



**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**

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

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

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 22, 2018	2017_566669_0035	026074-17	Resident Quality Inspection

Licensee/Titulaire de permis

ST. JOSEPH'S HEALTH CARE, LONDON
268 Grosvenor Street P.O. Box 5777 LONDON ON N6A 4V2

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

Mount Hope Centre for Long Term Care
21 GROSVENOR STREET P.O. BOX 5777 LONDON ON N6A 1Y6

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

ANDREA DIMENNA (669), HELENE DESABRAIS (615), KARIN MUSSART (145),
MARIAN MACDONALD (137), NANCY SINCLAIR (537), TRACY RICHARDSON (680)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): December 4, 5, 6, 7, 8, 11, 12, 13 and 14, 2017.

The following critical incidents were completed with this inspection:

**C596-000110-17/Log# 023754-17, related to maintenance;
C596-000105-17/Log# 024319-17, related to medication;
C596-000111-17/Log# 024989-17, related to falls;**



**C596-000112-17/Log# 024090-17, related to medication;
C596-000101-17/Log# 024269-17, related to falls;
C596-000091-17/Log# 020680-17, related to falls;
C596-000097-17/Log# 022944-17, related to falls;
C596-000122-17/Log# 026410-17, related to abuse;
C596-000100-17/Log# 024170-17, related to an incident requiring hospitalization;
C596-000102-17/Log# 023222-17, related to elopement;
C596-000087-17/Log# 019919-17, related to abuse;
C596-000118-17/Log# 026617-17, related to abuse.**

The following complaints were completed with this inspection:

**IL-53056-LO/Log# 022497-17, related to medication;
Log# 026136-17, related to falls, abuse, medication, and restraints;
IL-53499-LO/Log# 023875-17, related to maintenance.**

PLEASE NOTE: Inspection Manager #688, Kevin Bachert, was also present for this inspection.

During the course of the inspection, the inspector(s) spoke with residents, a representative of Family Council, a representative of Residents' Council, the Director, a Physician, the Liaison for Families and Residents, a Coordinator of Therapeutic Recreation, a Coordinator of Infection Safety, two Resident Assessment Instrument (RAI) Consultants, a Quality Project Lead, a Long-Term Care Support Staff, an Educator, a scheduling staff member, the Facilities Manager, a Registered Dietitian, a Food Service Supervisor, two Dietary Aides, a Housekeeper, an Administrative Support Staff, two Registered Nurses (RNs), 16 Registered Practical Nurses (RPNs), and 23 Primary Care Partners/Personal Support Workers (PCP/PSW).

During the course of the inspection, the Inspectors conducted a tour of the home and made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. Inspectors observed meal and snack service, medication administration and drug storage areas, resident and staff interactions, infection prevention and control practices, the posting of Ministry information and inspection reports and the general maintenance, cleanliness and condition of the home.



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The following Inspection Protocols were used during this inspection:

**Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care**

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

**5 WN(s)
3 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
O.Reg 79/10 s. 17. (1)	CO #001	2017_536537_0035		537
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #003	2017_536537_0035		537
LTCHA, 2007 S.O. 2007, c.8 s. 20. (1)	CO #002	2017_536537_0035		537
LTCHA, 2007 S.O. 2007, c.8 s. 6. (10)	CO #005	2017_536537_0035		537
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #004	2017_536537_0035		537

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (5) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (5).

(b) the symptoms are recorded and that immediate action is taken as required. O. Reg. 79/10, s. 229 (5).

Findings/Faits saillants :

1. The licensee has failed to ensure that on every shift, symptoms indicating the presence of infection in residents were monitored in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices; and the symptoms were recorded and that immediate action was taken as required.

During stage one of the Resident Quality Inspection (RQI), three residents were identified as having an infection.

A review of the home's policy, "Infection Prevention and Control, Daily Surveillance Process" updated 2017, stated, in part, "Point Click Care 24/72 Hour Report: Investigate the following: Respiratory symptoms, GI [gastrointestinal] symptoms, Specific symptoms (e.g., shingles, rashes), Admits to acute care. Review with unit, implement precautions as required, add to surveillance line list, and assess for clusters of infections."

A) A review of an identified resident's progress notes stated that on a specified date, the resident went to hospital and was diagnosed with an infection. A note said that antibiotics were ordered by the physician.

The resident's care plan included interventions and instructions to observe and document signs and symptoms of infection.

A review of the resident's clinical record had no documented evidence that the resident's symptoms of infection were monitored on each shift.

