



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

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

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

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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700 rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
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## **Amended Public Copy/Copie modifiée du public de permis**

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<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 11, 2017;	2017_486653_0014 (A1)	014734-17	Resident Quality Inspection

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

COPERNICUS LODGE  
66 RONCESVALLES AVENUE TORONTO ON M6R 3A7

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

COPERNICUS LODGE  
66 RONCESVALLES AVENUE TORONTO ON M6R 3A7

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



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soins de longue durée**

ROMELA VILLASPIR (653) - (A1)

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

**Amendments have been made to WN#1 of the public inspection report and the grounds of the public order report.**

**Issued on this 11 day of October 2017 (A1)**

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

**Original report signed by the inspector.**



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



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ROMELA VILLASPIR (653) - (A1)

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

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

**This inspection was conducted on the following date(s): July 12, 13, 14, 17, 18, 19, 20, 21, 24, 25, 2017.**

**The following were inspected concurrently during this inspection:**

**Complaint intakes log # (s): 009678-17, 008084-17**

**Follow-up intakes log # (s): 008338-17, 009314-17**

**During the course of the inspection, the inspector (s) conducted a tour of the resident home areas, observed medication administration, observed staff to resident interactions, reviewed staff schedule, clinical health records, and relevant home policies and procedures.**

**During the course of the inspection, the inspector(s) spoke with the residents, Substitute Decision-Makers (SDMs), Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), Registered Dietitian (RD), Placement and Resident Services Co-ordinator (PRSC), Director of Client Services of the Toronto Central Community Care Access Centre, Foot Care Provider, Aesthetician, Hairdresser, Assistant Director of Care (ADOC), and the Director of Care (DOC).**

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



**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Resident Charges**

**Residents' Council**

**Responsive Behaviours**

**Skin and Wound Care**

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

**4 WN(s)**

**1 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
LTCHA, 2007 s. 19. (1)	CO #001	2017_302600_0003	653
O.Reg 79/10 s. 53. (4)	CO #001	2017_635600_0004	500



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

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

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**WN #1: 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 :**

(A1)



1. The licensee has failed to ensure that residents were not charged for goods and services that a licensee was required to provide to residents using funding that the licensee received from the Minister under section 90 of the Act.

The Ministry of Health and Long-Term Care (MOHLTC) received a complaint on an identified date, indicating they have been receiving multiple letters from Copernicus Lodge asking them to pay for the residents' identified care services.

Interview with an identified resident's financial representative revealed that the staff working in the home were not providing the identified care service to residents. This service was offered by an external company and residents were required to pay per service. The home had another company prior to the current external company and residents had to also pay per service provided. The identified resident's financial representative believed that the identified care services were included in the resident's charges and the home was responsible to pay for the service, and cannot charge residents. The resident's financial representative was not provided a medical reason by the home, for the resident requiring the identified care services from the external service provider.

Interviews with residents #006, #021, #022 and family members of residents #005, #007, #009, #021, revealed that the staff in the home were not providing the identified care services to the residents.

A review of resident #004, #005, #006, #007 #008 #009, #010, #022, #023's written care plans from various identified time periods, revealed that the identified care services were provided by a specialized external resource.

A review of the above-mentioned residents' progress notes revealed that the identified care service was provided by the external resource on the following occasions:

**Resident #004**

-six times in 2015, and six times in 2016.

**Resident #005**

-two times in 2015, six times in 2016, and two times in 2017.

**Resident #006**

-six times in 2015, 2016, and three times in 2017.





Resident #007

-three times in 2015, and five times in 2016.

Resident #008

-once in 2015, and five times in 2016.

Resident #009

-three times in 2013, and five times in 2014.

Resident #010

-six times in 2016.

Resident #021

-two times in 2017.

Resident #022

-two times in 2015, six times in 2016, and once in 2017.

Resident #023

-three times in 2013, six times in 2014, six times in 2015, 2016, and once in 2017.

