Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

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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
Jun 9, 2014	2014_189120_0034	H-000806-13/H-000867-13	Follow up

Licensee/Titulaire de permis

RYKKA CARE CENTRES LP
50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6

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

DUNDURN PLACE CARE CENTRE
39 MARY STREET, HAMILTON, ON, L8R-3L8

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

BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): May 22, 23, 2014

An inspection (2013-191107-0006) was previously conducted on June 4-28, 2013 at which time several Orders were issued. For this follow-up inspection, Orders #001 (Bed safety) and #007 (Maintenance Services) were reviewed for compliance. Both Orders were complied with however new Orders are being issued. See below for details.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Environmental Services Supervisor, Registered staff, housekeepers, maintenance staff and personal support workers.

During the course of the inspection, the inspector(s) toured the home, tested the resident-staff communication and response system, tested the door security system, observed one bed system being measured for entrapment zones, observed residents in bed, took lighting illumination levels, reviewed resident health care records and reviewed various policies and procedures and associated forms.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.
TABLE
Homes to which the 2009 design manual applies
Location - Lux
Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout
In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux
All other homes
Location - Lux
Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout
In all other areas of the home - Minimum levels of 215.28 lux
Each drug cabinet - Minimum levels of 1,076.39 lux
At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux
O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Findings/Faits saillants :

1. The lighting requirements, as set out in the lighting table, were not maintained in most resident washrooms, all bedrooms, all dining rooms, all corridors and the first floor lounge.

Non compliance regarding inadequate illumination levels throughout the home was previously identified on June 27, 2013. The administrator reported that since the last inspection, some light bulbs were replaced giving off more illumination, however no further steps had been taken to determine how the lighting levels could be increased.

On May 23, 2014, brief measurements were made with the same light meter (Sekonic Handi Lumi) as was used on June 27, 2013. In the corridor, just outside room 117, the level was 550 lux under the corridor fluorescent light and the distance between lights was 12 feet. The lux between the the two ceiling light fixtures was 20. In the 4th floor

corridor, one ceiling fixture was 390 lux and another was 1000 lux. However, when the meter was held 30 inches above the floor and in between these two fixtures, the lux dropped to 50. The fixtures were 12 feet apart. A consistent and continuous lux of 215.28 is required.

In the bathroom of room 117, the lux above the toilet was 110. In the bathroom of room 101, the lux was 160 above the sink and 120 lux above the toilet. Both lights were on when the room was entered. In the bathroom of room 404, the lux over the sink was 150 and it was 10 lux over the toilet. This room had two incandescent light bulbs.

In resident bedroom #411, the lux directly under the central light in the bedroom was 100. Outdoor conditions were cloudy and the drapes were drawn. The drapes were not completely able to keep light out of the room. The light above the entrance to the room was 50 lux. The lux required for both bathrooms and resident bedrooms is 215.28.

On June 27, 2013, the following was identified and is being repeated below as the administrator identified that no changes have been made to date other than some of the fixtures were replaced with different light bulbs:

All four floors had a short south corridor and a long north corridor. Each floor had the same type and number of light fixtures (fluorescent tube lights running perpendicular to the floor down each corridor). The short corridor had light fixtures that held four tubes and the long corridors contain only one tube per fixture. The spacing between light fixtures ranged between 9 and 14 feet thereby creating shadows between light fixtures and a lux of zero. Lighting levels of the various light fixtures in the corridors were measured to be between 900 (with 4 tubes) and 150 (single tube)lux. The minimum requirement of a continuous consistent lux of 215.28 was not achieved.

Resident's bedrooms, on the first floor and three other identified rooms, did not have any central room lighting and therefore could not meet the minimum requirement of 215.28 lux (with the over bed lights on). Central room lux levels ranged from zero to 10 lux when the curtains were closed and with entrance and over bed lights on. The central room lighting in second, third and fourth floor rooms also did not meet the minimum standard of 215.28 lux. When tested directly under the light, no more than 100 lux could be achieved with the room drapery closed and over bed lights on.

All resident rooms had over bed lights located above the head of each bed and a light over the entrance into the room. Only the first floor had fluorescent tube lights about 1 meter in length while the others had a small square shaped fixture with two spiral or incandescent bulbs. The small square light fixtures were measured and provided only 50 lux and the longer tube lights provided between 220 and 400 lux. The minimum requirement is 376.73 lux.

Resident washrooms had different styles of light fixtures. The first floor had fluorescent tube lights about 1 meter in length located on the wall between the vanity and the toilet. Lux levels were tested over toilets and vanities. In general, the levels were 150-200 lux over the toilet and 150-210 lux over the sink. The second, third and forth floor washrooms had a small fixture mounted over the mirror & sink area which could accommodate two light bulbs, either incandescent or spiral. Many were noted to have only one bulb in the fixture. Lux levels over the sinks ranged between 190 and 205 lux and levels were generally no more than 50-90 lux over the toilets. Washrooms with both spiral bulbs in place were generally well above the minimum requirement of 215.28 lux.

First floor dining room had a large sky light in middle of room, providing 500 lux (overcast day) for a small diameter of the room. Where the ceiling height of the room increased from 8 feet to over 12 feet, the lighting levels dropped from 310 to 150 lux directly below the square fluorescent tube lighting. Levels dropped to 100 lux between fixtures. Two chandelier light fixtures were also provided and the level for both were 100 lux.

Second, third and fourth floor dining rooms had a total of four light fixtures, with four tube lights in each fixture. When one dining room was tested, half of the window curtains in the room were drawn and it was overcast outside. Lux levels were between 50 and 100 between fixtures and each light fixture gave off a different level of lux ranging between 650 and 250 lux. The perimeter of the room was in shadow and the level of lux dropped to zero the further away from the light the meter was placed. General room lighting requirements for dining rooms is 215.28 lux.

