



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

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

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

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

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 7, 2013	2013_206115_0051	L-000721-13	Resident Quality Inspection

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF ESSEX
360 Fairview Ave West, ESSEX, ON, N8M-1Y6

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

SUN PARLOR HOME FOR SENIOR CITIZENS
175 TALBOT STREET EAST, LEAMINGTON, ON, N8H-1L9

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

TERRI DALY (115), CAROLE ALEXANDER (112), RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): September 16, 17, 18, 19, 20, 23, 24, 2013 & October 1, 2, 3, 4, 2013

During the course of the inspection, the inspector(s) spoke with the Acting Administrator, the Director of Care, the Assistant Director of Care, Clinical Informatics Supervisor, Director of Building Services, Manager of Food and Nutrition Services, Life Enrichment Supervisor, Administrative Assistant, Staff Development Coordinator, Manager of Community and Support Services, Registered Nurses, Registered Practical Nurses, PSW/HCA's, 41 residents, and 3 family members.

During the course of the inspection, the inspector(s) conducted a tour of all resident areas and common areas, observed residents and the care provided to them and observed meal service. Medication administration and storage were observed and the clinical records for identified residents were reviewed. The inspectors reviewed admission and resident charges records, policies and procedures, as well as minutes of meetings pertaining to the inspection.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Admission Process
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Quality Improvement
Recreation and Social Activities
Resident Charges
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Training and Orientation**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Findings/Faits saillants :

1. The home has developed a Quality Council, however a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care services, programs and goods provided to residents has not been fully implemented.
The home does not have a written description of the home's quality improvement and



utilization review system that includes goals, objectives, policies, procedures, and protocols.

The home implemented a Quality Improvement Plan July 2011, this plan was not updated until May 23, 2013.

Quality council meetings were not ongoing and conducted at least every four weeks as identified in the home's Quality Council terms of reference.

Quality council meeting minutes were reviewed for 2013 including meetings conducted Jan. 10, Feb. 14, Mar. 7/13. The home was unsure if they had met between the Mar. 7/13 meeting to current. No meeting minutes were available for this time period.

The home has not maintained a record setting out the improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents.

The home has not maintained a record of program evaluations, and improvements for recreation/life enrichment and maintenance.

This information was confirmed by the Clinical Informatics Supervisor/Lead for Quality Council. [s. 84.]

2. A review of policies and procedures was conducted. Policies and procedures were found dating back to 1988.

A discussion with staff confirms that the policies and procedures may not be current, and may not reflect current legislation. Staff confirm that revisions or reviews have not been conducted annually. [s. 84.]

3. During a review of the home's reporting complaints process it was identified that the documented record of concerns/complaints is not reviewed and analyzed at least quarterly for trends. The results of the review and analysis are not taken into account in determining what improvements are required in the home.

This was confirmed by two staff. [s. 84.]



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. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

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

Findings/Faits saillants :

1. The licensee failed to ensure all areas where drugs are stored are restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator.

Staff reported that government stock medications are kept on each unit with the main supply on the ground floor which is maintained, managed and delivered to the units by non-registered staff.

These staff members have key and swipe card access to the main government stock medication room and they manage the government stock medications including ordering and delivering stock medication to the units. [s. 130. 2.]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey



Specifically failed to comply with the following:

s. 85. (1) Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. 2007, c. 8, s. 85. (1).

Findings/Faits saillants :

1. The home does not complete an annual survey for residents and their families. Two staff confirm that a survey to measure satisfaction with the home and the care, services, programs, and goods is not conducted annually. [s. 85. (1)]

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program

Specifically failed to comply with the following:

s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,

(a) the provision of supplies and appropriate equipment for the program; O. Reg. 79/10, s. 65 (2).

(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends; O. Reg. 79/10, s. 65 (2).

(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests; O. Reg. 79/10, s. 65 (2).

(d) opportunities for resident and family input into the development and scheduling of recreation and social activities; O. Reg. 79/10, s. 65 (2).

(e) the provision of information to residents about community activities that may be of interest to them; and O. Reg. 79/10, s. 65 (2).

(f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).

Findings/Faits saillants :

1. The licensee did not ensure the development, implementation and communication of recreation and social activities are offered during days, on weekends and holidays.

A review of the September 2013 activation calendar reveals that on the four weekends in September only one activity program is offered each weekend on a different unit each week.

Management confirmed that when the one activity staff member is scheduled one day of the weekend, activities are offered on only one or two of the eight units.

