

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

**Rapport d'inspection en vertu
de la Loi de 2007 sur les
foyers de soins de longue
durée**

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

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

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

Amended Public Copy/Copie modifiée du rapport public

| Report Date(s)/ Date(s) du Rapport | Inspection No/ No de l'inspection | Log #/ No de registre | Type of Inspection / Genre d'inspection |
|---|--|----------------------------------|--|
| Sep 20, 2021 | 2021_829757_0019 (A1) | 009253-21 | Follow up |

Licensee/Titulaire de permis

Sioux Lookout Meno-Ya-Win Health Centre
1 Meno-Ya-Win Way P.O. Box909 Sioux Lookout ON P8T 1B4

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

William A. "Bill" George Extended Care Facility
75 Fifth Avenue Sioux Lookout ON P8T 1K9

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

Amended by DAVID SCHAEFER (757) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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This public inspection report has been revised to reflect that non-compliance issued under s. 110 (7) of Ontario Regulation 79/10 has been revoked, and the associated order has been rescinded. The follow-up inspection #2021_829757_0019 was completed August 16-19, 2021.

A copy of the revised report is attached.

Issued on this 20th day of September, 2021 (A1)

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

Original report signed by the inspector.

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

Amended by DAVID SCHAEFER (757) - (A1)

Amended 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): August 16-19, 2021.

The following intake was inspected during this follow-up inspection:

-Compliance order (CO) #001 from inspection #2021_829757_0012, issued pursuant to s. 110 (7) of Ontario Regulation (O. Reg.) 79/10, regarding required documentation for residents using a physical restraint device under s. 31 of the Long-Term Care Homes Act (LTCHA).

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care (DOC), Manager, Team Lead, Facilities Manager, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a housekeeper, and residents.

The Inspector also conducted a daily tour of resident care areas, observed the provision of care and services to residents, staff-to-resident interactions, observed infection prevention and control (IPAC) practices, and reviewed relevant resident health care records, the home's compliance documentation, cooling and air temperature requirements, as well as specific licensee policies, procedures, and programs.

The following Inspection Protocols were used during this inspection:

**Infection Prevention and Control
Minimizing of Restraining
Safe and Secure Home**

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

**2 WN(s)
1 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 #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:**Conditions of licence**

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The licensee has failed to ensure compliance with every order made under the Long-Term Care Homes Act (LTCHA).

The licensee was issued CO #001, related to O. Reg. 79/10, s. 110 (7), from inspection #2021_829757_0012, on May 20, 2021, with a CDD of July 5, 2021. The order required the home to prepare, submit, and implement a plan to ensure that staff followed the home's "Policy of Least Restraint", and to ensure that the required documentation was completed for residents in restraints. The plan was required to include: The type of retraining that would be provided to staff, including who would be responsible for the retraining, and when it would be completed; The person responsible for monitoring that the policy was being complied with, and that documentation was being completed per the legislative requirements outlined in O. Reg. 79/10, s. 110 (7); What follow-up action would be taken by the home when gaps in the required documentation of physical restraints were identified; and any actions that would be taken by the home to ensure that compliance with O. Reg. 79/10, s. 110 (7) can be sustained once compliance had been achieved through the above actions.

The licensee's written compliance plan related to CO #001 indicated that the home would: meet with each staff member to review the policy of least restraint, and have staff sign off to confirm their understanding of the policy; audit restraint documentation weekly; and have the home's manager follow-up with any staff who failed to follow through with the policy.

The home's Team Lead met with Personal Support Workers (PSWs) and registered nursing staff to review the home's policy of least restraint and obtain signatures confirming their understanding of restraint documentation requirements; however, these meetings were not conducted with a Registered Practical Nurse (RPN) and three PSWs. The home did not complete restraint

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charting audits over the dates of July 5-15 or July 23-29, 2021. In two of the weekly audits completed, the restraint documentation was audited in intervals of two hours and therefore was unable to audit that documentation was completed with respect to the required hourly monitoring of residents in restraints. While the completed audit documentation identified ongoing gaps in the home's restraint charting, the home's manager identified that they were not made aware of these gaps, and did not conduct follow-up meetings with staff who failed to follow through with the home's policy.

