



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jun 26, 27, 28, Jul 4, 5, 6, 7, 11, 12, 13, 2011; 2011\_046166\_0012; Annual

Licensee/Titulaire de permis

ROYAL CANADIAN LEGION DISTRICT 'D' CARE CENTRES
59 Lawson Rd, TORONTO, ON, M1C-2J1

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

TONY STACEY CENTRE FOR VETERANS' CARE
59 Lawson Road, TORONTO, ON, M1C-2J1

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

CAROLINE TOMPKINS (166), CHANTAL LAFRENIERE (194), JANET MCPARLAND (142), PATRICIA POWERS (157)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Annual inspection.

During the course of the inspection, the inspector(s) spoke with The Executive Director, the Director of Care, Food Service Supervisor, Environmental Services Supervisors, Bookkeeper, RAI Coordinator, Nurse Managers, Registered Nursing Staff, Personal Support Workers, Activity Aide, a Food Service Worker, Maintenance Personnel, Housekeeping staff, President of the Resident's Council, Residents and Families.

During the course of the inspection, the inspector(s) Toured the facility, observed the following: dining and snack service, resident accommodations, resident care, resident social and recreational activities, medication administration and storage. Reviewed resident clinical health records, admission agreements, contracted services agreements, resident council minutes, internal committee minutes, policies and procedures

The following Inspection Protocols were used in part or in whole during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management

Critical Incident Response

Dignity, Choice and Privacy



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- Dining Observation
- Falls Prevention
- Family Council
- Hospitalization and Death
- Infection Prevention and Control
- Medication
- Minimizing of Restraining
- Nutrition and Hydration
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Quality Improvement
- Recreation and Social Activities
- Resident Charges
- Residents' Council
- Responsive Behaviours
- Safe and Secure Home
- Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

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

<p>Definitions</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Définitions</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 O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91:**

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**Findings/Faits sayants :**

1. Industrial laundry chemicals are accessible to residents in the basement laundry room and are identified as "Corrosive, Poison, Harmful or Fatal if Swallowed" Administrator notified of requirement for immediate correction.

**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 O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 10 centimetres. O. Reg. 79/10, s. 16.

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**Findings/Faits sayants :**

1. On June 28, 2011 the following was observed:  
-three windows in identified residents' rooms could be opened to full capacity - greater than 30 cms

**Additional Required Actions:**

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

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**WN #3:** The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home  
Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home must be,
    - i. kept closed and locked,
    - ii. equipped with a door access control system that is kept on at all times, and
    - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
      - A. is connected to the resident-staff communication and response system, or
      - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
  2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.
  3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
  4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9.
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**Findings/Faits sayants :**

1. The door to the mechanical room within the laundry room is open and the mechanical equipment and gas line are accessible to residents.[s.9 2]
2. June 27, 2011 - all doors in the home leading to stairways are closed but unlocked.[s.9 1 i]

**Additional Required Actions:**

*CO # - 003, 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".*

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 245. Non-allowable resident charges**

The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
  - i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
  - ii. the Minister under section 90 of the Act.
2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario.
3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and a local health integration network.
4. Charges for goods and services provided without the resident's consent.
5. Charges, other than the accommodation charge that every resident is required to pay under subsections 91 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 138 or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home.
6. Charges for accommodation under paragraph 1 or 2 of subsection 91 (1) of the Act for residents in the short-stay convalescent care program.
7. Transaction fees for deposits to and withdrawals from a trust account required by section 241, or for anything else related to a trust account.
8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted. O. Reg. 79/10, s. 245.

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**Findings/Faits sayants :**

1. Two identified residents were charged \$56.65 for dressings.[s.245 2]

**Additional Required Actions:**

**CO # - 005 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

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**WN #5: 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 subsections:

- s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
  2. Every resident has the right to be protected from abuse.
  3. Every resident has the right not to be neglected by the licensee or staff.
  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.
  5. Every resident has the right to live in a safe and clean environment.
  6. Every resident has the right to exercise the rights of a citizen.
  7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
  8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
  9. Every resident has the right to have his or her participation in decision-making respected.
  10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
  11. Every resident has the right to,
    - i. participate fully in the development, implementation, review and revision of his or her plan of care,
    - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
    - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
    - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
  12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
  13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
  14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
  15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
  16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
  17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
    - i. the Residents' Council,
    - ii. the Family Council,
    - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
    - iv. staff members,
    - v. government officials,
    - vi. any other person inside or outside the long-term care home.
  18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
  19. Every resident has the right to have his or her lifestyle and choices respected.
  20. Every resident has the right to participate in the Residents' Council.
  21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.
  22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

