

1. The licensee did not ensure that residents are bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the residents hygiene requirements, unless contraindicated by a medical condition. [O.Reg. 79/10, s.33(1)].

a) The plan of care for one resident indicated a shower twice per week, however documentation records reviewed and staff interviewed confirmed the resident did not receive a shower on two scheduled days within a two week period.

b) The plan of care for a second resident indicated a shower two days per week, however documentation records reviewed and staff interviewed confirmed the resident did not receive a shower on three scheduled days in a two week period.

c) The plan of care for a third resident indicated a shower two days per week, however the documentation records reviewed and staff interviewed confirmed the resident did not receive a shower on three days in a two week period.

Staff confirmed make up baths for the above examples were not provided.

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 all residents are bathed at a minimum twice weekly, to be implemented voluntarily.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following subsections:

s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. A resident exhibiting altered skin integrity had not been assessed by a Registered Dietitian regarding nutritional requirements in relation to wound healing [O.Reg. 79/10, s.50(2)(b)(iii)].

The wound assessment record indicated a resident had wounds. There were no nutrition assessments documented regarding this change in skin integrity. There were no documented changes in focus, goals or interventions on the nutrition plan of care. The Food Service Supervisor confirmed there was no consult to the Dietitian and no assessments completed by the Dietitian regarding altered skin integrity for this resident.

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 the registered dietitian assesses residents exhibiting altered skin integrity, to be implemented voluntarily.

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following subsections:

- s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
1. Customary routines.
 2. Cognition ability.
 3. Communication abilities, including hearing and language.
 4. Vision.
 5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
 6. Psychological well-being.
 7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
 8. Continence, including bladder and bowel elimination.
 9. Disease diagnosis.
 10. Health conditions, including allergies, pain, risk of falls and other special needs.
 11. Seasonal risk relating to hot weather.
 12. Dental and oral status, including oral hygiene.
 13. Nutritional status, including height, weight and any risks relating to nutrition care.
 14. Hydration status and any risks relating to hydration.
 15. Skin condition, including altered skin integrity and foot conditions.
 16. Activity patterns and pursuits.
 17. Drugs and treatments.
 18. Special treatments and interventions.
 19. Safety risks.
 20. Nausea and vomiting.
 21. Sleep patterns and preferences.
 22. Cultural, spiritual and religious preferences and age-related needs and preferences.
 23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee did not ensure that the resident's plan of care was based on an interdisciplinary assessment of the resident's sleep patterns and preferences [O.Reg. 79/10, s.26(3)21].

a) During an interview with a resident's family member it was noted the resident was being assisted to bed at a different time than that preferred by the resident. It was noted during a review of the plan of care that there was no plan to address the resident's sleep patterns or preferences based on an interdisciplinary assessment.(130)

b) During an interview with another resident it was noted that the resident had on some occasions been assisted to bed at a different time than her preferred bed time. It was noted during a review of the plan of care that there was no plan to address the resident's sleep patterns or preferences based on an interdisciplinary assessment.

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 the resident's plan of care is based on an assessment of the resident's sleep patterns and preferences, to be implemented voluntarily.

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following subsections:

s. 53. (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.

2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

3. Resident monitoring and internal reporting protocols.

4. Protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 53 (1).

s. 53. (3) The licensee shall ensure that,

(a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices;

(b) at least annually, the matters referred to in subsection (1) are evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

(c) a written record is kept relating to each evaluation under clause (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 53 (3).

s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(a) the behavioural triggers for the resident are identified, where possible;

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Findings/Faits saillants :

1. The licensee did not ensure that the behavioural management program is evaluated annually [O.Reg. 79/10, s.53(3)(b)].

During an interview with the Administrator it was confirmed that the home was not conducting an evaluation of their behavioural management program annually.

2. The licensee did not ensure that written strategies have been developed which include techniques and interventions to prevent, minimize or respond to the responsive behaviours [O.Reg. 79/10, s.53(1)2].

It was noted during a review of the home's policy and procedure identified as Resident with Responsive Aggressive Behaviour (RC 01-02-07) dated March 2005 that written strategies have not been developed, including techniques and interventions to prevent, minimize and respond to responsive behaviours. The administrator and the director of care confirmed that they were unable to provide any other documented policies, or protocols related to the home's behavioural management program.