During interviews, the Resident Assessment Instrument (RAI) Consultant, a RN, two RPNs, and a PSW all stated that the identified resident was diagnosed with an infection and that the symptoms of infection monitoring and recording were not completed for the resident and that the home's expectation would be that staff monitored and recorded symptoms of infection in residents on every shift, in accordance with evidence-based practices.

B) A review of another identified resident's progress notes from a specified time period stated that registered staff and the physician suspected the resident was suffering from an infection and antibiotics were ordered by the physician.

A review of the resident's clinical record had no documented evidence that the resident's



symptoms of infection were monitored on each shift.

During interviews, the RAI Consultant and a RPN both stated that the identified resident was diagnosed with an infection and that the symptoms of infection monitoring and recording were not completed for the resident and that the home's expectation would be that staff monitored and recorded symptoms of infection in residents on every shift, in accordance with evidence-based practices.

The licensee has failed to ensure that staff monitored symptoms of infection for two identified residents on every shift.

The severity of this issue was determined to be a level two as there was minimal harm or potential for actual harm, and the scope was widespread during the course of this inspection. This area of noncompliance was previously issued as a Voluntary Plan of Correction (VPC) during the RQI (#2016_457630_0045) on December 12, 2016. [s. 229. (5)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

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

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

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

Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was in compliance with and was implemented

in accordance with applicable requirements under the Act.

The Long-Term Care Homes Act, 2007, S.O. 2007, c. 8 s. 86 (1) states, "Every licensee of a long-term care home shall ensure that there is an infection prevention and control program for the home."

As a requirement of the Infection Prevention and Control Program, Ontario Regulation 79/10, s.229 (5) states, "The licensee shall ensure that on every shift, (a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and (b) the symptoms are recorded and that immediate action is taken as required."

A review of the home's policy, "Infection Prevention and Control, Daily Surveillance Process" updated 2017, stated, in part, "Point Click Care 24/72 Hour Report: Investigate the following: Respiratory symptoms, GI symptoms, Specific symptoms (e.g., shingles, rashes), Admits to acute care. Review with unit, implement precautions as required, add to surveillance line list, and assess for clusters of infections". The policy did not include the monitoring of infection in residents on every shift.

During an interview, the Coordinator of Infection Safety agreed that the home's policy in place was not in compliance with and implemented in accordance with all applicable requirements under the Act and that the home's expectation would be that it should be.

The licensee has failed to ensure that the home's policy, "Infection Prevention and Control, Daily Surveillance Process," was in compliance with and was implemented in accordance with applicable requirements under the Act.

The severity of this issue was determined to be a level one as there was minimum risk, and the scope was isolated during the course of this inspection. This area of noncompliance was previously issued as a: VPC during a Complaint Inspection (#2017_536537_0037) on September 12, 2017; VPC during a Complaint Inspection (#2016_262523_0025) on June 16, 2017; VPC during a Critical Incident Inspection (#2016_217137_0014) on June 7, 2016; Director's Referral during a Critical Incident Inspection (#2016_226192_0022) on May 26, 2016; VPC during a Complaint Inspection (#2016_260521_0002) on January 7, 2016; VPC during the RQI (#2016_254610_0001) on January 5, 2016. [s. 8. (1)]



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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is in compliance with and is implemented in accordance with applicable requirements under the Act, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home
Specifically failed to comply with the following:**

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :



1. The licensee has failed to ensure that all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.

During a tour of the second floor on Marian Villa as part of the home's RQI on December 4, 2017, Inspector #537 and Inspection Manager #688 found the door to the Report and Supply Room unlocked and propped open with no staff present. A RPN was interviewed and said the door was never locked, and did not need to be locked or closed.

On December 6, 2017, Inspector #669 found the door to the Report and Supply Room on third floor Marian Villa propped open with no staff was present; during this time, a resident passed by the room. The room contained various supplies, including syringes and disinfectant. A PCP arrived and acknowledged that the door was propped open and should have been closed and locked.

On December 6, 2017, Inspector #669 found the door to the Report and Supply Room on third floor Marian Villa propped open on a second occasion with no staff present. Inspector #537 was present and also observed the door propped open. A housekeeper acknowledged that the door was normally closed, staff were recently reminded that it needed to be closed and locked, and that the door should have been closed and locked.

The licensee has failed to ensure that all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.

The severity of this issue was determined to be a level two as there was minimal harm or potential for actual harm, and the scope was isolated during the course of this inspection. This area of noncompliance was previously issued as a: VPC during a Complaint Inspection (#2017_536537_0037) on September 12, 2017; VPC during the RQI (#2016_457630_0045) on December 12, 2016; VPC during the RQI (#2016_254610_0001) on January 5, 2016. [s. 9. (1) 2.]



Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all doors leading to non-residential areas are kept closed and locked when they are not being supervised by staff, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).

(b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that, for each resident demonstrating responsive behaviours, actions were taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions were documented.

During stage one of the RQI, three residents were identified as having a specific type of responsive behaviour.

A review of the home's policy, "Responsive Behaviours" revised May 2017, stated in part, "Examples of responsive behaviours include but are not limited to verbal aggression, physical aggression (towards staff, visitor, other residents, or anyone else), agitation, screaming, pacing, wandering, crying, rocking back and forth, fidgeting,

hoarding/rummaging, etc". The policy continued, "The management of residents experiencing responsive behaviours will be met using an interdisciplinary approach to screening, assessing, reassessment, and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental, or other, and to determine the occurrence, frequency, and duration of responsive behaviour concerns." The policy also contained a procedure which stated that registered staff would conduct and document an assessment of the resident experiencing responsive behaviours.

A) A review of an identified resident's care plan stated that the resident had various behaviours.

A review of the resident's Minimum Data Set (MDS) Annual assessment and MDS Quarterly Review assessment from specified dates indicated under the Resident Assessment Protocols (RAP) that one of the resident's specific types of responsive behaviours had increased.

A review of the resident's paper chart included a document that stated the resident had a new onset of old behaviours and listed examples of the behaviours.

A review of the physician's orders for the resident included a specified medication as required for a specified behaviour.

A review of the resident's clinical records showed no documented evidence that the resident was assessed or reassessed for responsive behaviours.

During interviews, a RPN and two PCPs stated that the identified resident had responsive behaviours. The RPN and one of the PCPs said that they were unaware what triggered the resident. The RPN stated that the resident's responsive behaviors had not changed since their admission and that when a resident had responsive behaviours, a referral was made to the Behavioural Supports Ontario (BSO) team. Furthermore, the RPN shared that they were unaware they had to assess residents with responsive behaviours and had never completed this type of assessment.

During an interview, the RAI Consultant stated that the resident had an increase in responsive behaviours and that the home's expectation would be that residents experiencing responsive behaviours would receive a behavioural assessment from the registered staff on the floor, and if the behaviours were not manageable, that a BSO



referral would be completed.

B) A review of another identified resident's care plan stated that the resident had various behaviours.

A review of the resident's MDS Quarterly Review assessments from specified dates stated that the resident exhibited various behaviours, including a specific type of behaviour and that the resident was prescribed a specified medication to help manage the behaviours.

A review of the resident's clinical records showed no documented evidence that the resident was assessed or reassessed for responsive behaviours.

During interviews, a RN, a RPN, and two PSWs stated that the identified resident had responsive behaviours. The RN and RPN stated that the resident was not assessed for responsive behaviours.

During an interview, the RAI Consultant stated that the identified resident had an increase in responsive behaviours and that the home's expectation would be that residents experiencing responsive behaviours would receive a behavioural assessment from the registered staff on the floor, and if the behaviours were not manageable, that a BSO referral would be completed.

The licensee has failed to ensure that, for each resident demonstrating responsive behaviours, actions were taken to respond to the needs of the resident, including assessments.

The severity of this issue was determined to be a level two as there was minimal harm or potential for actual harm, and the scope was a pattern during the course of this inspection. This area of noncompliance was previously issued as a: WN during a Complaint Inspection (#2017_536537_0037) on September 12, 2017; Compliance Order (CO) #006 and CO #007 during the RQI (#2016_457630_0045) and was complied on October 26, 2017; CO #002 during a Complaint Inspection (#2016_262523_0025) and was complied on April 6, 2017. [s. 53. (4)]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that, for each resident demonstrating responsive behaviours, actions are taken to respond to the needs of the resident, including assessments, to be implemented voluntarily.

WN #5: 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:

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).

Findings/Faits saillants :



1. The licensee has failed to seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the satisfaction survey, and in acting on its results.

Review of the Residents' Council minutes for 2016 and 2017, showed no documentation that the satisfaction survey had been reviewed by the Council prior to the survey being administered. The minutes included documentation that the survey results were reviewed by the Council.

In an interview with a representative of Residents' Council, the resident shared that the satisfaction survey was not reviewed by Council prior to the survey's implementation. The resident stated that they were given the results of the survey but were not shown the survey before it was administered.

In an interview with the Liaison for Residents and Families, they stated that feedback was not sought from Residents' Council for the 2017 satisfaction survey.

