



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

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
TORONTO, ON, M4V-2Y7
Telephone: (416) 325-9297
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8ième étage
TORONTO, ON, M4V-2Y7
Téléphone: (416) 325-9297
Télécopieur: (416) 327-4486

Public Copy/Copie du public

Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Includes handwritten dates and numbers.

Licensee/Titulaire de permis

ST. CLAIR O'CONNOR COMMUNITY INC
2701 St Clair Avenue East, East York, ON, M4B-3M3

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

ST. CLAIR O'CONNOR COMMUNITY NURSING HOME
2701 St Clair Avenue East, East York, ON, M4B-3M3

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

NANCY A. BAILEY (174), ROSEMARY LAM (132)

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 Administrator, Director of Care, Food Services Manager, Resident Services Manager, Environmental Manager, Finance Manager, Registered Nurses, Personal Support Workers, housekeeping staff, dietary staff

During the course of the inspection, the inspector(s) Toured the home area, observed meal service, observed resident care, met with residents and some family members, met with resident's council president, reviewed minutes of resident council meetings, met with family council president, reviewed family council meeting minutes, discussed applicable legislation with president of resident council and family council, reviewed resident clinical records, reviewed applicable home records, reviewed trust accounts and resident billing,

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management



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- Critical Incident Response
- Dignity, Choice and Privacy
- Dining Observation
- Family Council
- Food Quality
- Hospitalization and Death
- Infection Prevention and Control
- Medication
- Minimizing of Restraining
- Nutrition and Hydration
- Pain
- Personal Support Services
- Quality Improvement
- Recreation and Social Activities
- Resident Charges
- Residents' Council
- Responsive Behaviours
- Safe and Secure Home
- Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES	
<b>Legend</b> WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Legendé</b> WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités



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<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>
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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**  
**Specifically failed to comply with the following subsections:**

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary;**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**

1. The Licensee did not ensure equipment is maintained in a safe condition when the following were observed:
  - inspector observed inside housekeeping closet the ceiling Light bulb cover was missing, with silver lining coming away from top of bulb container nearly touching the bulb, creating a possible fire hazard;
  - On August 18, 2011 a resident's bed was observed as having bed side rails that do not properly fit the bed with a large space about 4-5 inches between headboard to mattress. [s.15(2)(c)]
2. The Licensee did not ensure equipment is maintained in a good state of repair as evident by the following:
  - an identified room has a Call bell knob which is broken.; call light indicator at pull station not displayed at bedside and washroom locations;
  - wall and door/ door frame damage requiring repair and painting in resident rooms, dining room and common areas
  - yellow strip velcro strips missing from door frames in several resident rooms with yellow strip hanging on one side of the door frame to the floor;
  - wall protector, corner molding coming loose in tub room, resident rooms and common areas;
  - damage to bathroom counters in two resident rooms;
  - Steam table side of table build up or damage to wall of unit,
  - flooring around at least 2 toilets needs repair [s. 15(2)(c)]

**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 with the requirement to ensure that the home's furnishing and equipment are maintained in a safe condition and a good state of repair, to be implemented voluntarily.***

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**



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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. Residents at the home were not offered immunizations against tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. [r. 229(10)3.]
2. Staff were observed not participating in the implementation of the infection prevention and control program as follows:

Personal Support Workers were observed carrying unbagged soiled bed incontinent pads down the hall to the shower room where they were put into the soiled linen bin. The shower room sliding lock and the door handle were repeatedly touched by the staff with soiled hands. [r.229(4)]

The soiled laundry bin for clothing protectors was positioned in front of the dietary steam table in dining room touching the steam table. A Personal Support Worker observed putting a bowl of soup on top of the soiled laundry hamper while waiting for another bowl of soup to be handed to them. Another Personal Support Worker rested a tray for a tray service resident on top of the laundry bin while waiting for the meal to be served.[r. 229(4)]

Food served to tray residents without food being covered'

Soiled linen carts kept in shower room during the shift.

**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 staff participate in the implementation of the infection prevention and control program and that the home shall offer immunizations to resident against tetanus and diphtheria, to be implemented voluntarily.*

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**  
Specifically failed to comply with the following subsections:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
  - (b) is complied with. O. Reg. 79/10, s. 8 (1).