First floor lounge had four recessed pot lights for a room that was 17x16 feet. Pot lights were 220 lux directly underneath and the value dropped to zero lux between pot lights and 150 lux when standing centrally in the room. The minimum lighting requirement is 215.28. [s.18]

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. 15. Bed rails

Specifically failed to comply with the following:

s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Findings/Faits saillants :

1. The licensee did not ensure that where bed rails are used, the resident was assessed in accordance with prevailing practices to minimize risk to the resident.

Discussions were held with the Director of Care and a registered staff member who explained that residents were being assessed for side rails by using a form that was not part of the home's policy RCS E-05, titled "Bed Safety". According to the policy, a form titled "Least Restraint Alternatives Assessment" was supposed to have been used. This particular form took into account many of the questions identified in current prevailing practice guidelines. However, after reviewing several resident records, these forms had not been used.

Registered staff also confirmed that they did not use any formal decision-tree or guidance tool in making their decisions with respect to bed rail safety, it was based on their skill and experience. In reviewing the process, it became evident that the guidelines identified in the prevailing practices known as the "Clinical Guidance For the Assessment and Implementation of Bed Rails In Hospital, Long Term Care Facilities, and Home Care Settings, April 2003" had not been incorporated. The guideline has been endorsed by Health Canada and is a companion guide to the

"Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards, 2008".

The home's current questionnaire or form for bed rail use is limited and fails to incorporate many of the questions identified in the guideline. Management staff did not ensure that a consistent approach was used by all registered staff during rail use assessments. The current assessment was not truly interdisciplinary and the assessment did not include a risk-benefit assessment that identified why other care interventions were not appropriate or not effective if they were previously attempted and determined not to be the preferred treatment of the residents. The plan of care did not present clear directions for further investigation of less restrictive care interventions. The documentation did not describe the attempts to use less restrictive care interventions and, if indicated, their failure to meet the resident's assessed needs. [s. 15(1)(a)]

2. The licensee did not ensure that where bed rails were used, safety issues related to the use of bed rails were monitored and measures taken to reduce the risk of potential injury.

During the inspection on May 22, 2014, bed rails were observed to be either in one of two positions. The rails were the type that could be rotated 180 degrees and could be used either in the vertical transfer position (by the head of the bed) or the horizontal guard position (central to length of bed). The bed rail models were not all the same and some rails were noted to be attached to the bed frame with one screw and some with two. It appeared that the model using one screw was not able to be tightened based on it's design. A maintenance staff member also commented on this observation and was aware of the design issue.

The inspector tested the rails for stability by pulling and pushing on them and found them to be unstable in 15 identified rooms. One in particular, was re-tested by maintenance staff using the entrapment measurement tool. The rail on one side of the bed was pulled away from the mattress very easily leaving a large gap. Confirmation was made that it failed zone 2, the space between the mattress and the rail. The head of the tool was able to pass down towards the floor when pulled at approximately 7 pounds of pressure (any pressure below 12 pounds equals a failure).

All of the home's beds were tested for all 7 entrapment zones in January 2014 by internal home maintenance staff. At the time, bed systems were amended to ensure

that all 7 zones would pass. Some of the solutions included replacing the mattress, installing mattress keepers, tightening the rails or removing the rails. However since that time, the rails have become loose, thereby increasing the changes of the creation of gaps in one of the 4 specific entrapment zones and creating unstable transfer rails for residents. A continuous monitoring program for rail stability was not in place.

Residents in two identified rooms were observed lying on therapeutic mattresses on May 22, 2014 with at least one rail engaged. Both residents required rails for repositioning. One resident's air mattress was at almost the same height as the top of their rail, increasing the chances of the resident rolling over top of the rail onto the floor. Neither resident was provided with a gap filler to decrease the chances of a body part wedging down in between the soft air mattress and the side of the rail. A rail height extender had not been considered for either resident. [s. 15(1)(c)]

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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee did not ensure that the home was a safe environment for its residents.

*The stairwell on the 4th floor on the north side of the building was completely blocked. A large wet floor sign or cone, a large garbage container and a dirty laundry hamper frame was blocking the door. The Inspector had to remove these objects before being able to access the door to the stairwell. This was an issue identified during a previous inspection conducted on June 25, 2013.
*A very loose raised toilet seat was identified in one identified bathroom. The toilet seat did not have the ability to be tightened up against the toilet rim. The toilet seat was identified to belong to a resident. Staff did not report the introduction of a piece of unsafe equipment to management staff prior to use.
*Stairwell doors on the 2, 3 and 4th floors, when tested to determine if they were connected to the resident-staff communication and response system (RSCR), were not alarming when held open less than 6 inches. The sensors were attached to the inner corner of each door and door frame which did not alarm unless the door was held open more than 6 inches. The stairwell doors did in fact alarm to the staff pagers which are part of the RSCR system, however it is the expectation that these doors alarm when doors do not completely close.
[s. 5]

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 home is a safe environment for its residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked,
ii.equipped with a door access control system that is kept on at all times, and
iii.equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
A. is connected to the resident-staff communication and response system, or
B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (1).
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).
3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans.O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee did not ensure that the front doors to the home were connected to the resident staff-communication and response system (RSCR). The home recently had their RSCR system replaced with a wireless system. When tested, the doors did not alarm to any of the pagers worn by staff on the first floor. The doors were positioned directly in front of a reception desk which was occupied by an employee who was monitoring the doors at the time of inspection, however the licensee did not have a back up plan in place to ensure the doors were on an alternative system while the doors were not being supervised. [s. 9.(1)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the front main entrance doors are connected to the resident-staff communication and response system, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :

1. The licensee did not ensure that the all of the windows to which residents have access and that opened to an outdoor space were restricted to 15 centimeters. Four rooms on the first floor were identified to be missing the restriction device (screw) and reported to maintenance on May 22, 2013. The windows were secured by morning of May 23, 2014. Discussion with the maintenance staff was held regarding finding an alternative method in which to secure the windows. [s. 16.]

