



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

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

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

**Rapport d'inspection 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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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 18, 2018	2018_631210_0009	025113-17	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

Hawthorne Place Care Centre
2045 Finch Avenue West NORTH YORK ON M3N 1M9

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

SLAVICA VUCKO (210)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): May 7, 8, 9, 10, 11, 14, 15, 16 and 17, 2018

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Business Office Manager, Social Worker, Registered Nurses, Nurse Consultant, Personal Support Workers (PSW), Maintenance Technician, family members and residents. During the course of this inspection, the inspector observed resident care, observed staff and resident interactions, reviewed resident health records and relevant policies.

**The following Inspection Protocols were used during this inspection:
Personal Support Services
Reporting and Complaints**

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

3 WN(s)

1 VPC(s)

2 CO(s)

0 DR(s)

0 WAO(s)

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 27. Care conference

Specifically failed to comply with the following:

- s. 27. (1) Every licensee of a long-term care home shall ensure that,**
- (a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, if any; O. Reg. 79/10, s. 27 (1).**
 - (b) the resident, the resident's substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and O. Reg. 79/10, s. 27 (1).**
 - (c) a record is kept of the date, the participants and the results of the conferences. O. Reg. 79/10, s. 27 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that:

- (a) a care conference of the interdisciplinary team was held to discuss the plan of care and any other matters of importance to the resident and his or her SDM, at least annually after admission
- (b) the resident, their SDM, if any, and any other person that either of them may direct is invited to participate in these care conferences, and
- (c) a record is kept of the date, the participants, and the results of the conferences.

A review of the clinical record for resident #022 failed to determine that any interdisciplinary care conferences were held during two years.

Interview with the Administrator revealed that there is a schedule made by the Unit Clerk for every resident with dates the Annual Care Conferences to be held. The schedule is posted on the units. The Annual Physical assessment by the physician is usually completed one week before the multidisciplinary care conference. The inspector was able to locate the schedule on a specific unit.

A review of the Care Conferences schedule for two years revealed resident #022 (who is their own POA) was scheduled on specified dates for two care conferences but the Administrator was not able to present a record that the care conferences were held, who were the participants who attended and the result of the conferences. [s. 27. (1)]

2. A review of the Care Conference schedule revealed resident #023 was admitted on a

specified date. The six week Multi-disciplinary Care Conference (MDC) was scheduled for a specified date after the admission. The annual physical assessment was completed approximately one year after the admission. A review of resident #023's clinical record and interview with the Administrator revealed no evidence that the six-week nor the yearly care conference were held.

Interview with registered staff #122 revealed that there was a schedule at the nursing station created by the nursing clerk with dates for each resident's care conference. Interview with SW revealed they did not attend care conferences for residents #22 and #23 for two years because the SW was not invited by the nursing clerk and she was not aware that part of the SW's role was to participate in care conferences. [s. 27. (1)]

3. A review of the Care Conferences schedule for resident #024 revealed the resident was scheduled for a care conference on a specified date in one year and not scheduled for the following year. The annual physical assessment was completed by the Physician on specified dates each year accordingly.

The Administrator was not able to present a record that the care conferences for residents #022, #023 and #024 were held over a two year period, who were the participants who attended and the results of the conferences. [s. 27. (1)]

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 O.Reg 79/10, s. 253. Reduction in basic accommodation charge

Specifically failed to comply with the following:

s. 253. (3) Upon the request of a resident, a licensee shall provide assistance in completing the application. O. Reg. 79/10, s. 253 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that upon the request of a resident, a licensee provided assistance in completing the application.

A complaint submitted to MOHLTC on a specified date, revealed that resident #022 who had own Power of Attorney (POA) and no other contacts, received a bill for a specified amount from the licensee for their accommodation. According to the complainant, the resident's monthly allowance was taken to help pay for this invoice. Further to this, the complainant indicated that the resident is not able to manage their finances and did not understand why the resident was receiving the bill.

A review of the progress notes revealed that on a specified date a family member of a resident in the home voiced concerns to the Director of Care (DOC) that resident #022 is being overcharged for accommodation which is not fair to the resident, and the resident has been told that they have certain fees which they owe to the licensee. The family member stated that the resident will have no money to spend if the resident is being charged so much for rent. The complainant stated they were speaking on their behalf. The family member requested the financial concern to be reviewed. The DOC documented that the concerns will be forwarded to financial department and could not discuss the resident's details with them due to privacy. The DOC documented that the Administrator was updated about the above raised concerns related to resident #022's financial matters.