On September 23, 2013 during interviews, family members relayed that activity programs on weekends are "minimal" and that on one of the days during the weekend and on holidays there are no planned activities.

During stage one resident interviews four residents responded negatively when asked "Are there activities offered on the weekends, including religious events"?

Responses included:

- "weekends and holidays are pretty quiet"
- "there's nothing on the weekends, so boring"
- "very little on the whole weekend" [s. 65. (2) (b)]

2. Four staff who work in different home areas, each confirmed that on Sunday, September 29, 2013 there were no activity programs provided and that there are no planned activities scheduled on holidays.

A staff member on the unit stated that they make sure that the TV programming is in place for the residents who enjoy football or sports, because of the lack of activities and not all residents enjoy the movies put on by the activity staff on weekends. [s. 65. (2) (b)]

3. A resident was observed to be taken down for a music walk outside by staff (as announced by the recreation department that morning). The resident was returned to the unit within 10 minutes and the staff member stated that "it was cancelled because it was too cold".

There was no additional programming to replace this and no back up planning when the activity was scheduled and relied on weather.

On October 1, 2013 the life enrichment/activity calendar for October was not displayed



on the recreation communication board for the family and residents. The daily events board states "Have a Good Day". An interview with staff reveals that the "daily board" is where the activities for the day are written for residents and families. This staff member indicates that the recreation communication board for the month should have October's activities listed.

On October 1, 2013 the Special Care home area had no activities listed on the daily schedule and October's activity planning was also not available for residents and families. [s. 65. (2) (b)]

Additional Required Actions:

CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #5: 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:

s. 6. (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; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :



1. The licensee has not ensured that staff collaborated with one another in the assessment of three residents' plans of care related to life enrichment.
The assessments were not integrated, consistent and complementary of one another. The plans were vague and did not include any individualized interventions related to the residents activity pursuits, and interests.
Staff recognize the need to revise the residents' plans of care to reflect their individualized needs based on the individualized assessments. [s. 6. (4) (a)]
2. One resident had not been reassessed and the plan of care revised or reviewed when care needs changed or when care set out in the plan was no longer necessary related to a restraint.
[s. 6. (10) (b)]
3. A resident's plan of care had not been reviewed and revised when care needs changed related to mobility this was verified by staff.[s. 6. (10) (b)]
4. Two resident's have not been reassessed and their plans of care revised or reviewed when their care needs changed or when care set out in the plan was no longer necessary related to restraints.
Staff confirm that the current plans of care do not reflect current information. [s. 6. (10) (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 resident assessments are integrated, consistent and complement one another and that residents are reassessed and the plan of care reviewed and revised when the resident's care needs change, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services



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Specifically failed to comply with the following:

- 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; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (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 has not ensured that areas of the home have been maintained in a good state of repair.

During observations throughout the inspection and during a walk through with staff the following areas of concern related to wall damage/paint and repair were identified.

4 SOUTH

Tub room 415 wooden entry door noted to have significant scrapes and wear and tear on lower half of the door

Room 434 small lounge base board heater scraped and scuffed, paint chipped

2 EAST

Resident room 205 entrance door and inside of bathroom door heavily marked

Resident room 233 door damage

Resident room 239 wall damage

S 215 tub room door heavily marked

3 WEST

Door frames noted to have several paint chips rooms 364 dining room, 362 servery, 392 shower room, 391 and 361 tub room, J 39 janitor room and M 39 electrical room

Tub room 3West 361 wall damage noted throughout lower half of walls and along the baseboard heater

Baseboard damage or baseboard missing outside 3rd floor stair 2 and room 372, outside resident room 374, corner outside of room 392 by shower room and at the corner near the end of the hall outside room 382

Staff indicate repairs are dependent on the submission of requisitions for repairs.

Information was received that the home conducts an audit of vacated rooms and most receive a fresh coat of paint, however the paint tracking list was not up to date.

An audit process titled Management Workplace Inspection Checklist is available but not being utilized.

The procedure indicates that this checklist should be completed at least on a quarterly basis. Staff verified that this checklist is not utilized. [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 to ensure the home is maintained in a good state of repair, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:

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

6. Psychological well-being. O. Reg. 79/10, s. 26 (3).

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

9. Disease diagnosis. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee has not ensured that the plan of care for a resident is based on, at a minimum, interdisciplinary assessment of the following with respect to the resident's psychological well-being.

Staff confirmed that no referrals were made to provide support for the resident. [s. 26. (3) 6.]

