



**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**

**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection / Genre d'inspection
Jan 29, 2015;	2014_226192_0035 (A1) (Appeal\Dir#: 032)	L-001416-14	Other

Licensee/Titulaire de permis

EDEN HOUSE CARE FACILITY INC
R.R. #2 GUELPH ON N1H 6H8

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

EDEN HOUSE NURSING HOME
5016 Wellington County Road 29 R. R. #2 GUELPH ON N1H 6H8

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

DEBORA SAVILLE (192) - (A1)(Appeal\Dir#: 032)

Amended Inspection Summary/Résumé de l'inspection modifié



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NOTE: This report has been revised to reflect a decision of the Director on a review of the Inspector's orders. The Director's review was completed on January 9, 2015. Orders were revised to reflect the Director's review.

Issued on this 29 day of January 2015 (A1)(Appeal\Dir#: 032)

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

DEBORA SAVILLE (192) - (A1)(Appeal/Dir# 032)

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The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): October 16, 2014

It was identified during the Resident Quality Inspection conducted in June 2014 that some residents of the home may have been charged for services provided by the Physiotherapist and Physiotherapy Assistant provided under contract with PACE Home Care Service Incorporated. This inspection was conducted in relation to care provided under the Active Assist Program.

During the course of the inspection, the inspector(s) spoke with the Administrator, Physiotherapist, Physiotherapy Assistant and Director of Operations for Pace Home Care Incorporated.

The following Inspection Protocols were used during this inspection:

Resident Charges

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</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 O.Reg 79/10, s. 245.

Non-allowable resident charges

The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
 - i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
 - ii. the Minister under section 90 of the Act. O. Reg. 79/10, s. 245.
2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario. O. Reg. 79/10, s. 245.
3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and a local health integration network. O. Reg. 79/10, s. 245.
4. Charges for goods and services provided without the resident's consent. O. Reg. 79/10, s. 245.
5. Charges, other than the accommodation charge that every resident is required to pay under subsections 91 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 138 or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home. O. Reg. 79/10, s. 245.
6. Charges for accommodation under paragraph 1 or 2 of subsection 91 (1) of the Act for residents in the short-stay convalescent care program. O. Reg. 79/10, s. 245.
7. Transaction fees for deposits to and withdrawals from a trust account required by section 241, or for anything else related to a trust account. O. Reg. 79/10, s. 245.
8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted. O. Reg. 79/10, s. 245.

Findings/Faits saillants :

1. The licensee failed to ensure that they did not accept payment from or on behalf of



a resident for anything that the licensee was prohibited from charging for under subsection (1) and shall not cause or permit anyone to make such a charge or accept such a payment on the licensee's behalf.

O. Reg 79/10 s. 245 identifies that charges are prohibited for the purposes of paragraph 4 of subsection 91(1) of the Act.

Charges for goods and services that a licensee is required to provide to a resident using funding that a licensee received from a local health integration network under section 19 of the Local Health System Integration Act, 2006, including good and services funded by a local health integration network under a service accountability agreement.

The Long Term Care Home Physiotherapy Funding Policy dated August 1, 2013 under section

3.1 Definition of Publicly Funded Physiotherapy Services within the context of LTC ("Physiotherapy") states;

Funded Physiotherapy Services are limited to those physiotherapy services being the assessment, diagnosis and treatment(s) provided to improve, develop or restore physical function (neuromuscular, musculoskeletal and cardio-respiratory systems) and/or to promote mobility and/or to prevent a decline in functional/clinical status when that function and/or mobility and/or clinical status has been lost or impaired or is at increased risk of decline as a result of de-conditioning, disease, pain, injury or surgical procedure.

A review of the home's contract with PACE Home Care Services Incorporated (the provider) and interview with the Administrator conducted on June 18, 2014 at 1600 hours confirmed that the provider was receiving the full amount of physiotherapy funding provided to the home, by the local health integration network for physiotherapy services and was to provide physiotherapy service to all residents of the home.

Record review and interview identified resident #001 was receiving physiotherapy related to maintaining range of motion until August 2013 when the physiotherapy funding model changed and the resident was reassessed by the home's physiotherapist who determined the resident no longer qualified for physiotherapy maintenance services funded by the local health integration network. Resident #001 was reassessed December 2013 by the home's physiotherapist and it was documented that the resident had no physiotherapy goals but required an alternative



program offered by the physiotherapy provider. The assessment indicated that the resident's goal was to have gentle and pain free range of motion, postural cueing and frequent adjustments in chair to reduce pain and very gentle range of motion when in bed.

Interview with the Physiotherapy Aide (PTA) identified that once the Physiotherapist had recommended that a resident would benefit from the alternative program, the family was contacted by the PTA. The Power of Attorney was informed that the Physiotherapist had recommended range of motion for the resident, that the treatment recommended no longer qualified under the new physiotherapy funding model however, the treatment could be provided by the provider at a cost to the resident by contacting the Regional Manager of PACE Home Care Services Incorporated.

Interview with the PTA in June 2014, on October 16, 2014 and on November 14, 2014 confirmed that two residents of the home were currently being charged for the alternative program provided by Pace Home Care Services Incorporated, the homes contracted Physiotherapy provider.

The PTA identified during interview in June 2014 that the purpose of the alternative program offered by the provider at a cost to the resident, was to maintain the range of motion that a resident with contractures had and to prevent them from getting worse and making movement any more difficult. In November 2014 the PTA confirmed that the alternative program was providing maintenance, range of motion for resident's of the home.

