



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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4ième étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Aug 29, Sep 1, 2, 6, 7, 8, 12, 13, 14, 20, 21, 22, 27, Oct 3, 2011; 2011\_021111\_0026; Resident Quality Inspection

Licensee/Titulaire de permis

CRAIGLEE NURSING HOME LIMITED
c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield Place, Suite 1400, TORONTO, ON, M5J-2V1

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

CRAIGLEE NURSING HOME
102 CRAIGLEE DRIVE, SCARBOROUGH, ON, M1N-2M7

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

LYNDA BROWN (111), BRENDA THOMPSON (175), LYNDA HAMILTON (124)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Social Worker (SW), the RAI Co-ordinator (RAI), Program Manager, (PM), two activity aides, Physiotherapist, physiotherapy assistant (PA), Maintenance Manager, Environmental Services Manager, laundry aide, Registered Nurses (RN) and Registered Practical Nurses (RPN) on the first, second and third floor, Personal Support Workers (PSW), Janitors, the Director of Care Clerk, Staffing Co-ordinator, Dietary Aides on all three floors, Family Council President, Resident Council President, residents and family members.

During the course of the inspection, the inspector(s) reviewed residents health records, the home manuals: Resident Care and Services, Clinical Procedures, Infection Control, Lab Services, Pharmacy Services, Administration, Quality Management, Resident and Family Council Meeting Minutes, and the Quality Monitoring Minutes.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process



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

Contenance Care and Bowel Management

Critical Incident Response

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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  
prévues le Loi de 2007 les  
foyers de soins de longue

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.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**  
**Specifically failed to comply with the following subsections:**

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**

- (a) the planned care for the resident;
- (b) the goals the care is intended to achieve; and
- (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

**s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,**

- (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and
- (b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

**s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**

- (a) a goal in the plan is met;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

**Findings/Faits saillants :**

1. On September 12, 2011 @ 12:22 hrs review of a health records for three identified residents' with urinary incontinence indicated no bowel and bladder assessment was completed when the residents bowel and bladder functioning changed . (Ref.s.6(10))

-On September 12, 2011 an interview with RPN indicated that "whenever the resident has a change in bowel or bladder function, the bowel and bladder assessment form is to be completed on Point Click Care (PCC) and the care plan updated".(Ref.s.6(10))

3. On September 12, 2011 @ 10:41 hrs. review of an identified resident with urinary incontinence indicated the residents plan of care, including the MDS assessment and the PSW interview were not consistent with the residents actual care needs. (Ref.s.6(4))

4. On September 9, 2011 review of an identified resident experiencing pain indicated the resident was not reassessed weekly following receipt of a new pain medication. (Ref.s.6(10))

5. On September 09, 2011 @ 09:42 review of an identified residents plan of care indicated there was no clear direction to staff regarding a regular schedule of toileting and required assistance from staff. (Ref.s.6(1))



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  
prévus le Loi de 2007 les  
foyers de soins de longue

*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 regarding the need to ensure that each residents plan of care gives clear direction to staff, are consistent, and the plan of care is reviewed and revised when the residents care needs change related bowel and bladder management, falls prevention, skin and wound and pain management, to be implemented voluntarily.*

---

**WN #2:** 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 subsections:

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).

---

Findings/Faits saillants :



**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  
prévues le Loi de 2007 les  
foyers de soins de longue**

1. Under O.Reg. 79/10, 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.

The home policy (03-09) Wound Care Record (reviewed June 2010) indicates " A Wound Care Record will be initiated for every wound or alteration in skin integrity that requires treatment" and " The form must be completed weekly".

On September 11, 2011 review of health record for an identified resident at risk for alteration in skin integrity did not have a skin assessment initiated as per the homes policy and was not completed weekly as per the homes policy.