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 windows to which residents have access and that open to the outdoors cannot be opened more than 15 centimeters, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The licensee did not ensure that a schedule and procedures were in place to ensure that the toileting/showering equipment and plumbing fixtures were repaired and/or monitored for condition as part of the maintenance services program.

*A cold water faucet located at the hand sink in the 4th floor tub room was identified to be non-functional on May 22, 2014 and during a previous inspection conducted on June 25, 2013 . No reports were submitted to the maintenance department by staff regarding the need for repair. No documentation was available to determine when the last preventive audit was completed of plumbing fixtures, toilets, sinks and grab bars to ensure they were maintained in good condition.
*A gray shower chair/toilet commode was previously identified during an inspection conducted on June 25, 2013 to be in poor condition. The chair was found in the shower area of the 4th floor with cracks and open areas on the seat, exposing foam underneath. The chair was not able to be cleaned and posed an infection control issue. The management staff reported that they had removed the chair from the 4th floor and left it in the basement near the maintenance area post inspection in 2013. During this inspection, the same chair was found in a resident's bathroom on both May 22 and 23, 2014 to the surprise of management staff.
*A review of the home's maintenance policies and procedures such as exhaust systems, furnishings, doors, roof, equipment revealed that although developed for some, were not customized to reflect the tasks maintenance staff currently do and were not specific to the equipment, furnishings and surfaces in the home. [s. 90(1)(b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that there are schedules and procedures in place for routine, preventive and remedial maintenance, to be implemented voluntarily.

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	**TYPE OF ACTION/ GENRE DE MESURE**	**INSPECTION # / NO DE L'INSPECTION**	**INSPECTOR ID #/ NO DE L'INSPECTEUR**
O.Reg 79/10 s. 90. (1)	CO #007	2013_191107_0006	120

Issued on this 10th day of June, 2014

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

Ontario

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

Ministére 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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

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Name of Inspector (ID #) / Nom de l'inspecteur (No) :	BERNADETTE SUSNIK (120)
Inspection No. / No de l'inspection :	2014_189120_0034
Log No. / Registre no:	H-000806-13/H-000867-13
Type of Inspection / Genre d'inspection:	Follow up
Report Date(s) / Date(s) du Rapport :	Jun 9, 2014
Licensee / Titulaire de permis :	RYKKA CARE CENTRES LP 50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6
LTC Home / Foyer de SLD :	DUNDURN PLACE CARE CENTRE 39 MARY STREET, HAMILTON, ON, L8R-3L8
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	DEBBIE BOAKES

To RYKKA CARE CENTRES LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.
TABLE
Homes to which the 2009 design manual applies
Location - Lux
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Location - Lux
Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout
In all other areas of the home - Minimum levels of 215.28 lux
Each drug cabinet - Minimum levels of 1,076.39 lux
At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux
O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Order / Ordre :

The licensee shall prepare and submit a plan that addresses when and how the lighting levels in the home will be increased to meet the minimum requirements as set out in the lighting Table.

The plan shall be submitted to Bernadette Susnik by email to Bernadette.susnik@ontario.ca by September 30, 2014.

Grounds / Motifs :

1. The lighting requirements, as set out in the lighting table, were not maintained in most resident washrooms, all bedrooms, all dining rooms, all corridors and the first floor lounge.

Non compliance regarding inadequate illumination levels throughout the home was previously identified on June 27, 2013. The administrator reported that since the last inspection, some light bulbs were replaced giving off more illumination, however no further steps had been taken to determine how the lighting levels could be increased.

On May 23, 2014, brief measurements were made with the same light meter (Sekonic Handi Lumi) as was used on June 27, 2013. In the corridor, just outside room 117, the level was 550 lux under the corridor fluorescent light and the distance between lights was 12 feet. The lux between the the two ceiling light fixtures was 20. In the 4th floor corridor, one ceiling fixture was 390 lux and another was 1000 lux. However, when the meter was held 30 inches above the floor and in between these two fixtures, the lux dropped to 50. The fixtures were 12 feet apart. A consistent and continuous lux of 215.28 is required.

In the bathroom of room 117, the lux above the toilet was 110. In the bathroom of room 101, the lux was 160 above the sink and 120 lux above the toilet. Both lights were on when the room was entered. In the bathroom of room 404, the lux over the sink was 150 and it was 10 lux over the toilet. This room had two incandescent light bulbs.

In resident bedroom #411, the lux directly under the central light in the bedroom was 100. Outdoor conditions were cloudy and the drapes were drawn. The drapes were not completely able to keep light out of the room. The light above the entrance to the room was 50 lux. The lux required for both bathrooms and resident bedrooms is 215.28.

On June 27, 2013, the following was identified and is being repeated below as the administrator identified that no changes have been made to date other than some of the fixtures were replaced with different light bulbs:

All four floors had a short south corridor and a long north corridor. Each floor had the same type and number of light fixtures (fluorescent tube lights running

perpendicular to the floor down each corridor). The short corridor had light fixtures that held four tubes and the long corridors contain only one tube per fixture. The spacing between light fixtures ranged between 9 and 14 feet thereby creating shadows between light fixtures and a lux of zero. Lighting levels of the various light fixtures in the corridors were measured to be between 900 (with 4 tubes) and 150 (single tube) lux. The minimum requirement of a continuous consistent lux of 215.28 was not achieved.

Resident's bedrooms, on the first floor and three other identified rooms, did not have any central room lighting and therefore could not meet the minimum requirement of 215.28 lux (with the over bed lights on). Central room lux levels ranged from zero to 10 lux when the curtains were closed and with entrance and over bed lights on. The central room lighting in second, third and fourth floor rooms also did not meet the minimum standard of 215.28 lux. When tested directly under the light, no more than 100 lux could be achieved with the room drapery closed and over bed lights on.

