



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

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

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

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 15, 2014	2014_265526_0025	H-001466-14, H-001440-14	Critical Incident System

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

IDLEWYLD MANOR  
449 SANATORIUM ROAD HAMILTON ON L9C 2A7

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

IDLEWYLD MANOR  
449 SANATORIUM ROAD HAMILTON ON L9C 2A7

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

THERESA MCMILLAN (526)

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

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): November 5, 7 and 10, 2014.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing (DON), non registered staff, registered nursing staff, nursing student and instructor, and residents.**

**The following Inspection Protocols were used during this inspection:  
Contenance Care and Bowel Management  
Prevention of Abuse, Neglect and Retaliation**

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

**7 WN(s)**

**3 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: 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).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that there was a written plan of care for each resident that set out a) the planned care for the resident; b) the goals the care was intended to achieve; and c) clear directions to staff and other who provided direct care to the resident.

Review of resident #001's progress notes for approximately two months in 2014 indicated that the resident had known bowel management problems and at least four episodes during this time. Registered staff who were interviewed confirmed this.

According to a Critical Incident System (CIS) submission to the Ministry of Health and Long Term Care (MOHLTC) by the home, a registered practical nursing student was assisting two non registered staff persons to provide care to resident #001. The student reported to the home that they observed two non registered staff toileting resident #001 using a hooyer lift. Initially, the resident was in the lift sitting on the toilet. When staff noted that the resident was having difficulty with elimination, two non registered staff were observed by the student to place the resident while in the lift, in the raised position over the toilet. The staff then double gloved and alternated between pushing on the resident's abdomen and scooping feces from within and around the residents anal area.

The student stated observing the resident to be in distress during this time. The resident was noted to be calling out and experienced what looked like a syncope episode during care. During interview with the Long Term Care (LTC) Inspector, the student confirmed that they were standing within the washroom to observe the actions of the staff and confirmed the details noted above.

On interview with the LTC Inspector, two non registered staff confirmed that they implemented strategies that they thought would promote bowel management for resident #001. They stated that the resident was calling out and had a syncope episode. The two non registered staff acknowledged that their actions were not included in the resident's plan of care but stated feeling that these efforts to promote resident #001's bowel management assisted the resident. The staff could not describe the plan of care regarding the bowel management for resident #001 except that they were to notify the registered staff if the resident had difficulty with elimination after three days and that the resident was receiving dietary interventions to promote elimination.

Registered staff stated that the resident received interventions to manage bowels and



that the strategies implemented by the non registered staff for resident #001 were not recommended practice for bowel management. Review of the resident's electronic medical record (eMAR) indicated that the resident was receiving medications/treatments to promote bowel management. Review of the written document the home referred to as the "care plan" did not include planned care, goals that were intended to be achieved or clear directions to staff regarding the management of resident #001's bowels. Registered staff confirmed that the home did not ensure that there was a written plan of care that set out the planned care for the resident, the goals the care was intended to achieve, and that it provided clear directions to staff and others who provided direct care to the resident. [s. 6. (1)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

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

- s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**
- 4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that every resident's right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs was respected and promoted.

A review of resident #001's progress notes and interviews with non registered and registered staff confirmed that resident #001 had difficulty with bowel management. A registered practical nursing student was assisting staff persons to provide care to resident #001. The student stated that they were standing within the washroom and were able to observe the actions of the staff.

The student reported to the home that they observed two non registered staff toileting resident #001 using a hooyer lift. Initially, the resident was in the lift sitting on the toilet. When staff noted that the resident was having difficulty with elimination, two non registered staff were observed by the student to place the resident while in the lift, in the raised position over the toilet. The staff then double gloved and alternated between pushing on the resident's abdomen and scooping feces from within and around the residents anal area. The resident was observed to be calling out and had what seemed to be a syncope episode at the time.

During interview, the two non registered staff persons involved stated that the registered staff was not available to assist them when they saw the resident having difficulty with bowel management. This was confirmed by the Director of Nursing (DON). During interview with the LTC Inspector, the two non registered staff described their actions toward resident #001 regarding bowel management. They also stated that their actions were their usual practice when assisting residents with bowel management. Interview with two registered staff indicated that non registered staff were to wait for assistance from registered staff and that the interventions carried out by the non registered staff were not acceptable bowel management interventions.