2. The licensee has not ensured that the plan of care for a resident is based on the interdisciplinary assessment related to a specific disease process.

Staff confirmed that this information was not included on the residents plan of care. [s. 26. (3) 9.]



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 the plan of care is based on interdisciplinary assessments with respect to resident's psychological well-being and disease diagnosis, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

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. O. Reg. 79/10, s. 30 (1).

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).

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. O. Reg. 79/10, s. 30 (1).

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. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :



1. The licensee has not ensured the organized pain program required under section 48 of the regulation, has a written description of the pain program that includes goals and objectives and relevant policies, procedures, protocols, provision of methods to reduce risk, methods to monitor outcomes, and protocols for referral of resident to specialized resources where required.

Staff confirmed that pieces of the program are in place, however the home has not completely implemented the required program. [s. 30. (1) 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 the pain program has been completely implemented, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

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. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has not ensured that a written response was provided to the Resident's Council within 10 days of receiving concerns or recommendations from the council.

A review of the April 3, 2013, May 1, 2013 and the June 5, 2013 Resident Council meeting minutes revealed reported concerns.

There are no written record of responses from the licensee to these concerns.

Staff confirmed that providing a written response within 10 days to concerns or recommendations has not been a practice of the home. [s. 57. (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 concerns and recommendations from the Resident's Council are responded to in writing within 10 days, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

s. 76. (6) Every licensee of a long-term care home shall ensure that the following are done:

1. The further training needed by the persons mentioned in subsection (1) is assessed regularly in accordance with the requirements provided for in the regulations. 2007, c. 8, s. 76. (6).

2. The further training needs identified by the assessments are addressed in accordance with the requirements provided for in the regulations. 2007, c. 8, s. 76. (6).

Findings/Faits saillants :



1. The licensee has not ensured that all staff have received retraining annually related to the home's policy to minimize the restraining of residents.

Concerns were identified related to staff's assessment for the use of a PASD versus a restraint for three residents. A review of the training related to restraints revealed that mandatory training for staff was provided in 2012 and is not scheduled again until January 2014.

Staff confirm that annual training related to restraints was not conducted per the Staff Development schedule in January 2013 and that it is not scheduled again until January 2014. [s. 76. (4)]

2. The licensee has not ensured that staff training needs have been assessed at least annually.

Relevant resident information relating to a diagnosis and treatment was not known by staff members.

Staff confirm that a needs assessment to identify further training needs of staff was not conducted. [s. 76. (6)]

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 annual retraining related to the home's policy to minimize restraints and the completion of an annual staff training needs assessment is conducted, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal

Specifically failed to comply with the following:

s. 136. (6) For the purposes of this section a drug is considered to be destroyed when it is altered or denatured to such an extent that its consumption is rendered impossible or improbable. O. Reg. 79/10, s. 136 (6).

Findings/Faits saillants :



1. The licensee has not ensured that when a drug is destroyed, the drug is altered or denatured to such an extent that its consumption is rendered impossible or improbable as evidenced by:

The medication rooms contain a pail with discontinued medications in their original packaging. Staff reported that the pails are picked up from each unit, the lids are put on and pails are removed from the home for destruction.

Staff confirmed that medications are not denatured prior leaving the home. [s. 136. (6)]

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 drug destruction includes alteration or denaturing of medications, to be implemented voluntarily.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

**s. 229. (2) The licensee shall ensure,
(b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly; O. Reg. 79/10, s. 229 (2).**

**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 O. Reg. 79/10, s. 229 (2).**

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. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).



Findings/Faits saillants :

1. The licensee has not ensured that the infection prevention and control team meets at least quarterly.

There is no evidence of meeting minutes to support that the team has met at least quarterly. Staff confirms that the committee has not met for 11 months. [s. 229. (2) (b)]

2. The licensee has not ensured that the infection prevention and control program has been updated to reflect evidence based practices and/or evaluated annually.

The following policies and procedures have not been updated.

"Pets - August 05, 1998"

"Infection Control Terms of Reference - August 05, 1998" [s. 229. (2) (d)]

3. The licensee has not ensured that all staff participate in the implementation of the infection control program.

The following items were found to be inappropriately stored:

RM 435 - 2 Commode pans stored on the floor

RM 437 - A slipper bed pan stored on the back of the toilet

RM 438 - A slipper bed pan stored on the back of the toilet

RM 351 - A urinal stored on the back of the toilet

RM 387 - A urinal stored on the back of the toilet

RM 218 - A slipper bed pan stored on the back of the toilet

The home utilizes fabric cords for call bells located in resident bathrooms. Many cords were found stained and discoloured. A staff member was unsure how often the cords are replaced and if there is a cleaning procedure in place.