Interview with the staff member responsible for the home's Restorative Program conducted in June 2014 confirmed that resident #001 and resident #002 were assessed and determined to not qualify for the Restorative Program which would provide Range of Motion for residents meeting the specific parameters of the program.

Interview with the Director of Operations for Pace Home Care Services Incorporated, by telephone, in November 2014 confirmed that some services provided under the Active Assist Program would fall under the physiotherapy definition and other services would have to be reassessed.

The licensee failed to ensure that residents of the home were not charged for services that the home had received funding from the local health integration network to provide to residents. [s. 245. 1. i.]



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Additional Required Actions:

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

(A1)(Appeal/Dir# 032)

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



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Issued on this 29 day of January 2015 (A1)(Appeal/Dir# 032)

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

Original report signed by the inspector.



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) :** DEBORA SAVILLE (192) - (A1)(Appeal/Dir# 032)

**Inspection No. /
No de l'inspection :** 2014_226192_0035 (A1)(Appeal/Dir# 032)

**Appeal/Dir# /
Appel/Dir#:** 032 (A1)

**Log No. /
Registre no. :** L-001416-14 (A1)(Appeal/Dir# 032)

**Type of Inspection /
Genre d'inspection:** Other

**Report Date(s) /
Date(s) du Rapport :** Jan 29, 2015;(A1)(Appeal/Dir# 032)

**Licensee /
Titulaire de permis :** EDEN HOUSE CARE FACILITY INC
R.R. #2, GUELPH, ON, N1H-6H8

**LTC Home /
Foyer de SLD :** EDEN HOUSE NURSING HOME
5016 Wellington County Road 29, R. R. #2,
GUELPH, ON, N1H-6H8



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O. 2007, chap. 8

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :**

To EDEN HOUSE CARE FACILITY INC, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)
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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,
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 - ii. the Minister under section 90 of the Act.

O. Reg. 79/10, s. 245.

Order / Ordre :



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O. 2007, chap. 8

(A1)(Appeal/Dir# 032)

NOTE: This order has been revised to reflect a decision of the Director on a review of the Inspectors orders. The Directors review was completed on January 9, 2015.

The licensee shall cease charging residents for the Active Assist (Activation Range of Motion) Program, assessed as beneficial for residents #001 and #002 by the home's contracted Physiotherapist and provided by the Physiotherapy Aide and,

Shall further ensure that residents #001 and #002, and all other residents of the home, are not charged for any physiotherapy or related service that falls within the definition of funded physiotherapy under the LTCH Physiotherapy Funding Policy.

Grounds / Motifs :

1. The licensee failed to ensure that they did not accept payment from or on behalf of a resident for anything that the licensee was prohibited from charging for under subsection (1) and shall not cause or permit anyone to make such a charge or accept such a payment on the licensee's behalf.

O. Reg 79/10 s. 245 identifies that charges are prohibited for the purposes of paragraph 4 of subsection 91(1) of the Act.

Charges for goods and services that a licensee is required to provide to a resident using funding that a licensee received from a local health integration network under section 19 of the Local Health System Integration Act, 2006, including good and services funded by a local health integration network under a service accountability agreement.

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O. 2007, chap. 8

and/or to promote mobility and/or to prevent a decline in functional/clinical status when that function and/or mobility and/or clinical status has been lost or impaired or is at increased risk of decline as a result of de-conditioning, disease, pain, injury or surgical procedure.

A review of the home's contract with PACE Home Care Services Incorporated (the provider) and interview with the Administrator conducted on June 18, 2014 at 1600 hours confirmed that the provider was receiving the full amount of physiotherapy funding provided to the home, by the local health integration network for physiotherapy services and was to provide physiotherapy service to all residents of the home.

Record review and interview identified resident #001 was receiving physiotherapy related to maintaining range of motion until August 2013 when the physiotherapy funding model changed and the resident was reassessed by the home's physiotherapist who determined the resident no longer qualified for physiotherapy maintenance services funded by the local health integration network. Resident #001 was reassessed December 2013 by the home's physiotherapist and it was documented that the resident had no physiotherapy goals but required an alternative program offered by the physiotherapy provider. The assessment indicated that the resident's goal was to have gentle and pain free range of motion, postural cueing and frequent adjustments in chair to reduce pain and very gentle range of motion when in bed.

Interview with the Physiotherapy Aide (PTA) identified that once the Physiotherapist had recommended that a resident would benefit from the alternative program, the family was contacted by the PTA. The Power of Attorney was informed that the Physiotherapist had recommended range of motion for the resident, that the treatment recommended no longer qualified under the new physiotherapy funding model however, the treatment could be provided by the provider at a cost to the resident by contacting the Regional Manager of PACE Home Care Services Incorporated.

Interview with the PTA in June 2014, on October 16, 2014 and on November 14, 2014 confirmed that two residents of the home were currently being charged for the alternative program provided by Pace Home Care Services Incorporated, the homes contracted Physiotherapy provider.



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The PTA identified during interview in June 2014 that the purpose of the alternative program offered by the provider at a cost to the resident, was to maintain the range of motion that a resident with contractures had and to prevent them from getting worse and making movement any more difficult. In November 2014 the PTA confirmed that the alternative program was providing maintenance, range of motion for resident's of the home.

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Interview with the Director of Operations for Pace Home Care Services Incorporated, by telephone, in November 2014 confirmed that some services provided under the Active Assist Program would fall under the physiotherapy definition and other services would have to be reassessed.

The licensee failed to ensure that residents of the home were not charged for services that the home had received funding from the local health integration network to provide to residents. (192)

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

Nov 21, 2014



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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

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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 SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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

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

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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

Issued on this 29 day of January 2015 (A1)

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

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

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