



**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 prévue
le Loi de 2007 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**

Central West Service Area Office
500 Weber Street North
WATERLOO ON N2L 4E9
Telephone: (888) 432-7901
Facsimile: (519) 885-9454

Bureau régional de services du
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500 rue Weber Nord
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Téléphone: (888) 432-7901
Télécopieur: (519) 885-9454

Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Aug 16, 2018;	2018_737640_0010 (A1) (Appeal\Dir#: DR# 093)	009080-16, 033749-16, 002876-17, 006304-17	Complaint

Licensee/Titulaire de permis

Collingwood Nursing Home Limited
250 Campbell Street COLLINGWOOD ON L9Y 4J9

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

Collingwood Nursing Home
250 Campbell Street COLLINGWOOD ON L9Y 4J9

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



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Amended by Wendy Lewis (Director) - (A1)(Appeal\Dir#: DR# 093)

Amended Inspection Summary/Résumé de l'inspection modifié

**NOTE: This report has been revised to reflect a decision of the Director on a review of the Inspector's order(s): CO#001,CO#002.
The Director's review was completed on August 16, 2018.
Order(s) CO#002 was/were rescinded to reflect the Director's review DR# 093
Order(s) CO#001 was/were rescinded and substituted with a Director Order to reflect the Director's review DR# 093.
A copy of the Director Order is attached.**

Issued on this 16 day of August 2018 (A1)(Appeal\Dir#: DR# 093)

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

Original report signed by the inspector.



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Amended Inspection Summary/Résumé de l'inspection modifié

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

This inspection was conducted on the following date(s): April 19, 20, 24, 25, 26, 30, May 1 and 2, 2018.

This inspection was conducted in conjunction with a Critical Incident Inspection #2018_737640_0011

During the course of the inspection, the inspector toured the home, observed the provision of care, observed dining, observed medication management and administration, reviewed clinical records, interviewed residents, family, staff and managers, reviewed policy and procedures.

During the course of the inspection, the inspector(s) spoke with residents, family members, substitute decision makers, personal support workers, registered practical nurses, registered nurses, pharmacist consultant, Chair of the Food Committee, Contenance Lead, Skin/Wound Care Lead, Responsive Behaviour Lead, Falls Prevention Lead, Prevention of Abuse Lead, the Assistant Director of Care, the Office Manager, the Director of Care and the Administrator.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Contenance Care and Bowel Management
Food Quality
Hospitalization and Change in Condition
Personal Support Services
Reporting and Complaints
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing**

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

7 WN(s)

4 VPC(s)

2 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</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. 8. Nursing and personal support services

Specifically failed to comply with the following:

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

Findings/Faits saillants :



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

During a Critical Incident inspection, the Long-Term Care Homes (LTCH) Inspector reviewed the nursing schedule and noted there to be several dates during the months of February, March and April 2018, when there was no registered nurse scheduled to work.

The LTCH Inspector interviewed RPN #105 who stated that they had worked without an RN on several occasions. If there were no RN available then the RPN became the Charge Nurse. The Director of Care (DOC) or Assistant Director of Care (ADOC) were on call during these times.

During an interview with the DOC they acknowledged the specified dates as no RN in the building.

The home has not ensured there were registered nurses in the home at all times.
[s. 8. (3)]

Additional Required Actions:

(A1)(Appeal/Dir# DR# 093)

The following order(s) have been rescinded:CO# 001

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



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Specifically failed to comply with the following:

s. 51. (1) The continence care and bowel management program must, at a minimum, provide for the following:

1. Treatments and interventions to promote continence. O. Reg. 79/10, s. 51 (1).

Findings/Faits saillants :



1. The licensee failed to ensure that the continence care and bowel management program provided for treatments and interventions to promote continence.

Based on an inspection related to a complaint of continence care, the Long-Term Care Homes (LTCH) Inspector reviewed the clinical record for resident #007.

Resident #007 was admitted and assessed to be continent of bowel and bladder based on the Minimum Data Set (MDS) assessment completed by the previous home, the "Admission Assessment V7" completed upon admission and the Substitute Decision Maker confirmed they were continent upon admission.

The SDM informed the LTCH Inspector their loved one had to share the bathroom and often had to wait too long.

On a specified date in May 2016 the SDM submitted a concern form to the home requesting the resident be placed on specific interventions.

The home's policy "Responsive Behaviour Management", policy #4.11.10 with a revised date of August 2017 directed staff that if a resident suffered from specific responsive behaviour, staff were to ensure there were specific interventions.

During the six week post admission care conference, staff noted that the resident had responsive behaviours at specific times.

During interviews with PSW #107 and #108 and #109, they told the LTCH Inspector that the home does not provide specified interventions for residents and the specified interventions were not individualized.