Interviews with Personal Support Workers (PSWs) # 120, #123, #125, #126, Registered Practical Nurses (RPNs) #121, #124, and Registered Nurses (RNs) #107, #122, #127, revealed that staff were not allowed to provide the identified care service to the residents. The home has an external company and the nurse comes every two months to provide the identified care services to the residents in the home. Residents were required to pay for a service, and were required to sign a consent form. There were certain family members who did not want to pay and they had to provide the identified care service or they had to arrange it for the residents. There were many families who found this service expensive and the residents would go to the alternative provider in the home, because the alternative provider was charging less to provide the identified care service.

Interview with the identified care service provider, who had been providing the services to the residents since May 2017, revealed that he/ she provided services only with the consent of the resident or the Substitute Decision-Maker (SDM). He/ she was providing the identified care services for many residents in the home. Residents receiving any services from him/ her had to pay.



Inspector was unable to reach the previous care service provider to complete an interview.

Interview with Providers #117 and #128 working in the home, revealed that many families bring residents to have the identified care service done, because the identified care service provider that comes to the home was charging more.

A review of the home's consent and authorization form for the identified advanced care service, indicated that the home's front line staff were not permitted to provide the identified care service due to the many potential risks associated with this. In order to receive this service, the resident/ SDM must complete the consent form, and pay the current fee per visit.

Interview with the Director of Care (DOC) revealed that the home found a gap in their policy. Due to many types of risks associated with the identified care service, the registered staff were required to provide it to the residents. Currently, the home has an external company providing the identified advanced care services and the residents are paying the fee per visit. The DOC further indicated that the home is responsible to provide the identified care services.

The severity of the non-compliance and the severity of the harm were minimal harm or potential for actual harm.

The scope of the non-compliance was widespread.

A review of the home's compliance history revealed one or more unrelated non-compliance in the last three years. [s. 245. 1.]

***Additional Required Actions:***

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



**(A1)The following order(s) have been amended:CO# 001**

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**WN #2: 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 has failed to ensure that the care set out in the plan of care had been provided to the resident as specified in the plan.

On July 17, 2017, on an identified unit, at 1130 hours (hrs), inspector #653 observed resident #013's medication pass. RN #101 did not administer the identified supplement to the resident. Interview with RN #101 confirmed that the identified supplement was not on the resident's eMAR and he/ she had not been giving it to the resident.

Review of resident #013's three month medication review on an identified date, revealed the order for the identified supplement to be given at an identified time. Review of the resident's electronic Medication Administration Record (eMAR) for an identified date, did not identify the above-mentioned order for the supplement.

Interview with the Registered Dietitian (RD) revealed that the home had recently transitioned from paper MARs to eMAR, and that resident #013 had been receiving the identified supplement prior to the transition.

Interview with the DOC stated that the home's expectation was for the resident to receive the identified supplement as specified in his/ her plan of care. [s. 6. (7)]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007, s. 44.  
Authorization for admission to a home**

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

**s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,**

**(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).**

**(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).**

**(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that an applicant's admission to the home was approved after a review of the assessments and information provided by the placement co-ordinator, unless (a) the home lacks the physical facilities necessary to meet the applicant's care requirements (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval.



The MOHLTC received a complaint on an identified date, regarding inappropriate admission rejection by the home.

a) A review of applicant #001's rejection letter on an identified date, revealed that the reason for rejection was the home could not meet the applicant's identified dietary requirement, and providing the identified diet would pose a potential risk and liability to the home and risk to the applicant.

Interview with the Director of Client Services of the Toronto Central Community Care Access Centre revealed the home refused the application because the applicant required an identified diet.

Attached letter written by the RD on an identified date, stated that the home could not meet the applicant's identified dietary requirement as the home was concerned about cross-contamination, the high cost, poor palatability, limited availability, limited accuracy on food labels, and the possible need for separate cooking and serving utensils. Due to the applicant's strict adherence to the identified diet, the home felt that they would not be able to accommodate the applicant's care needs, and would be placing him/ her at risk. The home's policy from the dietary department indicated that applicants who required the identified diet were not to be accepted.

b) A review of applicant #002's rejection letter on two identified dates, revealed that the reason for rejection was the home could not meet the applicant's identified dietary requirement, and providing the identified diet would pose a potential risk and liability to the home and risk to the applicant.

Interview with the RD revealed that the home did not admit the resident who required the identified dietary requirement, and that the final decision was made by the admission team of the home.