A review of resident #022's financial statements for two years and interview with Business Office Manager (BOM)-Staff #120 revealed the resident stopped receiving the pension checks on a specified date because the personal income tax was not done. One month later the BOM arranged with the SW for the personal income tax to be done. Interview with the BOM and Administrator revealed that the home ran a program for helping residents with personal tax and rate reduction application in the previous years. Resident #022 received assistance with filling out the rate reduction applications and their income tax return during this time period. Since the BOM was absent for a period of approximately one year and was not replaced, the home lost track of the process.

The BOM indicated that in their absence the binder with residents who were on RR, including resident #022, was not processed on time and the six residents, including resident #022, who were enrolled in the trust accounts with the home and required help, were late with the application submission. Some of the residents were approved for rate reduction and their approval was backdated, but certain residents were not. Resident #022's application was submitted nine months later than required, and they were not approved for RR for the period of five months because they were late with the application. For the period of five months, the home charged the resident a maximum rate because they did not apply for RR.



During an off-site inquiry, the inspector spoke to the Administrator about this situation. Based upon the progress notes and interview with the Social Worker (SW), they assisted resident #022 nine months after the required date, to complete their application for a rate reduction. This was three days after the conversation between the inspector and the Administrator. The resident was approved (at Director's discretion) for a reduced rate of \$1361.08/month backdated but not approved for five months. Interview with BOM revealed the process for RR application is that they have a list of residents who require support with RR application, will provide it to the SW and the SW communicates with residents in regards the RR application. The home was not able to provide evidence to the inspector that resident #022 was approached for RR application before the date when SW assisted the resident as they had been for the past few years.

During an observation on a specified date, in resident #022's room the inspector observed two envelopes on the night table. One was received a few weeks earlier, sent from the home's office and another one from the Pharmacy. They were not open. When the resident was asked if they received the financial statements, the resident asked another resident who then pulled one of the previous statement from their drawer. The resident showed the statement to the inspector. The statement indicated that resident #022 should bring the Notice of Assessment (NOA) to the home. When the resident was asked if they understood what that meant, the resident was not able to explain. Resident indicated to the inspector that they required support with buying new personal items, but they did not know who to ask for help. Interview with the Administrator revealed that the Program department gets involved in helping residents with buying personal items.

Interview with BOM revealed that the monthly and quarterly financial statements get sent from the business office to the clerk, and she was not aware how they reach the residents, if they open them or if they understand the statements.

Interview with the SW revealed that if a resident is not able to ask for help to file their personal tax it is an indicator that the resident should be referred for a capacity assessment and eligibility for a Public Guardian Trustee (PGT) to be assigned to a resident. The SW further indicated that the home has a program for residents who require capacity assessment referral called Genesis. As part of the program, the SW indicated there is a Mini Capacity Assessment for property and finances which will help with determining if the resident requires further referral for a PGT. As part of this Mini Capacity Assessment is the Standardized Mini Mental State Examination (SMMSE). The SW approached the resident during this inspection, in the dining room to perform the



SMMSE but the SW was not able to complete it because the resident's priority in that moment was their health issue. The SW revealed that resident #022's confusion progressed since they met them the first time. She further indicated that they could still proceed with a referral to PGT without the SMMSE if the Mini Capacity Assessment indicated the resident was not capable of managing their finances.

A review of the progress notes revealed that on a specified date, the resident had five money bills and lost one, and registered staff documented that the resident should have opened a trust account. The Administrator indicated that the registered staff are not involved in managing resident's finances, but they have to know whom to send a referral in order to ensure that the resident is assessed from that aspect.

Interviews with SW, BOM and Administrator revealed that no team member noticed that the resident was not opening their financial statements or if they were able to understand it.

Interview with BOM indicated seven residents had trust accounts with the home and all were late with the personal income tax submission or rate reduction application. For instance resident # 025's pension was stopped because the tax was not submitted on time, and the rate reduction was not approved from a specific date. Residents #023 and #024 were not assisted with their personal income tax submission on time. The rate reduction application for resident #024 was submitted at the end of a specified year and they were approved for reduced rate from the middle of the year at Director's discretion.

A review of business administration and financial records and interviews with SW, BOM, Administrator, indicated that residents #022, and five other residents whose finances were managed through the home's trust accounts were not assisted in a timely manner with managing their properties and finances, including but not limited to assistance with personal income tax submission and application for accommodation rate reduction. [s. 253. (3)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints



Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home been investigated, resolved where possible, and response provided within 10 business days of receipt of the complaint.

