



**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  
Direction de l'amélioration de la performance et de la conformité

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| Date(s) of inspection/Date(s) de l'inspection                               | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|---|-----------------------------------|---------------------------------------|
| Oct 3, 4, 6, 7, 10, 11, 12, 13, 14, 17, Dec 5, 7, 8, 2011; Jan 17, 18, 2012 | 2011_104196_0010                  | Resident Quality Inspection           |

**Licensee/Titulaire de permis**

NIPIGON DISTRICT MEMORIAL HOSPITAL  
125 HOGAN ROAD, NIPIGON, ON, P0T-2J0

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

NIPIGON DISTRICT MEMORIAL HOSPITAL  
125 HOGAN ROAD, P O BOX 37, NIPIGON, ON, P0T-2J0

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

LAUREN TENHUNEN (196), MARGOT BURNS-PROUTY (106)

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

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Long-Term Care Lead, Registered Practical Nurses (RPN), Personal Support Workers (PSW), Dietary aides, Dietitian, Housekeeping staff, Dietary Lead, Environmental staff, Recreation Lead, Resident and Family Council Presidents, Residents and their families.

During the course of the inspection, the inspector(s) conducted a walk-through of all resident home areas and various common areas, observed the provision of care and services to residents, interviewed residents, staff members and family members, reviewed electronic and written plans of care and progress notes and resident health care records, observed meal service, observed medication administration, reviewed staff schedule and reviewed various policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Admission Process

Continence Care and Bowel Management



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Critical Incident Response

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

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

Snack Observation

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

### NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend

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

Legendé

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

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

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

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

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

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program  
Specifically failed to comply with the following subsections:**

- s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,**
- (a) the provision of supplies and appropriate equipment for the program;**
  - (b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends;**
  - (c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests;**
  - (d) opportunities for resident and family input into the development and scheduling of recreation and social activities;**
  - (e) the provision of information to residents about community activities that may be of interest to them; and**
  - (f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).**

**Findings/Faits saillants :**

1. The licensee has not ensured that there is a schedule of recreation and social activities that are offered during evenings and weekends. [O.Reg.79/10,s.65.(2)(b)] Inspector conducted an interview on Oct. 7, 2011 at 1104hrs with a staff member of the home. This staff member stated "there are no recreational activities offered in the evenings or on the weekends for the residents of the long-term care unit". Inspector reviewed the posted activity calendar for the month of October 2011. The calendar did not include any planned recreational and social activities in the evenings or on the weekends.

**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 that ensures that the recreation and social activities are offered in the evenings and on weekends, to be implemented voluntarily.**

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning  
Specifically failed to comply with the following subsections:**

- s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,**
- (a) three meals daily;**
  - (b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and**
  - (c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).**

- s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the planned menu items were offered and available at each snack. [O.Reg.79/10,s.71(4)] On October 11, 2011 during the hs snack the planned menu item was cinnamon scones. Carrot cake and muffins were served during this snack pass.
2. The licensee failed to ensure that each resident is offered a minimum of, a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner. [O.Reg.79/10,s.71.(3)(b)] Staff members report that residents are not offered a morning beverage.

**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 that ensures that planned menu items are offered and available at each snack and that each resident is offered a between-meal beverage in the morning, to be implemented voluntarily.**

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**  
Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
  - i. persons who may dispense, prescribe or administer drugs in the home, and
  - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

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**Findings/Faits saillants :**

1. The licensee failed to ensure that all areas where drugs are stored are restricted to persons who may dispense, prescribe or administer drugs in the home and the Administrator. [O.Reg.79/10,s.130. 2.] A staff member reported to Inspector #106 on October 13, 2011 at approximately 1440hrs that they had a key to the medication room, and that they were not a member of the registered staff.

**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 that ensures that all areas where drugs are stored are restricted to persons who may dispense, prescribe or administer drugs in the home and the administrator, to be implemented voluntarily.**

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**WN #4: 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 saillants :**

1. The licensee of a long-term care home did not 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] On October 5, 2011 at 0925hrs, Inspector observed a hazardous substance in a container that was not properly labelled. This container was found in an area accessible to residents.

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.**

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**Findings/Faits saillants :**

1. The licensee of a long-term care home did not ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. [O.Reg.79/10,s.41] Inspector interviewed a resident and this resident stated that they can choose what time to go to sleep, but is often put into bed after supper and this is not the resident's choice of time. This resident also stated it "would be better for me to stay up in my chair in the evenings and get put into bed later". They also stated they would "like to go into bed for the night a little later but had been told by staff that it would be difficult as they don't have enough staff and there are other residents that need assistance".

