Ontario

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

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
February 1st - 4th, 7th-11th, and 14th, 2011	2011_104_2666_01Feb094244	Annual Inspection: Log # O-000353

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Name of Inspector(s)/Nom de l'inspecteur(s)
Judy Macaulay - #104, Janet McParland - #142, Pat Powers - #157, Lynda Brown - #111

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspectors spoke with the Administrator/DOC, the RAI and Clinical Care coordinators, the Food Supervisor/Environmental Manager, the Life Enrichment Manager, the Physiotherapist, physiotherapy aide, several registered nursing and PSW staff, activation, dietary, housekeeping, office and maintenance staff, Resident Council president, Family Council member, and residents and families.

During the course of the inspection, the inspectors reviewed resident records and the home's policies and procedures, observed meal service and observed residents, resident rooms and common areas.

The following Inspection Protocols were used during this inspection:

Accommodation Services: Housekeeping, Maintenance
Admission Process
Continence Care and Bowel Management
Dignity, choice and Privacy
Dining
Falls Prevention
Family Council Interview
Hospitalization and Death
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse and Neglect
Quality Improvement
Recreational and Social Activities
Resident Charges
Resident Council Interview
Responsive Behaviours
Sufficient Staffing

Findings of Non-Compliance were found during this inspection. The following action was taken:

1 CO: CO # 001
4 VPC
26 WN

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN # 1: The Licensee has failed to comply with O.Reg. 79/10, s.91 Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labeled properly and are kept inaccessible to residents at all times.

Findings:

1. On three occasions the tub room door was found propped open with a door stopper and with a drawn curtain and Arjo all purpose cleaner concentrate was found sitting on top of the tub and accessible to residents.
2. An Arjo 3 litre container with all purpose cleaner concentrate was labeled as corrosive to eyes and harmful if swallowed.

Inspector ID #:	111

Additional Required Actions:

CO # - 001 was served on the licensee on February 15th, 2011. Refer to the "Order(s) of the Inspector" form.

WN # 2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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;

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Findings:

1. Dark stains of various sizes were noted on the carpets throughout the hallways and on several occasions a lingering urine odour was noted outside an identified resident's room and in corridors.
2. The floor in a tub room was visibly soiled with dirt for several days during this inspection.
3. The plexi-glass around the top of the nursing station had two damaged areas with sharp edges exposed.
4. Lower wall damage with several chips of paint missing was noted in three identified bathrooms, and several pieces of wood damage to lower door and walls were noted in an identified resident's room. Interviewed staff indicated that there was no set painting schedule and that painting and repairs were to be completed when needed.

Inspector ID #:	111

WN # 3: The Licensee has failed to comply with O.Reg. 79/10, s.87(2)As part of the organized program of housekeeping under clause 15 (1)(a) of the Act, the licensee shall ensure that procedures are developed and implemented for,(a)cleaning of the home, including,

(ii) common area and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;	
Findings: 1. The home indicated that: o Carpets were contracted to be cleaned twice monthly and the spot cleaning in-between is completed in-house. o There was no carpet cleaning schedules or procedures in place. o The last carpet cleaning invoice dated September 26, 2010 indicated the carpets were cleaned every three months. o Someone from Omni comes in monthly to clean the carpets but did not have any documentation to support this. 2. Carpet stains were noted in different areas throughout the hallway, a lingering urine odour was noted outside an identified resident's room and in a corridor.	
Inspector ID #:	111

WN # 4: The Licensee has failed to comply with O. Reg. 79/10, s. 12 (2) The licensee shall ensure that, (e) a comfortable easy chair is provided for every resident in the resident's bedroom, or that a resident who wishes to provide their own comfortable easy chair is accommodated in doing so;	
Findings: 1. A comfortable easy chair was not provided for every resident. Thirty of fifty residents observed were not provided with a chair.	
Inspector ID #:	142, 157

WN # 5: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, 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. 5. Every resident has the right to live in a safe and clean environment. 8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.	
Findings: 1. An identified resident was not treated with courtesy and respect and in a way which full recognized their individuality and dignity. 2. Identified residents were not afforded privacy in treatment and in caring for their personal needs: o A resident reported that staff draw the curtain but do not close the door of the tub room when being given a bath. o It was observed that staff did not close the door of the tub room when residents were bathing – curtain was drawn but a resident was visible from the corridor when a staff member left or entered the room. o The door to an identified bathroom was observed to be open – a resident was visible, sitting on a commode with exposed buttocks. An employee who was present with the resident indicated that the door does not always close properly. 3. Residents were not provided a safe environment: o Observed storage of commodes in two identified bathrooms. o Observed storage of excess equipment in an occupied resident's room.	
Inspector ID #:	157, 111

WN # 6: The Licensee has failed to comply with O.Reg. 79/10, s. 101 (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint;

(b) the date the complaint was received;

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

(d) the final resolution, if any;

(e) every date on which any response was provided to the complainant and a description of the response; and

(f) any response made in turn by the complainant.