A complaint submitted to MOHLTC on a specified date, revealed that resident #022 who has no family or anyone to help them, received a bill for a specified amount from the licensee for their accommodation. According to the complainant, the resident's monthly allowance was taken to help pay for this invoice. Further to this, the complainant indicated that the resident is not able to manage their finances and did not understand why the resident was receiving the bill.

An interview with the complainant revealed that they talked to the home's management staff and they did not receive an answer yet about the outcome of the investigation. The complainant stated that the licensee told them they were not able to share resident's #022's personal information with them.

A review of the progress notes revealed that on a specified date a family member of a resident in the home voiced concerns to the Director of Care (DOC) that resident #022 is being overcharged for accommodation which is not fair to the resident, and the resident had been told that they have an amount to pay to the licensee. The family member stated that the resident would have no money to spend if the resident was being charged so much for rent. Resident #022 did not have a family and the other resident's family member was speaking on their behalf. The family member requested the financial concern to be reviewed. The DOC documented that the concerns would be forwarded to

financial department and could not discuss the resident's details with them due to privacy. The DOC documented that the Administrator was updated about the above raised concerns related to resident #022's financial matters.

A review of the home's policy Complaint Investigation, Client Service Response (CSR) Form, section Quality Improvement, dated March 7, 2018, revealed a formal complaint is a verbal or written expression of dissatisfaction or concern by a resident, family member or other (persons) with the care or services provided by the home and requiring acknowledgement and action. The department head/designate will investigate each complaint and resolve where possible and provide a response to the person who made the complaint indicating what has been done to resolve the complaint or that the licensee believes the complaint to be unfounded and the reasons for the belief. Any person receiving a complaint is to document the complaint on a Client Service Form. The Department Head/designate to provide the response to the complainant within 10 business days of the receipt of the complaint; complaints that could not be investigated and resolved within 10 business days the Department Head/designate is to provide an acknowledgement of receipt of the complaint and include the date by which the complainant can reasonably expect a resolution. The home is to maintain a written record of each review and of the improvements made in response. The Social Services Coordinator will review, analyze and trend all documented complaints on a monthly and quarterly basis utilizing cumulative data on the CSR quarterly/annual summary report.

Interview with the home's Administrator revealed that the expectation is when a complaint is submitted to the home a CSR form is to be filled in, the concern to be investigated and the complainant to be contacted with the outcome of investigation. The Administrator indicated that they became aware of the complaint when the inspector called the home and mentioned about resident #022 financial concerns and confirmed that the complaint was not investigated nor the complainant was contacted with the outcome of the investigation. [s. 101. (1) 1.]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home been investigated, resolved where possible, and response provided within 10 business days of receipt of the complaint, to be implemented voluntarily.

Issued on this 9th day of July, 2018

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

Original report signed by the inspector.



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

Order(s) of the Inspector

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

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

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 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) : SLAVICA VUCKO (210)

Inspection No. /

No de l'inspection : 2018_631210_0009

Log No. /

No de registre : 025113-17

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Jun 18, 2018

Licensee /

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

LTC Home /

Foyer de SLD : Hawthorne Place Care Centre
2045 Finch Avenue West, NORTH YORK, ON,
M3N-1M9

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Linda Joseph-Massiah

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

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

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 27. (1) Every licensee of a long-term care home shall ensure that,

(a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, if any;

(b) the resident, the resident's substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and

(c) a record is kept of the date, the participants and the results of the conferences. O. Reg. 79/10, s. 27 (1).

Order / Ordre :

The licensee must be compliant with O. Reg 79.10, r. 27.1

a) The licensee to hold a care conference of the interdisciplinary team providing a resident's care to residents #022, #023, and #024 at least annually and within six weeks for all newly admitted residents to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker,

(b) The licensee to keep a record of the date, the participants and the results of the care conferences

Grounds / Motifs :

1. The licensee failed to ensure that:

(a) a care conference of the interdisciplinary team was held to discuss the plan of care and any other matters of importance to the resident and his or her SDM, at least annually after admission

(b) the resident, their SDM, if any, and any other person that either of them may direct is invited to participate in these care conferences, and

(c) a record is kept of the date, the participants, and the results of the

conferences.

A review of the clinical record for resident #022 failed to determine that any interdisciplinary care conferences were held during two years.

