



**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 rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 20, 25, 2016	2016_294623_0010	009367-16	Resident Quality Inspection

Licensee/Titulaire de permis

CENTENNIAL PLACE MILLBROOK INC.
307 Aylmer Street PETERBOROUGH ON K9L 7M4

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

CENTENNIAL PLACE LONG-TERM CARE HOME
2 Centennial Lane North MILLBROOK ON M5J 2G2

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

SARAH GILLIS (623), CHANTAL LAFRENIERE (194), JESSICA PATTISON (197),
KELLY BURNS (554), MARIA FRANCIS-ALLEN (552)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): April 18, 19, 20, 21, 22 and 25, 2016

Critical Incidents (CIR), log#034779-15, 027326-15 related to missing resident, log#000918-16 related to resident to resident physical abuse, log#016087-15 related to allegations of staff to resident physical abuse and log#014890-15 related to allegations of staff to resident verbal abuse, were inspected concurrently with this Resident Quality Inspection.

During the course of the inspection, the inspector(s) spoke with Residents, Family members, Substitute Decision Makers(SDM), Representative of the Residents' Council, the Administrator, Director of Care, Associate Director of Care, PSW Supervisor, Environmental Service Manager, Office Manager, Director of Resident and Family Services, Life Enrichment Coordinator, RAI Coordinator, Housekeepers, Unit Clerk, Personal Support Workers(PSW), Registered Nurses(RN) and Registered Practical Nurses(RPN).

During the course of this inspection, the inspectors toured the home, observed staff to resident interactions, observed a resident meal service, resident social programs, medication administration and infection control practices. The inspectors reviewed clinical health records, staff education records, Resident Council minutes, resident admission agreement, building incident reports, maintenance binder, the licensee's investigation documentation and the licensee's policies related to zero tolerance of abuse and neglect of residents, skin and wound management, falls prevention, continence management and infection control.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care**

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

**6 WN(s)
4 VPC(s)
2 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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 O.Reg 79/10, s. 227. Regulated documents

Specifically failed to comply with the following:

s. 227. (5) An agreement under paragraph 3 of subsection 91 (1) of the Act for charges other than for accommodation must include provisions relating to the following, but may contain other provisions:

- 1. A description of all goods and services to which the agreement applies, including the quantity, if applicable. O. Reg. 79/10, s. 227 (5).**
- 2. The licensee's obligation to provide the goods and services. O. Reg. 79/10, s. 227 (5).**
- 3. The charge for the goods and services and the financial obligation of the resident to pay for them. O. Reg. 79/10, s. 227 (5).**
- 4. That if the goods and services are not provided to the resident, the licensee is prohibited from charging the fee for them. O. Reg. 79/10, s. 227 (5).**
- 5. That the resident or the authorized person entering into the agreement on the resident's behalf must be notified in writing of any increase in the charge for the goods and services at least 30 days before the licensee charges the increased amount. O. Reg. 79/10, s. 227 (5).**
- 6. The termination of the agreement, including,**
 - i. that if the goods and services have not been provided, the resident may terminate the agreement without penalty,**
 - ii. that the resident may terminate the agreement at any time without notice to the licensee, and**
 - iii. that the licensee may terminate the agreement on providing at least 30 days written notice to the resident. O. Reg. 79/10, s. 227 (5).**

Findings/Faits saillants :

- 1. The licensee failed to comply with O. Reg. 79/10, s. 227 (5), by not ensuring that an agreement under paragraph 3 of subsection 91 (1) of the Act for charges other than for accommodation must include provisions relating to the following, but may contain other provisions, a description of all goods and services to which the agreement applies, including the quantity, if applicable; and the charge for the goods and services and the financial obligation of the resident to pay for them.**

The home's Unfunded Services Agreement (#GA-C-23A) was reviewed and was noted to contain the following:

- 1. Unfunded Services Requested (contained on pages 01-02, of the Unfunded Services**



Agreement)

1.1 The Resident and or Substitute Decision Maker hereby request and agree to pay for the Unfunded Services as set out below, specifically:

- Optional Unfunded Services: Escort Service / Private Duty Nursing – as per Service Provider / Price List – approval to be billed / approval to charge to Trust Account

1.2 In the foregoing chart, “as per Service Provider” means that the specified service is not provided by the LTC Home, but is provided by an outside, third party service provider not affiliated with the LTC Home. By requesting such service, the Resident or Substitute Decision Maker agrees that the LTC Home is not responsible, nor will it be liable for the quality of such service.

1.3 In the foregoing chart, “Price List” means that the specified service is provided by the LTC Home and the price for such service varies depending on the type of service requested by the Resident or Substitute Decision Maker. The Resident or Substitute Decision Maker agrees that the price list may change from time to time and the resident shall be responsible for the fees as set out on the then current price list.

