



**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 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**

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### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 17, 2014	2014_325568_0021	L-001218-14	Resident Quality Inspection

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

GOLDEN DAWN SENIOR CITIZEN HOME  
80 Main Street, P.O. Box 129, Lion's Head, ON, N0H-1W0

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

GOLDEN DAWN NURSING HOME  
80 Main Street, P. O. Box 129, Lion's Head, ON, N0H-1W0

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

DOROTHY GINTHER (568), DONNA TIERNEY (569), NUZHAT UDDIN (532)

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



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

**This inspection was conducted on the following date(s): September 8, 9, 10, 11, 12, 15, 16, 17, 18, 2014.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Programs Manager, Food Services Manager, Resident Assessment Instrument (RAI) Coordinator, 1 Dietary Aide, 2 Housekeeping Aides, 2 Registered Nurses, 1 Registered Practical Nurse, 7 Personal Support Workers, 1 Physiotherapy Assistant, 2 Resident Council Representatives, Family Council Representative, Residents and Families.**

**During the course of the inspection, the inspector(s) conducted a tour of all resident areas and common areas; observed residents and care provided to them, observed meal service, medication passes, medication storage areas; reviewed health care records and plans of care for identified residents; reviewed policies and procedures of the home, minutes from meetings and observed the general maintenance, cleanliness and condition of the home.**

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

**Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Dining Observation  
Falls Prevention  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
Skin and Wound Care**



**Findings of Non-Compliance were found during this inspection.**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
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. 15. Bed rails**



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

**s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**

**(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**

**(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**

**(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

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**Findings/Faits saillants :**



1. The licensee has failed to ensure that where bed rails are used, the resident has been assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there are none, in accordance with prevailing practices to minimize risk to the resident.

a) On September 8, 2014 ten residents were observed with bed rails in the up position and two of the beds had a mattress that did not fit the bed frames.

b) On September 9, 2014 three residents were observed with bed rails in the up position and one of the beds had a mattress that did not fit the bed frame.

c) On September 15, 2014 ten residents were observed with bed rails in the up position and one of the beds had a mattress that did not fit the bed frame.

d) On September 09, 2014 and September 15, 2014 a resident's bed was observed with one bed rail in the up position. A staff member shared that when the resident goes to bed, another bed rail is raised.

e) A resident was observed on September 10, 2014 and on September 16, 2014 in bed with two bed rails in the up position. Staff confirmed that the resident used the bed rails to help with positioning.

The Home was not able to provide evidence that where bed rails were used the resident had been assessed and his or her bed system evaluated for the use of bed rails. The Director of Care confirmed that where bed rails are used, there were no ongoing or current assessments of the entrapment zones completed for the Residents using bed rails and the bed systems were not evaluated in accordance with prevailing practices to minimize risk to the resident.

The Director of Care reported that the home was in the process of developing a bed rails assessment tool and they had purchased the bed entrapment tool in preparation for the assessments. [s. 15. (1) (a)]

***Additional Required Actions:***

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



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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services**

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

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

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**Findings/Faits saillants :**

1. The licensee failed to ensure that at least one registered nurse who is both an employee of the licensee and a member of the registered nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

Review of the registered staff schedule for the period of September 8, 2014 to September 18, 2014 was conducted and revealed the following:

- a) there are 3 registered nurses on staff,
- b) the registered nurses work twelve hour shifts; 0600 - 1800 (days) and 18:00 - 0600 (nights),
- c) there were 8/10 night shifts (80%) where there was no registered nurse on duty and present in the home at all times.

The Director of Care confirmed that the Home does not have registered nursing staff on duty and present in the home at all times. [s. 8. (3)]

***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 at least one registered nurse who is both an employee of the licensee and a member of the registered nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations, to be implemented voluntarily.***

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**WN #3: 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:**

**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 O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

The Home's policy on Ward Count Narcotics and Controlled Substances dated January 2014 indicates that counts for individual narcotic and controlled substances will be completed by the registered staff giving the medication at the time of administration.

On [REDACTED] during the noon medication pass, a Registered staff was observed giving narcotic drugs to a resident. The staff member was observed writing the name of the resident on a piece of paper.

A second resident was observed receiving narcotic drugs during the same medication pass. The Registered staff was observed writing the name of the resident on a piece of paper.

During an interview with the Registered staff it was reported that the piece of paper included the names of residents that had received narcotic drugs during the noon medication pass. The staff member shared that they would transfer the information from the piece of paper to the individual narcotic and controlled substance sheets once they were back in the medication room where the binder was kept.