3. The licensee did not ensure that there are written approaches to care developed to meet the needs of residents with responsive behaviours that include assessment, reassessment, and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or others [O.Reg.79/10, s.53(1)1].

During a review of the home's policy and procedure entitled Resident with Responsive Aggressive Behaviour (RC -01-02-07) dated March, 2005 it was noted that the policy does not address assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours. The Administrator and the Director of Care confirmed that they were unable to provide any other documented policies, or protocols related to the home's behavioural management program.

4. The licensee did not ensure that all behaviours demonstrated by a resident were identified and strategies developed and implemented to respond to these behaviours [O.Reg. 79/10, s.53(4)(b)].

The document that the home refers to as the care plan for an identified resident did not identify specific behaviours the resident had been demonstrating. There were no interventions developed to respond to this concern.

WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information

Specifically failed to comply with the following subsections:

s. 225. (1) For the purposes of clause 79 (3) (q) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 79 of the Act includes the following:

- 1. The fundamental principle set out in section 1 of the Act.**
- 2. The home's licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 101 (3) of the Act.**
- 3. The most recent audited report provided for in clause 243 (1) (a).**
- 4. The Ministry's toll-free telephone number for making complaints about homes and its hours of service.**
- 5. Together with the explanation required under clause 79 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 24 of the Act. O. Reg. 79/10, s. 225 (1).**

Findings/Faits saillants :

1. The licensee did not ensure that the most recent audited report was posted and communicated [O.Reg. 79/10, s.225 (1)3].

A review of the posted information at the home revealed that the most recent audited report was not posted. An interview with the Administrator of the home confirmed that the most recent audited report was not posted.

WN #16: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following subsections:

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

(a) the Residents' Bill of Rights;

(b) the long-term care home's mission statement;

(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;

(d) an explanation of the duty under section 24 to make mandatory reports;

(e) the long-term care home's procedure for initiating complaints to the licensee;

(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;

(g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;

(h) the name and telephone number of the licensee;

(i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home;

(j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;

(k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;

(l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;

(m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;

(n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;

(o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;

(p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;

(q) an explanation of the protections afforded by section 26; and

(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :



Ministry of Health and
Long-Term Care

Inspection Report under
the Long-Term Care
Homes Act, 2007

Ministère de la Santé et des
Soins de longue durée

Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue

1. The licensee did not ensure that the home's admission package included an explanation of whistle-blower protections related to retaliation [LTCHA, 2007 S.O. 2007, c.8, s.78(2)(q)].

A review of the home's admission package provided to residents or substitute decisions makers upon admission did not include an explanation of the whistle-blower protections related to retaliation.

During an interview with the Administrator of the home it was confirmed that the home's admission package did not include an explanation of whistle-blower protections related to retaliation.

2. The licensee did not ensure that the home's admission package included information about Family Council [LTCHA, 2007 S.O. 2007, c.8, s.78(2)(p)].

A review of the home's admission package revealed there was no information related to Family Council included in the package. An interview with the Administrator of the home confirmed that the home's admission package did not include any information related to Family Council.

3. The licensee did not ensure that the home's admission package included an explanation of the duty to make mandatory reports related to incidents resulting in harm or risk of harm to a resident [LTCHA, 2007 S.O. 2007, c.8, s.78(2)(d)].

A review of the home's admission package revealed it does not include an explanation of the duty to make mandatory reports. An interview with the Administrator confirmed that the home's admission package did not include an explanation of the home's duty to make mandatory reports.

WN #17: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information
Specifically failed to comply with the following subsections:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,

- (a) the Residents' Bill of Rights;**
- (b) the long-term care home's mission statement;**
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;**
- (d) an explanation of the duty under section 24 to make mandatory reports;**
- (e) the long-term care home's procedure for initiating complaints to the licensee;**
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;**
- (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;**
- (h) the name and telephone number of the licensee;**
- (i) an explanation of the measures to be taken in case of fire;**
- (j) an explanation of evacuation procedures;**
- (k) copies of the inspection reports from the past two years for the long-term care home;**
- (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;**
- (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;**
- (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;**
- (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;**
- (p) an explanation of the protections afforded under section 26; and**
- (q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)**

Findings/Faits saillants :

1. The licensee did not ensure that the posted information at the home included an explanation of whistle-blowing protections related to retaliation [LTCHA, 2007 S.O. 2007, c.8, s.79(3)(p)].

