



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

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

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

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

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

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

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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 24, 2015	2015_330573_0030	031996-15	Follow up

Licensee/Titulaire de permis

COUNTY OF PRINCE EDWARD
603 Highway 49 R R 2 PICTON ON K0K 2T0

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

H.J. MCFARLAND MEMORIAL HOME
R.R. #2, 603 HIGHWAY 49 HALLOWELL TOWNSHIP PICTON ON K0K 2T0

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

ANANDRAJ NATARAJAN (573)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): December 16, 17 and 18, 2015.

For specifically to follow up (i) Log #031996-15 CO:001 related to written plan of care not providing clear directions to staff and not updated with the resident current needs. (ii) Log #031999-15 CO:002 related to Registered Nurses (RN) coverage in the home at all times. (iii) Log #032009-15 CO:004 related to failure to provide care in accordance with plan of care were inspected.

During the course of the inspection, the inspector(s) spoke with Residents, Personal Support Workers (PSW), the Physiotherapy Assistant (PTA), Receptionist, Registered Practical Nurses (RPN), Registered Physiotherapist (PT), Registered Nurses (RN), RAI-Coordinator, Regional Director St. Elizabeth Health Care, Director of Care (DOC) and the Administrator.

During the course of the inspection, the inspector observed staff to resident care, reviewed resident health care records, the home's staffing schedules, time card for the nursing department and the home's staffing plan.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Falls Prevention

Minimizing of Restraining

Personal Support Services

Sufficient Staffing

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #004	2015_396103_0053		573
LTCHA, 2007 S.O. 2007, c.8 s. 8. (3)	CO #002	2015_396103_0053		573

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

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

Legendé

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

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

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

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

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

**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 comply with LTCHA 2007, S.O. 2007, c.8, s.6 (1)(a)(c), whereby the licensee failed to ensure that the written plan of care for each resident sets out the planned care for the resident and also provided clear direction to staff and others who provide direct care to the resident.

On November 10, 2015, the licensee was served Compliance Order (CO) #001, with Inspection Report #2015_396103_0053. The CO, related to LTCHA s.6.(1), ordered the home to ensure (i) Resident #042's care plan is updated to include the interventions required to safely apply the smoking apron. (ii) To update Resident #020's care plan to accurately reflect the resident's mobility status, ADL requirements and restraints that are currently ordered. (iii) To update Resident #044's care plan to accurately reflect the resident toileting and continence care requirements. (iv) To ensure all residents that have been assessed as high risk of falls have the risk included in the plan of care as well as specific safety precautions and fall prevention measures in place to reduce the risk. (v) Implement a system to ensure front line staff have convenient access to the most current care requirements of every resident in the home, with a compliance due date of December 08, 2015.

On December 16, 2015, Inspector reviewed Resident #020's written plan of care in effect which indicates:

- Transferring - "Transfers with 1 staff"
- Mobility – "Walk with assistance of one"
- Restraint/PASD – "Uses a lap belt restraint when up in chair"

On December 17 and 18, 2015, Resident #020 was observed sitting in a wheel chair with a lap tray and a front closing lap belt. Inspector #573 reviewed the resident's health care records and noted that on a specified date, a physician's order was obtained for the use of wheel chair with a front closing lap belt and a lap tray as restraint.

Inspector interviewed PSW S#100 and PSW S#101 regarding the use of wheel chair lap tray and lap belt for Resident #020, both the staff members indicated that wheel chair lap belt is used for resident safety to prevent resident from falls. The PSW staff members were not aware of the use of lap tray for Resident #020. The PSW S#101 further indicated to the inspector that the resident's kardex is the only access for the PSW staff regarding any information related to the resident's plan of care and for Resident #020, the kardex does not provide any direction for staff regarding the use of lap tray.

Inspector spoke with PSW S#100 and PSW #S102 regarding Resident #020 current transfer status and both indicated that the resident requires physical assistance with two persons for transfers and mobility which is contrary to the resident's current written plan of care in place, which indicated resident requires one person assistance for transfers and mobility.

