

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

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 3, 2019	2019_777731_0026	015827-19, 016726-19	Complaint

Licensee/Titulaire de permis

Rykka Care Centres LP
3760 14th Avenue Suite 402 MARKHAM ON L3R 3T7

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

Berkshire Care Centre
350 Dougall Avenue WINDSOR ON N9A 4P4

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

KRISTEN MURRAY (731), JULIE DALESSANDRO (739)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): September 5, 6, 9, 10, 11, 12, 13, 16, and 17, 2019

The following Complaint intakes were completed within this inspection:

Complaint Log # 015827-19 / IL-69299-LO related to housekeeping, nutrition, and sufficient staffing

Complaint Log # 016726-19 / IL-69658-LO related to improper care, and skin and wound

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), the Environmental Services Manager (ESM), the Registered Dietitian (RD), a Registered Nurse (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), an Environmental Services (ES) staff and residents.

The inspectors also observed resident rooms, resident bathrooms, dining areas, and common areas, observed residents and the care provided to them, and reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home, reviewed the staffing plan and the staff rosters, and reviewed cleaning schedules and audits.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Infection Prevention and Control

Nutrition and Hydration

Pain

Skin and Wound Care

Sufficient Staffing

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

- 4 WN(s)**
- 3 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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, the furnishing and equipment were kept clean and sanitary.

Complaint #IL-69299-LO was received by the Ministry of Long-Term Care (MOLTC) from a family member of resident #001 which included concerns related to the lack of cleanliness in the home and specific housekeeping issues related to a specific home area.

The home's policy titled "Daily Routines" number ES B-15-10, last revised on January 21, 2015 stated in part under the "Daily Cleaning Procedure" that staff were to "Spot wipe resident room walls, doors and furniture; Clean washroom complete and replenish supplies; Dust mop and damp mop floor or vacuum carpets". The policy also stated in part under "Unit Cleaning Procedure" that staff were to "Complete high dusting; Damp wipe all furniture; Spot wipe walls, doors and windowsills; Damp wipe all baseboards; Clean washrooms complete; Sweep and damp mop floors or vacuum carpets".

The home's policy titled "Quality Management" number ES C-25-05, last revised on December 1, 2017 stated in part "Each health care unit will have departmental / REQI audits conducted by Marquise Hospitality's Quality Control Manager (QCM) or delegate at least once every 3 months and monthly if departmental audit scores are below 90%". The policy also stated in part "Each month the Environmental Services Manager (ESM) will conduct one daily unit cleaning audit for each employee; The employees will be given direction if required to correct any deficiencies with appropriate target dates given; The

ESM will follow-up to ensure that all concerns have been corrected by the target dates indicated; The monthly audits will be kept on file for a period of one year in a binder labelled Daily Unit Cleaning Audits”.

Upon arrival to a specified home area, Inspector #731 noted an unpleasant odour which continued throughout the home area. The inspector also observed a build up of dust, dirt, and debris around the perimeter of the floor, including along baseboards, and in corners of the hallways. A section of the baseboard was attached to the wall by a piece of tape and there was a build up of dirt and debris between the baseboard and the wall where it was coming off. Black streaks, and brown matter was observed on areas of the baseboards in the hallways and common rooms of the home area. A red liquid spill was observed on the floor of the dining room near the fridge. There were black scuffs along the handrails in the hallway and the handrails and vents were covered in a layer of dust. In a specified resident room, the inside of the windows were spotted with residue and the window sill area was covered in dust. The air vent had significant dust build up inside the unit. The bathroom in the resident room was observed to have yellow splatter residue on the walls and door, and the bathroom floor was sticky. In another resident room an unpleasant odour was noted in the bathroom. The bathroom floor was sticky and dirt and debris were observed on the floor. The bathroom door was observed to be cracked. The commode chair in the bathroom of the resident room was observed to have yellow and brown matter on the underside of the seat.

During an observation on a specified home area, Inspector #731 observed the following: Dust, dirt, and debris were observed around the perimeter of the floor and there was dark yellow residue observed on the floor and on the wall in several areas of the hallway. The baseboards were observed to have black scuff marks and some sections the baseboards were no longer securely attached to the walls. A layer of dust was noted along the handrails in the hallways of the home area. In a specified resident room there was an unpleasant odour noted, wet cloths were observed to be piled in the bathroom sink, the bathroom floor was sticky, and the floor was observed to be covered in dirt and debris. The window and window sill in the resident room were observed to have a layer of dust.