All resident rooms had over bed lights located above the head of each bed and a light over the entrance into the room. Only the first floor had fluorescent tube lights about 1 meter in length while the others had a small square shaped fixture with two spiral or incandescent bulbs. The small square light fixtures were measured and provided only 50 lux and the longer tube lights provided between 220 and 400 lux. The minimum requirement is 376.73 lux.

Resident washrooms had different styles of light fixtures. The first floor had fluorescent tube lights about 1 meter in length located on the wall between the vanity and the toilet. Lux levels were tested over toilets and vanities. In general, the levels were 150-200 lux over the toilet and 150-210 lux over the sink. The second, third and forth floor washrooms had a small fixture mounted over the mirror & sink area which could accommodate two light bulbs, either incandescent or spiral. Many were noted to have only one bulb in the fixture. Lux levels over the sinks ranged between 190 and 205 lux and levels were generally no more than 50-90 lux over the toilets. Washrooms with both spiral bulbs in place were generally well above the minimum requirement of 215.28 lux.

First floor dining room had a large sky light in middle of room, providing 500 lux (overcast day) for a small diameter of the room. Where the ceiling height of the room increased from 8 feet to over 12 feet, the lighting levels dropped from 310 to 150 lux directly below the square fluorescent tube lighting. Levels dropped to

100 lux between fixtures. Two chandelier light fixtures were also provided and the level for both were 100 lux.

Second, third and fourth floor dining rooms had a total of four light fixtures, with four tube lights in each fixture. When one dining room was tested, half of the window curtains in the room were drawn and it was overcast outside. Lux levels were between 50 and 100 between fixtures and each light fixture gave off a different level of lux ranging between 650 and 250 lux. The perimeter of the room was in shadow and the level of lux dropped to zero the further away from the light the meter was placed. General room lighting requirements for dining rooms is 215.28 lux.

First floor lounge had four recessed pot lights for a room that was 17x16 feet. Pot lights were 220 lux directly underneath and the value dropped to zero lux between pot lights and 150 lux when standing centrally in the room. The minimum lighting requirement is 215.28. (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2014

Order # / Ordre no : 002

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

Linked to Existing Order / Lien vers ordre existant: 2013_191107_0006, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Order / Ordre :

The license shall complete the following:

1. Audit all beds which currently have side rails attached to determine stability. Document the findings.
2. Tighten all unstable or loose rails and re-test the beds using the entrapment measuring tool. Document the findings.
3. Contact the bed manufacturer if the rails remain loose after tightening or cannot be tightened due to bed design for alternative solutions.
4. Ensure all residents who use rails and are either on a therapeutic mattress or on a bed where the rail does not pass entrapment zones 1-4 are provided with accessories to reduce any identified risk (including rail height extenders if necessary). Document the identified risk and intervention in the resident's plan of care.

Grounds / Motifs :

1. The licensee did not ensure that where bed rails were used, safety issues related to the use of bed rails were monitored and measures taken to reduce the risk of potential injury.

During the inspection on May 22, 2014, bed rails were observed to be either in one of two positions. The rails were the type that could be rotated 180 degrees and could be used either in the vertical transfer position (by the head of the bed) or the horizontal guard position (central to length of bed). The bed rail models were not all the same and some rails were noted to be attached to the bed frame with one screw and some with two. It appeared that the model using one screw was not able to be tightened based on it's design. A maintenance staff member also commented on this observation and was aware of the design issue.

The inspector tested the rails for stability by pulling and pushing on them and found them to be unstable in 15 identified rooms. One in particular, was re-tested by maintenance staff using the entrapment measurement tool. The rail on one side of the bed was pulled away from the mattress very easily leaving a large gap. Confirmation was made that it failed zone 2, the space between the mattress and the rail. The head of the tool was able to pass down towards the floor when pulled at approximately 7 pounds of pressure (any pressure below 12 pounds equals a failure).

All of the home's beds were tested for all 7 entrapment zones in January 2014 by internal home maintenance staff. At the time, bed systems were amended to ensure that all 7 zones would pass. Some of the solutions included replacing the mattress, installing mattress keepers, tightening the rails or removing the rails. However since that time, the rails have become loose, thereby increasing the changes of the creation of gaps in one of the 4 specific entrapment zones and creating unstable transfer rails for residents. A continuous monitoring program for rail stability was not in place.

Residents were observed lying on therapeutic mattresses in two identified rooms on May 22, 2014 with at least one rail engaged. Both residents required rails for repositioning. One resident's air mattress was at almost the same height as the top of their rail, increasing the chances of the resident rolling over top of the rail onto the floor. Neither resident was provided with a gap filler to decrease the chances of a body part wedging down in between the soft air mattress and the side of the rail. A rail height extender had not been considered for either resident. (120)

Ontario

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

Ministére 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 : Aug 29, 2014

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

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.

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, 11e 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.

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 9th day of June, 2014

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : BERNADETTE SUSNIK

Service Area Office /
Bureau régional de services : Hamilton Service Area Office

Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11iém étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection/ Genre d'inspection
Sep 02, 2014;	2014_189120_0034 (A1)	H-000806-13/H-000867-13	Follow up

Licensee/Titulaire de permis

RYKKA CARE CENTRES LP
50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6

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

DUNDURN PLACE CARE CENTRE
39 MARY STREET, HAMILTON, ON, L8R-3L8

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

BERNADETTE SUSNIK (120) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

A compliance date for implementating the licensee's compliance plan regarding upgrades to the home's lighitng levels was not originally included in the Order.

