



**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
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**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119 rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 5, 2018	2018_560632_0019	026717-18	Complaint

Licensee/Titulaire de permis

Clarion Nursing Homes Limited
337 Highway #8 STONEY CREEK ON L8G 1E7

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

Clarion Nursing Home
337 Highway #8 STONEY CREEK ON L8G 1E7

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

YULIYA FEDOTOVA (632)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): October 11, 12, 15, 16, 17, 2018

The following intake was completed in this Complaint inspection:

Log # 026717-18 was related to nutrition care and hydration, continence care and bowel management.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Physician, the Registered Dietitian (RD), the Nurse Practitioner (NP), Personal Support Workers (PSWs), Health Care Aids (HCAs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), residents and their families.

During the course of the inspection, the inspector reviewed clinical records, policies, procedures, and practices within the home related to nutrition care and hydration, continence care and bowel management, skin and wound programs.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Nutrition and Hydration

Skin and Wound Care

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
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. 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 failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system was in compliance with and was implemented in accordance with applicable requirements under the Act and Ontario Regulation 79/10 section 48 requires the home to have a continence care and bowel management program to promote continence and to ensure that residents were clean, dry and comfortable.

Specifically, staff did not comply with the licensee's specified policy (revised 2018), which indicated in procedure's key point to maintain identified output record.

A. Complaint log #026717-18 was submitted to the Ministry of Health and Long-Term Care on an identified date in October 2018 related to the identified management in alterations in identified functions for resident #001, where the resident was admitted to the hospital on an identified date in September 2018 with the identified diagnosis. Resident #001 had specified devices in place at the time of the inspection. Review of resident #001 identified assessment (effective on an identified date in September 2018) indicated in identified assessment section that the resident had specified devices. Review of resident #001 written plan of care (created on an identified date in September 2018) indicated that HCA checked the specified device several times during each shift and perform identified activities if needed. Review of the resident's plan of care indicated that the resident's identified output was not documented during an identified period in September 2018. Interview with RPN #103 on an identified date in October 2018 indicated that the staff did not record identified output routinely for residents on specified devices, unless there were concerns, which was confirmed by the DOC.



The home's staff did not comply with specified policy for resident #001, who had a specified device.

B. Resident #003 with identified diagnosis had a specified device (initiated on an identified date in July 2017). Review of resident #003 written plan of care identified section (created on an identified date in July 2017) indicated that HCA checked specified device several times during each shift and perform identified activities if needed. Interview with RN #101 on an identified date in October 2018 indicated that the staff did not record identified output routinely for residents on specified devices, unless there were concerns, which was confirmed by the DOC.

The home's staff did not comply with specified policy for resident #003, who had a specified device.

C. Resident #004 with identified diagnosis had a specified device (initiated on an identified date in April 2018). Review of resident #004 written plan of care identified section (created on an identified date in April 2018) indicated that staff provided a specified device care as per policy. Interview with RN #101 on an identified date in October 2018 indicated that the staff did not record identified output routinely for residents on specified devices, unless there were concerns, which was confirmed by the DOC.

The home's staff did not comply with specified policy for resident #003, who had a specified device. [s. 8. (1) (b)]

Additional Required Actions:

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



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Issued on this 19th day of November, 2018

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

Original report signed by the inspector.



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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

**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) : YULIYA FEDOTOVA (632)

Inspection No. /

No de l'inspection : 2018_560632_0019

Log No. /

No de registre : 026717-18

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Nov 5, 2018

Licensee /

Titulaire de permis : Clarion Nursing Homes Limited
337 Highway #8, STONEY CREEK, ON, L8G-1E7

LTC Home /

Foyer de SLD : Clarion Nursing Home
337 Highway #8, STONEY CREEK, ON, L8G-1E7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Michael Janjic

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



Order(s) of the Inspector

Ordre(s) de l'inspecteur

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section 154 of the *Long-Term
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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. 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
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee must be compliant with O. Reg. 79/10, s. 8.(1)(b).

Specifically the licensee must:

- a) Ensure that identified output records are maintained for resident #001 and all other residents, who have specified devices.
- b) Staff education and training on the specified Policy, including documentation of residents' identified output.
- c) Auditing process to ensure that resident #001 and all other residents' identified outputs are recorded and monitored according to the specified Policy.

Grounds / Motifs :

1. The licensee failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system was in compliance with and was implemented in accordance with applicable requirements under the Act and Ontario Regulation 79/10 section 48 requires the home to have a continence care and bowel management program to promote continence and to ensure that residents were clean, dry and comfortable.

Specifically, staff did not comply with the licensee's specified policy (revised 2018), which indicated in procedure's key point to maintain identified output record.

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The home's staff did not comply with specified policy for resident #001, who had a specified device.

B. Resident #003 with identified diagnosis had a specified device (initiated on an identified date in July 2017). Review of resident #003 written plan of care identified section (created on an identified date in July 2017) indicated that HCA checked specified device several times during each shift and perform identified activities if needed. Interview with RN #101 on an identified date in October 2018 indicated that the staff did not record identified output routinely for residents on specified devices, unless there were concerns, which was confirmed by the DOC.

The home's staff did not comply with specified policy for resident #003, who had a specified device.

C. Resident #004 with identified diagnosis had a specified device (initiated on an identified date in April 2018). Review of resident #004 written plan of care identified section (created on an identified date in April 2018) indicated that staff provided a specified device care as per policy. Interview with RN #101 on an identified date in October 2018 indicated that the staff did not record identified



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output routinely for residents on specified devices, unless there were concerns, which was confirmed by the DOC.

The home's staff did not comply with specified policy for resident #003, who had a specified device.

The severity of this issue was determined to be a level 2 as there was minimal harm or potential for actual harm to the resident. The scope of the issue was a level 3 as it related to three of three residents reviewed. The home had a level 3 history as they had 1 or more related non-compliance with this section of the LTCHA that included:

- voluntary plan of correction (VPC) issued September 20, 2017
(2017_689586_0001).
(632)

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

Mar 04, 2019



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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, commercial courier or by fax upon:

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

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

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



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Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

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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O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

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

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

La demande écrite doit comporter ce qui suit :

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

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

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



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O. 2007, chap. 8

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

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

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

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

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

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

Issued on this 5th day of November, 2018

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Yuliya Fedotova

Service Area Office /

Bureau régional de services : Hamilton Service Area Office