Ontario

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 prévue le Loi de 2007 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

Toronto Service Area Office
5700 Yonge Street 5th Floor
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Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Feb 07, 2018;	2017_632502_0018 (A1) (Appeal\Dir#: DR#077)	023174-17	Resident Quality Inspection

Licensee/Titulaire de permis

HELLENIC HOME FOR THE AGED INC.
33 WINONA DRIVE TORONTO ON M6G 3Z7

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

HELLENIC HOME - SCARBOROUGH
2411 LAWRENCE AVENUE EAST SCARBOROUGH ON M1P 4X1

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

Ontario

Ministry of Health and Long-Term Care

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Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue durée

JULIENNE NGONLOGA (502) - (A1)(Appeal\Dir#: DR#077)

Amended Inspection Summary/Résumé de l'inspection modifié

This report has been revised to reflect a decision of the Director on a review of the Inspector's orders. The Director's review was completed on 2018/02/01]. Orders were rescinded to reflect the Director's review.

Issued on this 7 day of February 2018 (A1)(Appeal\Dir#: DR#077)

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

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

JULIENNE NGONLOGA (502) - (A1)(Appeal/Dir# DR#077)

Amended Inspection Summary/Résumé de l'inspection modifié

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

This inspection was conducted on the following date(s): November 3, 6, 7, 8, 9 and 10, 2017.

The following complaints were inspected concurrently with this inspection: log #024793-15 and #21526-17, related to requirements for admission to the home.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Associate Director of Care (A-DOC), Registered Nurses (RN), Registered Practical nurse (RPN), Personal Support Workers (PSW), Registered Dietitian (RD), Social Service Worker/Program Manager (SW/PM), Registered Nursing Staff Coordinator, Manager of Environmental Services, Housekeeping staff, Community Care Access Centre (CCAC) Coordinator, Chair of Family Council, President of Resident Council, Residents, and Substitute Decision Maker (SDM).

During the course of the inspection, the inspector(s) conducted a tour of the home, observations of medication administration, staff to resident interactions and the provision of care, record review of health records, CCAC residents' application for admission, letter of rejection, Resident's Council minutes, and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Admission and Discharge

Continence Care and Bowel Management

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Recreation and Social Activities

Residents' Council

Skin and Wound Care

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

- **6 WN(s)**
- **3 VPC(s)**
- **2 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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 LTCHA, 2007, s. 44. Authorization for admission to a home

Specifically failed to comply with the following:

s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,
(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).
(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).
(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

Findings/Faits saillants :

1. The licensee has failed to approve an applicant's admission to the home under LCTHA, 2007, S.O., c. 8, s. 44. (7). Of the Long-Term Care Homes Act, 2007.

As outlined in LCTHA, 2007, S.O., c. 8, s. 44. (7), the licensee shall approve the applicant's admission to the home unless the home lacks the physical facilities necessary to meet the applicant's care requirements; the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or circumstances exist which are provided for in the regulations as being a ground for withholding approval.

1. A complaint was submitted to the Ministry of Health and Long-Term care (MOHLTC) about being rejected for admission to an identified home. The complainant told the inspector that the home rejected applicant #006's application for both a respite bed and a long-term care bed. The complainant also stated that applicant #006's application was rejected, because he/she exhibited responsive behaviours during the previous respite stay in the home.

Review of the first letter of rejection from the identified Home sent to applicant #006 on an identified date revealed that the home rejected his/her application for admission to the long-term care bed, due to identified responsive behaviours. Further to this, the letter stated that the home lacked the nursing expertise to care for the applicant.

Review of the second letter of rejection from the identified Home sent to applicant #006 on an identified date revealed that the home rejected applicant #006's application for admission to a respite bed, as applicant #006 required a specified accommodation related to identified behaviours. The home stated that they lacked the physical facilities to meet the applicant's care requirements, and that the home lacked the nursing expertise to care for the applicant.

Review of Behavioural Assessment Tool and Minimum Data Set (MDS) assessment completed on an identified date, included in the application for admission that was rejected by the home, indicates applicant #006 was severely impaired related to daily decision making, and exhibited several identified behaviours and specified interventions were implemented.

During an interview, placement coordinator for the LHIN #118 for applicant #006 stated that the applicant did not require a specified accommodation, as he/she had not been identified with a specified behaviour. Placement coordinator for the LHIN #118 further stated that applicant #006 had been attending a day program at another long-term care home and there had not been a concern related to the behaviour identified above. He/she confirmed that both applications for admission for the short- and long-term care bed had been rejected by the Home above.

As there was a non-compliance identified under section 44 (7), the sample was extended to three applications for admission at the identified home.

2. Review of the letter of rejection from the identified Home sent to applicant #010 on an identified date revealed that the home rejected applicant #010's application for admission, as he/she had a history of exhibiting identified responsive behaviours. The rejection letter stated that the home lacks nursing expertise to care for the applicant.

Review of Behavioural Assessment Tool and MDS assessment completed on an identified date and included in the application for admission rejected by the home revealed that applicant #010 had moderate cognitive impairment with consistently poor or unsafe daily decision making. He/she exhibited identified behaviours and specified interventions were implemented.

As there was a non-compliance identified under section 44 (7), the sample was extended to three applications for admission at Hellenic home.

3. Review of the letter of rejection from the identified Home sent to applicant #011 on an identified date revealed that the home rejected applicant #011's application for admission, as he/she had exhibited identified behaviours which put the applicant and other residents at risk for safety. The letter also stated that the home cannot ensure the safety of applicant #011 whose behaviours will trigger aggressive responsive behaviour in other residents. Therefore the home lacks nursing expertise to care for the applicant.