The home is aware of the infection control concern, and discussion has taken place over the years to replace the fabric cords with a plastic cord that can be wiped down, however replacement has not yet occurred. [s. 229. (4)]

4. The licensee has not ensured that there is a hand hygiene program in accordance with evidence-based practices with access to point of care hand hygiene agents. Hand sanitizer stations are not located by every resident's room or at point of care access.

There are no hand sanitizer stations in the following resident common areas:

Lounges - 384, 301, 334, 201 and 284

This information was confirmed by staff.

[s. 229. (9)]



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 infection prevention and control program includes: team meetings at least quarterly, annual program updates that reflect evidence based practices for example: hand hygiene practices, and all staff participation with the implementation of the program, to be implemented voluntarily.

WN #13: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 59. Family Council

Specifically failed to comply with the following:

**s. 59. (7) If there is no Family Council, the licensee shall,
(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council; and 2007, c. 8, s. 59. (7).
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council. 2007, c. 8, s. 59. (7).**

Findings/Faits saillants :

1. The home does not have a Family Council. The licensee has not ensured on an ongoing basis that families and persons of importance to residents have been advised about their right to establish a Family Council.

The Volunteer Coordinator and Life Enrichment Coordinator confirmed that the home has not advised families and persons of importance to residents about their right to establish a Family Council. [s. 59. (7) (a)]

2. The home does not have a Family Council. The licensee has not ensured that semi-annual meetings have convened, to advise residents' families and persons of importance to residents of their right to establish a Family Council.

Staff confirmed that semi-annual meetings have not convened, to advise residents' families and persons of importance to residents of their right to establish a Family Council. [s. 59. (7) (b)]



WN #14: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following:

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

(a) the Residents' Bill of Rights; 2007, c. 8, s. 78 (2)

(b) the long-term care home's mission statement; 2007, c. 8, s. 78 (2)

(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 78 (2)

(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 78 (2)

(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 78 (2)

(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; 2007, c. 8, s. 78 (2)

(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; 2007, c. 8, s. 78 (2)

(h) the name and telephone number of the licensee; 2007, c. 8, s. 78 (2)

(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; 2007, c. 8, s. 78 (2)

(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; 2007, c. 8, s. 78 (2)

(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; 2007, c. 8, s. 78 (2)

(l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge; 2007, c. 8, s. 78 (2)

(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; 2007, c. 8, s. 78 (2)

(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; 2007, c. 8, s. 78 (2)

(o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package; 2007, c. 8, s. 78 (2)

(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; 2007, c. 8, s. 78 (2)

(q) an explanation of the protections afforded by section 26; 2007, c. 8, s. 78 (2)

(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :

1. The licensee has not ensured that the admission package included the home's policy to promote zero tolerance of abuse and neglect of residents. [s. 78. (2) (c)]

2. The licensee has not ensured that the admission package included an explanation of the duty to make mandatory reports related to incidents resulting in harm or risk of harm to a resident.
[s. 78. (2) (d)]

3. The licensee has not ensured that the admission package included an explanation of whistle-blowing protections related to retaliation. [s. 78. (2) (q)]

This information was confirmed by staff.

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



Specifically failed to comply with the following:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,

(a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)

(b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)

(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)

(d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)

(e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)

(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; 2007, c. 8, s. 79 (3)

(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; 2007, c. 8, s. 79 (3)

(h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)

(i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)

(j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)

(k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)

(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; 2007, c. 8, s. 79 (3)

(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; 2007, c. 8, s. 79 (3)

(n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)

(o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)

(p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)

(q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :



1. The licensee has not ensured that the home's mission statement is posted and communicated.

[s. 79. (3) (b)]

2. The home has not ensured the policy to promote zero tolerance of abuse and neglect of residents is posted and communicated. [s. 79. (3) (c)]

3. The home has not ensured the policy to minimize the restraining of residents is posted and communicated, as well as information about how a copy of the policy can be obtained. [s. 79. (3) (g)]

4. The licensee has not ensured that an explanation of the measures to be taken in case of a fire are posted and communicated. [s. 79. (3) (i)]

5. The licensee has not ensured that an explanation of evacuation procedures are posted and communicated. [s. 79. (3) (j)]

6. The licensee has not ensured that an explanation of whistle-blowing protections related to retaliation is posted and communicated. [s. 79. (3) (p)]

This information was confirmed by staff.