Findings:

1. There was no evidence in the home that a documented record of a written complaint to the home was maintained in accordance with the requirements of O.Reg. 79/10, s. 101. (2).

Inspector ID #:	157

WN # 7: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c. 8, s.22 (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director.

Findings:

1. There was no evidence that this written complaint was reported or submitted in accordance with the requirements of LTCHA, 2007, S.O. 2007, c. 8, s.22 (1).

Inspector ID #:	157

WN # 8 : The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, 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,

(c) clear directions to staff and others who provide direct care to the resident.

(4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other;

(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.

(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,

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

Findings:

1. The care plans for three identified residents' did not provide clear directions to staff in respect to continence care:
   - Toileting routines specific to the needs of three residents were not identified
   - The type of incontinence product in use for three residents were not consistent with the directions provided in the care plans

- Direction for the type of assistance required by one resident with toileting differed on the resident's care plan and Kardex.

2. The care plan on an identified resident's chart did not provide clear direction to staff in respect to nutritional care:
   - Conflicting direction was provided in an identified resident's care plan and quarterly assessment related to the resident's need for a nutritional supplement.
3. The plans of care for two identified residents did not provide clear direction to staff in respect to oral care.
4. There was no collaboration between physiotherapy and nursing so that assessments are integrated and are consistent with and complement each other.
5. Nursing staff indicated that they do not have access to the residents' current care plans on the Medecare computer program.
6. Current care plans were not printed or accessible:
   - The printed copies of the care plans for three identified residents were outdated.
   - There were no printed care plans for three identified residents.
7. The plan of care for an identified resident was not reviewed every six months and when the resident had a change in condition. The plan of care did not provide an accurate description of this resident's needs.

Inspector ID #:	104, 142, 157

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 in meeting the requirement that plans of care provide clear direction to staff, that the staff and others involved in the different aspects of care of the resident collaborate with each other, that staff providing direct care are kept aware of the updated contents of the resident's plan of care and have convenient and immediate access to it and that the plans of care are updated when the residents' care needs change, to be implemented voluntarily.

WN # 9: The Licensee has failed to comply with O. Reg. 79/10, 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;

Findings:
1. Two identified residents who were dependent on staff to provide mouth care in the morning and evening indicated that they receive mouth care once daily.

Inspector ID #:	104, 111, 142, 157

WN # 10: The Licensee has failed to comply with O.Reg. 79/10, s. 49. (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.

Findings:
1. There was no evidence of a falls prevention program.
2. Assessment and evaluation procedures and tools provided in Achieva Health Falls Prevention Program Manual are not used in the home.
3. There were no strategies developed to reduce or mitigate resident falls or to review resident drug regimes as they relate to falls.

Inspector ID #:	157

WN # 11: The Licensee has failed to comply with O.Reg. 79/10, s. 48 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

(2) Each program must, in addition to meeting the requirements set out in section 30,

(b) provide for assessment and reassessment instruments.

Findings:

1. There is no evidence of a continence care program and the OMNI continence care assessment tool provided is not being utilized.
2. There is no evidence of an interdisciplinary falls prevention program in the home.
3. The falls assessment and evaluation tools provided in Health Falls Prevention Manual were not utilized in the home.

Inspector ID #:	104, 157

WN # 12: The Licensee has failed to comply with O. Reg. 79/10, s. 51

(1) The continence care and bowel management program must, at a minimum, provide for the following:

1. Treatments and interventions to promote continence.
2. Treatments and interventions to prevent constipation, including nutrition and hydration protocols.
3. Toileting programs, including protocols for bowel management.
4. Strategies to maximize residents' independence, comfort and dignity, including equipment, supplies, devices and assistive aids.
5 Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated.

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

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(v) are appropriate for the time of day, and for the individual resident's type of incontinence.