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**Findings/Faits sayants :**

1. An identified resident advises that staff get the resident up early.

The resident would prefer to sleep in but the resident feels there is no choice. [s.3.(1)9]

2. A resident stated that bathing (for the resident) use to occur the in morning after breakfast. For reasons unknown to the resident and not discussed with with the resident, the resident's bath is now done very early, before breakfast. The resident would prefer not to have it at this time but states there was no opportunity to discuss the change in time or the resident's preferences. [s.3.(1)9].

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**WN #6: 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 subsections:**

**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).**

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**Findings/Faits sayants :**

1. An identified resident was observed July 5th and 7th, 2011 with a seatbelt restraint. The plan of care does not provide directions to staff regarding the use of seatbelt restraint including: the reasons for application of the seatbelt restraint; monitoring; frequency of releasing and repositioning.

2. An identified resident was observed July 7th, and 8th, 2011 with seatbelt and tabletop restraints. The plan of care for the resident does not provide direction for the use of the seatbelt restraint including: the reasons for application of the seatbelt restraint; monitoring; frequency of releasing and repositioning.

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**WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

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

**s. 15. (2) Every licensee of a long-term care home shall ensure that,**

**(a) the home, furnishings and equipment are kept clean and sanitary;**

**(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and**

**(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

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**Findings/Faits sayants :**



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- Door into room from corridor will not stay open. A wheelchair dependent resident indicated that because the bedroom does not stay open this causes her difficulty to enter and exit the room independently. The door was observed closed July 4, 5, 2011. On July 6 2011, the door was observed to be propped open with a wedge which creates a hazard in the event of an emergency.

2. Unlabelled toothbrushes were noted on the counter in residents' shared washrooms creating a potential infection control risk.

Unlabelled bed pan and urine catcher were found stored on the floor in an shared residents' washroom creating a potential infection control issue.

Unlabelled urinals were found on the washroom floor in a shared residents' washroom creating a potential infection control issue.

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**WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31. Restraining by physical devices**  
Specifically failed to comply with the following subsections:

**s. 31. (1) A resident may be restrained by a physical device as described in paragraph 3 of subsection 30 (1) if the restraining of the resident is included in the resident's plan of care. 2007, c. 8, s. 31. (1).**

**s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:**

**1. There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained.**

**2. Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1.**

**3. The method of restraining is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable methods that would be effective to address the risk referred to in paragraph 1.**

**4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining.**

**5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.**

**6. The plan of care provides for everything required under subsection (3). 2007, c. 8, s. 31 (2).**

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**Findings/Faits sayants :**

1. An identified resident was observed with a seatbelt restraint on July 5th and 7th, 2011. There is no order by the physician for the use of the seat belt restraint.[s.31(2)4]

2. An identified resident was observed July 7th and 8th 2011 to have a front fastening seatbelt and tabletop restraint. There was no physician order for the use of the seat belt restraint.[s.31(2)4]

**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 there is a physician's order for all restraints, to be implemented voluntarily.***

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**WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.**

Specifically failed to comply with the following subsections:

- s. 78. (2) The package of information shall include, at a minimum,
- (a) the Residents' Bill of Rights;
  - (b) the long-term care home's mission statement;
  - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
  - (d) an explanation of the duty under section 24 to make mandatory reports;
  - (e) the long-term care home's procedure for initiating complaints to the licensee;
  - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
  - (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;
  - (h) the name and telephone number of the licensee;
  - (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home;
  - (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;
  - (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;
  - (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;
  - (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;
  - (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;
  - (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;
  - (p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;
  - (q) an explanation of the protections afforded by section 26; and
  - (r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

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**Findings/Faits sayants :**

1. The admission package does not include a disclosure of any non-arm's length relationships that exist between the licensee and other providers who offer care, services, programs or goods to residents.[s.78(2)(n)]
2. The admission package does not include an explanation of whistle-blowing protection related to retaliation.[s.78(2)(q)]
3. The admission package does not include a statement that residents are not required to purchase care, services programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee with respect to the supply of drugs.[s.78(2)m]
4. The admission package does not include an explanation of the duty to make mandatory reports related to incidents resulting in harm or risk of harm to a resident.[s.78(2)d]

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**WN #10: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information**