2. Under O.Reg. 79/10, s.131(6) Where a resident of the home is permitted to administer a drug to himself or herself under subsection (5), the licensee shall ensure that there are written policies to ensure that the residents who do so understand,  
(a) the use of the drug;  
(b) the need for the drug;  
(c) the need for monitoring and documentation of the use of the drug;

The homes Medi-system Pharmacy Manual under policy(04-01-30) Resident Self Administration indicates "Residents may self-administer their medications only upon an order by the physician".

On September 07, 2011 review of (September 2011) Treatment Administration Record (TAR) for an identified resident indicated the hand written direction for application of treatment creams did not reflect the current physician orders.

3. Under O.reg. 79/10, 131(4) A member of the registered nursing staff may permit a staff member who is otherwise not permitted to administer a drug to a resident to administer a topical if,  
(a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals;  
(b) the member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and  
(c) the staff member who administers the topical does so under the supervision of the member of the registered nursing staff.

Review of the home's policy (03-05 Skin Treatment) on September 07, 2011 indicates: "Registered staff will carry out skin care treatments as prescribed by the physician/ nurse practitioner or regional protocol..." (175)

- On September 07, 2011 @10:26hrs interview of a PSW indicated "if there is a rash or skin condition the PSW will ask the Registered staff if there is a cream prescribed for the condition and if there is, the Registered staff gives the cream to the PSW to apply and the PSW returns the cream to the Registered Staff. It says on the label it is sparingly then we put it according to the directions of the cream. I have no residents right now that have any treatment creams". (175)

4. Under O.Reg.79/10, s.52(2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Review of the homes policy "Pain" (last reviewed April 2010) indicates "pain is reassessed quarterly using the MDS/RAI tool. Residents with responses to J2a and J2b will have the comprehensive pain assessment tool also completed. Tool is to be completed quarterly for score 0-4, monthly for score of 6 and weekly for score of 8 or greater. The pain assessment tool must be completed when a new analgesic or change to existing analgesic is ordered. Each time a PRN pain medication is given staff are to complete the pain flow sheet".

-review of a health record for an identified resident experiencing on-going pain indicated the homes policy related to pain was not complied with.



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  
prévus le Loi de 2007 les  
foyers de soins de longue

**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 regarding the need to ensure that the homes policies related to pain, skin and wound management are complied with, to be implemented voluntarily.*

---

**WN #3: 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 subsections:**

**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;**  
**(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and**  
**(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. On August 29, 2011 @ 17:30hrs. 2 PSWs on the 2nd Floor Dining Room, were observed standing to feed 2 separate residents. 2 PSWs reported they cannot use the black vinyl chair (feeding chair) because it is broken.  
On September 7, 2011 @ 12:33 hrs the black vinyl feeding chair on the 2nd floor dining room was observed to have an unstable seat and wheels.
2. On September 06, 2011 @ 16:22hrs observation of the 1st Floor Resident Lounge:
  - blue love seat with multiple stained seat cushions and armrests
  - Blue and orange vinyl chairs were heavily soiled
  - orange chair with scarred wooden armrests (and unable to keep clean), soiled metal legs and seat supports.
  - Blue upholstered chair with heavily stained seat cushions and armrests.
  - Orange upholstered armchair with torn piping on left arm, posing a potential risk for residents to get their hand or arm caught.
  - wooden Door to Resident Lounge with multiple scarring of wood (and unable to keep clean).
  - red armchair observed soiled armrests seat cushions and whitish stains on inside of right armrest.
  - Multiple stains and soiling on floor carpet.
3. On September 06, 2011 @ 16:34 hrs observation of the 2nd Floor Resident Lounges:
  - a brown love seat noted to be heavily stained and soiled on the seat cushions.
  - an armchair with mauve cloth backrest was also heavily soiled and stained
  - orange vinyl chair with armrests and dirt streaked metal tubing.
  - Orange cloth upholstered love seat with heavy soiling on seat cushion and a tear in the left armrest (and unable to keep clean).
  - a second Orange vinyl armchair with chipped foam seat (unable to clean) and dirty metal legs.
  - Stained seats on red upholstered armless chairs
  - sticky vinyl flooring.
4. On September 06, 2011 @ 16:04 hrs. observation of 3rd Floor Resident Lounge:
  - 2 brown upholstered armchairs and 1 love seat with soiled and stained armrests and seat cushions.
  - 2 Green upholstered Wing Chairs with worn and frayed armrests (unable to keep clean) and spot stained seat cushions.
5. On September 06, 2011 @ 15:59hrs observation on 3rd floor:
  - Wheelchair Weigh scales with multiple tears on surface area (unable to keep clean).