The DOC and the LTCH Inspector reviewed the resident's plan of care. The DOC told the LTCH Inspector that resident #007's plan of care was not satisfactory and was not individualized for this resident.

The DOC acknowledged the home did not provide specified, individualized interventions for resident #007. [s. 51. (1) 1.]



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Additional Required Actions:

(A1)(Appeal/Dir# DR# 093)

The following order(s) have been rescinded:CO# 002

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary
assessment of the following with respect to the resident:**

17. Drugs and treatments. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :



1. The licensee failed to ensure the plan of care was based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: 17. Drugs and treatments.

1) On a specified date in January 2017 resident #007 was found to have a medical condition. Registered staff notified the physician who ordered the resident to have a specific treatment.

2) On a specified date in February 2017 the specific treatment order was changed by the physician to as needed (prn).

During an interview with RN #101, they informed the Long-Term Care Homes (LTCH) Inspector that the order for the specific treatment was expected to be included in the plan of care under a focus relevant to its use.

The LTCH Inspector reviewed the clinical record of resident #007 and did not locate any reference to the specific treatment in the resident's plan of care in place at the time.

The LTCH Inspector requested that RPN #103 review the plan of care regarding the inclusion of the specific treatment. RPN #103 confirmed the use of the specific treatment on a regular basis as of January 2017 and on an as needed basis as of February 2017 were not included in the written plan of care.

RN #101 acknowledged the plan of care did not include the specific treatment for resident #007. [s. 26. (3) 17.]

Additional Required Actions:



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Long-Term Care

Ministère de la Santé et des
Soins de longue durée

Inspection Report under
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Homes Act, 2007

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

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 the licensee must ensure the plan of care is based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:17. Drugs and treatments, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :



1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's response to the interventions were documented.

Resident #007 had a physician order to receive specific treatment to relieve their symptoms.

On a specified date in January 2017 the resident's physician ordered the resident to receive specific treatment. On a specified date in February 2017 the order was changed to be only implemented as needed (prn) based on the resident's signs and/or symptoms.

The order from a specified date in January 2017 was not included in the Medication Administration Record (MAR). The order from a specified date in February 2017 was included in the Medication Administration Record (MAR) as a prn order.

On several dates in March 2017, based on a review of the clinical record by the Long-Term Care Homes (LTCH) Inspector, the specific treatment had been applied or in use by the resident and the resident's response to the intervention was not documented.

During an interview with the Assistant Director of Care (ADOC), they acknowledged the application and use of specific treatment and the resident's response to the specific treatment were expected to be documented.

The ADOC acknowledged the response to the specific treatment had not been documented. [s. 30. (2)]

Additional Required Actions:



VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance the licensee must ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's response to the interventions are documented, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :



1. The licensee failed to ensure that a resident who exhibited altered skin integrity received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Resident #007 was admitted to the home on a specified date in March 2016.

Four days after admission, the Director of Care (DOC) had met with resident #007's Substitute Decision Maker (SDM) and resident #007 to discuss some concerns with care. During the conversation, the SDM shared concern that another resident had an altercation with their loved one which resulted in injury. Upon inspection, the DOC was unable to locate an injury however did note there were two areas of altered skin integrity.

The home's policy "Wound and Skin Care Program", policy #4.16.1 with a revised date of October 2013, did not give direction to staff when to complete a skin assessment and what tool they were to use.

During an interview with the Assistant Director of Care (ADOC), they informed the Long-Term Care Homes (LTCH) Inspector it was an expectation that when the new altered skin integrity was observed on a specified date in March 2016, the registered staff were to complete the home's "Weekly Wound Assessment – Bates Jenson" form and weekly thereafter.

The LTCH Inspector and the ADOC reviewed the clinical record of resident #007. There were no assessments completed initially or weekly, for the new altered skin integrity of resident #007 on the above form, in the progress notes or on any other tool that may have been available.

The ADOC acknowledged staff had not assessed the new altered skin integrity for resident #007 as was required. [s. 50. (2) (b) (i)]

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 the licensee must ensure that a resident who exhibits altered skin integrity receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident was investigated and resolved where possible, and a response provided within 10 business days of the receipt of the complaint to the person lodging the complaint.

As a result of complaint inspections, resident #007's Substitute Decision Maker (SDM) informed the Long-Term Care Homes (LTCH) Inspector they had not been given responses when they had a complaint or a concern that they informed the home about.

1) On a specified date in April 2016 the home's complaint log included the



complainant who had multiple concerns. There were no notes of investigation as confirmed by the Administrator.

The Administrator stated on a specified date in May 2018 that resident #007's SDM had multiple complaints over time. The Director of Care (DOC) was to touch base with this complainant on a regular basis. The home kept no documentation regarding those conversations nor did they respond to the complainant.

The Administrator acknowledged the home had not responded to the complainant regarding the April 2016 complaints at any time.

