



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

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

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

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

**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : DIANA STENLUND (163)

Inspection No. /

No de l'inspection : 2014_139163_0004

Log No. /

Registre no: 317-13, 318-13

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Mar 27, 2014

Licensee /

Titulaire de permis :

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,
ON, L5R-4B2

LTC Home /

Foyer de SLD :

LAKEHEAD MANOR
135 SOUTH VICKERS STREET, THUNDER BAY, ON,
P7E-1J2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Jonathon Riabov

**To REVERA LONG TERM CARE INC., you are hereby required to comply with the
following order(s) by the date(s) set out below:**



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

Linked to Existing Order /
Lien vers ordre 2013_139163_0019, CO #002;
existant:

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8,
s. 11. (1) Every licensee of a long-term care home shall ensure that there is,
(a) an organized program of nutrition care and dietary services for the home to
meet the daily nutrition needs of the residents; and
(b) an organized program of hydration for the home to meet the hydration needs
of residents. 2007, c. 8, s. 11. (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving
compliance with LTCHA, 2007, S.O. 2007, c.8, s. 11(1) to ensure that there is (a)
an organized program of nutrition care and dietary services for the home to meet
the daily nutrition care needs of the residents, and (b) an organized program of
hydration for the home to meet the hydration needs of residents.

The plan is to be submitted to Diana Stenlund, Long-Term Care Homes
Inspector, Ministry of Health and Long-Term Care, Sudbury Service Area Office,
159 Cedar Street, Suite 403, Sudbury, ON, P3E 6A5, Fax: 705-564-3133, by
April 4, 2014.

Grounds / Motifs :



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1. A Compliance Order related to LTCHA, 2007, S.O.2007, c.8, s.11(1) was previously issued in July 2013 during inspection # 2013-139163-0019.

The inspector observed the provision of between-meal beverages and snacks and noted that it was not organized as evidenced by the following:

- 1) Residents requiring total assistance with eating and drinking as outlined in their plan of care, specifically residents #01 and #02, were not always provided assistance when served their snacks and beverages at bedside. Furthermore, the home's policy LTC-G-130 outlines that beverages and/or nourishments shall not be left at the bedside unless indicated in the resident's plan of care.
- 2) Planned menu items for snacks were not always available as per the menu.
- 3) It was observed during two snack passes that snack carts lacked quantity and/or variety of commercially thickened beverages resulting in staff having to stop and hand mix beverages for individual residents during the nourishment pass.
- 4) On March 19, 2014 during the afternoon snack pass, it was observed that Activity staff began serving residents ice cream, while at the same time, the snack pass was underway. On the same day during afternoon snack pass, the inspector also noted that the snack pass ended at 16:10 and staff informed the inspector that dinner would begin at 17:00.
- 5) Inspector observed on several occasions during morning snack pass on March 20, 2014 that a visitor served themselves food and beverages from the cart. This was not addressed by staff.
- 6) On March 20, 2014 during the morning beverage pass, a resident requested a cup of coffee from the snack cart. Staff #201 poured the resident a cup of coffee and placed the cup on the lid of a metal garbage can rather than on some type of table typically expected in an organized dining/snack program.
- 7) The diet sheet attached to the snack cart did not contain the diet information of three residents (#03, #04, and #05) who were transferred to the unit because of renovations to their rooms on another floor. [s. 11. (1)] (163)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 25, 2014



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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



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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.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

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

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



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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 27th day of March, 2014

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

Diana Stenlund, #163

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

DIANA STENLUND

Service Area Office /

Bureau régional de services : Sudbury Service Area Office



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**

**Sudbury Service Area Office
159 Cedar Street, Suite 403
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133**

**Bureau régional de services de Sudbury
159, rue Cedar, Bureau 403
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133**

**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
Mar 27, 2014	2014_139163_0004	317-13, 318-13	Follow up

Licensee/Titulaire de permis

**REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2**

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

**LAKEHEAD MANOR
135 SOUTH VICKERS STREET, THUNDER BAY, ON, P7E-1J2**

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

DIANA STENLUND (163)

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): March 19 - 20, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Registered Nursing Staff, Personal Support Workers, Food Service Manager and Residents.

During the course of the inspection, the inspector(s) observed between-meal beverage and snack passes, reviewed diet sheets, reviewed home policies related to the provision of between-meal beverages and snacks, and reviewed resident health care records.

The following Inspection Protocols were used during this inspection:



Snack Observation

Findings of Non-Compliance were found during this inspection.

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

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and hydration

Specifically failed to comply with the following:

- s. 11. (1) Every licensee of a long-term care home shall ensure that there is,
 - (a) an organized program of nutrition care and dietary services for the home to meet the daily nutrition needs of the residents; and 2007, c. 8, s. 11. (1).
 - (b) an organized program of hydration for the home to meet the hydration needs of residents. 2007, c. 8, s. 11. (1).



Findings/Faits saillants :

1. The inspector observed the provision of between-meal beverages and snacks and noted that it was not organized as evidenced by the following:

- 1) Residents requiring total assistance with eating and drinking as outlined in their plan of care, specifically residents #01 and #02, were not always provided assistance when served their snacks and beverages at bedside. Furthermore, the home's policy LTC-G-130 outlines that beverages and/or nourishments shall not be left at the bedside unless indicated in the resident's plan of care.
- 2) Planned menu items for snacks were not always available as per the menu.
- 3) It was observed during two snack passes that snack carts lacked quantity and/or variety of commercially thickened beverages resulting in staff having to stop and hand mix beverages for individual residents during the nourishment pass.
- 4) On March 19, 2014 during the afternoon snack pass, it was observed that Activity staff began serving residents ice cream, while at the same time, the snack pass was underway. On the same day during afternoon snack pass, the inspector also noted that the snack pass ended at 16:10 and staff informed the inspector that dinner would begin at 17:00.
- 5) Inspector observed on several occasions during morning snack pass on March 20, 2014 that a visitor served themselves food and beverages from the cart. This was not addressed by staff.
- 6) On March 20, 2014 during the morning beverage pass, a resident requested a cup of coffee from the snack cart. Staff #201 poured the resident a cup of coffee and placed the cup on the lid of a metal garbage can rather than on some type of table typically expected in an organized dining/snack program.
- 7) The diet sheet attached to the snack cart did not contain the diet information of three residents (#03, #04, and #05) who were transferred to the unit because of renovations to their rooms on another floor. [s. 11. (1)]

Additional Required Actions:

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



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**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. 71. (3)	CO #001	2013_139163_0019	163

Issued on this 27th day of March, 2014

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

Diana Fenlund, #163