Issued on this 2 day of September 2014 (A1)

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

Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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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
Sep 02, 2014;	2014_189120_0034 (A1)	H-000806-13/H-000867-13	Follow up

Licensee/Titulaire de permis

RYKKA CARE CENTRES LP
50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6

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

DUNDURN PLACE CARE CENTRE
39 MARY STREET, HAMILTON, ON, L8R-3L8

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

BERNADETTE SUSNIK (120) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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

This inspection was conducted on the following date(s): May 22, 23, 2014

An inspection (2013-191107-0006) was previously conducted on June 4-28, 2013 at which time several Orders were issued. For this follow-up inspection, Orders #001 (Bed safety) and #007 (Maintenance Services) were reviewed for compliance. Both Orders were complied with however new Orders are being issued. See below for details.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Environmental Services Supervisor, Registered staff, housekeepers, maintenance staff and personal support workers.

During the course of the inspection, the inspector(s) toured the home, tested the resident-staff communication and response system, tested the door security system, observed one bed system being measured for entrapment zones, observed residents in bed, took lighting illumination levels, reviewed resident health care records and reviewed various policies and procedures and associated forms.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.
TABLE
Homes to which the 2009 design manual applies
Location - Lux
Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout
In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux
All other homes
Location - Lux
Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout
In all other areas of the home - Minimum levels of 215.28 lux
Each drug cabinet - Minimum levels of 1,076.39 lux
At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux
O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Findings/Faits saillants :

1. The lighting requirements, as set out in the lighting table, were not maintained in most resident washrooms, all bedrooms, all dining rooms, all corridors and the first floor lounge.

Non compliance regarding inadequate illumination levels throughout the home was previously identified on June 27, 2013. The administrator reported that since the last inspection, some light bulbs were replaced giving off more illumination, however no further steps had been taken to determine how the lighting levels could be increased.

On May 23, 2014, brief measurements were made with the same light meter (Sekonic Handi Lumi) as was used on June 27, 2013. In the corridor, just outside room 117, the level was 550 lux under the corridor fluorescent light and the distance between lights was 12 feet. The lux between the the two ceiling light fixtures was 20. In the 4th floor corridor, one ceiling fixture was 390 lux and another was 1000 lux. However, when

the meter was held 30 inches above the floor and in between these two fixtures, the lux dropped to 50. The fixtures were 12 feet apart. A consistent and continuous lux of 215.28 is required.

In the bathroom of room 117, the lux above the toilet was 110. In the bathroom of room 101, the lux was 160 above the sink and 120 lux above the toilet. Both lights were on when the room was entered. In the bathroom of room 404, the lux over the sink was 150 and it was 10 lux over the toilet. This room had two incandescent light bulbs.

In resident bedroom #411, the lux directly under the central light in the bedroom was 100. Outdoor conditions were cloudy and the drapes were drawn. The drapes were not completely able to keep light out of the room. The light above the entrance to the room was 50 lux. The lux required for both bathrooms and resident bedrooms is 215.28.

On June 27, 2013, the following was identified and is being repeated below as the administrator identified that no changes have been made to date other than some of the fixtures were replaced with different light bulbs:

All four floors had a short south corridor and a long north corridor. Each floor had the same type and number of light fixtures (fluorescent tube lights running perpendicular to the floor down each corridor). The short corridor had light fixtures that held four tubes and the long corridors contain only one tube per fixture. The spacing between light fixtures ranged between 9 and 14 feet thereby creating shadows between light fixtures and a lux of zero. Lighting levels of the various light fixtures in the corridors were measured to be between 900 (with 4 tubes) and 150 (single tube)lux. The minimum requirement of a continuous consistent lux of 215.28 was not achieved.

Resident's bedrooms, on the first floor and three other identified rooms, did not have any central room lighting and therefore could not meet the minimum requirement of 215.28 lux (with the over bed lights on). Central room lux levels ranged from zero to 10 lux when the curtains were closed and with entrance and over bed lights on. The central room lighting in second, third and fourth floor rooms also did not meet the minimum standard of 215.28 lux. When tested directly under the light, no more than 100 lux could be achieved with the room drapery closed and over bed lights on.

All resident rooms had over bed lights located above the head of each bed and a light over the entrance into the room. Only the first floor had fluorescent tube lights about 1

meter in length while the others had a small square shaped fixture with two spiral or incandescent bulbs. The small square light fixtures were measured and provided only 50 lux and the longer tube lights provided between 220 and 400 lux. The minimum requirement is 376.73 lux.

Resident washrooms had different styles of light fixtures. The first floor had fluorescent tube lights about 1 meter in length located on the wall between the vanity and the toilet. Lux levels were tested over toilets and vanities. In general, the levels were 150-200 lux over the toilet and 150-210 lux over the sink. The second, third and forth floor washrooms had a small fixture mounted over the mirror & sink area which could accommodate two light bulbs, either incandescent or spiral. Many were noted to have only one bulb in the fixture. Lux levels over the sinks ranged between 190 and 205 lux and levels were generally no more than 50-90 lux over the toilets. Washrooms with both spiral bulbs in place were generally well above the minimum requirement of 215.28 lux.

First floor dining room had a large sky light in middle of room, providing 500 lux (overcast day) for a small diameter of the room. Where the ceiling height of the room increased from 8 feet to over 12 feet, the lighting levels dropped from 310 to 150 lux directly below the square fluorescent tube lighting. Levels dropped to 100 lux between fixtures. Two chandelier light fixtures were also provided and the level for both were 100 lux.

Second, third and fourth floor dining rooms had a total of four light fixtures, with four tube lights in each fixture. When one dining room was tested, half of the window curtains in the room were drawn and it was overcast outside. Lux levels were between 50 and 100 between fixtures and each light fixture gave off a different level of lux ranging between 650 and 250 lux. The perimeter of the room was in shadow and the level of lux dropped to zero the further away from the light the meter was placed. General room lighting requirements for dining rooms is 215.28 lux.