Interview with the Administrator revealed that there is a schedule made by the Unit Clerk for every resident with dates the Annual Care Conferences to be held. The schedule is posted on the units. The Annual Physical assessment by the physician is usually completed one week before the multidisciplinary care conference. The inspector was able to locate the schedule on a specific unit.

A review of the Care Conferences schedule for two years revealed resident #022 (who is their own POA) was scheduled on specified dates for two care conferences but the Administrator was not able to present a record that the care conferences were held, who were the participants who attended and the result of the conferences. [s. 27. (1)] (210)

2. A review of the Care Conference schedule revealed resident #023 was admitted on a specified date. The six week Multi-disciplinary Care Conference (MDC) was scheduled for a specified date after the admission. The annual physical assessment was completed approximately one year after the admission. A review of resident #023's clinical record and interview with the Administrator revealed no evidence that the six-week nor the yearly care conference were held.

Interview with registered staff #122 revealed that there was a schedule at the nursing station created by the nursing clerk with dates for each resident's care conference.

Interview with SW revealed they did not attend care conferences for residents #22 and #23 for two years because the SW was not invited by the nursing clerk and she was not aware that part of the SW's role was to participate in care conferences. [s. 27. (1)] (210)

3. A review of the Care Conferences schedule for resident #024 revealed the resident was scheduled for a care conference on a specified date in one year and not scheduled for the following year. The annual physical assessment was completed by the Physician on specified dates each year accordingly.

The Administrator was not able to present a record that the care conferences for



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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de soins de longue durée*, L.O. 2007, chap. 8

residents #022, #023 and #024 were held over a two year period, who were the participants who attended and the results of the conferences. (210)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Aug 31, 2018



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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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de soins de longue durée*, L.O. 2007, chap. 8

Order # /

Ordre no : 002

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 253. (3) Upon the request of a resident, a licensee shall provide assistance in completing the application. O. Reg. 79/10, s. 253 (3).

Order / Ordre :

The licensee must be compliant with O. Reg 79.10, s. 253 (3).

The licensee shall prepare, submit and implement a plan to ensure that the licensee provides assistance to residents #022, #023 and #024 and any other resident who have accessed all sources of income to maximize his or her annual net income, in completing the application to the Director for a reduced amount payable by the resident for basic accommodation during a term determined in accordance with subsection (7).

The plan will include, at a minimum, the following elements:

1. Assess residents #022, #023, and #024 and any other residents who require assistance in managing their property/finances, (such as Personal Tax application and Rate Reduction application)
2. Develop and implement a plan for referral and collaboration between the interdisciplinary team members for identifying, assessing and referring residents #022, #023, #024, and any other residents who require assistance in managing their property/finances to Social Worker services, Business Office or other departments (PGT, Capacity Assessment)
3. Develop a monitoring system to ensure that residents #022, #023, and #024 and any other resident who requires assistance in managing their property/finances within the home, receive timely assistance according to their needs.
4. The licensee will issue a refund for the difference in the accommodation fees charged from July 01, 2017 until December 1, 2017 as a result of late submission of personal income tax or rate reduction application submission.

Please submit the plan to Slavica Vucko at slavica.vucko@ontario.ca by June 29, 2018.

Grounds / Motifs :

1. 1. The licensee failed to ensure that upon the request of a resident, a licensee provided assistance in completing the application.

A complaint submitted to MOHLTC on a specified date, revealed that resident #022 who had own Power of Attorney (POA) and no other contacts, received a bill for a specified amount from the licensee for their accommodation. According to the complainant, the resident's monthly allowance was taken to help pay for this invoice. Further to this, the complainant indicated that the resident is not

able to manage their finances and did not understand why the resident was receiving the bill.

A review of the progress notes revealed that on a specified date a family member of a resident in the home voiced concerns to the Director of Care (DOC) that resident #022 is being overcharged for accommodation which is not fair to the resident, and the resident has been told that they have certain fees which they owe to the licensee. The family member stated that the resident will have no money to spend if the resident is being charged so much for rent. The complainant stated they were speaking on their behalf. The family member requested the financial concern to be reviewed. The DOC documented that the concerns will be forwarded to financial department and could not discuss the resident's details with them due to privacy. The DOC documented that the Administrator was updated about the above raised concerns related to resident #022's financial matters.

A review of resident #022's financial statements for two years and interview with Business Office Manager (BOM)-Staff #120 revealed the resident stopped receiving the pension checks on a specified date because the personal income tax was not done. One month later the BOM arranged with the SW for the personal income tax to be done. Interview with the BOM and Administrator revealed that the home ran a program for helping residents with personal tax and rate reduction application in the previous years. Resident #022 received assistance with filling out the rate reduction applications and their income tax return during this time period. Since the BOM was absent for a period of approximately one year and was not replaced, the home lost track of the process.

