



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
sous *la Loi de 2007 sur les
foyers de soins de longue
durée*

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Amended Public Copy/Copie modifiée du public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Dec 14, 2018	2018_657681_0024 (A1)	014780-18, 014786-18	Follow up

Licensee/Titulaire de permis

Hornepayne Community Hospital
278 Front Street P.O. Box 190 HORNEPAYNE ON P0M 1Z0

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

Hornepayne Community Hospital
278 Front Street P.O. Box 190 HORNEPAYNE ON P0M 1Z0

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

Amended by STEPHANIE DONI (681) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié



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durée***

**The compliance due date for compliance order #002 has been extended to
January 21, 2019, as per the request of the licensee.**

Issued on this 14th day of December, 2018 (A1)

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

Original report signed by the inspector.



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Long-Term Care Inspections Branch**

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Dec 14, 2018	2018_657681_0024 (A1)	014780-18, 014786-18	Follow up

Licensee/Titulaire de permis

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

Hornepayne Community Hospital
278 Front Street P.O. Box 190 HORNEPAYNE ON P0M 1Z0

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

Amended by STEPHANIE DONI (681) - (A1)

Amended Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): October 9 - 12, 2018, as an off-site inspection.

The following intakes were inspected during this Follow up inspection:

-One intake related to CO #001 from Inspection report #2018_657681_0010, s. 71 (1) (b) and s. 71 (1) (e) of the Ontario Regulation 79/10, specific to the home's menu cycle.

-One intake related to CO #002 from Inspection report #2018_657681_0010, s. 30 (1) (3) of the Ontario Regulation 79/10, specific to the home's nutrition care and dietary services program.

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care (DOC), Dietary Manager, and Registered Dietitian (RD).

The Inspector also reviewed relevant home policies.

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



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

- 2 WN(s)
- 0 VPC(s)
- 2 CO(s)
- 0 DR(s)
- 0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 71. Menu planning



Specifically failed to comply with the following:

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks; O. Reg. 79/10, s. 71 (1).**

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(e) is approved by a registered dietitian who is a member of the staff of the home; O. Reg. 79/10, s. 71 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's menu cycle was approved by a registered dietitian who was a member of the staff of the home and included menus for regular, therapeutic and texture modified diets for both meals and snacks.

During Inspection #2018_657681_0010, compliance order (CO) #001 was issued to the home to address the licensee's failure to comply with s. 71 (1) (b) and s. 71 (1) (e) of the Ontario Regulation 79/10.

The CO indicated that the licensee must be compliant with s. 71 (1) (b) and s. 71 (1) (e) of the Ontario Regulation 79/10. Specifically the licensee must:

a) Ensure that the home's menu cycle included menus for regular, therapeutic, and textured modified diets.

b) Ensure that the home's menu cycle was approved by a Registered Dietitian who was a member of the staff of the home.

The compliance due date of this order was September 28, 2018.

Inspector #681 requested a copy of the home's menu cycle and was provided with six specified menus.

During an interview with the Dietary Manager, they stated that the menus that were provided to the Inspector were menus that the home had developed, but that



these menus had not yet been implemented. The Dietary Manager stated that the menus still had to be reviewed by the home's registered dietitian and by the Resident Council. The Dietary Manager stated that the home's menu cycle had not changed since the previous inspection.

During an interview with RD #102, they stated that they had not yet reviewed the home's menu cycle because the Dietary Manager was still working on developing the menus. RD #102 stated that, through dining room observations, they had observed concerns related to the standardization of textured modified diets. RD #102 also stated that they were aware that an alternate choice was not being offered at meals.

During an interview with the Administrator/DOC, they acknowledged that the home's current menu cycle had not changed since CO #001 was issued to the home. [s. 71. (1) (b)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements



Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 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. 30 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the nutrition care and dietary services program was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

During Inspection #2018_657681_0010, compliance order (CO) #002 was issued to the home to address the licensee's failure to comply with s. 30 (1) (3) of the Ontario Regulation 79/10.

The CO indicated that the licensee must be compliant with s. 30 (1) (3) of the Ontario Regulation 79/10. Specifically the licensee must:

a) Ensure that the nutrition care and hydration program was evaluated and updated in accordance with evidence-based practices and, if there were none, in



accordance with prevailing practices.

b) Ensure that the nutrition and hydration program met the requirements identified in the Ontario Regulation 79/10, s. 68 – s. 74.

c) Ensure that the home's Registered Dietitian was involved in the evaluation and revision of the policies and procedures related to the home's nutrition care and hydration program.

The compliance due date of this order was September 28, 2018.

Inspector #681 reviewed the document titled "Nutrition and Hydration Program", dated September 2018, and noted that it lacked information regarding the dietary services in the home, specifically related to food production and the availability of supplies and equipment for food production and dining and snack service.

The Inspector subsequently inquired as to whether the home had any additional policies related to food production and/or the nutrition care of residents and was provided with dietary policies related to food production that were dated June 21, 2017.