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**WN #6: 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. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**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).**
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**Findings/Faits saillants :**

1. The licensee failed to ensure that residents are offered immunization against tetanus and diphtheria in accordance with the publicly funded immunization schedule.[O.Reg.79/10,s.229.(10)3.] Inspector interviewed a registered staff member on Oct. 13, 2011 and they stated that the home has not yet implemented the diphtheria and tetanus immunization program.
2. The licensee failed to ensure that staff participated in the implementation of the infection control program. [O.Reg.79/10,s.229.(4)] Inspector observed on October 3, 2011 during the supper meal two meal trays that left the dining room uncovered.

**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 that ensures that the residents are offered immunization against tetanus and diphtheria in accordance with the publicly funded immunization schedule, to be implemented voluntarily.**

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system**

Specifically failed to comply with the following subsections:

s. 114. (3) The written policies and protocols must be,  
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and  
(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director. O. Reg. 79/10, s. 114 (3).

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**Findings/Faits saillants :**

1. The licensee failed to ensure that medication administration was implemented in accordance with prevailing practices. [O.Reg.79/10,s.114.(3)(a)] On October 12, 2011 at 0854hrs, a registered staff member was observed, by Inspector #106, to leave medication on the dining room tables for two residents. No home policy was found regarding the monitoring of residents during medication administration. The College of Nurses of Ontario Practice Standard for Medication, Revised 2008 states that registered staff must "ensure the monitoring during and after administering the medication, and intervening if necessary". Inspector #196 observed on October 12, 2011, a medication cup with pre-poured medication in the medication cart during her medication observations. The licensee has adopted the pharmacy providers "Policy and Procedures" for all matters relating to the administration, storage, use and disposal of medications and it clearly states "medications are administered at the time they are prepared. Medications are not pre-poured".

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**WN #8: 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 15 centimetres. O. Reg. 79/10, s. 16.**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that every window in the home that opens to the outdoors and is accessible to residents cannot be opened more than 15 centimeters.[O.Reg.79/10,s.16] On October 4, 2011, it was noted that the windows in six resident rooms opened in excess of 15 centimeters. (196)

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**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care**

Specifically failed to comply with the following subsections:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

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**Findings/Faits saillants :**

1. The licensee failed to ensure that the resident's plan of care was based on an interdisciplinary assessment of the resident's continence. [O.Reg.79/10,s.26.(3)8.] The MDS assessment dated August 4, 2011, states that a resident did not use a toilet or commode. The resident's care plan and staff interviews indicate that the resident is toileted using a toilet or commode.

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**WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care**

Specifically failed to comply with the following subsections:

s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,

- (a) mouth care in the morning and evening, including the cleaning of dentures;
- (b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and
- (c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

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**Findings/Faits saillants :**

1. The licensee failed to ensure that residents are offered an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident/SDM if payment is required. [O.Reg.79/10,s.34(1)(c)] On October 12, 2011 a registered staff member and a PSW reported to the Inspector that it is up to the resident/SDM to schedule annual dental assessment and other preventative dental services and the home does not schedule these services. (106) Inspector conducted an interview with a registered staff member on Oct. 13, 2011 regarding annual dental assessments for residents and they stated that "the home does not offer annual dental assessments to residents".

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**WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**

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

- s. 72. (2) The food production system must, at a minimum, provide for,**
- (a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;**
  - (b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;**
  - (c) standardized recipes and production sheets for all menus;**
  - (d) preparation of all menu items according to the planned menu;**
  - (e) menu substitutions that are comparable to the planned menu;**
  - (f) communication to residents and staff of any menu substitutions; and**
  - (g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).**

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**Findings/Faits saillants :**

1. The licensee failed to provide for communication to residents and staff of any menu substitutions. [O.Reg.79/10,s.72.(2)(f)] Inspector reviewed the posted menu written on the board outside of the dining room on October 3, 2011 at 1645hrs. This menu listed beef cutlette as an alternate entree. The printed menu posted on the fridge in the dining room also had beef cutlette identified as an alternate entree. Inspector interviewed a member of the dietary staff during dinner service. The staff stated that they "had fresh turkey therefore used it for an alternate choice". Interview conducted with another dietary staff member on October 13, 2011. They stated that "there are very few reasons to make a substitution from the posted menu, either the truck didn't come in and the product is not available or it is a special occasions". This staff member also stated "if staff are changing the menu, just because, this is not acceptable" and "to my knowledge, substitutions are rarely made". Also stated that "when there is a need to make a substitution, staff are to mark it on the kitchen's copy of the menu then on the white board notice and printed copy in the dining room".

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**WN #12: 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).