If the “yes” box under column “approval-to be billed” is checked, the Resident or Substitute Decision Maker agrees that the Unfunded Service shall be added to the Resident’s usual monthly bill for accommodations, under the Accommodation Agreement.

If the “yes” box under the column, “approval-to be charged to Trust Account” is checked, the Resident or Substitute Decision Maker agrees that the Unfunded Service shall be deducted from the trust fund held by the LTC Home on behalf of the Resident.

The Director of Resident and Family Services, and the Office Manager both indicated that the Unfunded Services Agreement is signed during a resident’s admission to the home, by either the resident and or the substitute decision maker; the unfunded services agreement, specifically escort and private duty nursing is signed either as a yes or a no. Both indicated that at the time of signage there is no description of the goods and or services being offered. The Administrator acknowledged that it is the practice of the home to have the resident or substitute decision maker sign the Unfunded Service Agreement upon admission, for use should it be needed at a future date.

According to the Administrator, AON’s Vice President, has indicated that the Unfunded



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Services Agreement, had been certified compliant with the Long-Term Care Homes Act, 2007, by the licensee's retained legal counsel. A letter provided by the Administrator, dated January 10, 2011 confirms certification by a said law office.

The above identified provision, contained within the licensee's Unfunded Services Agreement, is vague and fails to provide a description of the goods and services being agreed upon and or the charges for such services at the time. [s. 227. (5)]

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. 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 comply with O. Reg. 79/10, s. 245, by not ensuring that residents are not charged for goods and services that the licensee is required to



provide to residents under any agreement.

Under 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.

8. Charges for anything the licensee shall ensure if provided to a resident under this Regulation, unless a charge is expressly permitted.

Related to Resident #043:

Under O. Reg. 79/10, s. 33 (1), every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee of long-term care homes are provided funding through the Nursing and Personal Care (NCP) envelope, such funding includes bathing of residents.

The clinical health record, for resident #043, was reviewed for a specific time period, and indicated the following:

- A progress note, on a specific date – Associate Director of Care (ADOC) has been in conversation with resident's substitute decision maker who has requested that resident receives an additional service per week. ADOC advised substitute decision maker of the cost of this. According to the progress note, Substitute Decision Maker was in agreement to pay this cost. ADOC spoke with resident who chose a specific day for the extra service as resident currently receives one on two specific days. Unit Clerk will book a private duty personal support worker for the extra bath commencing on a specific date. Message left on substitute decision maker's answering machine to advise substitute decision maker the day of the extra bath for resident.



- A progress note, on a specific date - received phone message from resident's substitute decision maker inquiring if the changes in the personal support workers hours would affect resident's additional service. Associate Director of Care (ADOC) checked resident's care plan and spoke to nursing staff who confirmed that resident gets this service twice a week and an extra service on a specific day, which the substitute decision maker pays for. ADOC confirmed that there would not be any reduction in resident's number of days the service is provided, but that they would likely occur at an earlier time.

The clinical health record, for resident #043, was reviewed for a specific time period and failed to provide documentation of any assessments completed by registered nursing staff, and or others, specific to the rationale for resident #043 requiring a third service or resident's ongoing need for the same. There is no documentation as to what may have prompted resident #043 and or substitute decision maker's request for a third service June, 2013.

Registered Nurse-Supervisor (RN #129) and the Associate Director of Care (ADOC) confirmed that resident #043 receives a third service. RN-Supervisor #129 and ADOC were unable to locate any assessments specific to the rationale for the third service for this resident. The Associate Director of Care was unable to recall what prompted the request for additional service for resident #043.

Registered Nurse-Supervisor #129 and the Associate Director of Care indicated that resident #043's substitute decision maker is charged additional costs for extra service. ADOC indicated the cost charged, by the licensee, for additional service is \$30.00 per hour, and indicated this cost covers the wages and benefits of the personal support worker performing the resident care.

The Director of Care and the Administrator both acknowledged that resident #043 is charged for extra service, and such is considered an additional fee for service. The Director of Care and the Administrator indicated that the long-term care home has a fee schedule for additional nursing services provided by the licensee, and the fee schedule speaks to Private Duty Nursing services, which would include this additional service, as a fee for service.

A review of invoices submitted to resident #043 and or resident's substitute decision maker, for a specified period of time, provide documented evidence that a charge of \$25.00 to 30.00 per hour for private duty nursing was being billed to the resident and or



SDM.

The Office Manager confirmed that resident #043 and or the substitute decision maker have been charged, by the licensee, for additional service, once weekly since June 2013.

In summary, the licensee receives funding through the NPC envelope, such funding would include the specified service; the licensee cannot charge for extra service of any resident.