Interviews with the DOC and Placement and Resident Services Co-ordinator (PRSC) revealed that the home did not have the identified dietary menu and due to a potential risk to the applicants, the applications were not approved by the admission team. However, they were unable to explain how the rejection met the legislative requirements for withholding approval.

c) A review of applicant #003's rejection letter on an identified date, revealed the



reason for rejection was because the applicant was engaged in a particular activity. A documentation in the application package identified the applicant being at significant risk related to this activity. As a result, the home felt that they would also be placing the residents and staff at risk.

Interviews with the DOC and PRSC revealed that due to the applicant's risk of engaging in the activity unsafely, the application was not approved. The DOC and PRSC were unable to explain how the rejection met the legislative requirements for withholding approval.

d) A review of applicant #004's rejection letter on an identified date, stated the reason for rejection was that the home could not meet the applicant's requirement for assistance to engage in an identified activity. It indicated that the home only accepted individuals who could engage in this activity independently.

Interviews with the DOC and PRSC revealed that the applicant required assistance from staff based on the activity assessment provided in the application. Therefore, the home did not approve the application, however, they were unable to explain how the rejection met the requirements for withholding approval. [s. 44. (7)]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 63. Every licensee of a long-term care home shall ensure that social workers or social service workers who provide services in the home are registered under the Social Work and Social Service Work Act, 1998. O. Reg. 79/10, s. 63.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that social workers or social service workers who provided services in the home were registered under the Social Work and Social Service Work Act, 1998.

Interview with the PRSC revealed that he/ she was an RPN providing social services in the home since July 2016. Prior to that, the ADOC was acting in this role, as the home did not have a social worker. The PRSC is currently enrolled in the diploma program to complete some credits required by the College of Social Worker, however he/ she is not registered under the Social Work and Social Service Work Act, 1998.

Interview with the DOC revealed that the home had a social worker, working part-time until March 31, 2012. Subsequently, the ADOC fulfilled the role until June 2016. Since then, the PRSC had been acting in this role in the home. The ADOC is an RN, and the PRSC is an RPN, and neither of them are registered under the Social Work and Social Services Act, 1998. [s. 63.]



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**Issued on this 11 day of October 2017 (A1)**

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

**Original report signed by the inspector.**





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

**Order(s) of the Inspector**

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

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

Aux termes de l'article 153 et/ou de  
l'article 154 de la Loi de 2007 sur les  
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O. 2007, chap. 8

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

**Nom de l'inspecteur (No) :** ROMELA VILLASPIR (653) - (A1)

**Inspection No. /**

**No de l'inspection :** 2017\_486653\_0014 (A1)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**No de registre :** 014734-17 (A1)

**Type of Inspection /**

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

**Report Date(s) /**

**Date(s) du Rapport :** Oct 11, 2017;(A1)

**Licensee /**

**Titulaire de permis :** COPERNICUS LODGE  
66 RONCESVALLES AVENUE, TORONTO, ON,  
M6R-3A7

**LTC Home /**

**Foyer de SLD :** COPERNICUS LODGE  
66 RONCESVALLES AVENUE, TORONTO, ON,  
M6R-3A7

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Catherine Kowalenko



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O. 2007, chap. 8

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To COPERNICUS LODGE, you are hereby required to comply with the following order (s) by the date(s) set out below:

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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

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 :**



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The licensee shall do the following:

1. Immediately cease charging residents for the identified care service.
2. For every resident that has paid for the contracted service for the identified care service prior to this inspection, the home shall reimburse total/ full charges paid (fees paid to the home including fees forwarded to the contracted service provider if applicable).
3. Notify and explain the reason for the reimbursement of charges for the identified care service and include the name of the individual (resident/ SDM) to whom this discussion was provided to in documentation in the health record.
4. Obtain signature of receipt of total fees reimbursed to each resident or respective family member.
5. Revise the identified consent and authorization form to include information related to the assessed necessity for advance care by an outside contractor, what care is provided, when it will be provided, the cost of the care, total cost, and any other information deemed necessary.
6. Obtain new written consent using the approved, revised consent form as outlined above, for those residents assessed as requiring the contracted service provider to provide them with advance care and retain a copy of the consent in the residents' health record (former consent forms shall be made null and void).
7. Include details on admission and in the admission package related to the identified care service, and outline the procedure and any related costs for advance care.