In an interview with the Director, they acknowledged that the survey was not shown to the Residents' Council prior to the survey being delivered to the residents.

The licensee has failed to seek the advice of the Residents' Council in developing and carrying out the satisfaction survey.

The severity of this issue was determined to be a level one as there was minimum risk, and the scope was isolated during the course of this inspection. The home did not have a history of non-compliance with this section of the legislation. [s. 85. (3)]



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Issued on this 30th day of January, 2018

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

Original report signed by the inspector.



**Ministry of Health and
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**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector

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*

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : ANDREA DIMENNA (669), HELENE DESABRAIS (615),
KARIN MUSSART (145), MARIAN MACDONALD (137),
NANCY SINCLAIR (537), TRACY RICHARDSON (680)

Inspection No. /

No de l'inspection : 2017_566669_0035

Log No. /

No de registre : 026074-17

Type of Inspection /

Genre d'inspection: Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Jan 22, 2018

Licensee /

Titulaire de permis : ST. JOSEPH'S HEALTH CARE, LONDON
268 Grosvenor Street, P.O. Box 5777, LONDON, ON,
N6A-4V2

LTC Home /

Foyer de SLD : Mount Hope Centre for Long Term Care
21 GROSVENOR STREET, P.O. BOX 5777, LONDON,
ON, N6A-1Y6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Ruthanne Foltz



**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

To ST. JOSEPH'S HEALTH CARE, LONDON, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (b)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (5) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in
accordance with evidence-based practices and, if there are none, in accordance
with prevailing practices; and
(b) the symptoms are recorded and that immediate action is taken as required.
O. Reg. 79/10, s. 229 (5).

Order / Ordre :

The licensee shall ensure that a process is developed and implemented to
monitor and record symptoms indicating the presence of infection in residents on
every shift.

Grounds / Motifs :

1. The licensee has failed to ensure that on every shift, symptoms indicating the
presence of infection in residents were monitored in accordance with evidence-
based practices and, if there were none, in accordance with prevailing practices;
and the symptoms were recorded and that immediate action was taken as
required.

During stage one of the Resident Quality Inspection (RQI), three residents were
identified as having an infection.

A review of the home's policy, "Infection Prevention and Control, Daily
Surveillance Process" updated 2017, stated, in part, "Point Click Care 24/72
Hour Report: Investigate the following: Respiratory symptoms, GI
[gastrointestinal] symptoms, Specific symptoms (e.g., shingles, rashes), Admits
to acute care. Review with unit, implement precautions as required, add to
surveillance line list, and assess for clusters of infections."

A) A review of an identified resident's progress notes stated that on a specified
date, the resident went to hospital and was diagnosed with an infection. A note
said that antibiotics were ordered by the physician.



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 resident's care plan included interventions and instructions to observe and document signs and symptoms of infection.

A review of the resident's clinical record had no documented evidence that the resident's symptoms of infection were monitored on each shift.

During interviews, the Resident Assessment Instrument (RAI) Consultant, a RN, two RPNs and a PSW all stated that the identified resident was diagnosed with an infection and that the symptoms of infection monitoring and recording were not completed for the resident and that the home's expectation would be that staff monitored and recorded symptoms of infection in residents on every shift, in accordance with evidence-based practices.

B) A review of another identified resident's progress notes from a specified time period stated that registered staff and the physician suspected the resident was suffering from an infection and antibiotics were ordered by the physician.

A review of the resident's clinical record had no documented evidence that the resident's symptoms of infection were monitored on each shift.

During interviews, the RAI Consultant and a RPN both stated that the identified resident was diagnosed with an infection and that the symptoms of infection monitoring and recording were not completed for the resident and that the home's expectation would be that staff monitored and recorded symptoms of infection in residents on every shift, in accordance with evidence-based practices.

The licensee has failed to ensure that staff monitored symptoms of infection for two identified residents on every shift.

The severity of this issue was determined to be a level two as there was minimal harm or potential for actual harm, and the scope was widespread during the course of this inspection. This area of noncompliance was previously issued as a Voluntary Plan of Correction (VPC) during the RQI (#2016_457630_0045) on December 12, 2016. (615)



**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

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 12, 2018



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Ordre(s) de l'inspecteur

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

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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



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

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

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
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

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



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RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

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

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

La demande écrite doit comporter ce qui suit :

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

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

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



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

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

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

À l'attention du/de la registrateur(e)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

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

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

Issued on this 22nd day of January, 2018

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



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Name of Inspector /

Nom de l'inspecteur :

Andrea DiMenna

Service Area Office /

Bureau régional de services : London Service Area Office