On a specified home area, Inspector #731 observed a build up of dust, dirt, and debris remaining around the perimeter of the floor, a layer of dust remained on the handrails in the hallway, and splatter residue remained on areas of the walls and baseboards of the hallways. Pink residue remained under the fridge in the dining room where the red liquid spill had been previously observed. In the resident room, the window, window sill, and vent were observed to have remained covered in dust, with the residue still noted on the

window. On either side of the window the floor was observed to have a build up of dust, dirt and debris. In an additional resident room, the bathroom floor was noted to be sticky and there was yellow splatter residue noted on the walls of the bathroom.

An observation was conducted on a specified home area by Inspector #731. A build up of dust, dirt, and debris was observed around the perimeter of the floor. There was brown and yellow splatter residue observed on the walls in the hallway of the home area.

Observations of a specific home area, by Inspector #731, identified that a build up of dust, dirt, and debris remained around the perimeter of the floor. A large yellow area of residue was observed on the floor outside of the elevators, and a small light brown liquid spill was noted on the floor near the elevators. In the specified resident room, the window, window sill, and vent were observed to have remained covered in dust, with the residue still noted on the window. Specified equipment in the resident room and an area of the floor, all were observed to have multiple areas of brown drops of residue. The bathroom in the resident room was observed to have yellow splatter residue remaining on the walls and door.

An observation was conducted on a specified home area by Inspector #731. An unpleasant odour was noted upon arriving to the home area. Dust, dirt, and debris remained around the perimeter of the floor. Dust, dirt and debris was observed on the floor of the dining room and the floor was noted to be sticky. Brown and yellow splatter residue remained on the walls in the hallway of the home area.

On a specified home area, Inspector #731 observed a build up of dust, dirt, and debris remaining around the perimeter of the floor. Two large yellow areas of residue noted on the floor by the elevators, and there was a light brown ring of residue observed where the brown liquid spill had previously been observed. The dining room was observed to have dirt and debris throughout the floor and a pink residue was observed on the dining room floor.

In an interview with resident #001, when asked if housekeeping staff come and clean their room, resident #001 stated they come and clean the floors and the bathroom. When asked if the staff come and clean any other areas of their room, resident #001 stated no.

In an interview with resident #012, when asked if they feel housekeeping staff keep their room clean, resident #012 stated it had gotten better, but they have had to speak to the housekeeper to clean specific areas. When asked if staff ever come and wipe down the

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walls in their room, resident #012 stated no and that some areas that should have been cleaned are noticeable. When asked if they feel the common areas of the home are kept clean, resident #012 stated no, and identified that there are many common areas in the home that are not kept clean.

In an interview with Environmental Services (ES) staff #108, when asked whose responsibility it is to clean the home areas, ES staff #108 stated it was the housekeeper/environmental service staff member's responsibility. When asked about the process for cleaning the home area, ES staff #108 stated that the housekeepers, nurses or PSWs would all clean spills or do as-needed cleaning, and the staff on the floor could call the housekeeper to do cleaning for anything unexpected that occurred on the home area. The ES staff #108 also stated that they cleaned the home areas daily, spot mopped the hallways, and another staff came in from 1200 hours to 2000 hours with the machine to clean the floors. The ES staff #108 further added that they had two resident rooms on each home area per day where they completed a thorough clean, and each room was usually done once every two weeks, but they will go into each room daily to get the garbage, wipe any spills, sweep and wash the floor, and replenish any supplies.

In an interview with PSW #114, when asked whose responsibility it was to clean the home areas, PSW #114 stated it was both housekeeping and the PSWs' responsibility to clean. When asked who cleans the floors and walls, PSW #114 stated housekeeping. When asked if they have ever not had a housekeeper, PSW #114 stated yes and that they would help out when needed as much as they are able to. When asked how often a thorough clean was completed on the home area and in each of the resident rooms, PSW #114 stated two thorough cleans were done by housekeeping staff on each home area per day. PSW #114 also indicated that if they were short a housekeeper, the thorough cleans were not completed, and not usually made up. When asked if they felt the home was kept clean and sanitary, PSW #114 stated no, they did not feel it was.