First floor lounge had four recessed pot lights for a room that was 17x16 feet. Pot lights were 220 lux directly underneath and the value dropped to zero lux between pot lights and 150 lux when standing centrally in the room. The minimum lighting requirement is 215.28. [s.18]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)The following order(s) have been amended:CO# 001

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails
Specifically failed to comply with the following:

s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Findings/Faits saillants :

1. The licensee did not ensure that where bed rails are used, the resident was assessed in accordance with prevailing practices to minimize risk to the resident.

Discussions were held with the Director of Care and a registered staff member who explained that residents were being assessed for side rails by using a form that was not part of the home's policy RCS E-05, titled "Bed Safety". According to the policy, a form titled "Least Restraint Alternatives Assessment" was supposed to have been used. This particular form took into account many of the questions identified in current prevailing practice guidelines. However, after reviewing several resident records, these forms had not been used.

Registered staff also confirmed that they did not use any formal decision-tree or guidance tool in making their decisions with respect to bed rail safety, it was based on their skill and experience. In reviewing the process, it became evident that the guidelines identified in the prevailing practices known as the "Clinical Guidance For

the Assessment and Implementation of Bed Rails In Hospital, Long Term Care Facilities, and Home Care Settings, April 2003" had not been incorporated. The guideline has been endorsed by Health Canada and is a companion guide to the "Adult Hospital Beds: Patient Entrapment Hazards, Side Rail Latching Reliability, and Other Hazards, 2008".

The home's current questionnaire or form for bed rail use is limited and fails to incorporate many of the questions identified in the guideline. Management staff did not ensure that a consistent approach was used by all registered staff during rail use assessments. The current assessment was not truly interdisciplinary and the assessment did not include a risk-benefit assessment that identified why other care interventions were not appropriate or not effective if they were previously attempted and determined not to be the preferred treatment of the residents. The plan of care did not present clear directions for further investigation of less restrictive care interventions. The documentation did not describe the attempts to use less restrictive care interventions and, if indicated, their failure to meet the resident's assessed needs. [s. 15(1)(a)]

2. The licensee did not ensure that where bed rails were used, safety issues related to the use of bed rails were monitored and measures taken to reduce the risk of potential injury.

During the inspection on May 22, 2014, bed rails were observed to be either in one of two positions. The rails were the type that could be rotated 180 degrees and could be used either in the vertical transfer position (by the head of the bed) or the horizontal guard position (central to length of bed). The bed rail models were not all the same and some rails were noted to be attached to the bed frame with one screw and some with two. It appeared that the model using one screw was not able to be tightened based on it's design. A maintenance staff member also commented on this observation and was aware of the design issue.

The inspector tested the rails for stability by pulling and pushing on them and found them to be unstable in 15 identified rooms. One in particular, was re-tested by maintenance staff using the entrapment measurement tool. The rail on one side of the bed was pulled away from the mattress very easily leaving a large gap. Confirmation was made that it failed zone 2, the space between the mattress and the rail. The head of the tool was able to pass down towards the floor when pulled at approximately 7 pounds of pressure (any pressure below 12 pounds equals a failure).

All of the home's beds were tested for all 7 entrapment zones in January 2014 by internal home maintenance staff. At the time, bed systems were amended to ensure that all 7 zones would pass. Some of the solutions included replacing the mattress, installing mattress keepers, tightening the rails or removing the rails. However since that time, the rails have become loose, thereby increasing the changes of the creation of gaps in one of the 4 specific entrapment zones and creating unstable transfer rails for residents. A continuous monitoring program for rail stability was not in place.

Residents in two identified rooms were observed lying on therapeutic mattresses on May 22, 2014 with at least one rail engaged. Both residents required rails for repositioning. One resident's air mattress was at almost the same height as the top of their rail, increasing the chances of the resident rolling over top of the rail onto the floor. Neither resident was provided with a gap filler to decrease the chances of a body part wedging down in between the soft air mattress and the side of the rail. A rail height extender had not been considered for either resident. [s. 15(1)(c)]

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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee did not ensure that the home was a safe environment for its residents.

*The stairwell on the 4th floor on the north side of the building was completely blocked. A large wet floor sign or cone, a large garbage container and a dirty laundry hamper frame was blocking the door. The Inspector had to remove these objects before being able to access the door to the stairwell. This was an issue identified during a previous inspection conducted on June 25, 2013.
*A very loose raised toilet seat was identified in one identified bathroom. The toilet seat did not have the ability to be tightened up against the toilet rim. The toilet seat was identified to belong to a resident. Staff did not report the introduction of a piece of unsafe equipment to management staff prior to use.
*Stairwell doors on the 2, 3 and 4th floors, when tested to determine if they were connected to the resident-staff communication and response system (RSCR), were not alarming when held open less than 6 inches. The sensors were attached to the inner corner of each door and door frame which did not alarm unless the door was held open more than 6 inches. The stairwell doors did in fact alarm to the staff pagers which are part of the RSCR system, however it is the expectation that these doors alarm when doors do not completely close.
[s. 5]

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 home is a safe environment for its residents, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked,
ii.equipped with a door access control system that is kept on at all times, and
iii.equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
A. is connected to the resident-staff communication and response system, or
B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. O. Reg. 79/10, s. 9. (1).
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).
3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans.O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee did not ensure that the front doors to the home were connected to the resident staff-communication and response system (RSCR). The home recently had their RSCR system replaced with a wireless system. When tested, the doors did not alarm to any of the pagers worn by staff on the first floor. The doors were positioned directly in front of a reception desk which was occupied by an employee who was monitoring the doors at the time of inspection, however the licensee did not have a back up plan in place to ensure the doors were on an alternative system while the doors were not being supervised. [s. 9.(1)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the front main entrance doors are connected to the resident-staff communication and response system, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :

1. The licensee did not ensure that the all of the windows to which residents have access and that opened to an outdoor space were restricted to 15 centimeters. Four rooms on the first floor were identified to be missing the restriction device (screw) and reported to maintenance on May 22, 2013. The windows were secured by morning of May 23, 2014. Discussion with the maintenance staff was held regarding finding an alternative method in which to secure the windows. [s. 16.]