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Specifically failed to comply with the following subsections:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
- (a) the Residents' Bill of Rights;
  - (b) the long-term care home's mission statement;
  - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
  - (d) an explanation of the duty under section 24 to make mandatory reports;
  - (e) the long-term care home's procedure for initiating complaints to the licensee;
  - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
  - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;
  - (h) the name and telephone number of the licensee;
  - (i) an explanation of the measures to be taken in case of fire;
  - (j) an explanation of evacuation procedures;
  - (k) copies of the inspection reports from the past two years for the long-term care home;
  - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;
  - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;
  - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;
  - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;
  - (p) an explanation of the protections afforded under section 26; and
  - (q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)

**Findings/Faits sayants :**

1. The recent minutes of the Residents' Council meetings are not posted and communicated.[s.79(3)(n)]
2. There is no explanation of the whistle-blowing protections related to retaliation posted in the Home.(s.79(3)(p))
3. The policy to minimize the restraining of residents and how to obtain a copy of the policy is not posted in the Home.(s.79(3)(g))
4. The policy to promote zero tolerance of abuse and neglect of residents not posted in the Home.[s.79(3)(c)]
5. The Residents' Bill of Rights not posted in French.(s.79(3)(a))

**WN #11: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**

Specifically failed to comply with the following subsections:

- s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).
- s. 85. (4) The licensee shall ensure that,
- (a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);
  - (b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;
  - (c) the documentation required by clauses (a) and (b) is made available to residents and their families; and
  - (d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

**Findings/Faits sayants :**



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1. The Administrator stated there was a satisfaction survey completed and confirmed that the home did not seek the advice of the Residents' Council in developing and carrying out the satisfaction survey and acting on its results as there were no results received from the survey.[s.85 (3)]
2. A representative of the Residents' Council was not aware of any satisfaction survey initiated by the licensee.[s.85(3)]
3. A representative of the Residents' Council stated the results of a satisfaction survey have not been seen by the members of the council.[s.85(4)(a)]

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**WN #12: 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 subsections:**

**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).**

**Findings/Faits sayants :**

1. As required by O Reg.79/10 s.131(6)(c)Where a resident of the home is permitted to administer a drug to himself or herself under subsection(5),the licensee shall ensure that there are written policies to ensure that residents who do so understand ,(c) the need for monitoring and documentation of the use of the drug. "Self-Medication" policy last reviewed October 2010 - directs that weekly/monthly checks shall ascertain that the drug is being taken correctly and documented on the medication administration record (MARS) - MARS for the months of April, May, June 2011 do not contain any documentation related to a specific medication self administered.
2. As required by LTCHA 2007 s.29(1)Every licensee of a long term care home,(a)shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations. Review of home's policy, Least-Restraints Document #0809-01, is dated November 2004. The policy is not in accordance with the applicable requirements under the Act related to restraints. The home's policy refers to the standards and criteria of the Long-Term Care Program Manual.

**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 policies are compliant with and implemented in accordance with applicable requirement under the Act., to be implemented voluntarily.***

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**WN #13: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council  
Specifically failed to comply with the following subsections:**

**s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).**

**Findings/Faits sayants :**

- 1.A representative of the Residents' Council stated that the licensee does not always respond in writing within 10 days of receiving a concerns or recommendations from Residents' Council.

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**WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**



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Specifically failed to comply with the following subsections:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

- (a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and
- (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

- (a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;
- (b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;
- (c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;
- (d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;
- (e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;
- (f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;
- (g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;
- (h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;
- (i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;
- (j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and
- (k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

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Findings/Faits sayants :



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1. There are no procedures in place for the maintenance of equipment, devices, assistive aids or positioning aids.[s.90(2)(b)]
2. The home does not have schedules and procedures in place for routine, preventative and remedial maintenance. The Maintenance Routine and the Maintenance Policy (not dated, no policy number) list preventative maintenance tasks but do not provide procedures for performing tasks. There are no procedures for routine and remedial tasks.[s.90 (1)(b)]

The following was observed:

First Floor:

- the padding on the arm rest of the shower chair used for showers on the first floor has come apart and cracked underneath the arm and in the opening dried debris has collected
- shower room north wing -painted walls and door frames scraped
- an identified door into a resident's room from the corridor will not stay open - observed closed July 4, 5, 2011. July 6 2011 - door observed to be propped open with a wedge.
- four identified painted bathroom door frames scraped, wheelchair arm torn and foam coming out
- baseboard piece missing from three identified residents' rooms.
- three identified residents' bedroom walls in need of painting
- elevator - Baseboard cracked, chipped

Second Floor:

- north shower room painted wall scraped
- both bathroom doors will not close in two identified residents' rooms.
- night table edges chipped
- Duct tape on floor
- painted bathroom door frame scraped
- wall damage and repair not painted in two identified residents' rooms
- a large area of the the painted floor in the residents' laundry room in the basement is peeling.