Interview with the DON indicated that the actions of the non registered staff in managing resident #001's elimination was not appropriate and did not promote and respect resident #001's care needs regarding elimination management. [s. 3. (1) 4.]



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

Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée

***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 every residents' right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs is fully respected and promoted,, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect**

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

**s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).**

**Findings/Faits saillants :**





1. The licensee failed to protect residents from abuse by anyone in the home. Interview with the home's Director of Nursing (DON) and review of the home's investigation notes indicated that PSW #1 had demonstrated behaviours that were considered abusive to residents.

A) During a night shift during 2014 resident #002 was observed by another staff person leaving their room and sitting close to PSW #1. PSW #1 was observed to speak to resident #002 in a belittling and degrading nature that diminished the resident's sense of well-being and self-worth. These behaviours included the PSW singing when the resident stated that they didn't want to sing, refusing to stop when asked by resident, and asking the resident questions that were known to elicit responsive behaviours and agitation according to the resident's plan of care. The resident's behaviour and statements indicated to the other staff person that the resident was upset by the comments made by PSW #1. The resident's most recent plan of care indicated that the resident could become agitated easily.

B) During a night shift in 2014 resident #003 was noted to exhibit restlessness and wandering behaviours. PSW #1 was observed by another staff person to throw their arms in the air and sigh in an impatient manner and said that they had just put the resident back in bed. PSW #1 was observed to grab resident #003 by the wrist and arm and turn/swing the resident around quickly and abruptly and began walking using a faster gait than the resident could manage. The resident yelled out and was observed to almost fall. On interview, the other staff person stated that when PSW #1 saw that they were being observed, they said "look we're dancing" or something to that effect. The resident was observed by this LTC inspector to walk with a shuffling and steady gait.

C) During two night shifts during 2014 PSW #1 was observed by another staff person to turn resident #004 roughly and quickly and the resident was observed to almost hit their head on the bed rails. Resident #004's plan of care indicated that the resident required total assistance with turning every two hours.

PSW #1's remarks and actions as observed were reported to the home by another staff person. The home conducted an investigation of PSW #1's actions and concluded that the PSW #1 had exhibited verbal abuse to resident #002, #003, and other residents including resident #004 while turning and changing briefs. [s. 19. (1)]





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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 residents are protected from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff,, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff**

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

**s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:**

**3. Continence care and bowel management. O. Reg. 79/10, s. 221 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that all staff who provided direct care to residents had received continence care and bowel management training in accordance with section 76(7) of the Act and that the training was provided annually or based on the staff's assessed needs according to regulation 221(2).

A review of resident #001's progress notes and interviews with non registered and registered staff confirmed that resident #001 had difficulty with elimination. A registered practical nursing student reported to the home that on a day in 2014, they observed two non registered staff toileting resident #001 using a hooyer lift. Initially, the resident was in the lift sitting on the toilet. When staff noted that the resident was having difficulty with elimination, two non registered staff were observed by the student to place the resident while in the lift, in the raised position over the toilet. The staff then double gloved and alternated between pushing on the resident's abdomen and scooping feces from within and around the residents anal area. The student stated observing the resident to be in distress during this time. The resident was noted to be calling out and experienced what looked like a syncope episode during care.

During interview on November 5, 2014, the two non registered staff persons involved stated that the registered staff was not available to assist them. During interview with the LTC Inspector, the two non registered staff described their actions toward resident #001 regarding bowel management. They also stated that their actions were their usual practice when assisting residents with elimination. Interview with two registered staff indicated that non registered staff were to wait for assistance from registered staff and that the interventions carried out by the non registered staff were not acceptable bowel management interventions.

Interview with the DON on November 7, 2014 indicated that the actions of the non registered staff in managing resident #001's bowels was not appropriate for bowel management. The DON confirmed that the home had not provided training for continence and bowel management to staff who provided direct care to residents either annually or based on the staff's assessed needs. [s. 221. (1) 3.]