During an interview with the Food Service and Nutrition Manager, they stated that they were not involved in the review or the evaluation of the document titled "Nutrition and Hydration Program", but that they were responsible for all the dietary policies in the home. The Dietary Manager stated that they did not recall having ever reviewed the home's dietary policies.

During an interview with RD #102, they stated that they had reviewed the home's document titled "Nutrition and Hydration Program" and that they felt that the document was "in the right direction", but that more changes would need to be made in the future. RD #102 also stated that they reviewed the home's dietary policies and that these policies also required a "few minor changes". RD #102 stated that the Administrator/DOC and the Dietary Manager were involved in the review of the dietary policies; however, RD #102 was uncertain of when this review occurred.

In an email correspondence with the Inspector, the Administrator/DOC indicated that they sent a sample nutrition program to the Dietary Manager and RD #102 for review on July 20, 2018, but that there was no documentation related to the



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Dietary Manager's or RD's review of this sample program.

During an interview with the Administrator/DOC, they acknowledged that the home had current policies in place related to the nutrition care of residents and dietary services in the home and that these policies were not reviewed as part of the home's nutrition program since CO #002 was issued to the home. [s. 30. (1) 3.]

Additional Required Actions:

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

(A1)

The following order(s) have been amended: CO# 002

Issued on this 14th day of December, 2018 (A1)

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

Ordre(s) de l'inspecteur

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

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch
Division des foyers de soins de
longue durée
Inspection de soins de longue durée

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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by STEPHANIE DONI (681) - (A1)

**Inspection No. /
No de l'inspection :** 2018_657681_0024 (A1)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 014780-18, 014786-18 (A1)

**Type of Inspection /
Genre d'inspection :** Follow up

**Report Date(s) /
Date(s) du Rapport :** Dec 14, 2018(A1)

**Licensee /
Titulaire de permis :** Hornepayne Community Hospital
278 Front Street, P.O. Box 190, HORNEPAYNE,
ON, P0M-1Z0

**LTC Home /
Foyer de SLD :** Hornepayne Community Hospital
278 Front Street, P.O. Box 190, HORNEPAYNE,
ON, P0M-1Z0

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



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Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

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

To Hornepayne Community Hospital, you are hereby required to comply with the following order(s) by the date(s) set out below:



Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

Order # /
Ordre no : 001

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /
Lien vers ordre existant: 2018_657681_0010, CO #001;

Pursuant to / Aux termes de :

- O.Reg 79/10, s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
- (a) is a minimum of 21 days in duration;
 - (b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
 - (c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;
 - (d) includes alternative beverage choices at meals and snacks;
 - (e) is approved by a registered dietitian who is a member of the staff of the home;
 - (f) is reviewed by the Residents' Council for the home; and
 - (g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

Order / Ordre :



Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

The licensee must be compliant with s. 71 (1) (b) and s. 71 (1) (e) of the Ontario Regulation 79/10.

The licensee shall prepare, submit and implement a plan to ensure that the home's menu cycle includes menus for regular, therapeutic, and textured modified diets and that the menu cycle is approved by a Registered Dietitian who is a member of the staff of the home.

The plan must include, but is not limited to, the following:

- a) how and when the licensee will implement therapeutic and textured modified diets in the home.
- b) how the licensee will ensure that residents are receiving the appropriate diet type and texture.
- c) how and when the licensee will ensure that residents are offered an alternate choice entree, vegetable, and dessert at both lunch and supper.
- d) how the licensee will ensure that the registered dietitian approves the home's menu cycle.

Please submit the written plan, quoting Inspection #2018_657681_0024 and Inspector, Stephanie Doni, by email to SudburySAO.moh@ontario.ca by November 9, 2018.

Please ensure that the submitted written plan does not contain any Personal Information and/or Personal Health Information.

Grounds / Motifs :

1. The licensee has failed to ensure that the home's menu cycle was approved by a registered dietitian who was a member of the staff of the home and included menus for regular, therapeutic and texture modified diets for both meals and snacks.

During Inspection #2018_657681_0010, compliance order (CO) #001 was issued to the home to address the licensee's failure to comply with s. 71 (1) (b) and s. 71 (1) (e) of the Ontario Regulation 79/10.



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section 154 of the *Long-Term
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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

The CO indicated that the licensee must be compliant with s. 71 (1) (b) and s. 71 (1) (e) of the Ontario Regulation 79/10. Specifically the licensee must:

- a) Ensure that the home's menu cycle included menus for regular, therapeutic, and textured modified diets.
- b) Ensure that the home's menu cycle was approved by a Registered Dietitian who was a member of the staff of the home.

The compliance due date of this order was September 28, 2018.

Inspector #681 requested a copy of the home's menu cycle and was provided with six specified menus.

During an interview with the Dietary Manager, they stated that the menus that were provided to the Inspector were menus that the home had developed, but that these menus had not yet been implemented. The Dietary Manager stated that the menus still had to be reviewed by the home's registered dietitian and by the Resident Council. The Dietary Manager stated that the home's menu cycle had not changed since the previous inspection.