Sources: The home's written compliance plan; weekly restraint documentation audits; copies of the home's policy of least restraint signed by PSW and RPN staff; and interviews with the Team Lead, Manager, an RPN, and other relevant staff members. [s. 101. (3)]

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 all RPN and PSW staff review the home's Policy of Least Restraint, and sign off on their understanding of the required documentation for residents in restraints, to be implemented voluntarily.

(A1)

The following Non-Compliance has been Revoked / La non-conformité suivante a été révoquée: WN #1

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 110.
Requirements relating to restraining by a physical device**

Specifically failed to comply with the following:

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

- 1. The circumstances precipitating the application of the physical device. O. Reg. 79/10, s. 110 (7).**
- 2. What alternatives were considered and why those alternatives were inappropriate. O. Reg. 79/10, s. 110 (7).**
- 3. The person who made the order, what device was ordered, and any instructions relating to the order. O. Reg. 79/10, s. 110 (7).**
- 4. Consent. O. Reg. 79/10, s. 110 (7).**
- 5. The person who applied the device and the time of application. O. Reg. 79/10, s. 110 (7).**
- 6. All assessment, reassessment and monitoring, including the resident's response. O. Reg. 79/10, s. 110 (7).**
- 7. Every release of the device and all repositioning. O. Reg. 79/10, s. 110 (7).**
- 8. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care. O. Reg. 79/10, s. 110 (7).**

Issued on this 20th day of September, 2021 (A1)

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



**Ministry of Long-Term
Care**

**Ministère des Soins de longue
durée**

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durée**

Original report signed by the inspector.

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Long-Term Care Operations Division
Long-Term Care Inspections Branch
Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée

Amended Public Copy/Copie modifiée du rapport public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by DAVID SCHAEFER (757) - (A1)

**Inspection No. /
No de l'inspection :** 2021_829757_0019 (A1)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 009253-21 (A1)

**Type of Inspection /
Genre d'inspection :** Follow up

**Report Date(s) /
Date(s) du Rapport :** Sep 20, 2021(A1)

**Licensee /
Titulaire de permis :** Sioux Lookout Meno-Ya-Win Health Centre
1 Meno-Ya-Win Way, P.O. Box909, Sioux Lookout,
ON, P8T-1B4

**LTC Home /
Foyer de SLD :** William A. "Bill" George Extended Care Facility
75 Fifth Avenue, Sioux Lookout, ON, P8T-1K9

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Cynthia Dwyer

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

To Sioux Lookout Meno-Ya-Win Health Centre, you are hereby required to comply with the following order(s) by the date(s) set out below:

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

(A1)

**The following order(s) have been rescinded / Le/les ordre(s) suivants ont été
annulés:**

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

Linked to Existing Order/ 2021_829757_0012, CO #001;
Lien vers ordre existant :

Pursuant to / Aux termes de :

O.Reg 79/10, s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

1. The circumstances precipitating the application of the physical device.
2. What alternatives were considered and why those alternatives were inappropriate.
3. The person who made the order, what device was ordered, and any instructions relating to the order.
4. Consent.
5. The person who applied the device and the time of application.
6. All assessment, reassessment and monitoring, including the resident's response.
7. Every release of the device and all repositioning.
8. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care. O. Reg. 79/10, s. 110 (7).

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Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

Ordre(s) de l'inspecteur

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l'article 154 de la *Loi de 2007 sur les
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2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

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 Services Appeal and Review Board and the Director

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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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2007, c. 8

Ordre(s) de l'inspecteur

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2007, chap. 8

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

PRENEZ AVIS :

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

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

La demande écrite doit comporter ce qui suit :

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

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

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

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

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

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

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

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

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
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 20th day of September, 2021 (A1)

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

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

Amended by DAVID SCHAEFER (757) - (A1)

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

Sudbury Service Area Office