



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

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

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

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

**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 # / Registre no	Type of Inspection / Genre d'inspection
Sep 29, 2016	2016_271532_0017	022951-16	Resident Quality Inspection

Licensee/Titulaire de permis

STEEVES & ROZEMA ENTERPRISES LIMITED
265 NORTH FRONT STREET SUITE 200 SARNIA ON N7T 7X1

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

ST ANDREW'S TERRACE LONG TERM CARE COMMUNITY
255 St. Andrew's Street CAMBRIDGE ON N1S 1P1

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

NUZHAT UDDIN (532), ANN POGUE (636), CHARLES SMITH (635), MARIAN
MACDONALD (137), REBECCA DEWITTE (521)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): August 4, 5, 8, 9, 10, 11, 12,16,17,18, 2016.

Concurrent Critical Incident System (CIS) /complaints were completed within this inspection:

CIS log # 008693-16 CI # 2926-000005-16 related to alleged abuse

CIS log # 014073-16 CI # 2926-000006-16 related to alleged resident to resident abuse

CIS log # 019557-16 CI # 2926-000007-16 related to alleged abuse

CIS log# 019802-16 CI # 2926-000008-16 related to alleged abuse

CIS log # 022696-16 CI # 2926-000010-16 related to alleged abuse

Complaint log # 023692-16 IL-45917-LO related to medication administration, care issues and dietary concerns

Complaint log # 009288-16 IL-43881-LO alleged neglect

Follow-up to an order log # 010837-16 related to continence

Follow-up to an order log # 010866-16 related to Bill of Rights

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Associate Director(s) of Care, Registered Nurses (RN), Food Service Manager, Environmental Service Manager, Recreation and Program Services Manager, Resident Assessment Instrument (RAI) Coordinators, Behaviour Supports Ontario Staff (BSO), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeping staff, Family and Residents' Council Representatives, residents and family members.

Inspectors also toured the resident home areas and common areas, medication rooms, spa rooms, observed resident care provision, resident/staff interaction, dining services, medication administration, medication storage areas, reviewed relevant residents clinical records, posting of required information, relevant policies and procedures, as well as meeting minutes pertaining to the inspection, and observed general maintenance and cleaning of the home.

The following Inspection Protocols were used during this inspection:



Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care

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

6 WN(s)
1 VPC(s)
2 CO(s)
0 DR(s)
0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 3. (1)	CO #001	2016_325568_0006		532

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that residents were protected from abuse by anyone and that residents were not neglected by the licensee or staff.

Under Ontario Regulation 79/10, neglect is defined "as the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, including inaction or a pattern of inaction that jeopardizes the health or safety of one or more residents."

An identified resident after experiencing a significant change in their health condition were to receive activities of daily living per the resident's plan of care.

Record review indicated that the identified resident did not receive care as per the plan of care.

Record review indicated that the identified resident had a number of areas of altered skin integrity.

Manager of Resident Care acknowledged that the individualized care outlined in the plan of care was not provided to the identified resident and as a result the identified resident experienced a number of areas of altered skin integrity.

The severity of this area of non-compliance was actual harm as the resident suffered numerous areas of altered skin integrity and pattern of inaction by staff in the home that jeopardized the well-being of the resident. The scope of this issue was isolated to this one resident. There was history of non-compliance as this was previously issued as a Written Notification on November 17, 2015; Compliance Order issued July 28, 2015, complied February 16, 2016 another Compliance Order issued January 7, 2015 and complied on April 22, 2015 and a Voluntary Plan of Correction issued on November 27, 2013.

The licensee failed to ensure that identified resident was provided with treatment, care, services or assistance required for their health, safety or well-being. [s. 19. (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. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that, (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

s. 51. (2) Every licensee of a long-term care home shall ensure that, (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that each resident who was incontinent received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence where the condition or circumstances of the resident required.

A) A clinical record review indicated that two of the identified residents experienced a change in their level of continence; however, there was no documented evidence that the identified residents had a continence assessment completed when his/her bowel/bladder continence changed.

During an interview, the Manager of Resident Care, said that the identified residents did not have a continence assessment completed when their bowel/bladder continence changed.

The severity of this area of non-compliance was minimal harm with potential for actual harm. The scope was determined to be a pattern as it was identified for two of the three



(66 per cent) residents reviewed.

There is history of non-compliance as this was previously issued as a Compliance Order on February 16, 2016, under Log # 032425-15 and Log # 035968-15 and inspection # 2016_325568_0004; as a Compliance Order on November 17, 2015, under Log # 023170 and inspection # 2015_226192_0062; as a Voluntary Plan of Correction on April 8, 2014, under Log # L-000294-14 and inspection # 2014_355000_0002. [s. 51. (2) (a)]

2. The licensee has failed to ensure that the resident who was incontinent had an individualized plan of care to promote and manage bowel and bladder continence based on the assessment and that the plan was implemented.

