



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

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

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

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

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

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

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

## Public Copy/Copie du public

<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>
Jul 23, 2015	2015_226192_0042	008404-15	Complaint

### Licensee/Titulaire de permis

STEEVES & ROZEMA ENTERPRISES LIMITED  
265 NORTH FRONT STREET SUITE 200 SARNIA ON N7T 7X1

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

LANARK HEIGHTS LONG TERM CARE CENTRE  
46 LANARK CRESCENT KITCHENER ON N2N 2Z8

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

DEBORA SAVILLE (192)

## Inspection Summary/Résumé de l'inspection



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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): July 7, 8, 9, 10, 13, 14, 15, 2015**

**This complaint inspection related to resident assessment, pain and nutrition and hydration was completed concurrently with the Resident Quality Inspection 014807 -15.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Manager of Resident Care, Assistant Manager of Resident Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Students, Dietary Aids and residents.**

**The inspector observed the provision of care, nourishment pass, staff to resident interaction and reviewed medical records and policy and procedure.**

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

**Falls Prevention**

**Hospitalization and Change in Condition**

**Nutrition and Hydration**

**Pain**

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

**2 WN(s)**

**1 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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 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 has failed to ensure that 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 was required to ensure that the plan, policy, protocol, procedure, strategy or system, was complied with.

The licensee's policy titled Pain and Symptom Management, policy number RCM 10-04-01 dated was revised June 1, 2015, indicated that the resident would be assessed or monitored for pain using a clinically appropriate pain assessment by a registered team member after a change in medical status including the observation of or a change in responsive behaviours, on initiation of a new routinely dosed analgesic or adjuvant therapy, upon the resident reporting pain and upon team members reporting pain being observed. Once identified pain is to be monitored every 12 hours for a minimum of seven days and the resident's pain would be measured using a validated and clinically appropriate pain assessment instrument.

A) On a specified date in 2014, resident #001 sustained pain which resulted in transfer to hospital for assessment. A regular dose of analgesic was initiated for the resident.

In 2014, resident #001 was diagnosed with an injury that would cause pain. The resident continued to receive regular doses of analgesic daily.

In 2015, resident #001 again sustained an episode of pain for a period of twelve days. During this period the resident received as necessary analgesic.

On a specified date in 2015, resident #001 was identified to have pain with x-ray confirmation of an injury two days later.

Record review and interview confirmed that no pain assessment was completed for resident #001 following a change in medical status, on initiation of a new routinely dosed analgesic, upon the resident reporting pain and upon team members reporting pain being observed for resident #001.

B) Resident #011, reviewed as part of the Resident Quality Inspection conducted concurrently with this inspection, was documented to have complained of pain in three specified months in 2015. On a specified date in 2015, routine analgesic was ordered for



the resident.

Record review and interview confirmed that a pain assessment was not completed for the resident until 10 days after the analgesic was initiated and three and a half months after the resident began complaining of pain.

In May 2015, the resident was recorded to be screaming with pain, no as necessary medication was prescribed for the resident and the resident had to wait three hours for the routinely prescribed medication to be given.

Record review and interview confirmed that no pain assessment was initiated when resident #011 reported pain and upon team members reporting pain being observed for resident #011.

The licensee failed to ensure that the Pain and Symptom Management Policy was complied with in relation to pain assessment for residents #001 and #011. [s. 8. (1) (a), s. 8. (1) (b)]

***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. 6.  
Plan of care**

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

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

**Findings/Faits saillants :**



1. The licensee has failed to ensure that care set out in the plan of care was provided to the resident as specified in the plan.

The plan of care for resident #001, who was at risk for weight loss, indicated that the resident was to receive a specified supplement at morning nourishment pass.

On a specified date in 2015, the resident was observed during the distribution of morning nourishment and it was noted that staff did not enter the residents room. The resident was observed resting on their bed, eyes closed.

Interview with the resident confirmed that they had not been offered a beverage during the recent nourishment pass.

Interview with the Personal Support Worker distributing the morning nourishment identified that the staff member was aware that resident #001 was to receive a supplement and the staff member confirmed that the dietitian ordered supplement had not been offered to the resident.