Interview with Environmental Services manager on September 7, 2011 @ 14:08 hrs. indicated a company comes in to steam clean the vinyl chairs with metal legs and armrests twice every year, they have not been here since last summer, the rugs were cleaned top to bottom, seven months ago and now we have our own steam cleaning machines for carpets". This person also indicated "there is no system in place for inventory of furniture or replacement of damaged furniture".



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  
prévues le Loi de 2007 les  
foyers de soins de longue

**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 regarding the need to ensure that the homes furnishings and equipment are kept clean in all resident lounges and maintained in a safe condition and in a good state of repair, to be implemented voluntarily.*

---

**WN #4:** The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program  
Specifically failed to comply with the following subsections:

- s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:
1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
  2. Residents must be offered immunization against influenza at the appropriate time each year.
  3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
  4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
  5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

---

**Findings/Faits saillants :**

On September 08, 2011 review of the health records for two identified residents indicated they were not screened for tuberculosis within 14 days of admission.(Ref.s.229(10)1.)

---

**WN #5:** The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs  
Specifically failed to comply with the following subsections:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
    - (i) that is used exclusively for drugs and drug-related supplies,
    - (ii) that is secure and locked,
    - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
    - (iv) that complies with manufacturer's instructions for the storage of the drugs; and
  - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

---

**Findings/Faits saillants :**

1. The following expired medications were found in the drug storage room on September 8, 2011 @ 12:13hrs: Oral B Amosan, oral antiseptic rinse (expiry date of August 2011), seven bottles of Multivitamin tablets, 100 tablets per bottle (expiry date of February 2011), four bottles of Allernix, Diphenhydramine 50 mg. tablets, 100 tablets per bottle (expiry date of July 2011).

2. On September 07, 2011 @ 09:13hrs. a Thermometer and 2 watches were found stored in the locked narcotic bin on 2nd floor medication cart.  
(Ref.s.129(1)(a)(i))

---

**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**  
Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
  - i. persons who may dispense, prescribe or administer drugs in the home, and
  - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

---

**Findings/Faits saillants :**

On September 07, 2011 @ 11:15 hrs the DOC Clerk reported that she is not a Registered Nursing staff member but has access to keys for the 2nd Floor Nursing Unit and puts away the government stock supplies.(ref.s.130,2.)

---

**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping**  
Specifically failed to comply with the following subsections:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

- (a) cleaning of the home, including,
  - (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
  - (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;
- (b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
  - (i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
  - (ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
  - (iii) contact surfaces;
- (c) removal and safe disposal of dry and wet garbage; and
- (d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

---

**Findings/Faits saillants :**

1. On August 29 & 30, 2011 and September 1, 2, 6, 7, 8, 9, 12, 14, 2011 inspectors noted lingering, offensive odours in the resident washroom/public washroom on the lower level.

-On September 07, 2011 @ 14:09hrs interview of Manager of Environmental Services confirmed resident/public washroom on the lower level has a lingering, offensive odour. (Ref.s.87(2)(d))

2. On August 30, 2011 @ 11:15 hrs. an identified resident room on the first floor was noted to have urine odour in the bathroom.

-Interview of handyman on September 1, 2011 @ 16:26 hrs indicated they noted a stale offensive odour in the same bathroom.

-Interview of Environmental Services manager on September 7, 2011 @ 14:37 hrs. indicated "we know the rooms that have the worst odours in them, there are cleaned twice per day, we also have odour control units in the hallway in first floor east".