***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 schedules and procedures are in place for routine,preventive and remedial maintenance, to be implemented voluntarily.***

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**WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents**



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Specifically failed to comply with the following subsections:

s. 107. (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):

1. An emergency, including loss of essential services, fire, unplanned evacuation, intake of evacuees or flooding.
2. An unexpected or sudden death, including a death resulting from an accident or suicide.
3. A resident who is missing for three hours or more.
4. Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.
5. An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act.
6. Contamination of the drinking water supply. O. Reg. 79/10, s. 107 (1).

s. 107. (4) A licensee who is required to inform the Director of an incident under subsection (1) or (3) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
2. A description of the individuals involved in the incident, including,
  - i. names of any residents involved in the incident,
  - ii. names of any staff members or other persons who were present at or discovered the incident, and
  - iii. names of staff members who responded or are responding to the incident.
3. Actions taken in response to the incident, including,
  - i. what care was given or action taken as a result of the incident, and by whom,
  - ii. whether a physician or registered nurse in the extended class was contacted,
  - iii. what other authorities were contacted about the incident, if any,
  - iv. for incidents involving a resident, whether a family member, person of importance or a substitute decision-maker of the resident was contacted and the name of such person or persons, and
  - v. the outcome or current status of the individual or individuals who were involved in the incident.
4. Analysis and follow-up action, including,
  - i. the immediate actions that have been taken to prevent recurrence, and
  - ii. the long-term actions planned to correct the situation and prevent recurrence.
5. The name and title of the person who made the initial report to the Director under subsection (1) or (3), the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector. O. Reg. 79/10, s. 107 (4).

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Findings/Faits sayants :

Issued in error

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WN #16: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device



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Specifically failed to comply with the following subsections:

s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:

1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class.
2. That staff apply the physical device in accordance with any instructions specified by the physician or registered nurse in the extended class.
3. That the resident is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose.
4. That the resident is released from the physical device and repositioned at least once every two hours. (This requirement does not apply when bed rails are being used if the resident is able to reposition himself or herself.)
5. That the resident is released and repositioned any other time when necessary based on the resident's condition or circumstances.
6. That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances. O. Reg. 79/10, s. 110 (2).

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

1. The circumstances precipitating the application of the physical device.
2. What alternatives were considered and why those alternatives were inappropriate.
3. The person who made the order, what device was ordered, and any instructions relating to the order.
4. Consent.
5. The person who applied the device and the time of application.
6. All assessment, reassessment and monitoring, including the resident's response.
7. Every release of the device and all repositioning.
8. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care. O. Reg. 79/10, s. 110 (7).

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**Findings/Faits sayants :**

1. An identified resident was observed on July 7th and 8th, 2011 with seatbelt and tabletop restraints. Staff applied the seatbelt restraint which had not been ordered by a physician.[s.110(2)1]
2. An identified resident, was observed July 5th and 7th, 2011 with a seatbelt. Staff applied the seatbelt restraint which had not been ordered by a physician.[s.110(2)1]
3. An identified resident was observed July 7th, and 8th, 2011 with seatbelt and tabletop restraints. There is no documentation for seatbelt restraint to include the following: circumstances precipitating the application of the seatbelt restraint; time of application and who applied it; assessment, reassessment, monitoring and resident's response; and release and repositioning of the seatbelt restraint.[s.110 (7)1-7]
4. An identified resident was observed July 5th and 7th, 2011 with a seatbelt. There is no documentation for seatbelt restraint to include the following: circumstances precipitating the application of the seatbelt restraint; time of application and who applied it; assessment, reassessment, monitoring and resident's response; and release and repositioning of the seatbelt restraint. [s.110(7) 1-7]

**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 to ensure that every use of a physical device to restrain a resident is documented, to be implemented voluntarily.*

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**WN #17:** The Licensee has failed to comply with O.Reg 79/10, s. 127. Every licensee of a long-term care home shall ensure that a policy is developed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director, to govern changes in the administration of a drug due to modifications of directions for use made by a prescriber, including temporary discontinuation. O. Reg. 79/10, s. 127.