The Director of Care (DOC) confirmed that it was the Home's expectation, in keeping with their policy, that staff would complete the individual narcotic sheet when the medication was administered and not after the medication pass. The DOC also confirmed that the binder containing the individual narcotic and controlled substances sheets was to be kept on the medication cart during the medication pass. [s. 8. (1)]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.***

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**WN #4: 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:**

- 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; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (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).**

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**Findings/Faits saillants :**





1. The licensee failed to ensure that the home furnishings and equipment were kept clean and sanitary.

Observations made during the inspection revealed:

- a) The Tub Room had a white film and dirt on many of the surfaces including blue wear stored on top of the storage cabinet. The chrome of the shower head was dirty and there was dust build up on the ceiling vents and the bulk head over the tub. The base of the tub lift surface and bottom of the privacy curtain as you enter the tub room were stained.
- b) In four resident rooms the floors were dirty and vents in the bathroom were dusty.
- c) In one resident washroom there was black dirt build up behind the toilet.
- d) In two resident rooms the bathroom sink had grey and black scratches / stains.
- e) In the TV lounge there were water and coffee stains on the wall at the back by the cabinet and garbage. There was black dirt build up on the perimeter of the floor.

The Administrator confirmed the above observations during a tour on September 18, 2014 and reported that the home furnishings and equipment were not clean and sanitary. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

Observations made during the inspection revealed:

- a) Gauges and scrapes on walls in four resident rooms and one resident bathroom.
- b) Broken drywall in one resident bathroom and drywall that was patched but not refinished in one resident room.
- c) One resident room where the the front piece of the radiator had been pulled out and where the bathroom radiator was missing a piece of the front panel.
- d) Two resident rooms where the metal frame of the door was exposed.

The Administrator confirmed the above observations during a tour on September 18, 2014 and reported that furnishings were not maintained in a safe condition and in a good state of repair. [s. 15. (2) (c)]



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***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 home furnishings and equipment are kept clean and sanitary; and are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 29. Policy to minimize restraining of residents, etc.**

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

- s. 29. (1) Every licensee of a long-term care home,**  
**(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and 2007, c. 8, s. 29 (1).**  
**(b) shall ensure that the policy is complied with. 2007, c. 8, s. 29 (1).**
- 

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the policy for Minimizing Restraints is complied with.

The Home's policy #80.085 for Minimizing Restraints indicates that a restraint will only be used when:

1. There is a real or potential threat to the safety of the resident or others.
2. An Initial Least Restraint Assessment has been completed.
3. An assessment and trial of alternatives to restraints have indicated that there are no other solutions - completion of the Alternatives to Least Restraints Assessment.
4. Continued use of the restraint will require assessment at least quarterly with the Quarterly Least Restraint Assessment.

Record review revealed that a doctors order was written for a resident to have a physical device in place for safety. Consent was received from the residents' Power of Attorney for application of the physical device.

There was no evidence during the clinical record review that the resident had an Initial Least Restraints Assessment or an assessment for Alternatives to Least Restraints prior to the restraint being applied. In addition, there was no evidence that the resident's restraint had been reassessed quarterly.

The RAI Coordinator confirmed that assessments for Initial Least Restraint, Alternatives to Least Restraint and Quarterly Least Restraint were not completed for the resident as per the Home's policy #80.085. [s. 29. (1) (b)]

***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 Minimizing Restraints policy is complied with, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 110.  
Requirements relating to restraining by a physical device**



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

**s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:**

**3. That the resident is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose. O. Reg. 79/10, s. 110 (2).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that where a resident is being restrained by a physical device under section 31 of the Act the resident is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose.

During the inspection a resident was observed on two occasions between 08:00 and 17:00 hours restrained by a physical device.

The plan of care has identified the physical device as a restraint for this Resident. Review of Point of Care for the period of September 8, 2014 to September 15, 2014 revealed that the resident was checked hourly between 23:00 hours and 06:00 hours. There was no documentation indicating that the resident was checked between 06:00 hours and 23:00 hours.

Registered staff shared that where a resident is being restrained by a physical device the resident should be checked hourly when it is in place and documented on the Restraint Flow Sheet in Point of Care. The RAI Coordinator confirmed that there was no documentation that the resident was checked between 06:00 and 23:00 hours for the period of September 8, 2014 to September 15, 2014. [s. 110. (2) 3.]



***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 where a resident is being restrained by a physical device under section 31 of the Act the resident is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose, to be implemented voluntarily.***

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

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

- 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 O. Reg. 79/10, s. 129 (1).**
  - (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).**

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**Findings/Faits saillants :**



1. The licensee failed to ensure that drugs were stored in an area or a medication cart, that was used exclusively for drugs and drug-related supplies, that was secure and locked.

[REDACTED] during a medication room observation the Registered staff shared that they had two fridges; one to store food items and one to store drugs.