The BOM indicated that in their absence the binder with residents who were on RR, including resident #022, was not processed on time and the six residents, including resident #022, who were enrolled in the trust accounts with the home and required help, were late with the application submission. Some of the residents were approved for rate reduction and their approval was backdated, but certain residents were not. Resident #022's application was submitted nine months later than required, and they were not approved for RR for the period of five months because they were late with the application. For the period of five months, the home charged the resident a maximum rate because they did not apply for RR.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur

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

During an off-site inquiry, the inspector spoke to the Administrator about this situation. Based upon the progress notes and interview with the Social Worker (SW), they assisted resident #022 nine months after the required date, to complete their application for a rate reduction. This was three days after the conversation between the inspector and the Administrator. The resident was approved (at Director's discretion) for a reduced rate of \$1361.08/month backdated but not approved for five months. Interview with BOM revealed the process for RR application is that they have a list of residents who require support with RR application, will provide it to the SW and the SW communicates with residents in regards the RR application. The home was not able to provide evidence to the inspector that resident #022 was approached for RR application before the date when SW assisted the resident as they had been for the past few years.

During an observation on a specified date, in resident #022's room the inspector observed two envelopes on the night table. One was received a few weeks earlier, sent from the home's office and another one from the Pharmacy. They were not open. When the resident was asked if they received the financial statements, the resident asked another resident who then pulled one of the previous statement from their drawer. The resident showed the statement to the inspector. The statement indicated that resident #022 should bring the Notice of Assessment (NOA) to the home. When the resident was asked if they understood what that meant, the resident was not able to explain. Resident indicated to the inspector that they required support with buying new personal items, but they did not know who to ask for help. Interview with the Administrator revealed that the Program department gets involved in helping residents with buying personal items.

Interview with BOM revealed that the monthly and quarterly financial statements get sent from the business office to the clerk, and she was not aware how they reach the residents, if they open them or if they understand the statements.

Interview with the SW revealed that if a resident is not able to ask for help to file their personal tax it is an indicator that the resident should be referred for a capacity assessment and eligibility for a Public Guardian Trustee (PGT) to be assigned to a resident. The SW further indicated that the home has a program for residents who require capacity assessment referral called Genesis. As part of the program, the SW indicated there is a Mini Capacity Assessment for property and finances which will help with determining if the resident requires further

referral for a PGT. As part of this Mini Capacity Assessment is the Standardized Mini Mental State Examination (SMMSE). The SW approached the resident during this inspection, in the dining room to perform the SMMSE but the SW was not able to complete it because the resident's priority in that moment was their health issue. The SW revealed that resident #022's confusion progressed since they met them the first time. She further indicated that they could still proceed with a referral to PGT without the SMMSE if the Mini Capacity Assessment indicated the resident was not capable of managing their finances.

A review of the progress notes revealed that on a specified date, the resident had five money bills and lost one, and registered staff documented that the resident should have opened a trust account. The Administrator indicated that the registered staff are not involved in managing resident's finances, but they have to know whom to send a referral in order to ensure that the resident is assessed from that aspect.

Interviews with SW, BOM and Administrator revealed that no team member noticed that the resident was not opening their financial statements or if they were able to understand it.

Interview with BOM indicated seven residents had trust accounts with the home and all were late with the personal income tax submission or rate reduction application. For instance resident # 025's pension was stopped because the tax was not submitted on time, and the rate reduction was not approved from a specific date. Residents #023 and #024 were not assisted with their personal income tax submission on time. The rate reduction application for resident #024 was submitted at the end of a specified year and they were approved for reduced rate from the middle of the year at Director's discretion.

A review of business administration and financial records and interviews with SW, BOM, Administrator, indicated that residents #022, and five other residents whose finances were managed through the home's trust accounts were not assisted in a timely manner with managing their properties and finances, including but not limited to assistance with personal income tax submission and application for accommodation rate reduction. [s. 253. (3)] (210)



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Ordre(s) de l'inspecteur

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

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

Aug 31, 2018



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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



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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, 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:

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
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, 11^e 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)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

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 18th day of June, 2018

Signature of Inspector /

Signature de l'inspecteur :



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Name of Inspector /

Nom de l'inspecteur :

Slavica Vucko

Service Area Office /

Bureau régional de services : Toronto Service Area Office