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 windows to which residents have access and that open to the outdoors cannot be opened more than 15 centimeters, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. The licensee did not ensure that a schedule and procedures were in place to ensure that the toileting/showering equipment and plumbing fixtures were repaired and/or monitored for condition as part of the maintenance services program.

*A cold water faucet located at the hand sink in the 4th floor tub room was identified to be non-functional on May 22, 2014 and during a previous inspection conducted on June 25, 2013 . No reports were submitted to the maintenance department by staff regarding the need for repair. No documentation was available to determine when the last preventive audit was completed of plumbing fixtures, toilets, sinks and grab bars to ensure they were maintained in good condition.
*A gray shower chair/toilet commode was previously identified during an inspection conducted on June 25, 2013 to be in poor condition. The chair was found in the shower area of the 4th floor with cracks and open areas on the seat, exposing foam underneath. The chair was not able to be cleaned and posed an infection control issue. The management staff reported that they had removed the chair from the 4th floor and left it in the basement near the maintenance area post inspection in 2013. During this inspection, the same chair was found in a resident's bathroom on both May 22 and 23, 2014 to the surprise of management staff.
*A review of the home's maintenance policies and procedures such as exhaust systems, furnishings, doors, roof, equipment revealed that although developed for some, were not customized to reflect the tasks maintenance staff currently do and were not specific to the equipment, furnishings and surfaces in the home. [s. 90(1)(b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that there are schedules and procedures in place for routine, preventive and remedial maintenance, to be implemented voluntarily.

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	**TYPE OF ACTION/ GENRE DE MESURE**	**INSPECTION # / NO DE L'INSPECTION**	**INSPECTOR ID #/ NO DE L'INSPECTEUR**
O.Reg 79/10 s. 90. (1)	CO #007	2013_191107_0006	120

Issued on this 2 day of September 2014 (A1)

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

Ontario

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

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11iém étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Amended Public Copy/Copie modifiée du public de permis

Name of Inspector (ID #) / Nom de l'inspecteur (No) : BERNADETTE SUSNIK (120) - (A1)

Inspection No. / No de l'inspection : 2014_189120_0034 (A1)

Appeal/Dir# / Appel/Dir#:

Log No. / Registre no. : H-000806-13/H-000867-13 (A1)

Type of Inspection / Genre d'inspection: Follow up

Report Date(s) / Date(s) du Rapport : Sep 02, 2014;(A1)

Licensee / Titulaire de permis :
RYKKA CARE CENTRES LP
50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6

LTC Home / Foyer de SLD :
DUNDURN PLACE CARE CENTRE
39 MARY STREET, HAMILTON, ON, L8R-3L8

Ontario

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

Name of Administrator / Nom de l'administratrice ou de l'administrateur : DEBBIE BOAKES

To RYKKA CARE CENTRES LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.
TABLE
Homes to which the 2009 design manual applies
Location - Lux
Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout
In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux
All other homes
Location - Lux
Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout
In all other areas of the home - Minimum levels of 215.28 lux
Each drug cabinet - Minimum levels of 1,076.39 lux
At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux
O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

Order / Ordre :

The licensee shall prepare and submit a plan that addresses when and how the lighting levels in the home will be increased to meet the minimum requirements as set out in the lighting Table.

The plan shall be submitted to Bernadette Susnik by email to Bernadette.susnik@ontario.ca by September 30, 2014.

Grounds / Motifs :

1. The lighting requirements, as set out in the lighting table, were not maintained in most resident washrooms, all bedrooms, all dining rooms, all corridors and the first floor lounge.

Non compliance regarding inadequate illumination levels throughout the home was previously identified on June 27, 2013. The administrator reported that since the last inspection, some light bulbs were replaced giving off more illumination, however no further steps had been taken to determine how the lighting levels could be increased.

On May 23, 2014, brief measurements were made with the same light meter (Sekonic Handi Lumi) as was used on June 27, 2013. In the corridor, just outside room 117, the level was 550 lux under the corridor fluorescent light and the distance between lights was 12 feet. The lux between the the two ceiling light fixtures was 20. In the 4th floor corridor, one ceiling fixture was 390 lux and another was 1000 lux. However, when the meter was held 30 inches above the floor and in between these two fixtures, the lux dropped to 50. The fixtures were 12 feet apart. A consistent and continuous lux of 215.28 is required.

In the bathroom of room 117, the lux above the toilet was 110. In the bathroom of room 101, the lux was 160 above the sink and 120 lux above the toilet. Both lights were on when the room was entered. In the bathroom of room 404, the lux over the sink was 150 and it was 10 lux over the toilet. This room had two incandescent light bulbs.

In resident bedroom #411, the lux directly under the central light in the bedroom was 100. Outdoor conditions were cloudy and the drapes were drawn. The drapes were not completely able to keep light out of the room. The light above the entrance to the room was 50 lux. The lux required for both bathrooms and resident bedrooms is

215.28.

On June 27, 2013, the following was identified and is being repeated below as the administrator identified that no changes have been made to date other than some of the fixtures were replaced with different light bulbs:

All four floors had a short south corridor and a long north corridor. Each floor had the same type and number of light fixtures (fluorescent tube lights running perpendicular to the floor down each corridor). The short corridor had light fixtures that held four tubes and the long corridors contain only one tube per fixture. The spacing between light fixtures ranged between 9 and 14 feet thereby creating shadows between light fixtures and a lux of zero. Lighting levels of the various light fixtures in the corridors were measured to be between 900 (with 4 tubes) and 150 (single tube) lux. The minimum requirement of a continuous consistent lux of 215.28 was not achieved.

