.

During the course of the inspection, the inspector(s) examined the trust account transactions, backup, trust account reconciliation for August 2013, trust account statements for December 2013 and January 2014, resident files, resident trust ledgers, resident billing charges, trust account audit report and conducted interviews with residents and staff members.

The following Inspection Protocols were used during this inspection:



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**Resident Charges  
Trust Accounts**

**Findings of Non-Compliance were found during this inspection.**

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

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 80. Regulated documents for resident**



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Specifically failed to comply with the following:

- s. 80. (1) Every licensee of a long-term care home shall ensure that no regulated document is presented for signature to a resident or prospective resident, a substitute decision-maker of a resident or prospective resident or a family member of a resident or prospective resident, unless,
- (a) the regulated document complies with all the requirements of the regulations; and 2007, c. 8, s. 80. (1).
- (b) the compliance has been certified by a lawyer. 2007, c. 8, s. 80. (1).

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**Findings/Faits saillants :**

1. Record review and interviews with staff confirmed that all regulated document(s) presented for signature to a resident or prospective resident, a substitute decision-maker of a resident or prospective resident or a family member of a resident or prospective resident have not been certified by a lawyer to be in compliance with all the requirements of the regulations. [s. 80. (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 with the requirement to have all documents presented to the resident, or person acting on their behalf, for signing certified by a lawyer that the documents are in compliance with all the requirements of the regulations, to be implemented voluntarily.*

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 241. Trust accounts**



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

**s. 241. (4) No licensee shall,**

**(a) hold more than \$5,000 in a trust account for any resident at any time; O. Reg. 79/10, s. 241 (4).**

**(b) commingle resident funds held in trust with any other funds held by the licensee; or O. Reg. 79/10, s. 241 (4).**

**(c) charge a resident, or a person acting on behalf of a resident, a transaction fee for withdrawals, deposits, or anything else related to money held in trust. O. Reg. 79/10, s. 241 (4).**

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

**(a) provide a resident, or a person acting on behalf of a resident, with a written receipt for all money received by the licensee from the resident, or any other person, for deposit in a trust account on behalf of the resident; O. Reg. 79/10, s. 241 (7).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that it does not hold more than \$5,000 in a trust account for any resident at any time.

Record review indicated and staff interview confirmed the licensee held more than \$5,000 in the trust accounts for two residents at the time of inspection. [s. 241. (4) (a)]

2. A record review of the deposits made into the resident trust bank account and interview with staff indicated that the licensee does not provide a resident, or a person acting on behalf of a resident, with a written receipt for money received by the licensee from the resident, or any other person, for deposit in a trust account on behalf of the resident when the money is received by pre-authorized payment or cheque mailed directly to the home. [s. 241. (7) (a)]



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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 with not holding more than \$5,000 in resident trust account and with providing receipts for all deposits into resident trust accounts, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 261. Statements Specifically failed to comply with the following:**

**s. 261. (1) Every licensee of a long-term care home shall, within 30 days after the end of each month, provide each resident or the resident's attorney under the Powers of Attorney Act, or person exercising a continuing power of attorney for property or a guardian of property under Part I of the Substitute Decisions Act, 1992, with an itemized statement of the charges made to the resident within the month. O. Reg. 79/10, s. 261 (1).**

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**Findings/Faits saillants :**

1. A resident indicated that he/she did not receive a monthly statement for resident charges but receives one annually.

Record review and staff interview confirmed that a resident does not receive monthly itemized statements for charges made to him/her. The licensee provides the resident with an annual statement. [s. 261. (1)]



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**Issued on this 14th day of March, 2014**

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

*Andrew Penner*