On December 18, 2015, during an interview RN S#107 who indicated to Inspector that currently Resident #020 requires two people physical assistance for transfers and mobility. After reviewing the resident's current written plan of care with the inspector, the RN S#107 confirmed that the care plan do not reflect the resident current transfers and mobility status. Further the RN indicated that the written plan of care and kardex did not reflect the use of wheel chair lap tray as restraint for Resident #020 that was ordered by the physician.

The written plan of care for Resident #020 does not provide clear direction to staff and others who provide direct care to the resident regarding the use of wheel chair lap tray restraint and the plan of care does not set out the planned care for the Resident #020's current transfers and mobility status.

2. On December 16, 2015, Inspector reviewed Resident #044's written plan of care in effect under BOWEL INCONTINENCE PROGRAM: It indicates – "Toilet at established times ac, pc meals and qhs".

Inspector spoke with PSW S#103 who indicated to inspector that resident do not have bowel movements every day and is no longer toileted in the washroom, unless given a



suppository.

On December 18, 2015, during an interview RN S#107 who indicated to Inspector that Resident #044 is incontinent for bladder and bowel. Further the RN S#107 indicated that currently resident is no longer on URINARY/BOWEL INCONTINENCE program with established times ac, pc meals and qhs due to resident's physical limitations. After reviewing the resident's current written plan of care in place with the inspector the RN S#107 confirmed that the care plan is not updated and is not reflecting Resident's #044 current toileting needs.

The written plan of care does not set out the planned care for the Resident #044's current toileting needs.

3. On December 16, 2015, Inspector reviewed Resident #026's current plan of care at the time of this inspection which indicates:
- "Resident will ask for and receive the necessary assistance for toileting"
 - "TOILETING - staff supervision and physical assistance of 1 staff for safety i.e. adjust clothing, wash hands, pericare and application of product; should not be left alone to toilet for safety reasons"
 - Transfers – "Constant supervision, physical assistance of two staff."

On December 17, 2015, Inspector spoke with PSW S#103 who indicated that the Resident #026 is incontinent for bladder and bowel and requires physical assistance with one person for all transfers. Further the PSW S#103 indicated to the inspector that resident is toileted in the mornings, before and after every meal.

Inspector spoke with PSW S#104 who indicated that the Resident #026 requires one person physical assistance for all transfers. Further the PSW S#104 indicated to the inspector that resident is toileted in the mornings, after breakfast and after lunch.

On December 17, 2015, Inspector spoke with home's RAI Coordinator who indicated that Resident #026 is on a scheduled prompted voiding program for urinary incontinence. Inspector #573 reviewed Resident #026 written plan of care in the presence of RAI Coordinator who indicated that resident scheduled prompted voiding program is not documented in the resident care plan and confirmed with the inspector that the care plan is not reflecting resident's current toileting needs. The RAI Coordinator further stated to the inspector that she will update the Resident #026's scheduled prompted voiding program for urinary incontinence in the written plan of care.



On December 18, 2015, during an interview with RN S#107 who indicated to Inspector that currently Resident #026 requires one person physical assistance for all transfers. After reviewing the resident's current kardex with the inspector, the RN S#107 confirmed that the kardex which the PSW staffs follows and their only access to the information related the resident's plan of care do not reflect the resident current transfer status. Further the RN indicated to the inspector that resident's scheduled prompted voiding program for urinary incontinence has been updated in the written plan of care by the RAI Coordinator.

The written plan of care regarding Resident #26's toileting do not provide clear direction to staff and others who provide direct care to the resident and does not set out the resident's current transfer status .

4. On December 16, 2015, Inspector reviewed Resident #038's current written plan of care at the time of this inspection for physiotherapy indicates:

- 1 on 1 physio with PTA- 4X/week for balance and ambulation.
- Walking with gait belt as tolerated with PTA with postural cues.
- Upper and lower extremity strength exercises.

On December 17, 2015, during an interview with the physiotherapist who indicated to Inspector that currently Resident #038 receives physiotherapy treatment for strength, balance and ambulation 3x/ week. Further the physiotherapist indicated to the inspector that the PSW staff will also walk the resident using the walker to and from the dining room for all meals to maintain resident's walking ability.

Inspector spoke with PTA S#105 who indicated that Resident #038 is seen 3x/week for physiotherapy only for strength and balance exercises. The PTA #105 further indicated that resident physiotherapy treatment is more focused on balance and strength since Resident # 038 is in the walking/ambulation program with the PSW staff during the meal time.

