



**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**

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## **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>
May 25, 2015	2015_277538_0015	008684-15	Resident Quality Inspection

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

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

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### **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

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

NANCY JOHNSON (538), CHAD CAMPS (609), MELANIE NORTHEY (563)

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## **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): May 12, 13, 14, 15, 19, 20, 2015.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Risk and Resource Manager, 1 Registered Nurse, 1 Registered Practical Nurse, Nutrition Manager, Registered Dietitian, 6 Personal Support Workers, 1 Physiotherapy Assistant, 1 Activity Aide, 3 Family Members, and 39 Residents.**

**The inspector(s) also conducted a tour of the home, observed care and activities provided to residents, meal service, medication administration, medication storage area, resident/staff interactions, infection prevention and control practices and, reviewed clinical records and plans of care for identified residents, postings of required information, investigation notes and minutes of meetings related to the inspection, reviewed relevant policies and procedures of the home, and observed the general maintenance, cleaning 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**

**Reporting and Complaints**

**Residents' Council**

**Safe and Secure Home**

**Skin and Wound Care**

**Sufficient Staffing**



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

6 WN(s)

3 VPC(s)

2 CO(s)

0 DR(s)

0 WAO(s)

### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

#### Legend

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

#### Legendé

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités

Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**

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

**s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:**

- 1. Abuse recognition and prevention. 2007, c. 8, s. 76. (7).**
- 2. Mental health issues, including caring for persons with dementia. 2007, c. 8, s. 76. (7).**
- 3. Behaviour management. 2007, c. 8, s. 76. (7).**
- 4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. 2007, c. 8, s. 76. (7).**
- 5. Palliative care. 2007, c. 8, s. 76. (7).**
- 6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations.

Record review of the completed in-services for all staff in 2014 revealed 15 staff members completed 0% of the mandatory education required annually.

Record review of the completed in-services for all staff between January and June of 2014 revealed:

- 71% of Personal Support Worker's did not complete the 25 in-services
- 58% of registered nursing staff did not complete the 26 in-services
- 71% of dietary staff did not complete the 16 in-services
- 80% of activation staff did not complete the 18 in-services
- 86% of administration and maintenance staff did not complete the 16 in-services
- 75% of housekeeping/laundry staff did not complete the 16 in-services

Record review of the completed in-services for all staff between July and December of 2014 revealed:

- 56% of Personal Support Worker's did not complete the 22 in-services
- 33% of registered nursing staff did not complete the 22 in-services
- 57% of dietary staff did not complete the 12 in-services
- 25% of activation staff did not complete the 12 in-services
- 50% of administration and maintenance staff did not complete the 12 in-services
- 33% housekeeping / laundry staff did not complete the 12 in-services

Staff interview with the Risk and Resource Manager on May 20, 2015 at 0900 hours confirmed the home did not meet the education requirements for 2014 for all staff. [s. 76. (7)]

***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 O.Reg 79/10, s. 90. Maintenance services**



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

**s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there are schedules and procedures in place for routine, preventive and remedial maintenance.

Record Review on May 19, 2015 at 1400 hours of the home's policy and procedures for Maintenance revealed the policies were outdated.

Interview on May 15, 2015 at 1130 hours with the Administrator revealed that the home does not have a preventative maintenance schedule or plan in place. The Administrator shared that the home is installing an electronic Maintenance program to assist in developing a structured program that is scheduled for installation on May 27, 2015.

The Administrator confirmed on May 14, 2015 that it is the home's expectation that there are schedules and procedures in place for routine, preventative and remedial maintenance. [s. 90. (1) (b)]

***Additional Required Actions:***

***CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #3: 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:**

**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; 2007, c. 8, s. 6 (1).**

**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**

**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**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; 2007, c. 8, s. 6 (10).**

**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**

**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the plan of care set out clear directions to staff and others who provide direct care to the resident.

Record review of the progress notes revealed that an identified resident used a physical device.

Record review of the current care plan revealed there was no documented interventions related to the use of the physical device.

Staff interview with the Risk and Resource Manager (RRM) revealed that all residents identified to use the physical device did not have care plan interventions in place to direct staff.

The RRM confirmed care plans need to be updated to provide clear directions to staff and others who provide direct care to the residents. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the care set out in the plan of care is provided to



the resident as specified in the plan.

