



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

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

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

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

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

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

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 6, 2015	2015_282543_0024	027809-15	Follow up

Licensee/Titulaire de permis

BOARD OF MANAGEMENT OF THE DISTRICT OF KENORA
1220 Valley Drive KENORA ON P9N 2W7

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

NORTHWOOD LODGE
51 Highway 105 P.O. Box 420 RED LAKE ON P0V 2M0

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

TIFFANY BOUCHER (543)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): October 14 & 15, 2015

Throughout the inspection, the inspector directly observed the delivery of care and services to residents in all home areas, reviewed resident health care records and reviewed various home policies and procedures.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Assistant Director of Nursing, Registered Nurses, Registered Practical Nurses and Personal Support Workers

The following Inspection Protocols were used during this inspection:
Minimizing of Restraining
Responsive Behaviours

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

2 WN(s)
0 VPC(s)
1 CO(s)
0 DR(s)
0 WAO(s)

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

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

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 53. (4)	CO #011	2015_246196_0007		543



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 110. Requirements relating to restraining by a physical device



Specifically failed to comply with the following:

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. O. Reg. 79/10, s. 110 (2).**
- 2. That staff apply the physical device in accordance with any instructions specified by the physician or registered nurse in the extended class. O. Reg. 79/10, s. 110 (2).**
- 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. O. Reg. 79/10, s. 110 (2).**
- 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.) O. Reg. 79/10, s. 110 (2).**
- 5. That the resident is released and repositioned any other time when necessary based on the resident's condition or circumstances. O. Reg. 79/10, s. 110 (2).**
- 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).**

Findings/Faits saillants :



1. A previous compliance order (CO) was issued to address the licensee's failure to comply with paragraphs 1 and 6 of s. 110(2). The CO was issued on May 25, 2015 as Order #006 on inspection #2015_246196_0007.

The licensee has failed to comply with Order #006 issued on May 25, 2015. Specifically, the licensee failed to "prepare, submit and implement a plan for achieving compliance with O.Reg. 79/10, s. 110 (2)1 and s. 110(2)6". The plan was to include:

"1. Education, to be implemented for staff members, that will ensure that only physical restraint devices that have been ordered, are used on residents in the home.

2. Education, to be provided to registered staff that will ensure they are knowledgeable of the LTCHA requirements relating to the restraining of residents and the home's expectations for documentation."

The compliance plan required by Order #006 was to be submitted by June 12, 2015. Order #006 was to be complied with by June 26, 2015.

The licensee's compliance plan submitted to Inspector #196 did not include a plan for the education components in paragraphs 1 and 2 of Order #006 set out above.

On October 15, 2015, Inspector #543 spoke with #S-100 regarding education related to Restraints and this staff member provided the inspector with a list of staff members who received education. The inspector reviewed the list and identified that 2/7 (28.5 %) Registered Nurses, 3/7 (43%) Registered Practical Nurses and 10/18 (55.5%) Personal Support Workers received training related to the home's Restraint and PASD use policy (NUR 400), and their Restraint policy (ADM 440). Inspector #543 spoke with #S-100 who confirmed that those numbers were correct. In the exit interview with #S-100 and #S-106, they confirmed that the above mentioned policies have been under review for a couple of years and that staff will receive training once the review process is completed. [s. 110. (2)]

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. 113. Evaluation
Every licensee of a long-term care home shall ensure,
(a) that an analysis of the restraining of residents by use of a physical device
under section 31 of the Act or pursuant to the common law duty referred to in
section 36 of the Act is undertaken on a monthly basis;
(b) that at least once in every calendar year, an evaluation is made to determine
the effectiveness of the licensee's policy under section 29 of the Act, and what
changes and improvements are required to minimize restraining and to ensure
that any restraining that is necessary is done in accordance with the Act and this
Regulation;
(c) that the results of the analysis undertaken under clause (a) are considered in
the evaluation;
(d) that the changes or improvements under clause (b) are promptly implemented;
and
(e) that a written record of everything provided for in clauses (a), (b) and (d) and
the date of the evaluation, the names of the persons who participated in the
evaluation and the date that the changes were implemented is promptly prepared.
O. Reg. 79/10, s. 113.

Findings/Faits saillants :

1. The licensee has failed to ensure that the licensee once in every calendar year conducted an evaluation to determine the effectiveness of the policy, and identify what changes and improvements are required to minimize restraining and ensure that restraining is done in accordance with the Act and Regulation.

