



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

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

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

Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch

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

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119, rue King Ouest, 11^{ième} étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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
Jan 11, 2013	2012_205129_0005	H-002157- 12	Complaint

Licensee/Titulaire de permis

THE THOMAS HEALTH CARE CORPORATION
490 Highway #8, STONEY CREEK, ON, L8G-1G6

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

ARBOUR CREEK LONG-TERM CARE CENTRE
2717 KING STREET EAST, HAMILTON, ON, L8G-1J3

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

PHYLLIS HILTZ-BONTJE (129)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): November 23, 26, 27 and 28, 2012

During the course of the inspection, the inspector(s) spoke with Residents, family members, registered and unregulated care providers, Recreation Manager, staff responsible for education, Director of Care, Administrator and corporate staff, in relation to Log #H-002157-12.

During the course of the inspection, the inspector(s) conducted a tour of one home area, observed residents, reviewed clinical records, reviewed the homes policies and procedures as well as information related to education and training.

The following Inspection Protocols were used during this inspection: Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :



1. The licensee did not ensure that all residents were reassessed and the plan of care reviewed and revised when the care set out in the plan was not effective, in relation to the following: [6(10)(c)]

a) Resident #2 was not reassessed and the plan of care was not reviewed and revised in relation to the following:

- A Minimum Data Set (MDS) review completed in April 2012 indicated the care being provided was not effective and the resident's behavioural symptoms had worsened. Staff confirmed that a reassessment of the behaviours identified on this review was not completed. Four of five behavioural symptoms were identified as not easily altered; however, the clinical record indicated that care directions for staff related to the management of responsive behaviours were not revised following this review.

- Data collected on an MDS review completed in July 2012 also indicated the care being provided to the resident was not effective and the resident's behavioural symptoms had deteriorated. Staff confirmed a reassessment of these identified behaviours was not completed and the clinical record indicated that care directions were not revised for the management of these behaviours.

- At the time of this inspection the resident continued to demonstrate these behaviours, resulting in both potentially harmful and harmful interactions with co-residents.

b) Resident #3 was not reassessed and the plan of care was not reviewed revised in relation to the following:

- Data collected during an MDS review completed in July 2012 indicated care being provided was not effective and the resident's behavioural symptoms had worsened. Staff confirmed a reassessment of these behaviours was not completed. The clinical record indicated that care directions for staff in the management of these responsive behaviours were not revised following this review.

- Data collected on an MDS review completed October 2012 also indicated the care being provided to the resident was not effective and behavioural symptoms being demonstrated by the resident had not changed since the review completed three months prior. Staff confirmed a reassessment of these behaviours was not completed and the clinical record indicated care directions for staff related to the management of these behaviours were not revised following this review.

- At the time of this inspection the resident continued to demonstrate these behaviours resulting in potentially harmful interactions with co-residents. [s. 6. (10) (c)]



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

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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee did not ensure that where this Act or this Regulation requires the licensee to have, institute or otherwise put in place any plan, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system is complied with, in relation to the following: 8(1)(b) Staff in the home did not comply with the policies included in the organized program of nursing and person support services program with respect to the following:

a) The home's policy [Resident Client Behaviour Record] # RC-04-10-10 containing a revised date of March 1, 2007, directs staff that when a resident assessment indicates that there are predictable or unpredictable behaviours requiring staff intervention and management the Resident Client Behaviour Record will be implemented.

- Documentation in the clinical record indicated that residents #1, #2, #3 and #4 demonstrated both predictable and unpredictable behaviours. Staff confirmed that the Resident Client Behaviour Record was not implemented for these 4 residents.

b) The home's policy [The Aggressive Resident Client] # RC-04-02-06 dated May 1, 2009, directs that staff are to search for triggers and signs of protective behaviours such as pacing, restlessness, swearing, clenching fists and resistive to care.