In an interview with Environmental Services Manager (ESM) #119, when asked what daily cleaning tasks included, ESM #119 indicated that daily cleaning would include spot cleaning walls, baseboard cleaning, spot moping, cleaning resident rooms and bathrooms. When asked if there was a system in place to monitor the effectiveness of housekeeping services, ESM #119 stated yes, they conduct cleaning audits and try to do them daily depending on what else is going on in the home. When asked if follow ups were done when processes were not followed, ESM #119 stated yes and if an audit was done late, they will go speak with the staff afterwards. When asked when the vents were cleaned, ESM #119 indicated that they would be cleaned by maintenance when a work

order was put in.

A walk through of a specified home area was conducted with ESM #119. Upon arriving onto the elevators, there was a rubber glove observed to be stuffed between the elevator wall and the handrail. ESM #119 noted that the glove should not have been there, and it should have been properly discarded. Upon arrival to the home area, there was a light yellow coloured liquid on the floor, which ESM #119 indicated appeared to be urine, with a “wet floor” sign placed over top of the area. There additionally was brown matter on the floor a couple feet away from the liquid, which ESM #119 stated appeared to be feces. The ESM stated that the two areas of the floor should have been cleaned by staff immediately and then housekeeping should have been called to disinfect the area, rather than someone placing a wet floor sign over top of the area. When shown the area on the floor near the elevators where the ring of brown residue remained from the liquid spill previously observed, ESM #119 identified that the area should have been spot cleaned. When shown the perimeters of the floor which had a build up of dust, dirt and debris, ESM #119 stated that the home had a machine that cleaned around the floor, but noted that the battery had not been lasting on it. When discoloured areas of the floor were identified to the ESM #119, they stated that the floor needed to be waxed again. When pointing out areas of the handrails that had accumulated dust on them, ESM #119 stated that the expectation would be that the handrails were cleaned daily. When shown the areas of the baseboards which were not secured to the wall, ESM stated the wrong glue had been used that they needed to be repaired. When areas of the walls and baseboards which had yellow and brown splatter residue were identified to ESM #119, they stated the areas should have been spot cleaned. When observing the dining room, there was a pink liquid spill on the floor and the floor was sticky. ESM #119 indicated that the areas in the dining room should have been cleaned right away and thus would prevent the floor from being sticky. In a specified resident room, when shown the areas on and around the window that had dust, dirt and debris, ESM #119 stated those areas should have been cleaned during the thorough cleaning of the room. When shown the build up of dust and lint in the air vent, ESM #119 stated that maintenance would need to remove the cover in order to clean the vents, and stated this was last completed approximately a year ago. In the bathroom of the resident room, when shown the walls and door which had splatter residue visible, ESM #119 stated those areas should have been spot cleaned by staff daily.

In an interview with ESM #119 when asked for the “Daily Audits Binder” including the audits from two consecutive months in 2019, and the last quarterly audit completed by Marquise Hospitality's Quality Control Manager or delegate according to their policy,

ESM #119 stated the audits were in different places and that they would have to locate them. ESM #119 further stated that the Marquise Hospitality representative had not completed an audit for 2019 and they were to come into the home to do the audit in the coming weeks.

Executive Director (ED) #100 provided the “Monthly Unit Clean Audit”, number ES C-25-10, documentation for a specified time period. Three audit forms were filled out for specified sets of home areas; however, the document had not indicated which of the home areas were specifically looked at, or if it was both floors. No audit was documented as completed for two of the home areas. In all completed home areas, “Lounge and under sofa cushions clean” was marked with an “X”, indicating a fail, with no corrective action indicated. On a specific set of home areas, “Lounge floors and window sills clean” was also marked with an “X”, and no corrective action indicated. In the document titled “Action Plan”, dated August 23, 2019, provided by ED #100, under the focus “Housekeeping” the plan stated “Daily room audits to be completed 3x week and deficiencies correct same day and placed in binder for monthly review” which was indicated to be implemented immediately.

The licensee failed to ensure that the home was kept clean and sanitary. [s. 15. (2) (a)]

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 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).**

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a written plan of care for each resident that set out clear directions to staff and others who provided direct care to the residents.

Complaint #IL-69299-LO was received by the Ministry of Long-Term Care (MOLTC) from a family member of resident #001. Prior to initiating the inspection, the complainant brought forward additional concerns related to the resident's nutrition interventions.