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Findings/Faits saillants :

1. The licensee failed to ensure that the seven-day and daily menus were communicated to residents. [O.Reg.79/10,s.73.(1)(1)] Inspector observed dinner service on October 3, 2011. There was no weekly menu for the week of Oct. 3, 2011 posted on the dining room fridge. There was a posting with the previous month of September menu. (196) Inspector observed that in the dining room there was not a posted weekly menu for the week of October 3, 2011, there were posted weekly menus for the four weeks prior to the week of October 3, 2011. (106)

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**WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents**

Specifically failed to comply with the following subsections:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours.
3. A missing or unaccounted for controlled substance.
4. An injury in respect of which a person is taken to hospital.
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).

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Findings/Faits saillants :

1. The licensee failed to ensure that the Director was notified of a critical incident within one business day. [O.Reg.79/10,s.107.(3)4.] A Critical Incident Report was submitted to the Ministry indicated that a resident was transferred to hospital for an injury from an unwitnessed fall in September 2011. The resident was examined by nursing staff and the MD was informed and an xray was ordered. The results were reviewed revealing that the resident had sustained a fracture. The Director was not notified of this critical incident until nine days after the incident.

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**WN #14: 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. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).**

**s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**

**(a) a goal in the plan is met;**

**(b) the resident's care needs change or care set out in the plan is no longer necessary; or**

**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

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**Findings/Faits saillants :**

1. The licensee has not ensured that the resident's substitute decision-maker is given an opportunity to participate fully in the development and implementation of the resident's plan of care [LTCHA 2007, S.O. 2007, c.8, s.6.(5)] Interview was conducted on Oct. 5, 2011 with the substitute decision-maker (SDM) for a resident in the home. The SDM stated that they are not always informed of changes to their family members' medication orders. Inspector interviewed a registered staff member on Oct. 13, 2011 and they stated that there is no formal process for informing family or substitute decision-makers (SDM) of changes to the medication orders of residents. Progress notes for this same resident were reviewed for the months of July, August, Sept. and Oct. 2011 and no notations were found to indicate that the SDM was informed of new medications.

2. The licensee failed to ensure that residents have been reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan is no longer necessary. [LTCHA 2007, S.O. 2007, c.8, s.6.(10)(b)]

a) The plan of care for a resident states that, "nursing staff will offer total assistance at meals and snacks". A registered staff member reported on October 7, 2011, that the resident no longer receives assistance with feeding during meals for the last month to a month and a half. (106)

b) The last nutritional assessment found for a resident was dated Jan. 2009 as noted in the resident's Kardex. Interview with a registered staff member on Oct. 13, 2011 determined that the home did not have a Registered Dietician from Oct. 2010 to June 2011 and therefore there are no current nutritional assessments. Interview with a member of the Food Services Department on Oct. 13, 2011 determined that they do not complete nutritional assessments for the residents of the home.

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**WN #15: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information**

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)

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**Findings/Faits saillants :**

1. The licensee has not ensured that there is an explanation of whistle-blowing protections related to retaliation posted and communicated in the long-term care unit [LTCHA 2007, S.O. 2007, c. 8, s. 79. (3) (p)] Inspector conducted an interview with a registered staff member at 1630hrs on Oct. 12, 2011 and they confirmed that there are no postings within the home of the "whistle-blowing protection". Inspector conducted a walk-through on the long-term care unit and there was no posted "whistle-blowing protection" information found.

2. The licensee did not post or communicate the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained [LTCHA 2007, S.O. 2007, c. 8, s. 79. (3) (g)] Inspector #196 conducted a walk-through of the long-term care unit on Oct. 12, 2011 at 1400hrs and could not locate a posting of the home's policy on minimizing the restraining of residents, nor how a copy of the policy could be obtained. Interview with a registered staff member on Oct. 12, 2011 confirmed that there is no posting of the home's policy on the minimizing of restraining of residents on the long-term care unit.

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**WN #16: 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 saillants :**

1. The licensee of a long-term care home did not ensure that the following rights of residents are fully respected and promoted: 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. [LTCHA 2007, S.O.2007, c.8, s.3.(1)1.]

a) Inspector conducted an interview on Oct.4, 2011 at 1130hrs with a resident who reported that a staff member had denied them an opportunity to have contact with family. (196)

b) On October 4, 2011 at 1046hrs, a resident was observed sitting on their made bed, under this resident and on top of the bedspread was a soaker pad. The soaker pad on the made bed was visible from the hallway. (106)

c) Inspector observed on Oct. 13, 2011 at 1840hrs, a staff member speaking to a resident in the hallway across from the nursing station. The staff member stated to the resident "speak English to me" in a stern tone of voice and asked the resident if they wanted to go "pee".

Issued on this 19th day of January, 2012

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