- Clinical documentation indicated that residents #2, #3 and #4 were identified as demonstrating these behaviours, however staff confirmed that there was not an attempt to identify possible triggers for all of these behaviours. [s. 8. (1)]



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

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. 53. Responsive behaviours

Specifically failed to comply with the following:

s. 53. (2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,

(a) integrated into the care that is provided to all residents; O. Reg. 79/10, s. 53 (2).

(b) based on the assessed needs of residents with responsive behaviours; and O. Reg. 79/10, s. 53 (2).

(c) co-ordinated and implemented on an interdisciplinary basis. O. Reg. 79/10, s. 53 (2).

s. 53. (3) The licensee shall ensure that,

(a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; O. Reg. 79/10, s. 53 (3).

(b) at least annually, the matters referred to in subsection (1) are evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 53 (3).

(c) a written record is kept relating to each evaluation under clause (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 53 (3).

Findings/Faits saillants :



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

1. The licensee did not ensure that strategies, including techniques and interventions to prevent, minimize or respond to responsive behaviours were co-ordinated and implemented on an interdisciplinary basis, in relation to the following: [53(2)(c)]
Nursing and recreation staff did not co-ordinate the development or implementation of strategies and techniques for the management of responsive behaviours being demonstrated by residents # 2 and #4. Staff in the recreation department confirmed that they have not collaborated with nursing staff in the management of the responsive behaviours being demonstrated by these residents and that recreational/activation activities have not been considered in an attempt to distract and occupy the residents when these behaviours are being demonstrated. Recreation staff developed strategies for the management of behaviours being demonstrated by these two residents related solely to when these residents were attending scheduled recreation programs. Nursing staff confirmed that they have not involved staff from the recreation department in the development and implementation of interventions in an attempt to manage the responsive behaviours being demonstrated by the residents living within this home area. [s. 53. (2) (c)]

2. The licensee did not ensure that there was a written record kept of an annual evaluation of the items identified in Regulation 53(1)1,2,3,4,: [53(3)(b)]
Staff in the home confirmed that there is not a written record of an annual evaluation of the home's responsive behaviour management program. [s. 53. (3) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance and ensuring that strategies, including techniques and interventions to prevent and minimize or respond to responsive behaviours are co-ordinated and implemented on an interdisciplinary basis, to be implemented voluntarily.



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

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 54. Altercations and other interactions between residents

Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and

(b) identifying and implementing interventions. O. Reg. 79/10, s. 54.

Findings/Faits saillants :



1. The licensee did not ensure that procedures and interventions were developed and implemented to minimize the risk of altercations and potentially harmful interactions between and among residents, in relation to the following: [54(a)]

a) Resident #2 demonstrated responsive behaviours towards other residents who live within the home area and temporary measures implemented have not been successful in minimizing altercations and potentially harmful interactions between residents. Documentation in the resident's clinical record indicated multiple incidents where this resident was involved in negative interactions with co-residents and although staff closely monitored the resident following the incidents, procedures have not been put in place to minimize the risks to co-residents of further incidents. Documentated minutes of the home's Behavioural Management Committee meetings indicated that issues related to the behaviours this resident was demonstrating and the risk to co-residents were not discussed and there were no interventions established to manage the identified behaviours. Documentation in the clinical record does not indicate the home considered a recommendation made on several occasions by a Psychogeriatric consultant in order to reduce interaction with co-residents.

Interventions identified in the plan of care are to monitor the resident, however staff confirmed that daily fluctuations in staff available to monitor this resident and the other residents who are also demonstrating responsive behaviours has not been successful in preventing potentially harmful or harmful interactions between residents living within this home area.

b) Resident #3 demonstrated responsive behaviours towards other residents who live on the same home area. After several incidents of negative interactions with co-residents interventions were put in place in an attempt to reduce the risk of further interactions. Staff confirmed and it was observed that these interventions have not been effective in managing the risk to other residents. [s. 54.]