A review of the home's policy for a specified nutrition intervention number SCP B-40, last revised on June 1, 2018, stated in part that once the decision was made to administer the nutrition intervention, the Registered Dietitian was to complete a nutritional assessment and document the outcomes of assessment in the multidisciplinary notes and care plan. It stated that an order was to be obtained from the attending Physician or Registered Dietitian for the specifications of the nutrition intervention. The policy further stated that the Registered Dietitian was to review the nutrition plan with the registered staff to ensure good understanding the nutrition intervention specifications.

A record review of resident #001's electronic Medication Administration Record (eMAR) indicated that starting on a specified date the resident was to receive a nutrition intervention at a specific rate and duration. Resident #001's eMAR indicated that starting on a specified date, the resident was to receive a specific amount of a second nutrition intervention. The resident's eMAR further indicated that starting on a specified date, two separate medications could be administered for a third specified intervention as needed.

A record review of resident #001's care plan identified two conflicting interventions related to the first nutrition intervention. The resident's care plan further identified two conflicting interventions related to the second specified nutrition intervention. Finally, resident #001's care plan identified interventions related to the third specified intervention that differed from that of the interventions reflected in the eMAR.

In separate interviews with Registered Practical Nurse (RPN) #111 and RPN #115 when asked where they would find information regarding a specified nutrition intervention for a resident, they stated that information should be on the eMAR and in the care plan. When asked who provided specified nutrition interventions to the resident, RPN #115 stated registered staff provide it. When asked what nutrition intervention resident #001 currently received, RPN #115 and RPN #111 stated the resident received a specified nutrition

intervention. When asked if that information is included in resident #001's care plan, RPN #115 stated that the care plan indicated that the nutrition intervention to be provided to resident #001 was their old intervention which was provided when the resident first arrived to the home, but that it should have been updated to reflect the new order. When asked what resident #001 currently received for the second nutrition intervention, RPN #115 stated the resident received a specified nutrition intervention at specified times. When asked if that information was included in resident #001's care plan, RPN #115 stated that the care plan identified the old intervention and that it should also have been updated.

In an interview with the Registered Dietitian (RD) #109 when asked where information was documented regarding specified nutrition interventions for a resident, RD #109 stated it would be recommended in the Physician orders, then goes into the care plan, in the eMAR, and in the assessment. RD #109 further stated that staff would likely look in the eMAR and care plan to find nutrition information. When asked what resident #001 currently received for nutrition, RD #109 stated the resident received a specified nutrition intervention.

In an interview with Director of Care (DOC) #101, when asked if resident #001's care plan identified the specified nutrition interventions currently in place for resident #001, DOC #101 indicated that the care plan identified two different interventions for the first specified nutrition intervention, as well as two different interventions for the second specified nutrition intervention. DOC #101 further stated that the one intervention was the intervention resident #001 previously had been ordered and the care plan should only identify the current nutrition interventions. DOC #101 stated that both interventions in the resident's care plan should indicate the same thing or the interventions should only be in one section of the care plan to provide clear direction to the staff. [s. 6. (1) (c)]

2. A record review of resident #010's eMAR indicated that starting on a specified date, two separate medications could be administered for a specified intervention as needed.

A record review of resident #010's care plan and Kardex identified interventions related to the specified intervention that differed from that of the interventions reflected in the eMAR.

In separate interviews with Registered Practical Nurse (RPN) #115 and RPN #111, when asked what the process was if a specified intervention is needed, RPN #115 stated they normally use a specified medication which was ordered by the Physician as the

intervention, and RPN #111 stated they would provide each medication in the eMAR as the intervention. RPN #111 further stated that because the directions don't state if they are to try one first, then the other, they would provide both.

In an interview with RD #109, when asked what the process was if the resident needed a specified intervention, RD #109 stated there is an order for a specified medication and if that didn't work, they would send the resident to the hospital.

In an interview with DOC #101, when asked what the process in the home was for if the resident needed a specified intervention, DOC #101 stated the expectation would be that staff first use a specified intervention, if unsuccessful, they were to use the specified medications ordered as the intervention, and if still unsuccessful, they would then send the resident to the hospital. When asked if the care plans for both resident #001 and resident #010 provided clear direction to staff regarding the intervention, DOC #101 stated that the care plan didn't provide clear direction to the staff.

The licensee failed to ensure that there was a written plan of care for resident #001 and resident #010 that set out clear directions to staff and others who provided direct care to the residents. [s. 6. (1) (c)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that where this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy, was complied with.

O. Reg. 48 (1) 4. States, every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home; a pain management program to identify pain in residents and manage pain.