2) Related to Residents #021, 075 and 076:

The licensee failed to comply with O. Reg. 79/10, s. 245, by not ensuring that residents are not charged for goods and services that the licensee is required to provide to residents under any agreement.

Under O. Reg. 79/10, s. 245, the following charges area 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.

8. Charges for anything the licensee shall ensure if provided to a resident under this Regulation, unless a charge is expressly permitted.

Under LTCHA, 2007, s. 9 (1), every licensee of a long-term care home shall ensure there is an organized interdisciplinary program with a restorative care philosophy that promotes and maximizes independence; and where relevant to the resident's assessed care needs, includes, but is not limited to, physiotherapy and other therapy services which may be either arranged or provided by the licensee.

Under LTCHA, 2007, s. 10, every licensee of a long-term care home shall ensure that there is an organized program of recreational and social activities for the home that meets the interests of the residents; and the program shall include services for residents with cognitive impairments, and residents who are unable to leave their rooms.



Under LTCHA, 2007, s. 16 (1), every licensee of a long-term care home shall ensure there is an organized volunteer program for the home that encourages and supports the participation of volunteers in the lives and activities of residents.

The licensee of long-term care homes are provided funding through the Program and Support Services envelope, such funding includes walking residents, provision of activities, including visiting residents.

The Life Enrichment Coordinator (LEC) indicated the home currently has organized activity and volunteer programs. LEC indicated that both programs are resident centred and the goal is to increase a resident's social ability and to prevent or decrease social isolation to identified residents, especially those with low ISE (index social engagement) score. LEC indicated that both programs offer one to one programming for identified residents, and include walking, cards, and friendly visits.

The Director of Resident and Family Services, and the Office Manager both indicated that the Unfunded Services Agreement is signed during a resident's admission to the home, by either the resident and or the substitute decision maker; the unfunded services agreement, specifically private duty nursing is signed either as a yes or a no. Both indicated that at the time of signage there is no description of the goods and or services being offered. The Administrator acknowledged that it is the practice of the home to have the resident or substitute decision maker sign the Unfunded Service Agreement upon admission, for use should it be needed at a future date.

The Director of Resident and Family Services, as well as the Director of Care and the Administrator, indicated that the private duty nursing service can be whatever the resident or substitute decision maker requests.

The Director of Resident and Family Services, and the Office Manager indicated that there are residents being charged, by the licensee, for private duty nursing for services such as additional walking, playing cards and companionship, specifically the following residents:

- Resident #021- During a specified time period, there were seventeen hours charged, by the licensee, to the resident and or substitute decision maker for private duty nursing, which is listed on the Supplemental Care Bookings Form, a specific service.



- Resident #075 – During a specified time period, there were eight hours charged, by the licensee, to the resident and or substitute decision maker for private duty nursing, which is listed on the Supplemental Care Bookings Form, a specific service.

- Resident #076 - During a specified time period, there were eleven hours charged, by the licensee, to the resident and or substitute decision maker for private duty nursing, which is listed on the Supplemental Care Bookings Form, a specific service.

The clinical health record, for resident #021, 075 and 076, was reviewed for a specific period and indicated the following:

- A progress note, on a specific date, indicated substitute decision maker, for resident #075, would be away from a specific date to a specific date; substitute decision maker is requesting a private booked personal support worker sit with resident #075 on a specific day for a specific leisure service with them. If staff find that resident is lonely, staff may book a personal support worker to be with the resident for an hour on an additional day.
- There was no documentation as to resident #075 being assessed for boredom, or the need for additional leisure services.
- The clinical health record, for resident #021 and #076, was reviewed for the above identified period, and failed to provide documentation of any assessments completed by registered nursing staff, recreation and or others, specific to residents needing extra nursing and leisure services.

Life Enrichment Coordinator indicated that resident #075 enjoys a specific leisure activity and is linked with the volunteer program weekly for leisure service. LEC indicated he/she was not aware of any charges being billed for leisure service.

LEC indicated that resident #021 is not partnered with the activity or volunteer programs for one to one programming, as resident has a paid personal support worker for one to one private duty nursing. LEC indicated not being aware why resident #021 is charged, by the licensee, for one to one private duty nursing versus utilizing the activity and or volunteer programs offered in the long-term care home, for the one to one visits.

Office Manager confirmed that the above three residents are receiving and being charged additional costs for private duty nursing, at a cost of \$30.00 per hour.

In summary:



During discussions with identified nursing and managerial staff, it was concluded that the licensee was charging residents (#021, 043, 075 and 076) and or resident's substitute decision makers additional fees for nursing and or activity/leisure services, such as bathing, walks, playing cards and one to one visits.