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 and ensuring that procedures and intervention are developed and implemented to minimize the risk of altercations and potentially harmful interactions between and among residents, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

- 1. Abuse recognition and prevention. 2007, c. 8, s. 76. (7).**
- 2. Mental health issues, including caring for persons with dementia. 2007, c. 8, s. 76. (7).**
- 3. Behaviour management. 2007, c. 8, s. 76. (7).**
- 4. How to minimize the restraining of residents and, where restraining is necessary, how to do so in accordance with this Act and the regulations. 2007, c. 8, s. 76. (7).**
- 5. Palliative care. 2007, c. 8, s. 76. (7).**
- 6. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (7).**

Findings/Faits saillants :

- 1. The licensee did not ensure that staff who provide direct care to the residents received annual training in the area of Behaviour Management, in accordance with Regulation 221(2)1, in relation to the following: [76(7)3]
Information provided by the home at the time of this inspection, indicated that of the 131 staff who provide direct care to residents 9 staff received training in behaviour management in 2011. [s. 76. (7) 3.]**



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

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 by ensuring that staff who provide direct care to the residents receive training in the area of Behaviour Management in accordance with the Regulations, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 10. Recreational and social activities

Specifically failed to comply with the following:

s. 10. (2) Without restricting the generality of subsection (1), the program shall include services for residents with cognitive impairments, and residents who are unable to leave their rooms. 2007, c. 8, s. 10 (2).

Findings/Faits saillants :

1. The organized program of recreation and social activities for the home did not include services for residents with cognitive impairments, in relation to the following: [10(2)]

It was noted that cognitively impaired residents living in one home area did not have access to recreation programs or services. During the course of this inspection that spanned four days, it was noted that residents living within this secure home area were inactive and not engaged in recreation or social activities. Over the course of these four days residents were noted to sit for extended periods of time in the lounge and dining room areas as well as pace and wander the home area, often entering co-resident's rooms. The recreation calendar indicated that programs would be offered during this period of time; however none were noted to be provided. Recreation staff confirmed that recreation program and services were not provided to the residents living within this home area because staff was not available to provide the scheduled recreation programs and services. Staff also confirmed that an alternative plan was not initiated when it was known that the staff person providing services to these residents was not available. [s. 10. (2)]



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

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 43. Every licensee of a long-term care home shall ensure that strategies are developed and implemented to meet the needs of residents with compromised communication and verbalization skills, of residents with cognitive impairment and of residents who cannot communicate in the language or languages used in the home. O. Reg. 79/10, s. 43.

Findings/Faits saillants :

1. The licensee did not ensure that strategies were developed and implemented to meet the needs of residents who cannot communicate in the language or languages used in the home, in relation to the following: [43]

Resident #1 does not communicate in the language spoken in the home and also has a hearing impairment. Interventions for care identified in the care plan for this resident direct staff to explain their next actions when rendering care, ask questions that the resident can answer with a [yes] or [no] and put the resident's hearing aid on when you talk with the resident. Registered staff confirmed that these interventions would not meet the communication needs of this resident and that there are no other strategies in place to ensure regular effective communication with this resident. [s. 43.]

Issued on this 11th day of January, 2013

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

Phyllis Hiltz-Bontje



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : PHYLLIS HILTZ-BONTJE (129)

Inspection No. /

No de l'inspection : 2012_205129_0005

Log No. /

Registre no: H-002157-12

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Jan 11, 2013

Licensee /

Titulaire de permis : THE THOMAS HEALTH CARE CORPORATION
490 Highway #8, STONEY CREEK, ON, L8G-1G6

LTC Home /

Foyer de SLD : ARBOUR CREEK LONG-TERM CARE CENTRE
2717 KING STREET EAST, HAMILTON, ON, L8G-1J3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

DORCAS HAIZEL *Lisa Paladino*

PAB

To THE THOMAS HEALTH CARE CORPORATION, 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) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

- (a) a goal in the plan is met;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that residents, including residents # 2 & #3 are reassessed and the plan of care reviewed and revised at least every six months or at any other time when the care set out in the plan has not been effective. The plan shall be submitted on or before February 1, 2013 by mail to Phyllis Hiltz-Bontje at Ministry of Health and Long Term Care, Performance and Improvement Branch, 119 King St. W., 11th Floor, Hamilton, Ontario L8P 4Y7 or by email at Phyllis.Hiltzbontje@Ontario.ca.