Inspector spoke with PSW S#102 and RPN S#106 both indicated that Resident #038 is in the walking/ambulation program and the PSW staff will walk the resident to and from the dining room for all meals to maintain resident's mobility.

Inspector #573 reviewed Resident #038 written plan of care in the presence of RPN



S#106 who indicated that resident's walking/ambulation program with the PSW staff is not documented in the written plan of care.

The written plan of care does not set out the planned care for the Resident #038, specifically related to the resident's ambulation /walking program.

During this inspection, Inspector #573 also reviewed Resident #042's care plan, which was updated with the needs and interventions in place related to resident's smoking apron.

Inspector #573 spoke with the Regional Director St. Elizabeth Health Care who indicated that on November 20, 2015, the Director of Care followed up with the assessments for all the residents in the home with high risk of falls. Further she indicated that notations related to safety precautions and fall prevention measures were included in the plan of care for residents with high risk of fall. Inspector #573 reviewed the plan of care of residents with high risk of falls regarding safety precautions and fall prevention measures were in place to reduce the risk of falls.

On December 18, 2015, Inspector spoke with the Director of Care (DOC) off site through telephone who stated that she did a follow up in relation to compliance orders from the Inspection No 2015_396103_0053. The DOC indicated that she discussed with the RAI-Coordinator, Registered Nursing staff and Registered physiotherapist in relation to Resident #020 and #044 care plans to be updated. The DOC further indicated that the Registered staff did not update the Resident #020 and Resident #044 care plan to reflect the resident's current needs.[s. 6. (1)]

Additional Required Actions:

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



**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**

Issued on this 31st day of December, 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

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : ANANDRAJ NATARAJAN (573)

Inspection No. /

No de l'inspection : 2015_330573_0030

Log No. /

Registre no: 031996-15

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Dec 24, 2015

Licensee /

Titulaire de permis : COUNTY OF PRINCE EDWARD
603 Highway 49, R R 2, PICTON, ON, K0K-2T0

LTC Home /

Foyer de SLD : H.J. MCFARLAND MEMORIAL HOME
R.R. #2, 603 HIGHWAY 49, HALLOWELL TOWNSHIP,
PICTON, ON, K0K-2T0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Michelle Ferguson

To COUNTY OF PRINCE EDWARD, you are hereby required to comply with the following order(s) by the date(s) set out below:



**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

Order # /

Ordre no : 001

Order Type /

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

Linked to Existing Order /

**Lien vers ordre
existant:** 2015_396103_0053, CO #001;

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 :

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*

The licensee is hereby ordered to address the non-compliance identified under LTCHA, 2007, s. 6 (1) as follows:

Update Resident #020's written plan of care to accurately reflect the resident's needs and interventions related to transfers, mobility and physical restraints. Ensure that plan of care provides clear direction regarding the use of wheel chair lap tray restraint to staff and others who provide direct care to the resident.

Update Resident #044's written plan of care to accurately reflect the resident's needs and interventions related to toileting and continence care requirements.

Update Resident #026's written plan of care to accurately reflect the resident's needs and interventions related to transfer's status, toileting and continence care requirements. Ensure that Resident #026 written plan of care provides clear direction regarding Urinary/ Bowel Incontinence program to staff and others who provide direct care to the resident.

Update Resident #038's written plan of care to accurately reflect the resident's physiotherapy treatments needs and resident's ambulation /walking intervention.

Implement a monitoring system to ensure that all staff and others involved in the different aspect of care of the residents communicate with each other so that the plan of care accurately reflects each resident needs.

Implement a monitoring system to ensure that audits and reviews of care plans of all residents are conducted on a regular basis so that the plan of care accurately reflects each resident needs.

Grounds / Motifs :

1. The licensee failed to comply with LTCHA 2007, S.O. 2007, c.8, s.6 (1)(a)(c), whereby the licensee failed to ensure that the written plan of care for each resident sets out the planned care for the resident and also provided clear direction to staff and others who provide direct care to the resident.