WN #16: The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information



Specifically failed to comply with the following:

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. O. Reg. 79/10, s. 225 (1).

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. O. Reg. 79/10, s. 225 (1).

3. The most recent audited report provided for in clause 243 (1) (a). O. Reg. 79/10, s. 225 (1).

4. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 225 (1).

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/Faits saillants :

1. The licensee has not ensured that the home's license or approval, including any conditions or amendments, is posted and communicated. [s. 225. (1) 2.]

2. The licensee has not ensured that the most recent audited report is posted and communicated.

[s. 225. (1) 3.]

This information was confirmed by staff.



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

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

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

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

Issued on this 20th day of January, 2014

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



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) : TERRI DALY (115), CAROLE ALEXANDER (112),
RHONDA KUKOLY (213)

Inspection No. /

No de l'inspection : 2013_206115_0051

Log No. /

Registre no: L-000721-13

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Nov 7, 2013

Licensee /

Titulaire de permis : THE CORPORATION OF THE COUNTY OF ESSEX
360 Fairview Ave West, ESSEX, ON, N8M-1Y6

LTC Home /

Foyer de SLD : SUN PARLOR HOME FOR SENIOR CITIZENS
175 TALBOT STREET EAST, LEAMINGTON, ON,
N8H-1L9

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : BILL MACDONALD

To THE CORPORATION OF THE COUNTY OF ESSEX, 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

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

Ordre(s) de l'inspecteur

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



**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*

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Order / Ordre :



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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

The licensee shall prepare, submit and implement a plan to ensure steps are taken to fully implement the quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home.

The written compliance plan shall include at a minimum the following:

1. A written description of the home's quality improvement and utilization review system that includes goals, objectives, policies, procedures, protocols and a current plan that relates to current and pertinent quality initiatives within the home.
2. A process for reporting complaints, that is reviewed and analyzed at least quarterly for trends, to determine what improvements are required in the home.
3. A review of policies and procedures for all organized programs in the home to ensure they are up to date, and reflect current MOHLTC legislation and regulations.
4. How concerns and recommendations from Residents' Council will be incorporated into the home's Quality Improvement System.
5. How the other departments/programs will monitor, analyze, evaluate and improve quality in their respective areas. Include time lines.
6. Maintain a record of improvements and program evaluations.

The plan shall be submitted to Terri Daly, LTC Homes Inspector, either by mail or e-mail to: 130 Dufferin Avenue, 4th Floor, London, ON N6A 5R2 or terri.daly@ontario.ca by December 31, 2013.

NOTE: if an extension of the compliance date is required, please contact the inspector at least one week before the original compliance date.

Grounds / Motifs :

1. During a review of the home's reporting complaints process it was identified that the documented record of concerns/complaints is not reviewed and analyzed at least quarterly for trends. The results of the review and analysis are

not taken into account in determining what improvements are required in the home.

This was confirmed by two staff.

[s. 84.]

(115)

2. A review of policies and procedures was conducted. Policies and procedures were found dating back to 1988.

A discussion with staff confirms that the policies and procedures may not be current, and may not reflect current legislation. Staff confirm that revisions or reviews have not been conducted annually.

(115)

3. The home has developed a Quality Council, however a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care services, programs and goods provided to residents has not been fully implemented.

The home does not have a written description of the home's quality improvement and utilization review system that includes goals, objectives, policies, procedures, and protocols.

The home implemented a Quality Improvement Plan July 2011, this plan was not updated until May 23, 2013.

Quality council meetings were not ongoing and conducted at least every four weeks as identified in the home's Quality Council terms of reference.

Quality council meeting minutes were reviewed for 2013 including meetings conducted Jan. 10, Feb. 14, Mar. 7/13. The home was unsure if they had met between the Mar. 7/13 meeting to current. No meeting minutes were available for this time period.

The home has not maintained a record setting out the improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents.

The home has not maintained a record of program evaluations, and improvements for recreation/life enrichment and maintenance.

This information was confirmed by management [s. 84.] (115)



**Ministry of Health and
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Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2013



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*

Order # /

Ordre no : 002

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 130. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

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

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure all areas where drugs are stored are restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator.

The plan shall be submitted to Terri Daly, LTC Homes Inspector, either by mail or e-mail to: 130 Dufferin Avenue, 4th Floor, London, ON N6A 5R2 or terri.daly@ontario.ca by November 22, 2013.