Findings:

1. There is no continence program developed in the home as required by s. 51.
2. An individualized plan of care, including specific toileting routines or the type of incontinent product in use was not developed for one resident.
3. The incontinent product noted on an identified resident's care plan was not the same product currently in use.
4. A range of sizes of individualized and generic incontinent products were available at the home.
5. Specific resident incontinence products are determined by a staff member who measures residents for appropriate fit of individualized incontinence products. Evidence of these measurements could not be found by the home.
6. One individualized incontinent product is accounted for each resident per shift. When this product is soiled the generic product is utilized.
7. Staff advised the inspector:
    - That when individualized incontinent products are required, registered nursing staff have a key to access to more of these products.
    - Interviewed PSW staff advised that they do not routinely request more of the individualized product.
    - Some registered nursing staff encouraged the PSWs to use the generic products instead.
    - PSW staff may use another resident's TENA product in an effort to maintain the proper fit.
8. PSW staff advised the inspector that three identified residents were all wearing the generic product and not their individualized product.
9. Incontinence products were not provided to residents based on the residents' dignity or comfort.

Inspector ID #:	104

WN # 13: The Licensee has failed to comply with O. Reg. 79/10, s. 221(1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
(3) Continence Care and Bowel Management.

Findings:

1. Annual training was not provided to staff related to Continence Care and Bowel Management.

Inspector ID #:	**104**

WN # 14: The Licensee has failed to comply with O.Reg. 79/10, 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. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

Findings:

1. Staff were observed to request a meal from the server according to menu choice and not by the name the resident. Lunch meals were plated according to menu choice and the residents' diet rosters for special needs and preferences was not referred to.
2. A binder available with likes, dislikes and food textures was not available on this day resulting in a disorganized meal service.
3. Morning nourishment pass was observed not to have a list of residents' dietary requirements available on

the cart. A jar of thickener product was available on the cart but no instructions accompanied it.
4. Staff advised that there were prepared nectar consistency fluids available for residents who required them. These products were not noted on the morning nourishment cart.
5. An identified resident who required thickened fluids was noted to have been served water that was not thickened at an observed meal.

Inspector ID #:	111, 142, 104

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 food service workers and other staff are aware of all residents diets, special needs and preferences, to be implemented voluntarily.

WN # 15: The Licensee has failed to comply with O.Reg. 79/10, s.71(3) The licensee shall ensure that each resident is offered a minimum of,
(a) three meals daily;

Findings:

1. Two residents were observed between 1200-1300 hours in their rooms for lunch, the lunch meal service had been completed and they were not offered a lunch tray. Both residents were interviewed at 1300 hours and indicated that they did not receive any lunch and were hungry. These residents did not receive a meal until directed by the inspector.

Inspector ID #:	111

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 in ensuring all residents are offered a minimum of three meals daily, to be implemented voluntarily.

WN # 16: The Licensee has failed to comply with O.Reg. 79/10, s. 30
(1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

(2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

Findings:

1. There is no evidence that a Continence Care program has been developed at the home.
2. There is no evidence that a Falls Prevention program has been developed at the home.
3. Assessments and reassessments for pain were not documented according to the home's policy.

Inspector ID #:	157, 111 and 104

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 development of Continence Care and Falls Prevention programs including required written descriptions, policies and procedures and protocols, methods to reduce risk and monitor outcomes and an annual evaluation; and to ensure that assessments, reassessments and interventions for all programs are documented, to be implemented voluntarily.

WN # 17: The Licensee has failed to comply with O.Reg. 79/10, s. 229 (2) The licensee shall ensure,

(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

(e) that a written record is kept relating to each evaluation under clause (d) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Findings:

1. There was no evidence of an annual evaluation of the Infection Control and Prevention Program.

Inspector ID #:	111

WN # 18: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.57 (1) A Residents' Council of a long-term care home has the power to do any or all of the following:

3. Attempt to resolve disputes between the licensee and residents.

6. Advise the licensee of any concerns or recommendations the Council has about the operation of the home.

9. Review,

ii. the detailed allocation, by the licensee, of funding under this Act and the Local Health System Integration Act, 2006 and amounts paid by residents,

iii. the financial statements relating to the home filed with the Director under the regulations or provided to a local health integration network, and

iv. the operation of the home.

Findings:

1. An interviewed resident indicated that:
   - Residents' Council meetings were run by the home with an agenda related to programming.
   - Discussions during the Resident Council meetings do not address resident concerns.
   - Although residents can bring forth concerns, they are not always documented and they do not receive a response from the home.
   - Ministry inspection reports are posted in the home but not discussed at Residents' Council meetings.
   - Changes made related to resident care and to funding provided by the Ministry are not discussed with the Residents' Council.
   - Resident's Council does not receive any information related to financial issues, other than those related to Residents' Council fund balance.
2. Staff interviewed confirmed that:
   - The home provides the agenda for the Residents' Council meetings
   - Residents have an opportunity to discuss concerns but they are not provided with responses in writing from the home.
   - Meeting discussions do not include any changes in the home related to care, funding or financial statements.