Grounds / Motifs :



**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

1. Previously issued non compliant as a VPC on October 24, 2011.
2. Reassessment of the resident related to when care needs change or the care is no longer necessary [6(10)(b)] issued non compliant as a VPC on August 1, 2012.
3. Two of two residents reviewed were not reassessed and the plan of care was not reviewed or revised when the care set out in the plan was not effective, in relation to the following:
 - a) Clinical data collected by staff for resident #2 in April 2012 and in July 2012 indicated that the care being provided was not effective in managing the responsive behaviours being demonstrated by this resident and that this resident's behavioural symptoms had deteriorated over these periods of time. Staff and clinical documentation confirmed that the resident was not reassessed and the plan of care was not reviewed or revised following the collection of data indicating the resident's behavioural symptoms had worsened. At the time of this inspection Resident #2 continued to demonstrate responsive behaviour including behaviours that both had the potential to cause harm and did cause harm to a co-resident..
 - b) Clinical data collected by staff for resident #3 in July 2012 indicated the care for this resident was not effective in managing responsive behaviours and that the resident's behavioural symptoms had worsened. Data collected three months later in October 2012 indicated that the resident's behavioural symptoms had not changed over the previous three month period of time. Staff confirmed that the resident was not reassessed and the plan of care was not reviewed and revised on either occasion when the data collected indicated that the care being provided to the resident was not effective in managing the responsive behaviours.

(129)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 28, 2013



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 : 002

Order Type /

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

Pursuant to / Aux termes de :

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

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that staff comply with the home's policies and procedures, specifically those dealing with the management of responsive behaviours and more broadly, those plans, policies, protocols, procedures strategies or systems identified by the Ministry in the LTCHA 2007 and associated Regulations as being required. The plan is to include resident's #1, 2, 3, & 4. The plan is to be submitted by mail on or before February 1, 2013 to Phyllis Hiltz-Bontje at: Ministry of Health and Long Term Care, Performance and Improvement Branch, 119 King St. W., 11th Floor, Hamilton, Ontario L8P 4Y7 or by email at Phyllis.Hiltz-Bontje@Ontario.ca.

Grounds / Motifs :



**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

1. Previously issued non compliant on August 17, 2010 as a VPC (Monitoring Residents Weight)
2. Previously issued non compliant on November 9, 2010 as a VPC. (Management of Hypoglycemia)
3. Previously issued non compliant on November 18, 2010 as a VPC. (Nurse Call System)
4. Previously issued non compliant on October 24, 2011 as a VPC (Falls)
5. Previously issued non compliant on August 1, 2012 as a VPC. (Skin and Wound)
6. Staff in the home did not comply with the home's policy [Resident Client Behaviour Record] # RC-04-10-10 containing a revised date of March 1, 2007, which directs staff that when a resident client assessment indicates that there are predictable or unpredictable behaviours requiring staff intervention and management the Resident Client Behaviour Record will be implemented.
 - Four of four residents reviewed where identified as having both predictable and unpredictable behaviours and staff confirmed that the Resident Client Behaviour Record used as an assessment tool to track behaviours and identify possible triggers for behaviours being demonstrated was not implemented for these 4 residents. All of these residents continued to demonstrate responsive behaviours at the time of this inspection.
7. Staff in the home did not comply with the home's policy [The Aggressive Resident Client] # RC-04-02-06, which directs staff to search for triggers and signs of protective behaviours.
 - Staff confirmed that for four of four residents reviewed who were demonstrating responsive behaviours a search for possible triggers for all of the behaviours being demonstrated was conducted.

(129)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 28, 2013



**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

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



**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

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

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

Health Services Appeal and Review Board and the Director

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

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

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



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

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

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

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

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

Issued on this 11th day of January, 2013

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

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

PHYLLIS HILTZ-BONTJE

Service Area Office /

Bureau régional de services : Hamilton Service Area Office