

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007****Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée****Long-Term Care Operations Division  
Long-Term Care Inspections Branch****Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300Bureau régional de services de  
London  
130, avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
May 28, 2021	2021_747725_0016	006311-21	Follow up

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**Licensee/Titulaire de permis**S & R Nursing Homes Ltd.  
265 North Front Street Suite 200 Sarnia ON N7T 7X1**Long-Term Care Home/Foyer de soins de longue durée**Twin Lakes Terrace Long Term Care Community  
1310 Murphy Road Sarnia ON N7S 6K5**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CASSANDRA TAYLOR (725)

**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 20, 21 and 25, 2021**

**The purpose of this inspection was to conduct a Follow up inspection for Log: 006311-21 - Compliance Order #001, issued within inspection #2021\_729615\_0011 relating to pain management.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Manager of Resident Care, the Quality Education and Infection Control Manager, one Registered Nurse, two Registered Practical Nurses, one Personal Support Worker, one Dietary Aide, one Housekeeper and one Maintenance staff.**

**During the course of the inspection the inspector completed general observations of the homes Infection Control and Prevention practices, interviewed residents, reviewed relevant resident clinical records and reviewed relevant policy and procedures.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control  
Pain**

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

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**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>Légende</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 O.Reg 79/10, s. 52. Pain management**

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

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

**Findings/Faits saillants :**

1. The licensee has failed to ensure that resident #001 and #002's pain was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

1. Resident #001 was identified as having pain. During a resident interview the resident confirmed they had unmanaged pain and were awaiting treatment. On review of the resident's records a pain assessment was scheduled to be completed in May 2021, and was not completed.

During an interview with the homes Administrator and the Quality Education and Infection Control Manager it was confirmed that the expectation would have been that staff complete assigned pain assessments.

2. Resident #002 was identified as having pain. During a resident interview the resident did confirm that during the month of May 2021, they did experience pain. They received treatment which was ineffective and required additional treatments. On review of the resident's records the progress notes indicated the resident confirmed with staff that they had pain in May 2021, at which time treatment was initiated. At a later date the resident complained of the same pain again. On review of the resident's assessments no pain assessment was completed.

During an interview with the homes Administrator and the Quality Education and Infection Control Manager it was confirmed that the expectation would have been that staff complete a pain assessment.

The home's failure to not completed the required pain assessments for resident #001 and #002's pain presented potential harm to the resident's health status as they were exposed to unpleasant sensory experience.

Sources: Resident #001 and #002's clinical records, interviews with resident #001 and #002 and staff interviews with the Administrator and Quality Education and Infection Control Manager. [s. 52. (2)]

***Additional Required Actions:***

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

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**Issued on this 10th day of June, 2021**

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

**Original report signed by the inspector.**

**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

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée  
Inspection de soins de longue durée

**Public Copy/Copie du rapport public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** CASSANDRA TAYLOR (725)

**Inspection No. /**

**No de l'inspection :** 2021\_747725\_0016

**Log No. /**

**No de registre :** 006311-21

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** May 28, 2021

**Licensee /**

**Titulaire de permis :** S & R Nursing Homes Ltd.  
265 North Front Street, Suite 200, Sarnia, ON, N7T-7X1

**LTC Home /**

**Foyer de SLD :** Twin Lakes Terrace Long Term Care Community  
1310 Murphy Road, Sarnia, ON, N7S-6K5

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Cathy McIntosh

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To S & R Nursing Homes Ltd., you are hereby required to comply with the following  
order(s) by the date(s) set out below:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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

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 # /**

**No d'ordre :** 001

**Order Type /**

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

**Linked to Existing Order /** 2021\_729615\_0011, CO #001;  
**Lien vers ordre existant:**

**Pursuant to / Aux termes de :**

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

**Order / Ordre :**

Specifically the licensee must:

A. Ensure when residents #001, #002 and any other residents' pain is not relieved by the initial interventions, the residents are assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

B. The licensee must complete weekly audits of three residents with identified pain (if available) to ensure that, if required, a pain assessment is completed. The audits will be completed for three months or until such time as compliance is achieved.

C. The licensee will keep records of audits completed, any deficiencies noted and any corrective actions taken related to identified deficiencies.

**Grounds / Motifs :**

1. The licensee has failed to ensure that resident #001 and #002's pain was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

In April 2021, during Complaint inspection 2021\_729615\_0011 Compliance Order #001 was issued which stated "The licensee must comply with O. Reg 79/10 s. 52(2). Specifically the licensee must: Ensure when residents #001, #003 and any other residents' pain is not relieved by initial interventions, the residents are assessed using a clinically appropriate assessment instrument

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

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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

specifically designed for this purpose." The compliance due date was April 24, 2021.

The licensee has failed to ensure that resident #001 and #002's pain was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

1. Resident #001 was identified as having pain. During a resident interview the resident confirmed they had unmanaged pain and were awaiting treatment. On review of the resident's records a pain assessment was scheduled to be completed in May 2021, and was not completed.

During an interview with the homes Administrator and the Quality Education and Infection Control Manager it was confirmed that the expectation would have been that staff complete assigned pain assessments.

2. Resident #002 was identified as having pain. During a resident interview the resident did confirm that during the month of May 2021, they did experience pain. They received treatment which was ineffective and required additional treatments. On review of the resident's records the progress notes indicated the resident confirmed with staff that they had pain in May 2021, at which time treatment was initiated. At a later date the resident complained of the same pain again. On review of the resident's assessments no pain assessment was completed.

During an interview with the homes Administrator and the Quality Education and Infection Control Manager it was confirmed that the expectation would have been that staff complete a pain assessment.

The home's failure to not completed the required pain assessments for resident #001 and #002's pain presented potential harm to the resident's health status as they were exposed to unpleasant sensory experience.

Sources: Resident #001 and #002's clinical records, interviews with resident #001 and #002 and staff interviews with the Administrator and Quality Education and Infection Control Manager.



**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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

An order was made taking the following factors into account;

Severity: There was potential harm to resident #001 and #002 as a pain assessment was not completed and could have potentially addressed the pain experienced by the resident.

Scope: Two out of three residents were identified in having pain with no pain assessment completed.

Compliance History: In the past 36 months, the licensee has had 1 previous Compliance Order relating to this same section, 1 Compliance Order, 10 Voluntary Plans of Corrections and 17 Written Notices relating to different sections of the legislation.  
(725)

**This order must be complied with by /**  
**Vous devez vous conformer à cet ordre d'ici le :** Jun 28, 2021

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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section 154 of the *Long-Term  
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2007, c. 8

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

**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

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

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

The written request for review must include,

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

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

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of 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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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

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 Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of 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](http://www.hsarb.on.ca).

**Order(s) of the Inspector**

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foyers de soins de longue durée*, L.O.  
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

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

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

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 28th day of May, 2021**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Cassandra Taylor

**Service Area Office /**

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