Inspector ID #:	111

WN # 19: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.57(2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

Findings:

1. A representative of the Residents' Council advised that concerns of council members are not always documented and council does not receive a response to their concerns.
2. Staff confirmed that written responses to Council concerns are not provided.

Inspector ID #:	111

WN # 20: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.58(2) In carrying out his or her duties, a Residents' Council assistant shall take instructions from the Residents' Council, ensure confidentiality where requested and report to the Residents' Council.

Findings:

1. Staff and a resident interviewed advised that the home supplies the meeting agendas and runs the Residents' Council meetings.

Inspector ID #:	111

WN # 21: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, 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.

(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);

Findings:

1. Residents' Council is not consulted regarding the resident/family satisfaction survey and has never had the results reviewed with the council.

Inspector ID #:	111

WN # 22: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, C.8, 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.

Findings:

1. The home does not provide written responses to concerns raised by the Family Council.

Inspector ID #:	104

WN # 23: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8 s.79 (3)
The required information for the purposes of subsections (1) and (2) is,
(a) the Residents' Bill of Rights;
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
(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;
(p) an explanation of the protections afforded under section 26;

Findings:

1. The French translation of the Residents' Bill of Rights from the Long-Term Care Homes Act, 2007 was not posted in the home.
2. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents was not posted in the home.
3. The 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 was not posted in the home.
4. An explanation of the protections afforded under section 26, whistle-blowing protection, was not posted in the home.

Inspector ID #:	142

WN # 24 : The Licensee has failed to comply with O. Reg. 79/10, 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:

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).

Findings:

1. The explanation of the duty under section 24 to make mandatory reports was not posted in the home as required under clause 79 (3)(d) of the Act.

Inspector ID #:	142

WN # 25: The Licensee has failed to comply with O.Reg. 79/10, s. 228. 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:

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.

Findings:

1. Improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents were not communicated to Residents' Council.
2. A record of improvements and changes affecting the residents had not been maintained nor communicated to the Residents' Council, Family Council and the staff of the home.

Inspector ID #:	**111 and 104**

WN# 26: The Licensee has failed to comply with O. Reg. 79/10, 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 all applicable requirements under the Act; and

(b) is complied with.

Findings:

1. Nourishment intake was not consistently documented as per the nutritional policy.
2. A referral to the dietician was not completed for an identified resident who had a change of weight as per the nutritional policy.
3. A reweigh was not completed for an identified resident who had a change of weight as per the nutritional policy.
4. The pain assessment tool was not completed on admission, quarterly, annually and whenever there was a change in condition as per the pain management policy.
5. Assessment and evaluation tools provided in the Achieva Health Falls prevention program manual were not being used.
6. The Achieva Falls Prevention program policy provides for the completion of quarterly falls analysis. Statistics used in the report were not accurate.
7. Monthly and daily infection tracking procedures in place are not consistent with the infection control manual policy.

Inspector ID #:	104, 111, 142

CORRECTED NON-COMPLIANCE
Non-respects à Corrigé

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O. Reg. 79/10, s.91	CO	#001	2011_111_2666_01Feb102240	111

Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.** 1. 2. 3. 4.
Title: **Date:**	**Date of Report:** Feb 24, 2011

Ontario

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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

	☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Name of Inspector:	Lynda Brown	**Inspector ID #**	111
Log #:	O-000353		
Inspection Report #:	2011_111_2666_01Feb102240		
Type of Inspection:	Annual		
Date of Inspection:	February 1-14, 2011		
Licensee:	Omni Health Care Limited Partnership on behalf of 0760444 B.C. Ltd. As General Partner		
LTC Home:	Streamway Villa		
Name of Administrator:	Kylie Szczebonsky		

To Omni Health Care Limited, Partnership on behalf of 0760444 B.C. Ltd. as General Partner, you are hereby required to comply with the following order by the date set out below:

Order #:	001	**Order Type:**	Compliance Order, Section 153 (1)(a)]

Pursuant to:
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.

Order:
The licensee shall ensure that all hazardous substances are not accessible to residents at all times.

Grounds:
1. The tub room door was found propped open with a door stopper and with a drawn curtain on two occasions during this inspection and Arjo all purpose cleaner concentrate was found sitting on top of the tub and accessible to residents.
2. Arjo all purpose cleaner concentrate is labelled as corrosive to eyes and harmful if swallowed.

This order must be complied with by:	Immediately

Ministry of Health and Long-Term Care
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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 service for the Licensee.

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

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

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

Fax: 416-327-7603

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

Issued on this 15 day of February, 2011.	
Signature of Inspector:	Lynda Brown
Name of Inspector:	
Service Area Office:	