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**Findings/Faits sayants :**

1. The home does not have a policy/procedure to govern changes in the administration of a drug due to modifications for use made by a prescriber, including temporary discontinuation.

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**WN #18:** The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care

Specifically failed to comply with the following subsections:

s. 35. (2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails. O. Reg. 79/10, s. 35 (2).

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**Findings/Faits sayants :**

1. An identified resident was observed to have long and unclean nails. The resident stated that the support staff trim and clean nails (the resident's) on bath day but did not do this on most recent bath day.

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**WN #19:** The Licensee has failed to comply with O.Reg 79/10, s. 224. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:

1. The resident's ability under subsection 82 (2) of this Regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 82 (1).
  2. The resident's obligation to pay the basic accommodation charge as described in subsection 91 (3) of the Act.
  3. The obligation of the resident to pay accommodation charges during a medical, psychiatric, vacation or casual absence as set out in section 258 of this Regulation.
  4. The method to apply to the Director for a reduction in the charge for basic accommodation and the supporting documentation that may be required, including the resident's Notice of Assessment issued under the Income Tax Act (Canada) for the resident's most recent taxation year.
  5. A list of the charges that a licensee is prohibited from charging a resident under subsection 91 (1) of the Act.
  6. The list of goods and services permitted under paragraph 3 of subsection 91 (1) of the Act that a resident may purchase from the licensee and the charges for those goods and services.
  7. The resident's ability to have money deposited in a trust account under section 241 of this Regulation.
  8. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 224 (1).
- 

**Findings/Faits sayants :**

1. The admission package does not include the resident's obligation to pay accommodation charges during medical, psychiatric, vacation or casual absence from the home. [s.224(1)3]

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**WN #20:** The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information

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Specifically failed to comply with the following subsections:

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

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

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**Findings/Faits sayants :**

1. There is no posting and communication of the duty to make mandatory reports related to incidents resulting in harm or risk of harm to residents.[s.225(1)5]

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**WN #21: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

Specifically failed to comply with the following subsections:

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

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

s. 229. (12) The licensee shall ensure that any pet living in the home or visiting as part of a pet visitation program has up-to-date immunizations. O. Reg. 79/10, s. 229 (12).

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**Findings/Faits sayants :**

1. The Infection Control Coordinator, and the Director of Care confirmed that immunization against diphtheria and tetanus are not being offered to the residents.[s.229(10)3]
2. The Director of Care confirmed that the home has no policy or process in place for visiting pets immunizations.[s.229(12)]

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**WN #22: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal**





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Specifically failed to comply with the following subsections:

s. 136. (1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of,

- (a) all expired drugs;
- (b) all drugs with illegible labels;
- (c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the Drug and Pharmacies Regulation Act; and
- (d) a resident's drugs where,
  - (i) the prescriber attending the resident orders that the use of the drug be discontinued,
  - (ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the Vital Statistics Act or the resident's attending physician, or
  - (iii) the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 128. O. Reg. 79/10, s. 136 (1).

**Findings/Faits sayants :**

1. Policies do not provide for the identification, destruction, and disposal of all expired drugs. The following medications were noted to be expired:  
Second floor - Novasen 650 mgm x3 expired January 2011, Senokot x1 expired June 2011, Isoptotears x3 expired June 2011, Allernix 25 mg expired June 2011  
First floor - Softlox expired March 2011, Isoptotears June 2011 [s.136(1)(a)].

**WN #23: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

**Findings/Faits sayants :**

1. July 4, 2011 - @1330 hours observed three (3) lunch trays being delivered to a resident home area. Trays remained on cart @1345 hours, soup was noted to be cold. At the request of the inspector, the dietary staff checked the temperature of the soup. She confirmed the soup was below temperature and needed to be reheated prior to serving. [73(1)6]



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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 ensure that residents receiving tray service is served at a temperature that is both safe and palatable to the residents , to be implemented voluntarily.*

Issued on this 13th day of July, 2011

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

*[Signature] #166 . JMcFaulenel #142.  
Patricia A. Brown #157.  
C. Zafrenere #194.*



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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) :

CAROLINE TOMPKINS (166), CHANTAL LAFRENIERE (194), JANET MCPARLAND (142), PATRICIA POWERS (157)

Inspection No. /
No de l'inspection :

2011\_046166\_0012

Type of Inspection /
Genre d'inspection:

Annual

Date of Inspection /
Date de l'inspection :

Jun 26, 27, 28, 29, Jul 4, 5, 6, 7, 8, 11, 12, 13, 2011

Licensee /
Titulaire de permis :

ROYAL CANADIAN LEGION DISTRICT 'D' CARE CENTRES
59 Lawson Rd, TORONTO, ON, M1C-2J1

LTC Home /
Foyer de SLD :

TONY STACEY CENTRE FOR VETERANS' CARE
59 Lawson Road, TORONTO, ON, M1C-2J1

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

CATHERINE HILGE

To ROYAL CANADIAN LEGION DISTRICT 'D' CARE CENTRES, you are hereby required to comply with the following order(s) by the date(s) set out below:

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. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Order / Ordre :

The licensee shall ensure that all hazardous substances at the home are inaccessible to residents at all times.

Grounds / Motifs :

1. Industrial laundry chemicals are accessible to residents in the basement laundry room and are identified as "Corrosive, Poison, Harmful or Fatal if Swallowed". Administrator notified of requirement for immediate correction. (157)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 18, 2011 Immediate / CT



**Ministry of Health and  
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**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 :** 002

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 10 centimetres. O. Reg. 79/10, s. 16.

**Order / Ordre :**

The licensee shall ensure that every window in the home that opens to the outdoors and is accessible to residents cannot be opened more than 10 centimetres.

**Grounds / Motifs :**

1. On June 28, 2011 the following was observed :  
-three windows in identified residents' rooms could be opened to full capacity - greater than 30 cms  
(157)

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

**Vous devez vous conformer à cet ordre d'ici le :** Jul 18, 2011 Immediate let

**Order # /**

**Ordre no :** 003

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 9. Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home must be,
  - i. kept closed and locked,
  - ii. equipped with a door access control system that is kept on at all times, and
  - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
    - A. is connected to the resident-staff communication and response system, or
    - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.
3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9.

**Order / Ordre :**

The licensee shall ensure that all doors leading to stairways are locked.

**Grounds / Motifs :**

1. June 27, 2011 - all doors in the home leading to stairways are closed but unlocked. (157)

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

**Vous devez vous conformer à cet ordre d'ici le :** Oct 03, 2011



**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 :** 004

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 9. Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home must be,
  - i. kept closed and locked,
  - ii. equipped with a door access control system that is kept on at all times, and
  - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
    - A. is connected to the resident-staff communication and response system, or
    - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.
3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9.

**Order / Ordre :**

The licensee shall ensure that the door leading to the mechanical room in the basement laundry room is equipped with a lock to restrict unsupervised access to that area by residents.

**Grounds / Motifs :**

1. Jul 07, 2011 - Basement is accessible to residents by elevator. The basement laundry room is unlocked and is accessible to residents. The door to the mechanical room within the laundry room is open and mechanical equipment and a gas line are accessible to residents.  
(157)

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

**Vous devez vous conformer à cet ordre d'ici le :** Jul 18, 2011 *Immediate let*

**Order # /  
Ordre no :** 005

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

**Pursuant to / Aux termes de :**



**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

O.Reg 79/10, s. 245. The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
  - i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
  - ii. the Minister under section 90 of the Act.
2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario.
3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and a local health integration network.
4. Charges for goods and services provided without the resident's consent.
5. Charges, other than the accommodation charge that every resident is required to pay under subsections 91 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 138 or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home.
6. Charges for accommodation under paragraph 1 or 2 of subsection 91 (1) of the Act for residents in the short-stay convalescent care program.
7. Transaction fees for deposits to and withdrawals from a trust account required by section 241, or for anything else related to a trust account.
8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted. O. Reg. 79/10, s. 245.

**Order / Ordre :**

The licensee will not charge residents for dressings that the licensee is required to provide to resident. The licensee will reimburse residents charged for dressings.

**Grounds / Motifs :**

1. two identified residents were charged \$53.65 for dressings.

(142)

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

**Vous devez vous conformer à cet ordre d'ici le :** Jul 18, 2011 *Immediate* / *ct*



Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
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**REVIEW/APPEAL INFORMATION / RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

**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 Clerk  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Ave. West  
Suite 800, 8th floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-760

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

c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
55 St. Clair Avenue, West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2

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).

**Issued on this 13th day of July, 2011**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :**

CAROLINE TOMPKINS

**Service Area Office /**

**Bureau régional de services :**

Ottawa Service Area Office