B) A clinical record review indicated that an identified resident experienced a change in their level of continence and there was no individualized plan of care to promote and manage bowel and bladder continence based on the assessment.

During an interview, the Manager of Resident Care, said the identified resident, who was incontinent did not have an individualized plan of care to promote and manage bowel and bladder continence.

The severity of this area of non-compliance was minimal harm. The scope was determined to be isolated as the non-compliance was found in thirty three percent (33%) or less of the population that was inspected. There was a history of previous unrelated non-compliance. [s. 51. (2) (b)]

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 LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance



Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a written policy that promotes zero tolerance of abuse and neglect of residents was complied with.

Record review indicated an allegation of verbal abuse with an identified resident.

In an interview, the Manager of Resident Care said that the incident was not reported immediately.

The home's policy called , Resident Abuse and Neglect stated that the "Team Members shall notify the Administrator and or MRC/RN/RPN immediately upon observation or receiving knowledge of a suspected reported incident of Resident abuse or neglect. The Administrator must be notified immediately if they are not the first person to whom abuse is reported. Immediate reporting of the abuse means the same day. The team member alleged to have perpetrated the abuse will be suspended pending investigation."

Manager of Resident Care confirmed that the incident was not reported to the manager until a number of days after the incident took place and the Manager of Resident Care acknowledged that the policy on reporting of Resident Abuse and Neglect was not complied with.

The severity of this area of non-compliance was minimum harm or potential for actual harm as there was an allegation of verbal abuse with an identified resident. The scope was determined to be isolated to this one resident and there was a history of previous unrelated non-compliance. [s. 20. (1)]

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 home's policy that promotes zero tolerance of abuse and neglect of residents is complied with, to be implemented voluntarily.

**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:**

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day. O. Reg. 79/10, s. 26 (3).

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the responsive behaviour plan of care was based on an interdisciplinary assessment of the resident that included any mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.

Record review indicated that an identified resident had specified responsive behaviours.

Plan of care and Kardex was reviewed and it was noted that there was no documentation related to specified responsive behaviours.

Manager of Resident Care confirmed that the responsive behaviour plan of care was not based on an interdisciplinary assessment of the resident.



The severity of this area of non-compliance was minimal harm. The scope was determined to be isolated as the non-compliance was found in thirty three percent (33%) or less of the population that was inspected. There was a history of previous unrelated non-compliance. [s. 26. (3) 5.]

2. The licensee has failed to ensure that the plan of care was based on an interdisciplinary assessment with respect to the resident's health conditions including allergies, pain, risk of falls and other special needs.

A) Record review indicated that an identified resident was at risk for falls.

The plan of care did not identify the risk for falls or safety interventions specific to the resident.

The Manager of Resident Care (MRC) stated that the expectation was for the plan of care to identify a focus for prevention of falls and the interventions the staff were to follow.

The licensee failed to ensure the plan of care for the identified resident was based on an interdisciplinary assessment with respect to the resident's health condition including risk of falls.

B) Record review indicated that an identified resident was at risk for falls.

Review of the care plan indicated that there was no plan of care for falls.

Manager of Resident Care and the RAI Coordinator both acknowledged that there was no plan of care based on an interdisciplinary assessment with respect to the resident's risk of falls.

The severity of this area of non-compliance was minimal harm. The scope was determined to be isolated as the non-compliance was found in thirty three percent (33%) or less of the population that was inspected. There was a history of previous unrelated non-compliance. [s. 26. (3) 10.]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids

Specifically failed to comply with the following:

s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,

(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).

(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits saillants :

The licensee has failed to ensure that each resident of the home has his or her personal items, labelled within 48 hours of admission and of acquiring, in the case of new items.

Observations throughout the Resident Quality Inspection (RQI) revealed unlabelled personal items in five shared washrooms.

A review of the policy called "Bedpan and Urinal Cleaning" indicated, under procedure, that "bedpans and urinals were to be labeled with the resident's name and were for personal use only".

During a tour of the home area, the Manager of Resident Care, observed the unlabeled items and said that all resident personal ware was to be labeled for each resident.

The severity of this area of non-compliance was minimal harm. The scope was determined to be isolated as the non-compliance was found in thirty three percent (33%) or less of the population that was inspected. There was a history of previous unrelated non-compliance. [s. 37. (1) (a)]

WN #6: 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, had been reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A clinical record review indicated an identified resident had altered skin integrity.

Record review for the identified resident revealed that there was no documented evidence that a weekly wound assessment had been completed.

A review of the home's policy, called Skin and Wound Care Program, indicated "Monitoring – A Pressure Ulcer Structured Progress Note – is completed by Registered Staff with each dressing change and wound measurements will be completed weekly. The ongoing weekly documentation will be completed when a resident is exhibiting altered skin integrity, breakdown, pressure ulcers, wounds and skin tears. The skin and treatment regimen will be recorded in the eTAR system with each dressing change. A care plan will be initiated or updated according to the status of the wound and treatment regimen".