An observation of the prepared supplement, with resident #001's name, was made. A Dietary Aide confirmed that the supplement was not prepared as ordered by the Registered Dietitian. Interview with the Manager of Food Services confirmed that staff had been directed to make the supplement in the residents preferred flavor and that this had not been done.

The licensee failed to ensure that care was provided for resident #001 as specified in the plan of care. [s. 6. (7)]

***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 ensuring that care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***



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

**Issued on this 24th day of July, 2015**

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

**Original report signed by the inspector.**



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

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

**Order(s) of the Inspector**

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

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

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

**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**

**Public Copy/Copie du public**

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

**Nom de l'inspecteur (No) :** DEBORA SAVILLE (192)

**Inspection No. /**

**No de l'inspection :** 2015\_226192\_0042

**Log No. /**

**Registre no:** 008404-15

**Type of Inspection /**

**Genre**

Complaint

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Jul 23, 2015

**Licensee /**

**Titulaire de permis :** STEEVES & ROZEMA ENTERPRISES LIMITED  
265 NORTH FRONT STREET, SUITE 200, SARNIA,  
ON, N7T-7X1

**LTC Home /**

**Foyer de SLD :** LANARK HEIGHTS LONG TERM CARE CENTRE  
46 LANARK CRESCENT, KITCHENER, ON, N2N-2Z8

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** RADICA BISSOONDIAL

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To STEEVES & ROZEMA ENTERPRISES LIMITED, you are hereby required to  
comply with the following order(s) by the date(s) set out below:





**Order(s) of the Inspector**

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

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

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

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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

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

**Order / Ordre :**

The licensee shall ensure that the home's policy titled Pain and Symptom Management is complied with.

Ensuring that where pain is identified for any resident, a pain assessment using a clinically appropriate pain assessment instrument is completed and ensuring that residents #001 and #011 have pain assessments completed.

**Grounds / Motifs :**

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

The licensee's policy titled Pain and Symptom Management, policy number RCM 10-04-01 dated was revised June 1, 2015, indicated that the resident would be assessed or monitored for pain using a clinically appropriate pain assessment by a registered team member after a change in medical status including the observation of or a change in responsive behaviours, on initiation of a new routinely dosed analgesic or adjuvant therapy, upon the resident reporting pain and upon team members reporting pain being observed. Once identified pain is to be monitored every 12 hours for a minimum of seven days and the resident's pain would be measured using a validated and clinically appropriate pain assessment instrument.



**Order(s) of the Inspector**

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

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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*

A) On a specified date in 2014, resident #001 sustained pain which resulted in transfer to hospital for assessment. A regular dose of analgesic was initiated for the resident.

In 2014, resident #001 was diagnosed with an injury that would cause pain. The resident continued to receive regular doses of analgesic daily.

In 2015, resident #001 again sustained an episode of pain for a period of twelve days. During this period the resident received as necessary analgesic.

On a specified date in 2015, resident #001 was identified to have pain with x-ray confirmation of an injury two days later.

Record review and interview confirmed that no pain assessment was completed for resident #001 following a change in medical status, on initiation of a new routinely dosed analgesic, upon the resident reporting pain and upon team members reporting pain being observed for resident #001.

B) Resident #011, reviewed as part of the Resident Quality Inspection conducted concurrently with this inspection, was documented to have complained of pain in three specified months in 2015. On a specified date in 2015, routine analgesic was ordered for the resident.

Record review and interview confirmed that a pain assessment was not completed for the resident until 10 days after the analgesic was initiated and three and a half months after the resident began complaining of pain.

In May 2015, the resident was recorded to be screaming with pain, no as necessary medication was prescribed for the resident and the resident had to wait three hours for the routinely prescribed medication to be given.

Record review and interview confirmed that no pain assessment was initiated when resident #011 reported pain and upon team members reporting pain being observed for resident #011.

The licensee failed to ensure that the Pain and Symptom Management Policy was complied with in relation to pain assessment for residents #001 and #011.



**Ministry of Health and  
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Pursuant to section 153 and/or  
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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

(192)

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

**Vous devez vous conformer à cet ordre d'ici le : Jul 31, 2015**



**Ministry of Health and  
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**Ministère de la Santé et  
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**Ordre(s) de l'inspecteur**

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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

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



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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

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

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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

### **PRENDRE AVIS**

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

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

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



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

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

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

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

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

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

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

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