On November 10, 2015, the licensee was served Compliance Order (CO) #001, with Inspection Report #2015_396103_0053. The CO, related to LTCHA s.6.(1), ordered the home to ensure (i) Resident #042's care plan is updated to include the interventions required to safely apply the smoking apron. (ii) To update Resident #020's care plan to accurately reflect the resident's mobility status,

ADL requirements and restraints that are currently ordered. (iii) To update Resident #044's care plan to accurately reflect the resident toileting and continence care requirements. (iv) To ensure all residents that have been assessed as high risk of falls have the risk included in the plan of care as well as specific safety precautions and fall prevention measures in place to reduce the risk. (v) Implement a system to ensure front line staff have convenient access to the most current care requirements of every resident in the home, with a compliance due date of December 08, 2015.

On December 16, 2015, Inspector reviewed Resident #020's written plan of care in effect which indicates:

- Transferring - "Transfers with 1 staff"
- Mobility – "Walk with assistance of one"
- Restraint/PASD – "Uses a lap belt restraint when up in chair"

On December 17 and 18, 2015, Resident #020 was observed sitting in a wheel chair with a lap tray and a front closing lap belt. Inspector #573 reviewed the resident's health care records and noted that on a specified date, a physician's order was obtained for the use of wheel chair with a front closing lap belt and a lap tray as restraint.

Inspector interviewed PSW S#100 and PSW S#101 regarding the use of wheel chair lap tray and lap belt for Resident #020, both the staff members indicated that wheel chair lap belt is used for resident safety to prevent resident from falls. The PSW staff members were not aware of the use of lap tray for Resident #020. The PSW S#101 further indicated to the inspector that the resident's kardex is the only access for the PSW staff regarding any information related to the resident's plan of care and for Resident #020, the kardex does not provide any direction for staff regarding the use of lap tray.

Inspector spoke with PSW S#100 and PSW #S102 regarding Resident #020 current transfer status and both indicated that the resident requires physical assistance with two persons for transfers and mobility which is contrary to the resident's current written plan of care in place, which indicated resident requires one person assistance for transfers and mobility.

On December 18, 2015, during an interview RN S#107 who indicated to Inspector that currently Resident #020 requires two people physical assistance for transfers and mobility. After reviewing the resident's current written plan of

care with the inspector, the RN S#107 confirmed that the care plan do not reflect the resident current transfers and mobility status. Further the RN indicated that the written plan of care and kardex did not reflect the use of wheel chair lap tray as restraint for Resident #020 that was ordered by the physician.

The written plan of care for Resident #020 does not provide clear direction to staff and others who provide direct care to the resident regarding the use of wheel chair lap tray restraint and the plan of care does not set out the planned care for the Resident #020's current transfers and mobility status.

2. On December 16, 2015, Inspector reviewed Resident #044's written plan of care in effect under BOWEL INCONTINENCE PROGRAM: It indicates – "Toilet at established times ac, pc meals and qhs".

Inspector spoke with PSW S#103 who indicated to inspector that resident do not have bowel movements every day and is no longer toileted in the washroom, unless given a suppository.

On December 18, 2015, during an interview RN S#107 who indicated to Inspector that Resident #044 is incontinent for bladder and bowel. Further the RN S#107 indicated that currently resident is no longer on URINARY/BOWEL INCONTINENCE program with established times ac, pc meals and qhs due to resident's physical limitations. After reviewing the resident's current written plan of care in place with the inspector the RN S#107 confirmed that the care plan is not updated and is not reflecting Resident's #044 current toileting needs.

The written plan of care does not set out the planned care for the Resident #044's current toileting needs.

3. On December 16, 2015, Inspector reviewed Resident #026's current plan of care at the time of this inspection which indicates:

- "Resident will ask for and receive the necessary assistance for toileting"
- "TOILETING - staff supervision and physical assistance of 1 staff for safety i.e. adjust clothing, wash hands, pericare and application of product; should not be left alone to toilet for safety reasons"
- Transfers – "Constant supervision, physical assistance of two staff."

On December 17, 2015, Inspector spoke with PSW S#103 who indicated that the Resident #026 is incontinent for bladder and bowel and requires physical

assistance with one person for all transfers. Further the PSW S#103 indicated to the inspector that resident is toileted in the mornings, before and after every meal.