Record review of the current care plan for an identified resident revealed specific interventions to address the potential for injury and falls.

Observation of the identified resident revealed that specific interventions were not in place.

Staff interview with the Risk and Resource Manager (RRM) confirmed that the resident does not have care interventions listed in the care plan to prevent falls and injury in place as planned. [s. 6. (7)]

3. The licensee failed to ensure that the resident plan of care is reviewed and revised when the care set out in the plan is no longer necessary.

Review of the plan of care revealed an identified resident is a "high risk for falls" and "Communicate fall risk to all staff by adding risk level to assignment sheets and posting the red apple logo at resident's bedside."

Observation of the identified resident's bedroom revealed no evidence of a red apple logo at the resident's bedside.

Staff interview with the Risk and Resource Manager confirmed that the care plan had not been revised when the resident's needs changed and the care in the plan was no longer necessary. [s. 6. (10) (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 plan of care set out clear directions to staff and others who provide direct care to the resident. That the care set out in the plan of care is provided to the resident as specified in the plan and that the resident plan of care is reviewed and revised when the care set out in the plan is no longer necessary, 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).**

**Findings/Faits saillants :**



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

Observations of resident rooms and bathrooms made on May 13 & 14, 2015 revealed that the home, furnishing and equipment were not clean and sanitary.

Record review on May 15, 2015 at 1100 hours of the home's Policy Number 2.07 for Housekeeping dated September 2014 revealed "The Administrator shall routinely check the building daily. On a monthly basis housekeeping staff shall complete a housekeeping audit and submit it to the Administrator. A copy shall be given to the C.Q.I. Committee."

Interview on May 15, 2015 at 1130 hours with the Administrator confirmed that daily checks are not being completed and that the housekeeping staff is not using a housekeeping audit tool for submission to the Administrator.

Staff interviews with the Director of Care and the Administrator confirmed the home and furnishings are not kept as clean and sanitary as they should be. [s. 15. (2) (a)]

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

Observations of multiple resident rooms and bathrooms on May 13 & 14, 2015 revealed the home, furnishing and equipment were not maintained in a safe condition and in a good state of repair.

The Administrator confirmed on May 14, 2015 that there are several areas of disrepair in the residents rooms, bathrooms, hallways and common areas. [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 the home, furnishings and equipment are kept clean and sanitary and that the home, furnishings and equipment 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 O.Reg 79/10, s. 57. Integrating restorative care into programs**

**Every licensee of a long-term care home shall ensure that,**

**(a) restorative care approaches are integrated into the care that is provided to all residents; and**

**(b) the restorative care approaches are co-ordinated to ensure that each resident is able to maintain or improve his or her functional and cognitive capacities in all aspects of daily living, to the extent of his or her abilities. O. Reg. 79/10, s. 57.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that restorative care approaches are coordinated so that the resident is able to maintain or improve their functional and cognitive capacities in all aspects of daily living, to the extent of their abilities.

Record review of the Resident Assessment Instrument Minimum Data Set (RAI-MDS) in 2015, for a specified resident revealed the resident's ambulation, range of motion and activities of daily living (ADL) ability were noted to have declined from the previous two quarterly RAI-MDS assessments.

Interview with the Physiotherapy Assistant (PTA) revealed that the resident had been discharged from physiotherapy services for over one year. Interview with the Risk and Resource Manager (RRM) that there is no documented evidence to support restorative care focused discussion between physiotherapy, nursing and the resident.

Interview with the Director of Care revealed that the home has no formal process to initiate a physiotherapy/restorative care referral for residents identified as having a change in their functional ability. The Director of Care confirmed that it is the home's expectation that restorative care approaches are coordinated for all residents to maintain and improve their functional and cognitive capacities. [s. 57. (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 restorative care approaches are coordinated so that the resident is able to maintain or improve their functional and cognitive capacities in all aspects of daily living, to the extent of their abilities, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**



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**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).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that the plan, policy, protocol, procedure, strategy or system is complied with.

Record review of the Personal Support Worker's (PSW) staffing contingency plan titled "Golden Dawn Senior Citizen Home: Staffing Plans" dated August 2014 revealed a full complement of PSW's is four plus one PSW responsible for baths. When the bath PSW is not available, the four remaining PSW's are to divide the four resident care areas into three and one PSW is designated as the bath PSW.