During an interview with RD #102, they stated that they had not yet reviewed the home's menu cycle because the Dietary Manager was still working on developing the menus. RD #102 stated that, through dining room observations, they had observed concerns related to the standardization of textured modified diets. RD #102 also stated that they were aware that an alternate choice was not being offered at meals.

During an interview with the Administrator/DOC, they acknowledged that the home's current menu cycle had not changed since CO #001 was issued to the home.

The severity of this issue was determined to be a level two, as there was minimal harm or potential for actual harm to the residents of the home. The scope of the issue was a level three, as it related to all the residents in the home. The home had a level three compliance history, as they had related non-compliance with this section of the LTCHA that included:



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2007, c. 8

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-compliance order (CO) issued June 21, 2018, with a compliance due date (CDD) of
September 28, 2018, (#2018_657681_0010). (681)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Dec 17, 2018



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

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The licensee must be compliant with s. 30 (1) (3) of the Ontario Regulation 79/10.

The licensee shall prepare, submit and implement a plan to ensure that the home's entire nutrition care and dietary services program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The plan must include, but is not limited to, the following:

- a) how the licensee will ensure the nutrition care and dietary services program is evaluated and updated at least annually, and how documentation of this review will be maintained.
- b) how the licensee will ensure that the program is specific to the home and meets the requirements identified in the Ontario Regulation 79/10, s. 68 - s. 74.
- c) how the licensee will ensure that the dietary services component of the nutrition care and dietary services program includes menu planning; food production; dining and snack service; and availability of supplies and equipment for food production and dining and snack service.
- d) how the licensee will ensure that the home's registered dietitian participates in the annual review of the nutrition care and dietary services program and how this participation will be documented.

Please submit the written plan, quoting Inspection #2018_657681_0024 and Inspector, Stephanie Doni, by email to SudburySAO.moh@ontario.ca by November 9, 2018.

Please ensure that the submitted written plan does not contain any Personal Information and/or Personal Health Information.

Grounds / Motifs :

1. The licensee has failed to ensure that the nutrition care and dietary services program was evaluated and updated at least annually in accordance with evidence-



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section 154 of the *Long-Term
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L. O. 2007, chap. 8

based practices and, if there were none, in accordance with prevailing practices.

During Inspection #2018_657681_0010, compliance order (CO) #002 was issued to the home to address the licensee's failure to comply with s. 30 (1) (3) of the Ontario Regulation 79/10.

The CO indicated that the licensee must be compliant with s. 30 (1) (3) of the Ontario Regulation 79/10. Specifically the licensee must:

- a) Ensure that the nutrition care and hydration program was evaluated and updated in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.
- b) Ensure that the nutrition and hydration program met the requirements identified in the Ontario Regulation 79/10, s. 68 – s. 74.
- c) Ensure that the home's Registered Dietitian was involved in the evaluation and revision of the policies and procedures related to the home's nutrition care and hydration program.

The compliance due date of this order was September 28, 2018.

Inspector #681 reviewed the document titled "Nutrition and Hydration Program", dated September 2018, and noted that it lacked information regarding the dietary services in the home, specifically related to food production and the availability of supplies and equipment for food production and dining and snack service.

The Inspector subsequently inquired as to whether the home had any additional policies related to food production and/or the nutrition care of residents and was provided with dietary policies related to food production that were dated June 21, 2017.

During an interview with the Food Service and Nutrition Manager, they stated that they were not involved in the review or the evaluation of the document titled "Nutrition and Hydration Program", but that they were responsible for all the dietary policies in the home. The Dietary Manager stated that they did not recall having ever reviewed the home's dietary policies.



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

During an interview with RD #102, they stated that they had reviewed the home's document titled "Nutrition and Hydration Program" and that they felt that the document was "in the right direction", but that more changes would need to be made in the future. RD #102 also stated that they reviewed the home's dietary policies and that these policies also required a "few minor changes". RD #102 stated that the Administrator/DOC and the Dietary Manager were involved in the review of the dietary policies; however, RD #102 was uncertain of when this review occurred.

In an email correspondence with the Inspector, the Administrator/DOC indicated that they sent a sample nutrition program to the Dietary Manager and RD #102 for review on July 20, 2018, but that there was no documentation related to the Dietary Manager's or RD's review of this sample program.

During an interview with the Administrator/DOC, they acknowledged that the home had current policies in place related to the nutrition care of residents and dietary services in the home and that these policies were not reviewed as part of the home's nutrition program since CO #002 was issued to the home.

The severity of this issue was determined to be a level one, as there was minimum risk to the residents of the home. The scope of the issue was a level three, as it related to all the residents in the home. The home had a level three compliance history, as they had related non-compliance with this section of the LTCHA that included:

-written notification (WN) issued November 10, 2016, (#2016_269627_0021);

-compliance order (CO) issued June 21, 2018, with a compliance due date (CDD) of September 28, 2018, (#2018_657681_0010). (681)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Jan 21, 2019(A1)



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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, commercial courier or by fax upon:

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

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:



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

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

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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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.



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L. O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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L. O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 14th day of December, 2018 (A1)

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

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

Amended by STEPHANIE DONI (681) - (A1)



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

Sudbury Service Area Office