A review of the posted information at the home revealed that it did not include an explanation of the whistle-blower protections related to retaliation. During an interview with the Administrator of the home it was confirmed that the posted information at the home did not include an explanation of whistle-blower protections related to retaliation.

WN #18: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 80. Regulated documents for resident

Specifically failed to comply with the following subsections:

s. 80. (1) Every licensee of a long-term care home shall ensure that no regulated document is presented for signature to a resident or prospective resident, a substitute decision-maker of a resident or prospective resident or a family member of a resident or prospective resident, unless,
(a) the regulated document complies with all the requirements of the regulations; and
(b) the compliance has been certified by a lawyer. 2007, c. 8, s. 80. (1).

Findings/Faits saillants :

1. The licensee did not ensure that any regulated document presented for signature to a resident or prospective resident, a substitute decision-maker (SDM) of a resident or prospective resident or a family member of a resident or prospective resident, complied with all the requirements of the regulations and the compliance had been certified by a lawyer [LTCHA, 2007 S.O. 2007, c.8, s.80(1)(b)].

During an interview with the Administrator of the home, it was confirmed that the admission contract provided to the resident or their SDM for signature had not been certified by a lawyer to ensure that it complied with all of the requirements of the regulations.

WN #19: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following subsections:

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

Findings/Faits saillants :

1. The licensee did not ensure that residents are offered immunizations against tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website [O.Reg. 79/10, s.229(10)3].

The Director of Care confirmed that the home does not offer tetanus and diphtheria immunizations to residents and confirmed that the home does not have policies and/or protocols in place for immunization against tetanus and diphtheria.

WN #20: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs

Specifically failed to comply with the following subsections:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.**
- 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.**
- 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.**
- 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

Findings/Faits saillants :

1. The licensee had not ensured that the continence care program was developed and implemented in the home [O.Reg. 79/10, s.48(1)3].

The Resident Care manual included a bowel management program, however a continence care program to promote continence, including toileting programs and strategies to maximize residents' independence, comfort and dignity were not included as of January 24, 2012. The lack of a continence care program in the home was confirmed by the Director of Care and a new policy regarding continence care was written, although not implemented, during the time of this inspection.

WN #21: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following subsections:

- s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,**
- (a) shall provide that abuse and neglect are not to be tolerated;**
 - (b) shall clearly set out what constitutes abuse and neglect;**
 - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;**
 - (d) shall contain an explanation of the duty under section 24 to make mandatory reports;**
 - (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;**
 - (f) shall set out the consequences for those who abuse or neglect residents;**
 - (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and**
 - (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**

Findings/Faits saillants :



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

1. The licensee has not ensured that the policy to promote zero tolerance of abuse and neglect of residents contained all requirements as set out in the Act and the regulations [LTCHA, 2007 S.O. 2007, c.8, s.20(2)(d) and (h)].

In a review of the home's Resident Abuse Policy (RC-01-03-01) it was noted that the policy did not include:

- a) an explanation of the duty under section 24 of the Act to make mandatory reports. [LTCHA, 2007 S.O. 2007, c.8, s.20(2)(d)]
b) training and retraining requirements for all staff [LTCHA, 2007 S.O. 2007, c.8, s.20(2)(h)]
c) who will be informed of investigations of allegations of abuse and neglect [LTCHA, 2007 S.O. 2007, c.8, s.20(2)(h)].
d) measures and strategies to prevent abuse and neglect [LTCHA, 2007 S.O. 2007, c.8, s.20(2)(h)].

This missing information was confirmed by the Director of Care and the Administrator.

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/ LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

Table with 4 columns: REQUIREMENT/ EXIGENCE, TYPE OF ACTION/ GENRE DE MESURE, INSPECTION # / NO DE L'INSPECTION, INSPECTOR ID #/ NO DE L'INSPECTEUR. Row 1: LTCHA, 2007 S.O. 2007, c.8 s. 24., CO #002, 2011_060127_0031, 171

Issued on this 14th day of March, 2012

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