A letter from the licensee, dated July 2015, provides notification to residents and substitute decision maker that costs related to extended services at Centennial Place will be increasing; cost of services increasing include, private duty nursing. The letter indicates that private duty nursing hired for extra care, such as escort services for transport or added time for bathing, etc. will see an increase to \$30.00 per hour for Personal Support Worker and \$40.00 per hour for Registered Practical Nurse. This communication to resident and resident's substitute decision maker provides documented evidence that charging for non-allowable services has been and continues to be a practice of the licensee.

The licensee receives funding through the Nursing and Personal Care envelope, as well as the Programming and Support Services envelope, which would include the provision of bathing, walking, and activities to residents residing in the long-term care home.

Charging fees for additional nursing and or activity/leisure services has the potential to place residents and their substitute decision makers at risk for financial burden and limits availability of the said services to all residents despite their assessed or expressed needs. [s. 245.]

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. 14. Every licensee of a long-term care home shall ensure that every resident shower has at least two easily accessible grab bars, with at least one grab bar being located on the same wall as the faucet and at least one grab bar being located on an adjacent wall. O. Reg. 79/10, s. 14.

Findings/Faits saillants :



1. The licensee fails to comply with O. Reg. 79/10, s. 14, by not ensuring that every resident shower has at least two easily accessible grab bars, with at least one grab bar being located on the same wall as the faucet and at least one grab bar being located on an adjacent wall.

During the initial tour of the home, it was identified that four of the four shower rooms within the home, did not have an accessible shower grab bar located on the same wall as the faucet.

Environmental Services Manager indicated not being aware of the requirement specific to the location of accessible shower grab bars. [s. 14.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that every resident shower has at least two easily accessible grab bars, with at least one grab bar being located on the same wall as the faucet and at least one grab bar being located on an adjacent wall, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, 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 failed to comply with LTCHA, 2007, s. 15 (2) (c), by not ensuring that the



home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The following was observed during dates of this inspection:

- Spa Room – the seams of the laminate flooring were observed spilt, with the sub-flooring exposed; water was observed seeping onto the sub-flooring. The spa room was located within the Heritage, resident home area;
- Wall – a superficial hole, measuring approximate fifteen centimetres (cm) by five centimetres was observed on the wall between the clean and soiled utility rooms on Millpond, resident home area;
- Wall Tiles – ceramic wall tiles were observed cracked, chipped with jagged edges or missing in spa and shower rooms, located within Harvest and Heritage, resident home areas;
- Carpet – the carpeting was observed frayed and lifting as you enter the living room on Millpond, resident home area.

The maintenance binders on all four resident home areas were reviewed, as well as the Building Incident Report forms for the period of February 01, through to April 20, 2016 and failed to provide documented evidence that the above required maintenance concerns had been identified by staff of the long-term care home.

Environmental Services Manager (ESM) indicated the following:

- the flooring in the spa room had been identified as needing repairs, but as of this time, there was no plans in place to resolve the maintenance deficiency;
- ceramic wall tiles are most likely due to daily wear and tear; ESM acknowledge repairs were required;
- all staff are responsible to identify maintenance repairs within the home and to notify maintenance personnel using the Building Incident Report forms located on all resident home areas, at the front desk of the home and outside maintenance office.

The Environmental Services Manager indicated it would be an expectation 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:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 23. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions. O. Reg. 79/10, s. 23.

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg. 79/10, s. 23, by not ensuring that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions, specific to the Calypso.

The ARJO Calypso Operating and Product Care Instructions (dated September 2004) directs that information contained within the manual is crucial to the proper operation and maintenance of the equipment, and must be read and understood to help prevent possible injury.

The manual directs the operator of the equipment (bath chair) to symbols contained within the manual, specifically:

- Safety Warnings - indicating failure to understand and obey safety warnings may result in injury.

The Operating and Product Care Instructions direct the following:

On page 4:

- WARNING - the safety belt must be used at all times to make sure the resident remains in an upright position in the middle of the seat. The safety belt must be attached to the seat of the Calypso on the same side as the backrest and securely fastened with the



buckle

- The Calypso should be used by appropriately trained caregivers in accordance with the directions outlined in the Operating and Product Care Guidelines;

On page 5:

- Always make sure that, the safety straps are in good condition and properly fastened;

On page 10:

- Safety Belt: The safety belt should be used at all times when the resident is moved. Attach the safety belt to the transport handle; place the safety belt in front of the resident and fasten it to the knob;

On page 13:

- WARNING - read safety instructions on page 4-5 before bathing;

On page 14:

- WARNING - safety belt must always be used to make sure the resident remains in an upright position in the middle of the seat of the Calypso. Safety belt must be attached to the seat of the Calypso on the same side as the backrest and securely fastened with the buckle;

On page 16:

- WARNING - safety belt must always be used to make sure the resident remains in an upright position in the middle of the seat of the Calypso. Safety belt must be attached to the seat of the Calypso on the same side as the backrest and securely fastened with the buckle.

