



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Toronto Service Area Office  
5700 Yonge Street, 5th Floor  
TORONTO, ON, M2M-4K5  
Telephone: (416) 325-9660  
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Bureau régional de services de Toronto  
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Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

**Public Copy/Copie du public**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 2, 2013	2013_102116_0050	T43-13/T-529-13	Follow up

**Licensee/Titulaire de permis**

UNIONVILLE HOME SOCIETY  
4300 Highway #7, MARKHAM, ON, L3R-1L8

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

UNION VILLA  
4300 Highway #7, Unionville, ON, L3R-1L8

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

SARAN DANIEL-DODD (116)

**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): October 8, 9, 10, 15, 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, staff educator, Registered staff members, personal support workers, residents and substitute decision makers of residents.

During the course of the inspection, the inspector(s) reviewed the health record of identified residents, observed staff to resident interactions reviewed education in-service documentation and attendance records and the following home policies: zero tolerance of abuse and neglect, continence care and bowel management.

The following Inspection Protocols were used during this inspection: Continence Care and Bowel Management

Falls Prevention

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)

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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
  - (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

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

**Findings/Faits saillants :**



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1. The licensee failed to ensure that the written plan of care for Resident #5 sets out clear directions to staff and others who provide direct care to the resident in relation to assistance needed for bathing and the type of bath/shower required.

- The written care plan indicates that Resident #5 prefers showers which are scheduled for the day shift on an identified day and evenings on another identified day; the unit's bath assignment documents tub or shower as type of bath for both days.

- Interviews held with Resident #5 confirmed that he/she prefers and receives tub baths. Interviews held with personal support workers (PSW) confirmed that the resident prefers and receives tub baths that are provided during the day [s. 6. (1) (c)].

2. Non-compliance was previously identified and issued under inspection #2012\_103193\_0012 for Resident #4 related to falls prevention.

The licensee failed to ensure that the care set out in the plan of care was provided to Resident #4 as specified in the plan.

- The written plan of care for Resident #4 identifies the resident is at high risk for falls and requires both the bed alarm and chair alarm to be applied to clothing at all times while in bed and in wheelchair.

- On an identified date, Resident #4 was observed sitting in a lounge chair without the chair alarm attached. An interview with the assigned PSW confirmed not checking the application of the chair alarm to the resident prior to commencing the shift [s. 6. (7)].

***Additional Required Actions:***

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

***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 written plan of care for Resident #5 sets out clear directions to staff and others who provide direct care to the resident in relation to bathing, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

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

**s. 51. (2) Every licensee of a long-term care home shall ensure that,**  
**(h) residents are provided with a range of continence care products that,**  
**(i) are based on their individual assessed needs,**  
**(ii) properly fit the residents,**  
**(iii) promote resident comfort, ease of use, dignity and good skin integrity,**  
**(iv) promote continued independence wherever possible, and**  
**(v) are appropriate for the time of day, and for the individual resident's type of**  
**incontinence. O. Reg. 79/10, s. 51 (2).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that Resident #8 is provided with a range of continence care products based on their individual assessed need and that promote comfort and dignity.

- The written care plan for Resident #8 indicates that the home has determined the best product to suit the incontinence would be an incontinence brief. Review of the resident's health record documents the substitute decision-maker (SDM) insists for the resident to continue using pull ups.

- Interviews held with PSW's and the resident confirm that pull ups are being used.

- Interviews with staff members confirm that Resident #8 is able to identify when he/she is wet and needs to be toileted. As per staff interviews, the resident participates in some aspects of his/her continence care and the pull ups meet the continence needs for Resident #8 [s. 51. (2) (h) (iii)].

2. - Interview held with Resident #8 confirmed that he/she prefers to use pull ups and liners rather than incontinent briefs.

- Interview held with an identified Registered staff member confirmed to the inspector that pull ups are not ordered for residents as that is a family choice and more cost efficient to the home [s. 51. (2) (h) (iii)].