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  
prévus le Loi de 2007 les  
foyers de soins de longue

**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 regarding the need to ensure that the home addresses all incidents of lingering, offensive odours, to be implemented voluntarily.*

---

**WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**  
Specifically failed to comply with the following subsections:

**s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**

---

**Findings/Faits saillants :**

1. On September 06, 2011 @ 15:41 hrs. interview of Co-chair of Quality Improvement Committee indicated the home does not seek the advice of the Resident's Council, in developing and carrying out the Resident Satisfaction Survey.

---

**WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council**  
Specifically failed to comply with the following subsections:

**s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).**

---

**Findings/Faits saillants :**

1. On September 14, 2011 @ 09:36 hrs. review of the June 1, 2011 Family Council meeting minutes posted by the front entrance did not include a written response to resident concerns raised at the meeting within 10 days of receiving Family Council advice/concerns.

---

**WN #10: 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.
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.
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.
4. Charges for goods and services provided without the resident's consent.
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.
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.
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.
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 :**

On September 11, 2011 @ 14:58 hrs review of the trust account agreement for an identified resident indicated consent for hairdressing charges for a maximum of \$40.00/month and review of the billing transaction history indicated resident was billed in excess of that amount during 2011.(Ref.s.245.4.)

---

**WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 224. Information for residents, etc.**

Specifically failed to comply with the following subsections:

s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:

1. The resident's ability under subsection 82 (2) of this Regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 82 (1).
2. The resident's obligation to pay the basic accommodation charge as described in subsection 91 (3) of the Act.
3. The obligation of the resident to pay accommodation charges during a medical, psychiatric, vacation or casual absence as set out in section 258 of this Regulation.
4. The method to apply to the Director for a reduction in the charge for basic accommodation and the supporting documentation that may be required, including the resident's Notice of Assessment issued under the Income Tax Act (Canada) for the resident's most recent taxation year.
5. A list of the charges that a licensee is prohibited from charging a resident under subsection 91 (1) of the Act.
6. The list of goods and services permitted under paragraph 3 of subsection 91 (1) of the Act that a resident may purchase from the licensee and the charges for those goods and services.
7. The resident's ability to have money deposited in a trust account under section 241 of this Regulation.
8. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 224 (1).

---

**Findings/Faits saillants :**



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  
prévues le Loi de 2007 les  
foyers de soins de longue

On September 11, 2011 @ 14:38 hrs a review of identified residents' admission packages indicated the Ministry's toll-free telephone number for making complaints about the home and its hours of service was not included. (Ref. s.224(1)8)

---

**WN #12: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.**

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

**s. 78. (2) The package of information shall include, at a minimum,**

- (a) the Residents' Bill of Rights;**
- (b) the long-term care home's mission statement;**
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;**
- (d) an explanation of the duty under section 24 to make mandatory reports;**
- (e) the long-term care home's procedure for initiating complaints to the licensee;**
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;**
- (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;**
- (h) the name and telephone number of the licensee;**
- (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91**
- (1) for each type of accommodation offered in the long-term care home;**
- (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;**
- (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;**
- (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;**
- (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;**
- (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;**
- (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;**
- (p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;**
- (q) an explanation of the protections afforded by section 26; and**
- (r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)**

---

**Findings/Faits saillants :**

1. On September 11, 2011 @ 14:41 hrs a review of the admission packages for two identified residents indicated the packages did not include:

- an explanation of whistle-blowing protection related to retaliation.
- the name and telephone number of the licensee.
- the home's policy to promote zero tolerance of abuse and neglect of residents.
- the homes mission statement.
- the revised resident bill of rights.

2. Interview of Office Manager on September 2, 2011 @ 10:50 hrs. indicated the resident admission package was not revised to include the new residents rights, whistle-blowing, rate reduction, complaints procedures, and abuse prevention information until approximately 2 months ago.



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  
prévus le Loi de 2007 les  
foyers de soins de longue

Issued on this 3rd day of October, 2011

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

S. Brown (#111)

L. Hamilton (#124)

B. Thompson (#175) (signed on behalf of)