During dates of this inspection, there was no safety belt observed on the Calypso bath chair or available in the four of the four spa rooms.

On April 18, 2016, the Calypso bath chair in the spa room, located in the Heritage resident home area, was observed wet, there was no safety belt attached to the bath chair, nor any safety belt in the spa room.

Personal Support Worker (PSW) #101, who works on the Heritage resident home area, indicated that a safety belt is not normally used, but may be used on the bath chair if a resident is at known risk to slide from the bath chair. PSW #101 was unaware where to locate a safety belt within the long-term care home, if one was required for bathing a



resident.

Director of Care indicated that safety belts are not used on the bath chairs as it was believed that the safety belts were considered to be a restraint. The Director of Care indicated not being in possession of the operating instructions manual nor having read the operating instructions manual for the bath chair.

Environmental Services Manager (ESM) was able to locate a copy of the Calypso Operating and Product Care Instructions, and provided the manual to the inspector. ESM indicated he was not familiar with the operations of the actual bath chair, as he is only contacted by nursing when the bath chair is not working. ESM indicated being unaware if the bath chair requires a safety belt during its operation.

Director of Care indicated that she believed that the Calypso bath chair did not come with a safety belt, and indicated that a safety belt is not used when staff are operating the bath chair during resident bathing. [s. 23.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions, specific to the Calypso lift, to be implemented voluntarily.

**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg. 79/10, s. 33 (1), by not ensuring residents



are bathed, at a minimum, twice a week by a method of his or her choice, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Related to Resident #022:

Resident #022 has a specific medical diagnosis; resident is dependent on staff for all activities of daily living.

Substitute Decision Maker (SDM) for resident #022 indicated, to the inspector, that resident has a noticeable odour.

Resident #022 was noted, by an inspector, to have a noticeable malodour during the dates of April 19, and April 20, 2016.

The clinical health record, for resident #022, including the written care plan and progress notes, was reviewed and provides the following details:

-Specified toileting interventions. The goal of care is to be clean and odour free.

-Specified hygiene interventions. The goal of care is to be neat, clean and odour free.

- A progress note, on a specific date – at an annual care conference resident's odour was discussed; indicating that resident #022 continues to have an odour despite frequency of incontinence care.

Personal Support Worker (PSW #107) indicated that resident #022 has lingering odour despite interventions.

Resident #022's substitute decision maker indicated that the concerns had been discussed, specific to resident's odour, with the management of the home and inquired as to the possibility of resident #022 receiving extra bathing, but was told that there is an additional cost for a third bath. SDM indicated he/she was told to purchase scented soaps for resident #022, to aide with eliminating odours, instead of the home implementing a third bath.

Substitute Decision Maker indicated the noticeable odour from resident #022 is so



noticeable, that on occasions they have had to remove resident from group activities and entertainment, as they are embarrassed by the strong odour emitting from resident #022.

Associate Director of Care (ADOC) confirmed awareness that resident #022 has been identified, by SDM, as having an offensive and lingering odour. ADOC commented further that resident #022 has had the lingering odour for the past year, indicating being aware of the cause of resident's odour. ADOC acknowledged the continued concerns of resident #022's SDM's regarding the noticeable odour.

Director of Care and the Associate Director of Care, both, indicated that as of this time further bathing has not been initiated for resident #022.

Resident #022's SDM indicated he/she continues to be concerned as to the odour emitting from resident #022. Substitute Decision Maker indicated that he/she would expect that resident #022 is clean and free of any odours.

Note:

The licensee is provided funding through the Nursing and Personal Care envelope, such funding would include bathing. The licensee is not permitted to charge additional fees for bathing. [s. 33. (1)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring residents are bathed, at a minimum, twice a week by a method of his or her choice, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.



**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**

Issued on this 5th day of August, 2016

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

Original report signed by the inspector.



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

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) : SARAH GILLIS (623), CHANTAL LAFRENIERE (194),
JESSICA PATTISON (197), KELLY BURNS (554),
MARIA FRANCIS-ALLEN (552)

Inspection No. /

No de l'inspection : 2016_294623_0010

Log No. /

Registre no: 009367-16

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Jul 20, 25, 2016

Licensee /

Titulaire de permis : CENTENNIAL PLACE MILLBROOK INC.
307 Aylmer Street, PETERBOROUGH, ON, K9L-7M4

LTC Home /

Foyer de SLD : CENTENNIAL PLACE LONG-TERM CARE HOME
2 Centennial Lane North, MILLBROOK, ON, M5J-2G2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Debbie Maddison

To CENTENNIAL PLACE MILLBROOK INC., you are hereby required to comply with
the following order(s) by the date(s) set out below:



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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de soins de longue durée*, L.O. 2007, chap. 8



Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 227. (5) An agreement under paragraph 3 of subsection 91 (1) of the Act for charges other than for accommodation must include provisions relating to the following, but may contain other provisions:

1. A description of all goods and services to which the agreement applies, including the quantity, if applicable.
 2. The licensee's obligation to provide the goods and services.
 3. The charge for the goods and services and the financial obligation of the resident to pay for them.
 4. That if the goods and services are not provided to the resident, the licensee is prohibited from charging the fee for them.
 5. That the resident or the authorized person entering into the agreement on the resident's behalf must be notified in writing of any increase in the charge for the goods and services at least 30 days before the licensee charges the increased amount.
 6. The termination of the agreement, including,
 - i. that if the goods and services have not been provided, the resident may terminate the agreement without penalty,
 - ii. that the resident may terminate the agreement at any time without notice to the licensee, and
 - iii. that the licensee may terminate the agreement on providing at least 30 days written notice to the resident.
- O. Reg. 79/10, s. 227 (5).

Order / Ordre :

The licensee shall review and revise the Unfunded Services Agreement and ensure that such is in keeping with legislative requirements.

Order Must Be Complied With By: October 31, 2016

Grounds / Motifs :

1. The licensee failed to comply with O. Reg. 79/10, s. 227 (5), by not ensuring that an agreement under paragraph 3 of subsection 91 (1) of the Act for charges

other than for accommodation must include provisions relating to the following, but may contain other provisions; a description of all goods and services to which the agreement applies, including the quantity, if applicable; and the charge for the goods and services and the financial obligation of the resident to pay for them.

The home's Unfunded Services Agreement (#GA-C-23A) was reviewed and was noted to contain the following:

1. Unfunded Services Requested (contained on pages 01-02, of the Unfunded Services Agreement)

1.1 The Resident and or Substitute Decision Maker hereby request and agree to pay for the Unfunded Services as set out below, specifically:

- Optional Unfunded Services: Escort Service / Private Duty Nursing – as per Service Provider / Price List – approval to be billed / approval to charge to Trust Account

1.2 In the foregoing chart, “as per Service Provider” means that the specified service is not provided by the LTC Home, but is provided by an outside, third party service provider not affiliated with the LTC Home. By requesting such service, the Resident or Substitute Decision Maker agrees that the LTC Home is not responsible, nor will it be liable for the quality of such service.

1.3 In the foregoing chart, “Price List” means that the specified service is provided by the LTC Home and the price for such service varies depending on the type of service requested by the Resident or Substitute Decision Maker. The Resident or Substitute Decision Maker agrees that the price list may change from time to time and the resident shall be responsible for the fees as set out on the then current price list.

If the “yes” box under column “approval-to be billed” is checked, the Resident or Substitute Decision Maker agrees that the Unfunded Service shall be added to the Resident's usual monthly bill for accommodations, under the Accommodation Agreement.

If the “yes” box under the column, “approval-to be charged to Trust Account” is checked, the Resident or Substitute Decision Maker agrees that the Unfunded Service shall be deducted from the trust fund held by the LTC Home on behalf of



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Order(s) of the Inspector

Pursuant to section 153 and/or
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Homes Act, 2007, S.O. 2007, c.8*

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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de soins de longue durée, L.O. 2007, chap. 8*

the Resident.

The Director of Resident and Family Services, and the Office Manager both indicated that the Unfunded Services Agreement is signed during a resident's admission to the home, by either the resident and or the substitute decision maker; the unfunded services agreement, specifically escort and private duty nursing is signed either as a yes or a no. Both indicated that at the time of signage there is no description of the goods and or services being offered. The Administrator acknowledged that it is the practice of the home to have the resident or substitute decision maker sign the Unfunded Service Agreement upon admission, for use should it be needed at a future date.

According to the Administrator, AON's Vice President, has indicated that the Unfunded Services Agreement, had been certified compliant with the Long-Term Care Homes Act, 2007, by the licensee's retained legal counsel. A letter provided by the Administrator, dated January 10, 2011 confirms certification by a said law office.

The above identified provision, contained within the licensee's Unfunded Services Agreement, is vague and fails to provide a description of the goods and services being agreed upon and or the charges for such services at the time.
(554)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2016

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

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. 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 :

1. The licensee shall immediately stop charging residents #021, 043, 075, 076 and substitute decision makers additional fees for nursing and or leisure services, such as bathing, walks, playing cards and one to one visits.
2. The licensee shall review any and all residents who are currently and or previously receiving bathing, determine which residents were charged and reimburse the resident and or resident's substitute decision maker (SDM) for those charges.
3. The licensee shall review any and all residents who are currently and or previously receiving "private duty nursing", for additional services including but not limited to walks, playing cards, and one to one visits, and determine which residents were charged and reimburse the resident and or resident's SDM for those charges.