NOTE: if an extension of the compliance date is required, please contact the inspector at least one week before the original compliance date.

Grounds / Motifs :



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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

1. The licensee failed to ensure all areas where drugs are stored are restricted to persons who may dispense, prescribe or administer drugs in the home, and the Administrator.

Staff reported that government stock medications are kept on each unit with the main supply on the ground floor which is maintained, managed and delivered to the units by non-registered staff.

These staff members have key and swipe card access to the main government stock medication room and they manage the government stock medications including ordering and delivering stock medication to the units.

(213)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 22, 2013



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
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Order # /

Ordre no : 003

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 85. (1) Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. 2007, c. 8, s. 85. (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that, at least once every year a survey is conducted to provide families and residents an opportunity to measure their satisfaction with the home and the care, services and goods provided to residents of the long-term care home.

The plan shall be submitted to Terri Daly, LTC Homes Inspector, either by mail or e-mail to: 130 Dufferin Avenue, 4th Floor, London, ON N6A 5R2 or terri.daly@ontario.ca by November 29, 2013.

NOTE: if an extension of the compliance date is required, please contact the inspector at least one week before the original compliance date.

Grounds / Motifs :

1. The home does not complete an annual survey for residents and their families. Two staff confirm that a survey to measure satisfaction with the home and the care, services, programs, and goods is not conducted annually. (115)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 29, 2013



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*

Order # /

Ordre no : 004

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,

(a) the provision of supplies and appropriate equipment for the program;

(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends;

(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests;

(d) opportunities for resident and family input into the development and scheduling of recreation and social activities;

(e) the provision of information to residents about community activities that may be of interest to them; and

(f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends.

The plan shall be submitted to Terri Daly, LTC Homes Inspector, either by mail or e-mail to: 130 Dufferin Avenue, 4th Floor, London, ON N6A 5R2 or terri.daly@ontario.ca by November 29, 2013.

NOTE: if an extension of the compliance date is required, please contact the inspector at least one week before the original compliance date.

Grounds / Motifs :

1. The licensee did not ensure the development, implementation and communication of recreation and social activities are offered during days, on weekends and holidays.

A review of the September 2013 activation calendar reveals that on the four weekends in September only one activity program is offered each weekend on a different unit each week.

Management confirmed that when the one activity staff member is scheduled one day of the weekend, activities are offered on only one or two of the eight units.

On September 23, 2013 during interviews, family members relayed that activity programs on weekends are "minimal" and that on one of the days during the weekend and on holidays there are no planned activities.

During stage one resident interviews four residents responded negatively when asked "Are there activities offered on the weekends, including religious events"? Responses included:

- "weekends and holidays are pretty quiet"
- "there's nothing on the weekends, so boring"
- "very little on the whole weekend" [s. 65. (2) (b)]

2. Four staff who work in different home areas, each confirmed that on Sunday, September 29, 2013 there were no activity programs provided and that there are no planned activities scheduled on holidays.

A staff member on the unit stated that they make sure that the TV programming is in place for the residents who enjoy football or sports, because of the lack of activities and not all residents enjoy the movies put on by the activity staff on weekends. [s. 65. (2) (b)]

3. A resident was observed to be taken down for a music walk outside by staff (as announced by the recreation department that morning). The resident was returned to the unit within 10 minutes and the staff member stated that "it was cancelled because it was too cold".

There was no additional programming to replace this and no back up planning when the activity was scheduled and relied on weather.

On October 1, 2013 the life enrichment/activity calendar for October was not



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displayed on the recreation communication board for the family and residents. The daily events board states "Have a Good Day". An interview with staff reveals that the "daily board" is where the activities for the day are written for residents and families. This staff member indicates that the recreation communication board for the month should have October's activities listed.

On October 1, 2013 the Special Care home area had no activities listed on the daily schedule and October's activity planning was also not available for residents and families. [s. 65. (2) (b)]

(112)

2.
(112)

3.

(112)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 29, 2013



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

**Ministère de la Santé et
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Order(s) of the Inspector

Pursuant to section 153 and/or
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Ordre(s) de l'inspecteur

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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



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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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*

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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Aux termes de l'article 153 et/ou
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de soins de longue durée, L.O. 2007, chap. 8*

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.



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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

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 7th day of November, 2013

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

**Name of Inspector /
Nom de l'inspecteur :** TERRI DALY

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