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**Findings/Faits saillants :**



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1. The home's policy "NUR VIII-001" for Bathing , instructed staff to document care provided and to ensure mouth care, hair care, nail care, is included. Personal Support Workers staff did not document nail care for an identified on the flow sheets for the month of July & August,2011. The resident's nails were observed to be soiled with dirt embedded under the nails. [r.8(1)(b)]

**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 the staff follow the policy and procedures for bathing including nail care, to be implemented voluntarily.*

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing**

Specifically failed to comply with the following subsections:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

**Findings/Faits saillants :**

An identified resident was not provided with showers as indicated in the plan of care. The plan of care directs staff to provide total care for showers twice weekly. A bed bath or partial bath was given instead of a showers without explanation. Personal Support Workers interviewed indicated resident sometimes refuses shower as part of the resident's behaviour, this behaviour was not identified in the plan of care. [r.33(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 each resident of the home is bathed, at a minimum twice a week by the method of his or her choice, as indicated in their plan of care, to be implemented voluntarily.*

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**

Specifically failed to comply with the following subsections:

s. 52. (1) The pain management program must, at a minimum, provide for the following:

1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.
2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.
3. Comfort care measures.
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies. O. Reg. 79/10, s. 52 (1).

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

**Findings/Faits saillants :**



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1. Two identified residents have not been monitored for the responses to and the effectiveness of the pain management strategies.

2. Residents with pain are not assessed using a clinically appropriate instrument specifically designed for this purpose: Pain assessments are not completed using the clinical assessment tool to indicate the level of the pain and alternative measures other than medications which are not effective in controlling the pain.[r52(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 staff monitor resident's response to and the effectiveness of, the pain management strategies and where a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose., to be implemented voluntarily.*

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WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes  
Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

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**Findings/Faits saillants :**

1. The licensee did not ensure that an identified resident with weight changes was assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

**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 residents with weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated, to be implemented voluntarily.*



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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 109. Policy to minimize restraining of residents, etc.**

Every licensee of a long-term care home shall ensure that the home's written policy under section 29 of the Act deals with,

- (a) use of physical devices;
- (b) duties and responsibilities of staff, including,
  - (i) who has the authority to apply a physical device to restrain a resident or release a resident from a physical device,
  - (ii) ensuring that all appropriate staff are aware at all times of when a resident is being restrained by use of a physical device;
- (c) restraining under the common law duty pursuant to subsection 36 (1) of the Act when immediate action is necessary to prevent serious bodily harm to the person or others;
- (d) types of physical devices permitted to be used;
- (e) how consent to the use of physical devices as set out in section 31 of the Act and the use of PASDs as set out in section 33 of the Act is to be obtained and documented;
- (f) alternatives to the use of physical devices, including how these alternatives are planned, developed and implemented, using an interdisciplinary approach; and
- (g) how the use of restraining in the home will be evaluated to ensure minimizing of restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation. O. Reg. 79/10, s. 109.

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**Findings/Faits saillants :**

1. The home's policy addresses types of physical devices but not the types that are not permitted to be used. The policy included roller bar as part of physical devices used.[r. 109.(d)]

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**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information**

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

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

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

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**Findings/Faits saillants :**

1. The most recent audited report was not posted in the home. [r.225(1)3]

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



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Specifically failed to comply with the following subsections:

s. 78. (2) The package of information shall include, at a minimum,

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

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**Findings/Faits saillants :**

1. The admission package provided by the home to new residents does not include: an explanation of whistle-blowing protections related to retaliation [s.78 (2)(q)]
2. The admission package provided by the home to new residents does not include: information about and / or provided by the the Family Council. [s.78(2)(p)]
3. The admission package provided by the home to new residents does not include:a statement that residents are not required to purchase care, services, programs or goods from the licensee, and may purchase such things from other providers, subject to any restrictions by the licensee, with respect to the supply of drug. [s.78(2)(m)]
4. The admission package provided by the home to new residents does not include: the home's procedure for resident /family initiating complaints to the licensee. [s.78 (2)(e)]

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





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Specifically failed to comply with the following subsections:

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

1. The following information was not posted in the home as required by the legislation: the explanation of whistle-blowing protections related to retaliation [s.79(3)(p)]
  2. The following information was not posted in the home as required by the legislation: the most recent minutes of the Residents' Council meetings (July, 2011) [s.79(3)(n)]
  3. The following information was not posted in the home as required by the legislation: the policy to minimize the restraining of residents [s.79(3)(g)]
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**WN #11: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 80. Regulated documents for resident**

Specifically failed to comply with the following subsections:

- s. 80. (1) Every licensee of a long-term care home shall ensure that no regulated document is presented for signature to a resident or prospective resident, a substitute decision-maker of a resident or prospective resident or a family member of a resident or prospective resident, unless,
- (a) the regulated document complies with all the requirements of the regulations; and
  - (b) the compliance has been certified by a lawyer. 2007, c. 8, s. 80. (1).
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**Findings/Faits saillants :**

1. A lawyer has not reviewed or certified the most recent admission contract since the implementation of the new Long Term Care Homes Act. Last reviewed was in 2009. [s.80(1)(b)]

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**WN #12:** The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement  
Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system  
required under section 84 of the Act complies with the following requirements:

1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
  - i. the matters referred to in paragraph 3,
  - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
  - iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

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**Findings/Faits saillants :**

1. Improvements made to the quality of accommodation, care, services, programs and goods provided to residents is not communicated to the Resident's Council, Family Council and staff within the home. [r.228.3]  
There is no record maintained in the home supporting that the Resident Council, Family Council and staff receive written information from the Administrator in response to improvements made to the quality of accommodation, care, services, programs and goods provided to residents. [r 228.4.iii]

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**WN #13:** The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following subsections:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
    - (i) that is used exclusively for drugs and drug-related supplies,
    - (ii) that is secure and locked,
    - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
    - (iv) that complies with manufacturer's instructions for the storage of the drugs; and
  - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

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**Findings/Faits saillants :**

1. On August 17, 2011, the medication cart was observed not being used exclusively for drugs and drug-related supplies, when money, jewelry, wallet belonging to a non-resident of the Long Term Care Home were found inside the narcotic drawer. [r. 129.(1)(a)(i)]

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**WN #14:** The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council

Specifically failed to comply with the following subsections:

- s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

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**Findings/Faits saillants :**



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1. The licensee does not respond in writing to the Family Council within 10 days as required in response to concerns addressed at the meeting and submitted to the Administrator. [s.60 (2)]

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**WN #15: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**  
Specifically failed to comply with the following subsections:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

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**Findings/Faits saillants :**

1. The licensee does not seek the advice of the resident or family council in developing and carrying out the satisfaction survey and in acting out the results. The resident council president and the family council president confirmed they have not received information regarding the results of the last survey conducted in the home[s.85(3)]

2. The resident council president and the family council president confirmed they have not received information regarding the results of the last survey conducted in the home [s. 85(4)(a)]

3. The results of the satisfaction survey have not been made available to the resident and their families [s. 85(4)(c)]

4. The action taken to improve the long term care home and the care, services, programs and goods based on the results of the survey have not been documented or made available to resident's council and the family council. [s.85(4)(b)]

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**WN #16: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**  
Specifically failed to comply with the following subsections:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident;

(b) the goals the care is intended to achieve; and

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

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**Findings/Faits saillants :**



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  
prévus le Loi de 2007 les  
foyers de soins de longue

1. Care set out in the plan of care was not provided to residents as specified in the plan of care: An identified resident's plan of care directs staff to provide thickened fluids in a specified consistency. Inspector observed tea offered at the noon meal, was too thick, not at the consistency as ordered by the dietitian. [s.6 (7)]
2. Front line staff do not have convenient and immediate access to the plan of care for an identified as the printed copy in the care plan binder has not been updated since July 2009. The Personal Support Workers do not have access to the clinical record where the current copy of the plan of care is kept nor do they have access to the computer program where the updated information in regards to her toileting program and dental care needs is recorded. [s.6(8)]

Issued on this 20th day of September, 2011

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

A handwritten signature in cursive script that reads "Nancy Barber".