Order Must Be Complied With By: October 31, 2016

Grounds / Motifs :

1. The licensee failed to comply with O. Reg. 79/10, s. 245, by not ensuring that residents are not charged for goods and services that the licensee is required to provide to residents under any agreement.

Under O. Reg. 79/10, s. 245, the following charges area 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.

8. Charges for anything the licensee shall ensure if provided to a resident under this Regulation, unless a charge is expressly permitted.

Related to Resident #043:

Under O. Reg. 79/10, s. 33 (1), every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee of long-term care homes are provided funding through the Nursing and Personal Care (NCP) envelope, such funding includes bathing of residents.

The clinical health record, for resident #043, was reviewed for a specific time period, and indicated the following:

- A progress note, on a specific date – Associate Director of Care (ADOC) has been in conversation with resident's substitute decision maker who has requested that resident receives a third bath per week. ADOC advised substitute decision maker of the cost of this. According to the progress note, Substitute Decision Maker was in agreement to pay this cost. ADOC spoke with resident who chose a specific day for the extra bath as resident currently receives one two other specific days. Unit Clerk will book a private duty personal support worker for the extra bath commencing on a specific date. Message left on substitute decision maker's answering machine to advise substitute decision maker the day of the extra bath for resident.

- A progress note, on a specific date - received phone message from resident's

substitute decision maker inquiring if the changes in the personal support workers hours would affect resident's baths. Associate Director of Care (ADOC) checked resident's care plan and spoke to nursing staff who confirmed that resident gets the service twice a week and an extra service on an additional day, which the substitute decision maker pays for. ADOC confirmed that there would not be any reduction in resident's number services, but that they would likely occur earlier in the day.

The clinical health record, for resident #043, was reviewed for a specified time period and failed to provide documentation of any assessments completed by registered nursing staff, and or others, specific to the rationale for resident #043 requiring additional nursing services or resident's ongoing need for the same. There is no documentation as to what may have prompted resident #043 and or substitute decision maker's request for additional services in 2013.

Registered Nurse-Supervisor (RN #129) and the Associate Director of Care (ADOC) confirmed that resident #043 receives additional services. RN-Supervisor #129 and ADOC were unable to locate any assessments specific to the rationale for the additional services for this resident. The Associate Director of Care was unable to recall what prompted the request for additional services for resident #043.

Registered Nurse-Supervisor #129 and the Associate Director of Care indicated that resident #043's substitute decision maker is charged additional costs for extra services. ADOC indicated the cost charged, by the licensee, for additional service is \$30.00 per hour, and indicated this cost covers the wages and benefits of the personal support worker performing the resident care.

The Director of Care and the Administrator both acknowledged that resident #043 is charged for extra nursing service, and such is considered an additional fee for service. The Director of Care and the Administrator indicated that the long-term care home has a fee schedule for additional nursing services provided by the licensee, and the fee schedule speaks to Private Duty Nursing services, which would include additional specified nursing services, as a fee for service.

A review of invoices submitted to resident #043 and or resident's substitute decision maker, for a specific time period, provide documented evidence that a charge of \$25.00 to 30.00 per hour for private duty nursing was being billed to the resident and or SDM.



The Office Manager confirmed that resident #043 and or the substitute decision maker have been charged, by the licensee, for additional nursing services, once weekly since June 2013.

In summary, the licensee receives funding through the NPC envelope, such funding would include bathing; the licensee cannot charge for extra baths of any resident.

2) Related to Residents #021, 075 and 076:

The licensee failed to comply with O. Reg. 79/10, s. 245, by not ensuring that residents are not charged for goods and services that the licensee is required to provide to residents under any agreement.

Under O. Reg. 79/10, s. 245, the following charges area 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.

8. Charges for anything the licensee shall ensure if provided to a resident under this Regulation, unless a charge is expressly permitted.

Under LTCHA, 2007, s. 9 (1), every licensee of a long-term care home shall ensure there is an organized interdisciplinary program with a restorative care philosophy that promotes and maximizes independence; and where relevant to the resident's assessed care needs, includes, but is not limited to, physiotherapy and other therapy services which may be either arranged or provided by the licensee.

Under LTCHA, 2007, s. 10, every licensee of a long-term care home shall ensure that there is an organized program of recreational and social activities for the home that meets the interests of the residents; and the program shall include services for residents with cognitive impairments, and residents who are unable

to leave their rooms.

Under LTCHA, 2007, s. 16 (1), every licensee of a long-term care home shall ensure there is an organized volunteer program for the home that encourages and supports the participation of volunteers in the lives and activities of residents.