A complaint was called to the Ministry of Long-Term Care related to the care of resident #002. Complainant stated that the home did not notice that resident #002 had specified symptoms to an identified area of their body. Resident #002 was sent to hospital and diagnosed with a specific condition.

Record review of progress notes in Point Click Care (PCC) indicated that on a specified date resident #002 appeared to have several specified symptoms. Resident #002 was complaining of pain to a specified area of their body. Resident #002 was sent to hospital and returned with a diagnosis of a specific condition.

Record review of the 'Tasks' tab in PCC indicated that resident #002 complained of pain on five specified days. Upon further review of the clinical chart from a specified range of dates, in PCC, it did not show that a pain assessment was completed for resident #002.

During an interview with resident #002, they stated that they had specified pain and pointed to a specified area of their body. Resident #002 also stated that they often had the specified pain since the condition diagnosis and they did not receive enough pain medication.

During an interview with Personal Support Workers (PSWs) #102, #103, and #104, they stated that resident #002 complained of specified pain to a specified area of their body during care on most mornings and stated that resident #002 used their call bell to tell them when they had pain.

During an interview with Registered Practical Nurse (RPN) #106 they stated that resident #002 will ring their call bell when they are in pain and that is when they administered pain medication. RPN #106 also stated that they had not completed a pain assessment for resident #002 since they returned from hospital with the specified condition diagnosis.

Record review of the home's Pain Management Policy Index RCS G-60, last revised March 13, 2019, stated that a pain assessment was to be completed in Point Click Care (PCC) for all residents that had a new onset of pain. The home's policy also stated that if a resident was in obvious pain (reported or observed) the registered staff should have completed a pain assessment in PCC, recorded a pain level on every shift for three consecutive days, evaluated the three-day observation and completed a Pain Evaluation Summary in PCC.

During an interview with Director of Care (DOC) #101, they confirmed that a pain assessment was not completed for resident #002 on any of the specified dates when they complained of pain. DOC #101 stated that the expectation was that registered staff followed the home's policy and completed a pain assessment using the tools provided in PCC.

The licensee has failed to ensure to ensure that the home's pain policy was complied with related to identifying and managing pain for resident #002. [s. 8. (1) (a),s. 8. (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 the pain management policy in the home is complied with, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

**s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment and is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A complaint was called to the Ministry of Long-Term Care related to the care of resident #002. Complainant stated that the home did not notice that resident #002 had specified symptoms to an identified area of their body. Resident #002 was sent to hospital and diagnosed with a specific condition.

Record review of progress notes in Point Click Care (PCC) indicated that on a specified date resident #002 appeared to have several specified symptoms. Resident #002 was complaining of pain to a specified area of their body. Resident #002 was sent to hospital and returned with a diagnosis of a specific condition.

During an interview with RPN #105, they stated that resident #002 returned from the hospital on a specified date with a diagnosis of a specified condition and they did not complete a skin assessment using a clinically appropriate assessment instrument. RPN #105 also stated that they were not completing weekly wound assessments of the specified areas where the diagnosed condition had developed.

A review of resident #002's clinical record in PCC from a specified range of dates revealed that a head to toe skin assessment was not completed by a member of the registered staff when the resident returned from hospital with the specified condition diagnosis and weekly wound assessments were not completed.

Record review of the home's Skin Risk Assessment and Head-to-Toe Skin Assessment Policy RCS G-35-05 revised July 29, 2019, defined a wound as an alteration in skin integrity -a breakdown in the protective function of the skin-where the blood supply to the dermal tissue is disrupted. The home's policy stated that a head to toe assessment would have been conducted at any time as clinically indicated and that wound assessments were to be conducted by registered staff weekly.

During an interview with Director of Care (DOC) #101 they stated that they consider the specified condition to be an alteration in skin integrity and therefore a head to toe assessment should have been completed as well as weekly wound assessments. DOC #101 confirmed that the staff did not complete a head to toe assessment for resident #002 after their specified condition diagnosis and that weekly wound assessments of the affected area were not done.

The licensee has failed to ensure that resident #002, who was exhibiting altered skin integrity, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment and was reassessed at least weekly by a member of the registered nursing staff. [s. 50. (2) (b) (i)]

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 a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment and is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

Issued on this 15th day of October, 2019

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

Original report signed by the inspector.