On October 14, 2015, Inspector #543 requested from #S-100, specific to the home's Restraint and PASD Use policy (NUR 400), and their Restraint policy (ADM 440) the home's annual evaluation of these policies. #S-100 spoke with #S-107 who informed that they have not conducted a yearly evaluation of the home's policies. [s. 113. (b)]



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

Issued on this 8th day of November, 2015

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

Original report signed by the inspector.



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

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

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : TIFFANY BOUCHER (543)

Inspection No. /

No de l'inspection : 2015_282543_0024

Log No. /

Registre no: 027809-15

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Nov 6, 2015

Licensee /

Titulaire de permis : BOARD OF MANAGEMENT OF THE DISTRICT OF
KENORA
1220 Valley Drive, KENORA, ON, P9N-2W7

LTC Home /

Foyer de SLD : NORTHWOOD LODGE
51 Highway 105, P.O. Box 420, RED LAKE, ON,
POV-2M0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Kandice Henry

To BOARD OF MANAGEMENT OF THE DISTRICT OF KENORA, you are hereby
required to comply with the following order(s) by the date(s) set out below:



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

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

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Order # /

Ordre no : 001

Order Type /

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

Linked to Existing Order /

Lien vers ordre existant: 2015_246196_0007, CO #006;

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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
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The licensee will ensure that:

1. All staff members are educated about the requirement in paragraph 1 of s. 110(2) of O.Reg. 79/10 that staff are only to apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class; and
2. All registered staff are provided education on all of the requirements in the LTCHA and O.Reg. 79/10 relating to the restraining of residents, as well as the home's expectations for documentation.

Grounds / Motifs :

1. A previous compliance order (CO) was issued to address the licensee's failure to comply with paragraphs 1 and 6 of s. 110(2). The CO was issued on May 25, 2015 as Order #006 on inspection #2015_246196_0007.

The licensee has failed to comply with Order #006 issued on May 25, 2015. Specifically, the licensee failed to "prepare, submit and implement a plan for achieving compliance with O.Reg. 79/10, s. 110 (2)1 and s. 110(2)6". The plan was to include:

- "1. Education, to be implemented for staff members, that will ensure that only physical restraint devices that have been ordered, are used on residents in the home.
2. Education, to be provided to registered staff that will ensure they are knowledgeable of the LTCHA requirements relating to the restraining of residents and the home's expectations for documentation."

The compliance plan required by Order #006 was to be submitted by June 12, 2015. Order #006 was to be complied with by June 26, 2015.

The licensee's compliance plan submitted to Inspector #196 did not include a plan for the education components in paragraphs 1 and 2 of Order #006 set out above.

On October 15, 2015, Inspector #543 spoke with #S-100 regarding education related to Restraints and this staff member provided the inspector with a list of staff members who received education. The inspector reviewed the list and

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identified that 2/7 (28.5 %) Registered Nurses, 3/7 (43%) Registered Practical Nurses and 10/18 (55.5%) Personal Support Workers received training related to the home's Restraint and PASD use policy (NUR 400), and their Restraint policy (ADM 440). Inspector #543 spoke with #S-100 who confirmed that those numbers were correct. In the exit interview with #S-100 and #S-106, they confirmed that the above mentioned policies have been under review for a couple of years and that staff will receive training once the review process is completed.

Order #006 in inspection #2015_246196_0007 was made after an inspector found that the staff responsible for applying and monitoring the use of physical restraints on a resident failed to meet the requirements in paragraphs 1 and 6 of s. 110(2), which posed a risk to resident's health, safety and well-being. Staff education is required to ensure adherence to the restraint requirements.

The decision to re-issue this compliance order was based on the fact that only 28.5% of Registered Nurses, 43% of Registered Practical Nurses and 55.5% of Personal Support Workers received education related to restraints, and the compliance history which despite a previous compliance order issued, non-compliance remains with this part of the legislation.

It is a condition of every licence that the licensee shall comply with orders made under the LTCHA (s. 101(3) of the LTCHA). The licensee has failed to comply with this condition by failing to comply with Order #006 issued on May 25, 2015 contrary to s. 101(4) of the LTCHA.

(543)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 30, 2015



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

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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



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

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

Health Services Appeal and Review Board and the Director

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

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

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



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

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

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



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de l'article 154 de la *Loi de 2007 sur les foyers
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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

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

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

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

Issued on this 6th day of November, 2015

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

**Name of Inspector /
Nom de l'inspecteur :** Tiffany Boucher

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