The licensee of long-term care homes are provided funding through the Program and Support Services envelope, such funding includes walking residents, provision of activities, including visiting residents.

The Life Enrichment Coordinator (LEC) indicated the home currently has organized activity and volunteer programs. LEC indicated that the both programs are resident centred and the goal is to increase a resident's social ability and to prevent or decrease social isolation to identified residents, especially those with low ISE (index social engagement) score. LEC indicated that both programs offer one to one programming for identified residents, and include walking, cards, and friendly visits.

The Director of Resident and Family Services, and the Office Manager both indicated that Unfunded Services Agreement is signed during a resident's admission to the home, by either the resident and or the substitute decision maker; the unfunded services agreement, specifically private duty nursing is signed either as a yes or a no. Both indicated that at the time of signage there is no description of the goods and or services being offered. The Administrator acknowledged that it is the practice of the home to have the resident or substitute decision maker sign the Unfunded Service Agreement upon admission, for use should it be needed at a future date.

The Director of Resident and Family Services, as well as the Director of Care and the Administrator, indicated that the private duty nursing service can be whatever the resident or substitute decision maker requests.

The Director of Resident and Family Services, and the Office Manager indicated that there are residents being charged, by the licensee, for private duty nursing for services such as additional walking, playing cards and companionship, specifically the following residents:

- Resident #021- During a specified period of time, there were seventeen hours

charged, by the licensee, to the resident and or substitute decision maker for private duty nursing, which is listed on the Supplemental Care Bookings Form, for a specified leisure activity.

- Resident #075 – During a specified period of time, there were eight hours charged, by the licensee, to the resident and or substitute decision maker for private duty nursing, which is listed on the Supplemental Care Bookings Form, for a specified leisure activity.

- Resident #076 - During a specified period of time, there were eleven hours charged, by the licensee, to the resident and or substitute decision maker for private duty nursing, which is listed on the Supplemental Care Bookings Form, for a specified leisure activity.

The clinical health record, for resident #021, 075 and 076, was reviewed for a specified period of time and indicated the following:

- A progress note, on a specific date, indicated substitute decision maker, for resident #075, would be away from for a specified period of time; substitute decision maker is requesting a private booked personal support worker sit with resident #075 on specific days to engage in a specific leisure activity with the resident. If staff find that resident is lonely, staff may book a personal support worker for an additional hour on a specific day.

- There was no documentation as to resident #075 being assessed for boredom, or the need for additional leisure services.

- The clinical health record, for resident #021 and #076, was reviewed for the above identified period, and failed to provide documentation of any assessments completed by registered nursing staff, recreation and or others, specific to residents needing extra nursing and leisure services.

Life Enrichment Coordinator indicated that resident #075 enjoys specified leisure activities and is linked with the volunteer program weekly for this service. LEC indicated she was not aware of any charges being billed for this service.

LEC indicated that resident #021 is not partnered with the activity or volunteer programs for leisure programming, as resident has a paid personal support worker for one to one private duty nursing. LEC indicated not being aware why resident #021 is charged, by the licensee, for one to one private duty nursing versus utilizing the activity and or volunteer programs offered in the long-term



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Ordre(s) de l'inspecteur

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de soins de longue durée, L.O. 2007, chap. 8*

care home, for the one to one visits.

Office Manager confirmed that the above three residents are receiving and being charged additional costs for private duty nursing, at a cost of \$30.00 per hour.

In summary:

During discussions with identified nursing and managerial staff, it was concluded that the licensee was charging residents (#021, 043, 075 and 076) and or resident's substitute decision makers additional fees for nursing and or activity/leisure services, such as bathing, walks, playing cards and one to one visits.

A letter from the licensee, dated July 2015, provides notification to residents and substitute decision maker that costs related to extended services at Centennial Place will be increasing; cost of services increasing include, private duty nursing. The letter indicates that private duty nursing hired for extra care, such as escort services for transport or added time for bathing, etc. will see an increase to \$30.00 per hour for Personal Support Worker and \$40.00 per hour for Registered Practical Nurse. This communication to resident and resident's substitute decision maker provides documented evidence that charging for non-allowable services has been and continues to be a practice of the licensee.

The licensee receives funding through the nursing and personal care, as well as the Programming and Support Services, which would include the provision of bathing, walking, and activities to residents residing in the long-term care home.

Charging fees for additional nursing and or activity/leisure services has the potential to place residents and their substitute decision makers at risk for financial burden and limits availability of the said services to all residents despite their assessed or expressed needs. (554)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2016



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
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



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
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.



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section 154 of the *Long-Term Care
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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
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

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
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 20th day of July, 2016

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Sarah Gillis

Service Area Office /

Bureau régional de services : Ottawa Service Area Office