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : KRISTEN MURRAY (731), JULIE DALESSANDRO
(739)

Inspection No. /

No de l'inspection : 2019_777731_0026

Log No. /

No de registre : 015827-19, 016726-19

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Oct 3, 2019

Licensee /

Titulaire de permis : Rykka Care Centres LP
3760 14th Avenue, Suite 402, MARKHAM, ON, L3R-3T7

LTC Home /

Foyer de SLD : Berkshire Care Centre
350 Dougall Avenue, WINDSOR, ON, N9A-4P4

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Erica Hooker

To Rykka Care Centres LP, 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

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foyers de soins de longue durée*, L.
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Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,

- (a) the home, furnishings and equipment are kept clean and sanitary;
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
- (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

The licensee must be compliance with s. 15 (2) of the LTCHA.

Specifically, the licensee must:

- a) Ensure the home is kept clean and sanitary, including identified resident rooms, and any other resident room, resident bathrooms, hallways, dining and common areas of the home.
- b) Ensure a weekly monitoring process is developed and implemented, including the staff responsible for monitoring, to ensure that the home is kept clean and sanitary. The monitoring process is to be documented and kept in an accessible location.

Grounds / Motifs :

1. 1. The licensee has failed to ensure that the home, the furnishing and equipment were kept clean and sanitary.

Complaint #IL-69299-LO was received by the Ministry of Long-Term Care (MOLTC) from a family member of resident #001 which included concerns related to the lack of cleanliness in the home and specific housekeeping issues related to a specific home area.

The home's policy titled "Daily Routines" number ES B-15-10, last revised on

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January 21, 2015 stated in part under the “Daily Cleaning Procedure” that staff were to “Spot wipe resident room walls, doors and furniture; Clean washroom complete and replenish supplies; Dust mop and damp mop floor or vacuum carpets”. The policy also stated in part under “Unit Cleaning Procedure” that staff were to “Complete high dusting; Damp wipe all furniture; Spot wipe walls, doors and windowsills; Damp wipe all baseboards; Clean washrooms complete; Sweep and damp mop floors or vacuum carpets”.

The home’s policy titled “Quality Management” number ES C-25-05, last revised on December 1, 2017 stated in part “Each health care unit will have departmental / REQI audits conducted by Marquise Hospitality’s Quality Control Manager (QCM) or delegate at least once every 3 months and monthly if departmental audit scores are below 90%”. The policy also stated in part “Each month the Environmental Services Manager (ESM) will conduct one daily unit cleaning audit for each employee; The employees will be given direction if required to correct any deficiencies with appropriate target dates given; The ESM will follow-up to ensure that all concerns have been corrected by the target dates indicated; The monthly audits will be kept on file for a period of one year in a binder labelled Daily Unit Cleaning Audits”.

Upon arrival to a specified home area, Inspector #731 noted an unpleasant odour which continued throughout the home area. The inspector also observed a build up of dust, dirt, and debris around the perimeter of the floor, including along baseboards, and in corners of the hallways. A section of the baseboard was attached to the wall by a piece of tape and there was a build up of dirt and debris between the baseboard and the wall where it was coming off. Black streaks, and brown matter was observed on areas of the baseboards in the hallways and common rooms of the home area. A red liquid spill was observed on the floor of the dining room near the fridge. There were black scuffs along the handrails in the hallway and the handrails and vents were covered in a layer of dust. In a specified resident room, the inside of the windows were spotted with residue and the window sill area was covered in dust. The air vent had significant dust build up inside the unit. The bathroom in the resident room was observed to have yellow splatter residue on the walls and door, and the bathroom floor was sticky. In another resident room an unpleasant odour was noted in the bathroom. The bathroom floor was sticky and dirt and debris were observed on the floor. The bathroom door was observed to be cracked. The

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commode chair in the bathroom of the resident room was observed to have yellow and brown matter on the underside of the seat.

During an observation on a specified home area, Inspector #731 observed the following: Dust, dirt, and debris were observed around the perimeter of the floor and there was dark yellow residue observed on the floor and on the wall in several areas of the hallway. The baseboards were observed to have black scuff marks and some sections the baseboards were no longer securely attached to the walls. A layer of dust was noted along the handrails in the hallways of the home area. In a specified resident room there was an unpleasant odour noted, wet cloths were observed to be piled in the bathroom sink, the bathroom floor was sticky, and the floor was observed to be covered in dirt and debris. The window and window sill in the resident room were observed to have a layer of dust.