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Ministère de la Santé et des  
Soins de longue durée

Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
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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 all staff who provide direct care to residents receive continence care and bowel management training in accordance with section 76(7) of the Act and that the training is provided annually or based on the staff's assessed needs according to regulation 221(2),, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

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

**Findings/Faits saillants :**

1. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with. The homes policy for "Continence Care and Bowel Management" RC-11-04--01 last reviewed May 10, 2014 was reviewed on November 7, 2014.

i) The home's policy instructed nursing staff to "assess resident's level of continence...quarterly or annually" using Appendix A: Bladder and Bowel Continence Assessment. Registered staff interviewed on November 5, 2014 stated that they did not assess residents who were incontinent with the assessment instrument found in Appendix A of the policy. The Resident Assessment Instrument (RAI) Coordinator and DON confirmed that the home did not assess resident's who were incontinent using the instrument found in Appendix A according to the home's policy.

ii) The home's policy for managing constipation included "Exercise, fluid, fibre, toileting regimens, and the use of bulk forming laxatives and stool softeners with caution; ensure adequate hydration; if no BM after 2 days, give osmotic laxative such as lactulose; if no BM after 3 days give suppository". Two non registered staff described their usual practice to promote bowel management. Registered staff and the DON confirmed that the practices described by the non registered staff were not in accordance with the home's policy for continence care and bowel management.

iii) The home's policy stated that "Direct care staff must receive annual retraining on continence care and bowel management. The home's DON and Executive Director confirmed that the home had not provided annual training regarding continence care and bowel management according to the home's policy. [s. 8. (1) (b)]

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**WN #6: 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:**

**s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents was complied with.

The home's policy for "Zero Tolerance of Abuse and Neglect" BP-03-01-15 last reviewed on November 19, 2013 directed staff to "Report any witnessed, suspected, or alleged abuse to a supervisor/manager, Executive Director, immediately". In addition, the home's Whistle Blowing policy BP-03--01-14 last reviewed on November 18, 2013 indicated that "Everyone who is aware of or suspects any of the following must report it immediately in accordance with the reporting procedures in this policy: 1. Improper or incompetent treatment or care of a resident; or unlawful conduct that affects or may affect a resident; 2. Abuse of a resident by anyone....".

On two night shifts during 2014 a staff member observed a PSW verbally and physically abuse at least three residents. The home's investigation confirmed that the abuse had occurred. During interview, the staff person who observed the abuse confirmed that they informed the home of the staff member's behaviour toward residents two days later. The home submitted a Critical Incident notification to the Ministry of Health and Long Term Care on the day the staff person reported the incident to the home. The home's Director of Nursing (DON) confirmed that the home's policy was not complied with since the concerns about a staff person's conduct toward residents was not reported to a supervisor immediately. [s. 20. (1)]

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management****Specifically failed to comply with the following:**

**s. 51. (2) Every licensee of a long-term care home shall ensure that,**  
**(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).**



**Findings/Faits saillants :**

1. The licensee failed to ensure that a resident who was incontinent received an assessment that included identification of causal factors, patterns, type of incontinence, and potential to restore function with specific interventions that was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

Resident #001's Resident Assessment Instrument Minimum Data Set (RAI MDS) completed in 2014 indicated that resident #001 was incontinent. The resident used pads or briefs. Non registered and registered staff confirmed this.

Review of the resident's health records indicated that the resident had not received a continence assessment that included identification of causal factors, patterns, type of incontinence, and potential to restore function with specific interventions that was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence. Interview with the RAI Coordinator and the DON confirmed that the home did not implement an instrument specifically designed to assess continence for residents with incontinence. [s. 51. (2) (a)]

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**Issued on this 23rd day of January, 2015**

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

**Original report signed by the inspector.**



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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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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) :** THERESA MCMILLAN (526)

**Inspection No. /**

**No de l'inspection :** 2014\_265526\_0025

**Log No. /**

**Registre no:** H-001466-14, H-001440-14

**Type of Inspection /**

**Genre**

**d'inspection:**

Critical Incident System

**Report Date(s) /**

**Date(s) du Rapport :** Dec 15, 2014

**Licensee /**

**Titulaire de permis :**

IDLEWYLD MANOR  
449 SANATORIUM ROAD, HAMILTON, ON, L9C-2A7

**LTC Home /**

**Foyer de SLD :**

IDLEWYLD MANOR  
449 SANATORIUM ROAD, HAMILTON, ON, L9C-2A7

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :**

MAUREEN GOODRAM

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





**Ministry of Health and  
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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. 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;  
(b) the goals the care is intended to achieve; and  
(c) clear directions to staff and others who provide direct care to the resident.  
2007, c. 8, s. 6 (1).

