



**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 sous la  
Loi de 2007 sur 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**

Sudbury Service Area Office  
159 Cedar Street Suite 403  
SUDBURY ON P3E 6A5  
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Bureau régional de services de  
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SUDBURY ON P3E 6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 30, 2014	2014_283544_0033	S-000474-14	Complaint

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**Licensee/Titulaire de permis**

FINLANDIA NURSING HOME LIMITED  
c/o Sudbury Finnish Rest Home 233 Fourth Avenue SUDBURY ON P3B 4C3

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

FINLANDIA HOIVAKOTI NURSING HOME LIMITED  
233 FOURTH AVENUE SUDBURY ON P3B 4C3

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

FRANCA MCMILLAN (544)

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

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

**This inspection was conducted on the following date(s): December 22, 23, 2014  
related to**

**Log # S-000474-14**

**During the course of the inspection, the inspector(s) spoke with Administrator,  
Director of Care, Accounts Supervisor, Admissions Co-ordinator and Family.**

**Please note, the Falls Prevention Inspection Protocol was opened in error during  
this Inspection and was not used during this Inspection.**

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

**Falls Prevention  
Resident Charges**

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

**1 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**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).	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 253. Reduction in basic accommodation charge**



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

**s. 253. (4) The licensee shall,**

**(a) verify that all parts of the application are provided by the resident; O. Reg. 79/10, s. 253 (4).**

**(b) submit the application in a form and manner acceptable to the Director; O. Reg. 79/10, s. 253 (4).**

**(c) ensure that the information is recorded correctly; O. Reg. 79/10, s. 253 (4).**

**(d) retain a copy of the application; and O. Reg. 79/10, s. 253 (4).**

**(e) notify the resident of the amount payable for basic accommodation as determined by the Director. O. Reg. 79/10, s. 253 (4).**

**Findings/Faits saillants :**

1. Resident # 001's POA told Inspector # 544 that their family member was admitted to the home in 2013.

They also stated they applied for rate reduction for Resident # 001 for accommodation for a period of six (6) months from their admission and handed in the necessary completed forms to the staff in the accounting department. The two staff members, who were employed in the accounting department at the time, were no longer employed at the home at the time of this Inspection.

Inspector # 544 reviewed Resident # 001's account history and could find no documentation in regards to an application being completed or a photocopy of the application for rate reduction in Resident # 001's account file.

Inspector # 544 interviewed Staff # 103 and Staff # 104 who confirmed that there was no photocopy or any documentation to support that the rate reduction application was completed, in Resident # 001's account file, for this six (6) month period.

Staff # 100, # 103 and Staff # 104 confirmed that they are in the process of dealing with this rate reduction issue at the present time since Resident # 001's POA brought forth the matter to the new staff in the accounting department.

The licensee failed to retain a copy of the rate reduction application that was submitted to the home. [s. 253. (4) (d)]



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**Issued on this 30th day of December, 2014**

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

**Original report signed by the inspector.**