On a specified home area, Inspector #731 observed a build up of dust, dirt, and debris remaining around the perimeter of the floor, a layer of dust remained on the handrails in the hallway, and splatter residue remained on areas of the walls and baseboards of the hallways. Pink residue remained under the fridge in the dining room where the red liquid spill had been previously observed. In the resident room, the window, window sill, and vent were observed to have remained covered in dust, with the residue still noted on the window. On either side of the window the floor was observed to have a build up of dust, dirt and debris. In an additional resident room, the bathroom floor was noted to be sticky and there was yellow splatter residue noted on the walls of the bathroom.

An observation was conducted on a specified home area by Inspector #731. A build up of dust, dirt, and debris was observed around the perimeter of the floor. There was brown and yellow splatter residue observed on the walls in the hallway of the home area.

Observations of a specific home area, by Inspector #731, identified that a build up of dust, dirt, and debris remained around the perimeter of the floor. A large yellow area of residue was observed on the floor outside of the elevators, and a small light brown liquid spill was noted on the floor near the elevators. In the specified resident room, the window, window sill, and vent were observed to have remained covered in dust, with the residue still noted on the window.

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Specified equipment in the resident room and an area of the floor, all were observed to have multiple areas of brown drops of residue. The bathroom in the resident room was observed to have yellow splatter residue remaining on the walls and door.

An observation was conducted on a specified home area by Inspector #731. An unpleasant odour was noted upon arriving to the home area. Dust, dirt, and debris remained around the perimeter of the floor. Dust, dirt and debris was observed on the floor of the dining room and the floor was noted to be sticky. Brown and yellow splatter residue remained on the walls in the hallway of the home area.

On a specified home area, Inspector #731 observed a build up of dust, dirt, and debris remaining around the perimeter of the floor. Two large yellow areas of residue noted on the floor by the elevators, and there was a light brown ring of residue observed where the brown liquid spill had previously been observed. The dining room was observed to have dirt and debris throughout the floor and a pink residue was observed on the dining room floor.

In an interview with resident #001, when asked if housekeeping staff come and clean their room, resident #001 stated they come and clean the floors and the bathroom. When asked if the staff come and clean any other areas of their room, resident #001 stated no.

In an interview with resident #012, when asked if they feel housekeeping staff keep their room clean, resident #012 stated it had gotten better, but they have had to speak to the housekeeper to clean specific areas. When asked if staff ever come and wipe down the walls in their room, resident #012 stated no and that some areas that should have been cleaned are noticeable. When asked if they feel the common areas of the home are kept clean, resident #012 stated no, and identified that there are many common areas in the home that are not kept clean.

In an interview with Environmental Services (ES) staff #108, when asked whose responsibility it is to clean the home areas, ES staff #108 stated it was the housekeeper/environmental service staff member's responsibility. When asked about the process for cleaning the home area, ES staff #108 stated that the

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housekeepers, nurses or PSWs would all clean spills or do as-needed cleaning, and the staff on the floor could call the housekeeper to do cleaning for anything unexpected that occurred on the home area. The ES staff #108 also stated that they cleaned the home areas daily, spot mopped the hallways, and another staff came in from 1200 hours to 2000 hours with the machine to clean the floors. The ES staff #108 further added that they had two resident rooms on each home area per day where they completed a thorough clean, and each room was usually done once every two weeks, but they will go into each room daily to get the garbage, wipe any spills, sweep and wash the floor, and replenish any supplies.

In an interview with PSW #114, when asked whose responsibility it was to clean the home areas, PSW #114 stated it was both housekeeping and the PSWs' responsibility to clean. When asked who cleans the floors and walls, PSW #114 stated housekeeping. When asked if they have ever not had a housekeeper, PSW #114 stated yes and that they would help out when needed as much as they are able to. When asked how often a thorough clean was completed on the home area and in each of the resident rooms, PSW #114 stated two thorough cleans were done by housekeeping staff on each home area per day. PSW #114 also indicated that if they were short a housekeeper, the thorough cleans were not completed, and not usually made up. When asked if they felt the home was kept clean and sanitary, PSW #114 stated no, they did not feel it was.