Observation revealed that a small fridge was located in the medication room that included all food related items and another larger size fridge was observed in the RAI Coordinator's office that stored the drugs i.e. vaccinations and insulin.

[REDACTED] the door to the RAI Coordinator's office and the medication fridge were found unlocked. The fridge contained vaccinations and insulin along with a case of beer and a yogurt.

[REDACTED] the Director of Care confirmed that the fridge containing medications was not secure and locked. The Director of Care also reported that the office was shared by the Physiotherapist and other professionals working in the Home.

The Director of Care confirmed that the fridge was to be used exclusively for drugs and drug-related supplies and no food items were to be stored in it. [s. 129. (1) (a)]

***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 drugs were stored in an area or a medication cart, that was used exclusively for drugs and drug-related supplies, that was secure and locked, to be implemented voluntarily.***

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**WN #8: 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:

**s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:**

**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. O. Reg. 79/10, s. 229 (10).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that staff were screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

Review of staff immunization records revealed that two out of the three newly hired staff immunization records were not up to date.

The Director of Care reported that staff immunization records were required to be current, within 6 months of the staff members' hire date. The Director of Care confirmed that these staff were not screened for tuberculosis and other infectious diseases in accordance with evidence-based practices. [s. 229. (10) 4.]

***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 staff screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices, to be implemented voluntarily.***

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**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**





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

**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. O. Reg. 79/10, s. 52 (2).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that when the resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Staff interviews revealed that a resident had longstanding pain which had increased a number of months ago and required medication changes.

During a clinical record review for this resident there was no evidence that a pain assessment was completed since the residents' admission to the Home. The Director of Care confirmed that a pain assessment had not been completed for the resident using a clinically appropriate instrument. [s. 52. (2)]

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**Issued on this 31st day of October, 2014**

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





Ministry of Health and  
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Ministère de la Santé et  
des Soins de longue durée

**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*

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

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

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

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

**Nom de l'inspecteur (No) :** DOROTHY GINTHER (568), DONNA TIERNEY (569),  
NUZHAT UDDIN (532)

**Inspection No. /**

**No de l'inspection :** 2014\_325568\_0021

**Log No. /**

**Registre no:** L-001218-14

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Oct 17, 2014

**Licensee /**

**Titulaire de permis :** GOLDEN DAWN SENIOR CITIZEN HOME  
80 Main Street, P.O. Box 129, Lion's Head, ON,  
N0H-1W0

**LTC Home /**

**Foyer de SLD :** GOLDEN DAWN NURSING HOME  
80 Main Street, P. O. Box 129, Lion's Head, ON,  
N0H-1W0

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** KEVIN JONES

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

**Order(s) of the Inspector**

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

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

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

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

To GOLDEN DAWN SENIOR CITIZEN HOME, you are hereby required to comply with the following order(s) by the date(s) set out below:

**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*

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

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

**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. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;
- (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and
- (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

**Order / Ordre :**

The licensee shall ensure that each resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and if there are none, in accordance with prevailing practices, to minimize risk to the resident.

**Grounds / Motifs :**



**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*

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

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

1. The licensee has failed to ensure that where bed rails are used, the resident has been assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there are none, in accordance with prevailing practices to minimize risk to the resident.

a) On September 8, 2014 ten residents were observed with bed rails in the up position and two of the beds had a mattress that did not fit the bed frame.

b) On September 9, 2014 three residents were observed with bed rails in the up position and one of the beds had a mattress that did not fit the bed frame.

c) On September 15, 2014 ten residents were observed with bed rails in the up position and one of the beds had a mattress that did not fit the bed frame.

d) On September 09, 2014 and September 15, 2014 a resident's bed was observed with one bed rail in the up position. A staff member shared that when the resident goes to bed, another bed rail is raised.

e) A resident was observed on September 10, 2014 and on September 16, 2014 in bed with two bed rails in the up position. Staff confirmed that the resident used the bed rails to help with positioning.

The Home was not able to provide evidence that where bed rails were used the Resident had been assessed and his or her bed system evaluated for the use of bed rails. The Director of Care confirmed that where bed rails are used, there were no ongoing or current assessments of the entrapment zones completed for the Residents using bed rails and the bed systems were not evaluated in accordance with prevailing practices to minimize risk to the resident.

The Director of Care reported that the home was in the process of developing a bed rails assessment tool and they had purchased the bed entrapment tool in preparation for the assessments. (568)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Nov 30, 2014



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

**Order(s) of the Inspector**

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

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

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

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



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

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

**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

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

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

**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



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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

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

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).



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## **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<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

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.





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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  
Ontario, ON  
M5S-2B1  
Fax: 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](http://www.hsarb.on.ca).

**Issued on this 17th day of October, 2014**

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

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

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