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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that residents are provided with a range of continence care products that are based on their individual assessed needs and promote resident comfort and dignity, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

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

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

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**Findings/Faits saillants :**



1. The licensee failed to ensure that drugs are stored in an area or a medication cart that is secure and locked.

- On a specified date, the inspector observed the medication cart stored on an identified unit unlocked and unattended.
- An interview held with the Registered staff member assigned to the medication cart revealed that the keys to the medication cart were not available on the unit. The Registered staff member confirmed to the inspector that the medication cart should be locked at all times when unattended. Although the Registered staff member confirmed knowledge surrounding requirements for the cart to be locked he/she continued with medication administration and left the cart unlocked and unattended [s. 129. (1) (a) (ii)].

**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 drugs are stored in an area or medication cart that is secure and locked, 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:**

<b>COMPLIED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:</b>			
<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2013_102116_0027	116
O.Reg 79/10 s. 221. (1)	CO #001	2012_103193_0012	116



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O.Reg 79/10 s. 245.	CO #003	2012_103193_0012	116
LTCHA, 2007 S.O. 2007, c.8 s. 6. (1)	CO #004	2012_103193_0012	116
LTCHA, 2007 S.O. 2007, c.8 s. 76. (2)	CO #002	2012_103193_0012	116

Issued on this 5th day of December, 2013

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

S. Daniel-Dodd





Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
des Soins de longue durée

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

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

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

Public Copy/Copie du public

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SARAN DANIEL-DODD (116)

Inspection No. /

No de l'inspection : 2013\_102116\_0050

Log No. /

Registre no: T43-13/T-529-13

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Dec 2, 2013

Licensee /

Titulaire de permis : UNIONVILLE HOME SOCIETY  
4300 Highway #7, MARKHAM, ON, L3R-1L8

LTC Home /

Foyer de SLD : UNION VILLA  
4300 Highway #7, Unionville, ON, L3R-1L8

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : DEBRA COOPER-BURGER

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To UNIONVILLE HOME SOCIETY, you are hereby required to comply with the following order(s) by the date(s) set out below:



Ministry of Health and  
Long-Term Care

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

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**Order # /**  
**Ordre no :** 001      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Linked to Existing Order /**  
**Lien vers ordre existant:** 2012\_103193\_0012, CO #005;

**Pursuant to / Aux termes de :**

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

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan outlining the process to ensure that the care set out in the plan of care related to fall prevention strategies, is provided as specified in the plan for the identified resident.

The licensee must submit the plan no later than December 20, 2013 to Saran. DanielDodd@ontario.ca

**Grounds / Motifs :**

1. Non-compliance was previously identified and issued under inspection #2012\_103193\_0012 for Resident #4 related to falls prevention.

The licensee failed to ensure that the care set out in the plan of care was provided to Resident #4 as specified in the plan.

- The written plan of care for Resident #4 identifies the resident is at high risk for falls and requires both the bed alarm and chair alarm to be applied to clothing at all times while in bed and in wheelchair.
- On an identified date, Resident #4 was observed sitting in a lounge chair without the chair alarm attached. An interview with the assigned PSW confirmed not checking the application of the chair alarm to the resident prior to commencing the shift [s. 6. (7)]. (116)

**This order must be complied with by /**  
**Vous devez vous conformer à cet ordre d'ici le :** Dec 31, 2013



**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  
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**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



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

## **REVIEW/APPEAL INFORMATION**

### TAKE NOTICE:

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

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

The written request for review must include,

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

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

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



**Ministry of Health and  
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**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

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

**Ordre(s) de l'inspecteur**  
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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](http://www.hsarb.on.ca).



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Ministère de la Santé et  
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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

## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



Ministry of Health and  
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Ministère de la Santé et  
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**Ordre(s) de l'inspecteur**

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

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 2nd day of December, 2013**

**Signature of Inspector /** *S. Daniel-Dodd*

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** SARAN Daniel-Dodd

**Service Area Office /**

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