**Order / Ordre :**

A) The licensee shall demonstrate that there is a written plan of care for each resident that sets out, but not limited to

(a) the planned care for the resident regarding constipation and bowel management including:

- i) assessment of resident's bowel continence and patterns
- ii) toileting routine and resident preferences
- iii) strategies to prevent constipation
- iv) strategies to manage constipation

(b) the goals the care is intended to achieve specifically relating to targeted bowel movements frequency and consistency, and resident comfort.

(c) clear directions to staff and others who provide direct care to the resident as noted in the resident's care plan and kardex for easy access to front line staff.

B) The licensee shall demonstrate

a) that direct care staff have received at least annual staff education on the management of bowel continence and constipation, including approved strategies to prevent and treat constipation, or

b) that direct care staff members' individual training needs have been assessed regarding bowel management and continence and receive training based on his or her assessed needs.

### Grounds / Motifs :

1. A VPC was issued for 6(1) (a) and (c) on October 6, 2014 during the Resident Quality Inspection; a VPC was issued for 6(1)(c) on September 25, 2013; a VPC was issued for 6(1)(c) on May 30, 2012.

2. The licensee failed to ensure that there was a written plan of care for each resident that set out a) the planned care for the resident; b) the goals the care was intended to achieve; and c) clear directions to staff and other who provided direct care to the resident.

Review of resident #001's progress notes for approximately two months in 2014 indicated that the resident had known bowel management problems and at least four episodes during this time. Registered staff who were interviewed confirmed

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this.

According to a Critical Incident System (CIS) submission to the Ministry of Health and Long Term Care (MOHLTC) by the home, a registered practical nursing student was assisting two non registered staff persons to provide care to resident #001. The student reported to the home that they observed two non registered staff toileting resident #001 using a hooyer lift. Initially, the resident was in the lift sitting on the toilet. When staff noted that the resident was having difficulty with elimination, two non registered staff were observed by the student to place the resident while in the lift, in the raised position over the toilet. The staff then double gloved and alternated between pushing on the resident's abdomen and scooping feces from within and around the residents anal area.

The student stated observing the resident to be in distress during this time. The resident was noted to be calling out and experienced what looked like a syncope episode during care. During interview with the Long Term Care (LTC) Inspector, the student confirmed that they were standing within the washroom to observe the actions of the staff and confirmed the details noted above.

On interview with the LTC Inspector, two non registered staff confirmed that they implemented strategies that they thought would promote bowel management for resident #001. They stated that the resident was calling out and had a syncope episode. The two non registered staff acknowledged that their actions were not included in the resident's plan of care but stated feeling that these efforts to promote resident #001's bowel management assisted the resident. The staff could not describe the plan of care regarding the bowel management for resident #001 except that they were to notify the registered staff if the resident had difficulty with elimination after three days and that the resident was receiving dietary interventions to promote elimination.

Registered staff stated that the resident received interventions to manage bowels and that the strategies implemented by the non registered staff for resident #001 were not recommended practice for bowel management. Review of the resident's electronic medical record (eMAR) indicated that the resident was receiving medications/treatments to promote bowel management. Review of the written document the home referred to as the "care plan" did not include planned care, goals that were intended to be achieved or clear directions to staff regarding the management of resident #001's bowels. Registered staff confirmed that the home did not ensure that there was a written plan of care that



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set out the planned care for the resident, the goals the care was intended to achieve, and that it provided clear directions to staff and others who provided direct care to the resident. [s. 6. (1)] (526)

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

**Vous devez vous conformer à cet ordre d'ici le :** Feb 27, 2015



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**Ministère de la Santé et  
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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

**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**

**Order(s) of the Inspector**

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

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

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

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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).



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

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des Soins de longue durée**

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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.





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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 15th day of December, 2014**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Theresa McMillan

**Service Area Office /**

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