During an interview the Manager of Resident Care said the weekly wound care assessment had not been completed for the identified resident.

The severity of this area of non-compliance was minimal harm. The scope was determined to be isolated to this one resident and there was a history of previous unrelated non-compliance. [s. 50. (2) (b) (iv)]

Issued on this 30th day of September, 2016

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



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

**Ministère de la Santé et des
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**Inspection Report under
the Long-Term Care
Homes Act, 2007**

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

Original report signed by the inspector.



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

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) : NUZHAT UDDIN (532), ANN POGUE (636), CHARLES SMITH (635), MARIAN MACDONALD (137), REBECCA DEWITTE (521)

Inspection No. /

No de l'inspection : 2016_271532_0017

Log No. /

Registre no: 022951-16

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Sep 29, 2016

Licensee /

Titulaire de permis : STEEVES & ROZEMA ENTERPRISES LIMITED
265 NORTH FRONT STREET, SUITE 200, SARNIA,
ON, N7T-7X1

LTC Home /

Foyer de SLD : ST ANDREW'S TERRACE LONG TERM CARE
COMMUNITY

255 St. Andrew's Street, CAMBRIDGE, ON, N1S-1P1

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : MARK VAN DYKE



**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*

To STEEVES & ROZEMA ENTERPRISES LIMITED, you are hereby required to
comply with the following order(s) by the date(s) set out below:



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

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

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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 :

LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Order / Ordre :

The licensee of the long term care home shall ensure that residents are not neglected by the licensee or staff.

The licensee will ensure that all residents on comfort measures are provided with turning and positioning and all care required as per their plan of care.

Grounds / Motifs :



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*

1. 1. The licensee has failed to ensure that residents were protected from abuse by anyone and that residents were not neglected by the licensee or staff.

Under Ontario Regulation 79/10, neglect is defined "as the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, including inaction or a pattern of inaction that jeopardizes the health or safety of one or more residents."

An identified resident after experiencing a significant change in their health condition were to receive activities of daily living per the resident's plan of care.

Record review indicated that the identified resident did not receive care as per the plan of care.

Record review indicated that the identified resident had a number of areas of altered skin integrity.

Manager of Resident Care acknowledged that the individualized care outlined in the plan of care was not provided to the identified resident and as a result the identified resident experienced a number of areas of altered skin integrity.

The severity of this area of non-compliance was actual harm as the resident suffered numerous areas of altered skin integrity and pattern of inaction by staff in the home that jeopardized the well-being of the resident. The scope of this issue was isolated to this one resident. There was history of non-compliance as this was previously issued as a Written Notification on November 17, 2015; Compliance Order issued July 28, 2015, complied February 16, 2016 another Compliance Order issued January 7, 2015 and complied on April 22, 2015 and a Voluntary Plan of Correction issued on November 27, 2013.

The licensee failed to ensure that identified resident was provided with treatment, care, services or assistance required for their health, safety or well-being. [s. 19. (1)] (636)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 30, 2016

Order(s) of the InspectorPursuant 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 :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre
existant:** 2016_325568_0004, CO #001;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 51. (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).



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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

Order / Ordre :

The licensee shall ensure that resident # 003, resident # 062 and all other incontinent residents in the home, including residents who were continent and, as a result of a change in condition became incontinent, receive an assessment that includes identification of causal factors, patterns, types of incontinence and potential to restore function with specific interventions.

Upon completion of the assessment, any changes will be communicated and the residents' plans of care updated with clear direction provided to staff.

Grounds / Motifs :



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*

1. 1. The licensee failed to ensure that each resident who was incontinent received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence where the condition or circumstances of the resident required.

A) A clinical record review indicated that two of the identified residents experienced a change in their level of continence; however, there was no documented evidence that the identified residents had a continence assessment completed when his/her bowel/bladder continence changed.

During an interview, the Manager of Resident Care, said that the identified residents did not have a continence assessment completed when their bowel/bladder continence changed.

The severity of this area of non-compliance was minimal harm with potential for actual harm. The scope was determined to be a pattern as it was identified for two of the three (66 per cent) residents reviewed.

There is history of non-compliance as this was previously issued as a Compliance Order on February 16, 2016, under Log # 032425-15 and Log # 035968-15 and inspection # 2016_325568_0004; as a Compliance Order on November 17, 2015, under Log # 023170 and inspection # 2015_226192_0062; as a Voluntary Plan of Correction on April 8, 2014, under Log # L-000294-14 and inspection # 2014_355000_0002. [s. 51. (2) (a)] (137)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 30, 2016



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

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

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
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



**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

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

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

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
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 SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

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

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



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

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

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

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

Issued on this 29th day of September, 2016

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

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

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