2) On a specified date in May 2016, resident #007's SDM completed a "Concern Form" stating they had asked staff and the Director of Care (DOC) many times to have their loved one placed on a specific care plan and they were requesting this to be implemented.

The form was incomplete as the section labeled "Recommended Action", "Person Responsible", "Outcome", "Recommendation to Prevent Re-Occurrence", "Additional Comments", "Signature of Person Completing the Form and Date" and "Administrator" signature line and date were all blank.

Under "Action Taken", there were hand written notes describing a lost article.

Attached was a copy of the documentation from the PSWs related to personal care and a handwritten note reviewing times of specific interventions. There was no date on the form.

During an interview with the DOC, they acknowledged they had not followed up or responded to the request as received at any time.

3) Resident #007's SDM expressed to the LTCH Inspector they had concerns about specific care of the resident.

During an interview with resident #007's SDM, they informed the LTCH Inspector that they had not heard any response or comment from the Administrator regarding the concern they had expressed to the Administrator about specific care of their spouse.

During an interview with the Administrator, they acknowledged they had not



investigated or responded to this concern at any time and had not included it on the complaint log. [s. 101. (1) 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 the licensee must ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident is investigated and resolved where possible, and a response provided within 10 business days of the receipt of the complaint to the person lodging the complaint, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA, 2007, s. 6. Plan of care Specifically failed to comply with the following:

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

Findings/Faits saillants :



1. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

On a specified date in January 2017, resident #007 had a health status change. The physician had ordered that a specific test be conducted. The order was received from the physician through the home's internal texting system by RPN #105 who transcribed the order on the Physician's Order Form. There was no time of the order.

RN #101 was the nurse who signed the order form as Nurse 1. There was no second check or nurse signature on the form. No times of signature were included on the form.

The Long-Term Care Homes (LTCH) Inspector interviewed RN #101 who was unable to recall whether the order had been processed. They informed the LTCH Inspector their usual process would be to complete the requisition and write that on the original physician order form indicating this had been completed. There were no such markings on the document as confirmed by RN #101.

The home was unable to locate any other documentation demonstrating the order had been processed and the requisition sent to the home's service provider and that the specific test that was ordered had been completed as per the physician's order.

RN #101 acknowledged the plan of care for the resident to receive a specific test had not been implemented as ordered by the physician. [s. 6. (7)]



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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

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) :

Amended by Wendy Lewis (Director) - (A1)
(Appeal/Dir# DR# 093)

Inspection No. /

No de l'inspection :

2018_737640_0010 (A1)(Appeal/Dir# DR# 093)

Appeal/Dir# /

Appel/Dir#:

DR# 093 (A1)

Log No. /

No de registre :

009080-16, 033749-16, 002876-17, 006304-17 (A1)
(Appeal/Dir# DR# 093)

Type of Inspection /

Genre d'inspection:

Complaint

Report Date(s) /

Date(s) du Rapport :

Aug 16, 2018;(A1)(Appeal/Dir# DR# 093)

Licensee /

Titulaire de permis :

Collingwood Nursing Home Limited
250 Campbell Street, COLLINGWOOD, ON, L9Y-4J9

LTC Home /

Foyer de SLD :

Collingwood Nursing Home
250 Campbell Street, COLLINGWOOD, ON,
L9Y-4J9

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

Peter Zober



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O. 2007, chap. 8

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

(A1)(Appeal/Dir# DR# 093)

The following Order has been rescinded:

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

Pursuant to / Aux termes de :

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



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Order(s) of the Inspector

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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
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O. 2007, chap. 8

(A1)(Appeal/Dir# DR# 093)

The following Order has been rescinded:

Order # /

Ordre no : 002

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 51. (1) The continence care and bowel management program must, at a minimum, provide for the following:

1. Treatments and interventions to promote continence.
2. Treatments and interventions to prevent constipation, including nutrition and hydration protocols.
3. Toileting programs, including protocols for bowel management.
4. Strategies to maximize residents' independence, comfort and dignity, including equipment, supplies, devices and assistive aids.
5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated. O. Reg. 79/10, s. 51 (1).



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l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
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:

Health Services Appeal and Review Board and the Director



**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

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

**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

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

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

PRENEZ AVIS :

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

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

La demande écrite doit comporter ce qui suit :

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

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

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



**Ministry of Health and
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2007, c. 8

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foyers de soins de longue durée, L.
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)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

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

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

Issued on this 16 day of August 2018 (A1)(Appeal/Dir# DR# 093)

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

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

Amended by Wendy Lewis (Director) - (A1)
(Appeal/Dir# DR# 093)



**Ministry of Health and
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foyers de soins de longue durée, L.
O. 2007, chap. 8

Service Area Office / Central West
Bureau régional de services :