Resident's bedrooms, on the first floor and three other identified rooms, did not have any central room lighting and therefore could not meet the minimum requirement of 215.28 lux (with the over bed lights on). Central room lux levels ranged from zero to 10 lux when the curtains were closed and with entrance and over bed lights on. The central room lighting in second, third and fourth floor rooms also did not meet the minimum standard of 215.28 lux. When tested directly under the light, no more than 100 lux could be achieved with the room drapery closed and over bed lights on.

All resident rooms had over bed lights located above the head of each bed and a light over the entrance into the room. Only the first floor had fluorescent tube lights about 1 meter in length while the others had a small square shaped fixture with two spiral or incandescent bulbs. The small square light fixtures were measured and provided only 50 lux and the longer tube lights provided between 220 and 400 lux. The minimum requirement is 376.73 lux.

Resident washrooms had different styles of light fixtures. The first floor had fluorescent tube lights about 1 meter in length located on the wall between the vanity and the toilet. Lux levels were tested over toilets and vanities. In general, the levels were 150-200 lux over the toilet and 150-210 lux over the sink. The second, third and forth floor washrooms had a small fixture mounted over the mirror & sink area which could accommodate two light bulbs, either incandescent or spiral. Many were noted to have only one bulb in the fixture. Lux levels over the sinks ranged between 190 and 205 lux and levels were generally no more than 50-90 lux over the toilets.

Washrooms with both spiral bulbs in place were generally well above the minimum requirement of 215.28 lux.

First floor dining room had a large sky light in middle of room, providing 500 lux (overcast day) for a small diameter of the room. Where the ceiling height of the room increased from 8 feet to over 12 feet, the lighting levels dropped from 310 to 150 lux directly below the square fluorescent tube lighting. Levels dropped to 100 lux between fixtures. Two chandelier light fixtures were also provided and the level for both were 100 lux.

Second, third and fourth floor dining rooms had a total of four light fixtures, with four tube lights in each fixture. When one dining room was tested, half of the window curtains in the room were drawn and it was overcast outside. Lux levels were between 50 and 100 between fixtures and each light fixture gave off a different level of lux ranging between 650 and 250 lux. The perimeter of the room was in shadow and the level of lux dropped to zero the further away from the light the meter was placed. General room lighting requirements for dining rooms is 215.28 lux.

First floor lounge had four recessed pot lights for a room that was 17x16 feet. Pot lights were 220 lux directly underneath and the value dropped to zero lux between pot lights and 150 lux when standing centrally in the room. The minimum lighting requirement is 215.28. (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :

Oct 30, 2015(A1)

Ontario

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

Linked to Existing Order / Lien vers ordre existant: 2013_191107_0006, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Order / Ordre :

The license shall complete the following:

1. Audit all beds which currently have side rails attached to determine stability. Document the findings.
2. Tighten all unstable or loose rails and re-test the beds using the entrapment measuring tool. Document the findings.
3. Contact the bed manufacturer if the rails remain loose after tightening or cannot be tightened due to bed design for alternative solutions.
4. Ensure all residents who use rails and are either on a therapeutic mattress or on a bed where the rail does not pass entrapment zones 1-4 are provided with accessories to reduce any identified risk (including rail height extenders if necessary). Document the identified risk and intervention in the resident's plan of care.

Grounds / Motifs :

1. The licensee did not ensure that where bed rails were used, safety issues related to the use of bed rails were monitored and measures taken to reduce the risk of potential injury.

During the inspection on May 22, 2014, bed rails were observed to be either in one of

two positions. The rails were the type that could be rotated 180 degrees and could be used either in the vertical transfer position (by the head of the bed) or the horizontal guard position (central to length of bed). The bed rail models were not all the same and some rails were noted to be attached to the bed frame with one screw and some with two. It appeared that the model using one screw was not able to be tightened based on it's design. A maintenance staff member also commented on this observation and was aware of the design issue.

The inspector tested the rails for stability by pulling and pushing on them and found them to be unstable in 15 identified rooms. One in particular, was re-tested by maintenance staff using the entrapment measurement tool. The rail on one side of the bed was pulled away from the mattress very easily leaving a large gap. Confirmation was made that it failed zone 2, the space between the mattress and the rail. The head of the tool was able to pass down towards the floor when pulled at approximately 7 pounds of pressure (any pressure below 12 pounds equals a failure).

All of the home's beds were tested for all 7 entrapment zones in January 2014 by internal home maintenance staff. At the time, bed systems were amended to ensure that all 7 zones would pass. Some of the solutions included replacing the mattress, installing mattress keepers, tightening the rails or removing the rails. However since that time, the rails have become loose, thereby increasing the changes of the creation of gaps in one of the 4 specific entrapment zones and creating unstable transfer rails for residents. A continuous monitoring program for rail stability was not in place.

Residents were observed lying on therapeutic mattresses in two identified rooms on May 22, 2014 with at least one rail engaged. Both residents required rails for repositioning. One resident's air mattress was at almost the same height as the top of their rail, increasing the chances of the resident rolling over top of the rail onto the floor. Neither resident was provided with a gap filler to decrease the chances of a body part wedging down in between the soft air mattress and the side of the rail. A rail height extender had not been considered for either resident. (120)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :

Ontario

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

Aug 29, 2014

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

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

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

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.

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, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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

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.

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
Toronto ON M5S 2B1
Télécopieur : 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 2 day of September 2014 (A1)

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : BERNADETTE SUSNIK

Service Area Office /
Bureau régional de services : Hamilton