Inspector spoke with PSW S#104 who indicated that the Resident #026 requires one person physical assistance for all transfers. Further the PSW S#104 indicated to the inspector that resident is toileted in the mornings, after breakfast and after lunch.

On December 17, 2015, Inspector spoke with home's RAI Coordinator who indicated that Resident #026 is on a scheduled prompted voiding program for urinary incontinence. Inspector #573 reviewed Resident #026 written plan of care in the presence of RAI Coordinator who indicated that resident scheduled prompted voiding program is not documented in the resident care plan and confirmed with the inspector that the care plan is not reflecting resident's current toileting needs. The RAI Coordinator further stated to the inspector that she will update the Resident #026's scheduled prompted voiding program for urinary incontinence in the written plan of care.

On December 18, 2015, during an interview with RN S#107 who indicated to Inspector that currently Resident #026 requires one person physical assistance for all transfers. After reviewing the resident's current kardex with the inspector, the RN S#107 confirmed that the kardex which the PSW staffs follows and their only access to the information related the resident's plan of care do not reflect the resident current transfer status. Further the RN indicated to the inspector that resident's scheduled prompted voiding program for urinary incontinence has been updated in the written plan of care by the RAI Coordinator.

The written plan of care regarding Resident #26's toileting do not provide clear direction to staff and others who provide direct care to the resident and does not set out the resident's current transfer status .

4. On December 16, 2015, Inspector reviewed Resident #038's current written plan of care at the time of this inspection for physiotherapy indicates:

- 1 on 1 physio with PTA- 4X/week for balance and ambulation.
- Walking with gait belt as tolerated with PTA with postural cues.
- Upper and lower extremity strength exercises.

On December 17, 2015, during an interview with the physiotherapist who indicated to Inspector that currently Resident #038 receives physiotherapy treatment for strength, balance and ambulation 3x/ week. Further the physiotherapist indicated to the inspector that the PSW staff will also walk the resident using the walker to and from the dining room for all meals to maintain resident's walking ability.

Inspector spoke with PTA S#105 who indicated that Resident #038 is seen 3x/week for physiotherapy only for strength and balance exercises. The PTA #105 further indicated that resident physiotherapy treatment is more focused on balance and strength since Resident # 038 is in the walking/ambulation program with the PSW staff during the meal time.

Inspector spoke with PSW S#102 and RPN S#106 both indicated that Resident #038 is in the walking/ambulation program and the PSW staff will walk the resident to and from the dining room for all meals to maintain resident's mobility.

Inspector #573 reviewed Resident #038 written plan of care in the presence of RPN S#106 who indicated that resident's walking/ambulation program with the PSW staff is not documented in the written plan of care.

The written plan of care does not set out the planned care for the Resident #038, specifically related to the resident's ambulation /walking program.

During this inspection, Inspector #573 also reviewed Resident #042's care plan, which was updated with the needs and interventions in place related to resident's smoking apron.

Inspector #573 spoke with the Regional Director St. Elizabeth Health Care who indicated that on November 20, 2015, the Director of Care followed up with the assessments for all the residents in the home with high risk of falls. Further she indicated that notations related to safety precautions and fall prevention measures were included in the plan of care for residents with high risk of fall. Inspector #573 reviewed the plan of care of residents with high risk of falls regarding safety precautions and fall prevention measures were in place to reduce the risk of falls.

On December 18, 2015, Inspector spoke with the Director of Care (DOC) off site through telephone who stated that she did a follow up in relation to compliance



**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

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*

orders from the Inspection No 2015_396103_0053. The DOC indicated that she discussed with the RAI-Coordinator, Registered Nursing staff and Registered physiotherapist in relation to Resident #020 and #044 care plans to be updated. The DOC further indicated that the Registered staff did not update the Resident #020 and Resident #044 care plan to reflect the resident's current needs.

(573)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jan 29, 2016



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

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

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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



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

Order(s) of the Inspector

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

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des Soins de longue durée**

Ordre(s) de l'inspecteur

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

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.



**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
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*

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^e 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.



**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

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

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

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

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

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

Issued on this 24th day of December, 2015

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Anandraj Natarajan

Service Area Office /

Bureau régional de services : Ottawa Service Area Office