**Grounds / Motifs :**

(A1)

1. 1. The licensee has failed to ensure that residents were not charged for goods and services that a licensee was required to provide to residents using funding that the licensee received from the Minister under section 90 of the Act.

The Ministry of Health and Long-Term Care (MOHLTC) received a complaint on an identified date, indicating they have been receiving multiple letters from Copernicus Lodge asking them to pay for the residents' identified care services.

Interview with an identified resident's financial representative revealed that the staff working in the home were not providing the identified care service to residents. This service was offered by an external company and residents were required to pay per



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Aux termes de l'article 153 et/ou de  
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service. The home had another company prior to the current external company and residents had to also pay per service provided. The identified resident's financial representative believed that the identified care services were included in the resident's charges and the home was responsible to pay for the service, and cannot charge residents. The resident's financial representative was not provided a medical reason by the home, for the resident requiring the identified care services from the external service provider.

Interviews with residents #006, #021, #022 and family members of residents #005, #007, #009, #021, revealed that the staff in the home were not providing the identified care services to the residents.

A review of resident #004, #005, #006, #007 #008 #009, #010, #022, #023's written care plans from various identified time periods, revealed that the identified care services were provided by a specialized external resource.

A review of the above-mentioned residents' progress notes revealed that the identified care service was provided by the external resource on the following occasions:

**Resident #004**

-six times in 2015, and six times in 2016.

**Resident #005**

-two times in 2015, six times in 2016, and two times in 2017.

**Resident #006**

-six times in 2015, 2016, and three times in 2017.

**Resident #007**

-three times in 2015, and five times in 2016.

**Resident #008**

-once in 2015, and five times in 2016.

**Resident #009**

-three times in 2013, and five times in 2014.



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

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

**Order(s) of the Inspector**

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

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

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

Resident #010  
-six times in 2016.

Resident #021  
-two times in 2017.

Resident #022  
-two times in 2015, six times in 2016, and once in 2017.

Resident #023  
-three times in 2013, six times in 2014, six times in 2015, 2016, and once in 2017.

Interviews with Personal Support Workers (PSWs) # 120, #123, #125, #126, Registered Practical Nurses (RPNs) #121, #124, and Registered Nurses (RNs) #107, #122, #127, revealed that staff were not allowed to provide the identified care service to the residents. The home has an external company and the nurse comes every two months to provide the identified care services to the residents in the home. Residents were required to pay for a service, and were required to sign a consent form. There were certain family members who did not want to pay and they had to provide the identified care service or they had to arrange it for the residents. There were many families who found this service expensive and the residents would go to the alternative provider in the home, because the alternative provider was charging less to provide the identified care service.

Interview with the identified care service provider, who had been providing the services to the residents since May 2017, revealed that he/ she provided services only with the consent of the resident or the Substitute Decision-Maker (SDM). He/ she was providing the identified care services for many residents in the home. Residents receiving any services from him/ her had to pay.

Inspector was unable to reach the previous care service provider to complete an interview.

Interview with Providers #117 and #128 working in the home, revealed that many families bring residents to have the identified care service done, because the identified care service provider that comes to the home was charging more.

A review of the home's consent and authorization form for the identified advanced



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care service, indicated that the home's front line staff were not permitted to provide the identified care service due to the many potential risks associated with this. In order to receive this service, the resident/ SDM must complete the consent form, and pay the current fee per visit.

Interview with the Director of Care (DOC) revealed that the home found a gap in their policy. Due to many types of risks associated with the identified care service, the registered staff were required to provide it to the residents. Currently, the home has an external company providing the identified advanced care services and the residents are paying the fee per visit. The DOC further indicated that the home is responsible to provide the identified care services.

The severity of the non-compliance and the severity of the harm were minimal harm or potential for actual harm.

The scope of the non-compliance was widespread.

A review of the home's compliance history revealed one or more unrelated non-compliance in the last three years. (653)

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

Jan 08, 2018



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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, 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



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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](http://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, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603





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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](http://www.hsarb.on.ca).

**Issued on this 11 day of October 2017 (A1)**

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

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

ROMELA VILLASPIR - (A1)



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