In an interview with Environmental Services Manager (ESM) #119, when asked what daily cleaning tasks included, ESM #119 indicated that daily cleaning would include spot cleaning walls, baseboard cleaning, spot mopping, cleaning resident rooms and bathrooms. When asked if there was a system in place to monitor the effectiveness of housekeeping services, ESM #119 stated yes, they conduct cleaning audits and try to do them daily depending on what else is going on in the home. When asked if follow ups were done when processes were not followed, ESM #119 stated yes and if an audit was done late, they will go speak with the staff afterwards. When asked when the vents were cleaned, ESM #119 indicated that they would be cleaned by maintenance when a work order was put in.

A walk through of a specified home area was conducted with ESM #119. Upon arriving onto the elevators, there was a rubber glove observed to be stuffed

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between the elevator wall and the handrail. ESM #119 noted that the glove should not have been there, and it should have been properly discarded. Upon arrival to the home area, there was a light yellow coloured liquid on the floor, which ESM #119 indicated appeared to be urine, with a "wet floor" sign placed over top of the area. There additionally was brown matter on the floor a couple feet away from the liquid, which ESM #119 stated appeared to be feces. The ESM stated that the two areas of the floor should have been cleaned by staff immediately and then housekeeping should have been called to disinfect the area, rather than someone placing a wet floor sign over top of the area. When shown the area on the floor near the elevators where the ring of brown residue remained from the liquid spill previously observed, ESM #119 identified that the area should have been spot cleaned. When shown the perimeters of the floor which had a build up of dust, dirt and debris, ESM #119 stated that the home had a machine that cleaned around the floor, but noted that the battery had not been lasting on it. When discoloured areas of the floor were identified to the ESM #119, they stated that the floor needed to be waxed again. When pointing out areas of the handrails that had accumulated dust on them, ESM #119 stated that the expectation would be that the handrails were cleaned daily. When shown the areas of the baseboards which were not secured to the wall, ESM stated the wrong glue had been used that they needed to be repaired. When areas of the walls and baseboards which had yellow and brown splatter residue were identified to ESM #119, they stated the areas should have been spot cleaned. When observing the dining room, there was a pink liquid spill on the floor and the floor was sticky. ESM #119 indicated that the areas in the dining room should have been cleaned right away and thus would prevent the floor from being sticky. In a specified resident room, when shown the areas on and around the window that had dust, dirt and debris, ESM #119 stated those areas should have been cleaned during the thorough cleaning of the room. When shown the build up of dust and lint in the air vent, ESM #119 stated that maintenance would need to remove the cover in order to clean the vents, and stated this was last completed approximately a year ago. In the bathroom of the resident room, when shown the walls and door which had splatter residue visible, ESM #119 stated those areas should have been spot cleaned by staff daily.

In an interview with ESM #119 when asked for the "Daily Audits Binder" including the audits from two consecutive months in 2019, and the last quarterly audit

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completed by Marquise Hospitality's Quality Control Manager or delegate according to their policy, ESM #119 stated the audits were in different places and that they would have to locate them. ESM #119 further stated that the Marquise Hospitality representative had not completed an audit for 2019 and they were to come into the home to do the audit in the coming weeks.

Executive Director (ED) #100 provided the "Monthly Unit Clean Audit", number ES C-25-10, documentation for a specified time period. Three audit forms were filled out for specified sets of home areas; however, the document had not indicated which of the home areas were specifically looked at, or if it was both floors. No audit was documented as completed for two of the home areas. In all completed home areas, "Lounge and under sofa cushions clean" was marked with an "X", indicating a fail, with no corrective action indicated. On a specific set of home areas, "Lounge floors and window sills clean" was also marked with an "X", and no corrective action indicated. In the document titled "Action Plan", dated August 23, 2019, provided by ED #100, under the focus "Housekeeping" the plan stated "Daily room audits to be completed 3x week and deficiencies correct same day and placed in binder for monthly review" which was indicated to be implemented immediately.

The licensee failed to ensure that the home was kept clean and sanitary. [s. 15. (2) (a)]

The severity of this issue was determined to be a level 2 as minimal risk to the residents was identified. The scope of the issue was a level 3 as it related to three out of three home areas reviewed. The home had a level 3 compliance history as they previously had non-compliance issued to the same subsection that included:

-Voluntary Plan of Correction (VPC) issued August 3, 2017
(2017_606563_0010) (731)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Jan 31, 2020

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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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections 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, 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:

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foyers de soins de longue durée*, L.
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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 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 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 de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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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 de la Santé et 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.

Issued on this 3rd day of October, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Kristen Murray

Service Area Office /

Bureau régional de services : London Service Area Office