Record review of the staffing schedule for a three week period in 2015 revealed the following:

- On one specified date 40% (2/5) of residents scheduled for a tub bath were given bed bath
- On one specified date 17% (1/6) of residents scheduled for a tub bath were given bed bath
- On one specified date 100% of residents scheduled for a tub bath were given a bed bath

Interview with the Risk and Resource Manager (RRM) confirmed that the home is not complying with the home's Policy, and that it is the expectation of the home that when the bath PSW is absent, the remaining PSW's ensure that the Residents receive their baths. [s. 8. (1) (b)]

2. Record review of the "Bedside Rails" Policy # 70.015 dated August 2014 revealed "the Interdisciplinary Team in conjunction with the resident/family/SDM/POA assesses the resident for bed rail risk with any significant change in condition."

A bedrail risk assessment was completed in 2014. Record review of the Minimum Data Set Assessment (MDS) and Resident Assessment Profile (RAP) revealed a change the resident's function.

Staff interview with the Risk and Resource Manager confirmed that a Bed rail Risk Assessment is to be completed for any resident with any significant change in condition and that home failed to comply with the home's policy. [s. 8. (1) (b)]



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**Issued on this 25th day of May, 2015**

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

**Original report signed by the inspector.**



**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  
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**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) :** NANCY JOHNSON (538), CHAD CAMPS (609),  
MELANIE NORTHEY (563)

**Inspection No. /**

**No de l'inspection :** 2015\_277538\_0015

**Log No. /**

**Registre no:** 008684-15

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** May 25, 2015

**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  
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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*

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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*

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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

1. Abuse recognition and prevention.
2. Mental health issues, including caring for persons with dementia.
3. Behaviour management.
4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations.
5. Palliative care.
6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).

**Order / Ordre :**

The Licensee must ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations: 1. Abuse recognition and prevention. 2. Mental health issues, including caring for persons with dementia. 3. Behaviour management. 4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. 5. Palliative care. 6. Any other areas provided for in the regulations.

**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 failed to ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations.

Record review of the completed in-services for all staff in 2014 revealed 15 staff members completed 0% of the mandatory education required annually.

Record review of the completed in-services for all staff between January and June of 2014 revealed:

- 71% of PSWs did not complete the 25 in-services
- 58% of registered nursing staff did not complete the 26 in-services
- 71% of dietary staff did not complete the 16 in-services
- 80% of activation staff did not complete the 18 in-services
- 86% of administration and maintenance staff did not complete the 16 in-services
- 75% of housekeeping / laundry staff did not complete the 16 in-services

Record review of the completed in-services for all staff between July and December of 2014 revealed:

- 56% of PSWs did not complete the 22 in-services
- 33% of registered nursing staff did not complete the 22 in-services
- 57% of dietary staff did not complete the 12 in-services
- 25% of activation staff did not complete the 12 in-services
- 50% of administration and maintenance staff did not complete the 12 in-services
- 33% housekeeping / laundry staff did not complete the 12 in-services

Staff interview with the Risk and Resource Manager on May 20, 2015 at 0900 hours confirmed the home did not meet the education requirements for 2014 for all staff. (563)

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

**Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2015**



**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*

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**Order # /**

**Ordre no :** 002

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

**Order / Ordre :**

The Licensee must ensure that the home's schedules and procedures are in place for routine, preventive and remedial maintenance.

**Grounds / Motifs :**



**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  
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**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. This non compliance was previously issued as a WN, on May 13, 2013.

The licensee has failed to ensure that there are schedules and procedures in place for routine, preventive and remedial maintenance.

Record Review on May 19, 2015 at 1400 hours of the home's policy and procedures for Maintenance revealed the policies were outdated.

Interview on May 15, 2015 at 1130 hours with the Administrator revealed that the home does not have a preventative maintenance schedule or plan in place. The Administrator shared that the home is installing a electronic Maintenance program to assist in developing a structured program that is scheduled for installation on May 27, 2015.

The Administrator confirmed on May 14, 2015 that it is the home's expectation that there are schedules and procedures in place for routine, preventative and remedial maintenance.

(538)

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

**Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2015**



**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



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

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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**

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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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**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*

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 25th day of May, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Nancy Johnson

**Service Area Office /**

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