Review of Behavioural Assessment Tool and MDS assessment completed on an identified date and included in the application for admission rejected by the home revealed that applicant #011 was severely impaired related to daily decision making. He/she exhibited identified responsive behaviours and specified interventions were implemented.

4. On an identified date a complaint was submitted to the MOHLTC related to a letter of rejection for admission in the home. The complainant reported that on a specified date applicant #012 was matched with a bed at the home.

Review of the behavioural assessment tool was completed by the LHIN on an identified date revealed that applicant #012 exhibited specified responsive behaviours. Further review of the behavioural assessment tool revealed on an identified date a note was added to indicate that redirecting applicant #012 was challenging due to language barrier, and staff inability to thoroughly address applicant's concerns.

Review of the letters of rejection for admission revealed that the application was rejected on three occasions within three months, the home stated that they lacked the physical facilities and the nursing expertise due to applicant's responsive behaviour, which will trigger responsive behaviour from other residents,

During interviews SW #106, ADOC #108, and DOC #107 acknowledged that applicants #006, #010 #011 and #012 exhibited responsive behaviours. They confirmed that the home had both a specified accommodation and a behavioural support program in accordance with evidence based practices or prevailing practices.

SW #106, stated that all direct staff have received training related to behaviour management and mental health issues, including care for persons with dementia.

SW #106 further stated that the home has four behaviour training coaches in house that provide support and training to direct care staff as needed.

ADOC #108, stated that when an applicant, with identified behaviour, is being followed in the community and the behaviour is not altered, there is nothing the Home identified above can do to keep the applicant's identified behaviour under control, and ensure the safety of other residents in the home, as the home do not have a full-time BSO staff. ADOC #108 stated that the home lacks nursing expertise to ensure the safety of the above identified applicants and other residents in the home.

DOC #107 stated that the main reason the home had rejected applicant #012’s application was due to his/her specified behaviours. DOC #107 further stated that the home’s program was designed for responsive behaviours that are triggered, with a mandate to protect other residents in the home. DOC #107 stated that the home lacks expertise to prevent applicant #012 for exhibiting his/her responsive behaviour toward others. DOC #107 further stated that he/she did not believe that nursing staff expertise, the behaviour programs and interventions and strategies currently used in the home to address responsible behaviour would be enough to ensure the safety of the applicants identified above and other residents and staff in the home. As result, all the above applications had been rejected.

The severity of this incident is minimum risk. The scope is identified as a widespread. The home failed to demonstrate how the staff of the home, who have received training related to behaviour management and mental health issues, including care for persons with dementia, lacked the nursing expertise to meet applicants #006, #010, #011 and #012’s care requirements for the responsive behaviours outlined in their placement applications, therefore, the licensee had failed to meet the requirement for s. 44(7) to withhold the approval to the home. The previous compliance history revealed in resident quality inspection (RQI) #2016_420643) _0010, a written notice (WN) under s.44, authorization for admission to a home, had been issued. As a result of ongoing non-compliance with LTCHA 79/10, s. 44(7), a compliance order is warranted. [s. 44. (7)]

Additional Required Actions:

(A1)(Appeal/Dir# DR#077)
The following order(s) have been rescinded:CO# 001

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).

Findings/Faits saillants :

1. The licensee has failed to ensure that no resident administers a drug to himself or herself unless the administration had been approved by the prescriber in consultation with the resident.

During the resident quality inspection the medication pass was observed on an identified date and time on a specified unit and the following was noted:

a) Staff #104 had provided resident #007 with nine identified medication in a small medication cup to bring to the dining room table and self-administer unsupervised because the resident requested to take the medication with food.

Further observation revealed that staff #104 also signed the Medication Administration Record (MAR) at an identified time to indicate that the three medication was administered to resident #007, which was ordered to be administered at four hours later.

b) Staff #104 had provided resident #008 with ten identified medication in a small medication cup to bring to the dining room table and self-administer unsupervised because the resident requested to take the medication with food.

c) Staff #104 had provided resident #009 with seven identified medication in a small medication cup to bring to the dining room table and self-administer unsupervised because the resident requested to take the medication with food.

Review of residents #007, #008 and #009's most recent written plan of care, and MAR related to self-administration of medication, revealed that the three residents did not have an order by a physician or nurse practitioner to self-administered medication.

During an interview, resident #007 stated that he/she was provided the medication listed above in the medication cup by the registered staff to be self-administered at the dining room table, during the breakfast meal.

During an interview, staff #104 acknowledged that residents #007, #008 and #009 did not have an order to self-administer the medication identified above. RN #104 confirmed that he/she should have not provided the residents with medication to bring to the dining room and self-administer the medications during breakfast.

During an interview, staff #107 stated that the expectation was for registered nursing staff to administer medications as ordered by the physician directly to each resident and sign the MAR immediately after ensuring the resident had taken the medication. Staff #107 further stated that staff #104 should have completed re-training in medication administration prior to resuming unit assignment since returning from an identified period of absence from work; and related to two previous medication incidents on the unit prior to his/her above leave of absence.

The severity of this incident is minimal harm/risk or potential for actual harm. The scope is identified as a pattern. Staff #104 provided the medications identified above to #007, #008 and #009's without being approved by the prescriber in consultation with the resident, therefore, the licensee had failed to meet the requirement for r. 131 (5) for self-administration of drugs. The previous compliance history revealed in resident quality inspection (RQI) # 2015_251512_0008, on-going non-compliance with VPC, authorization for admission to a home, had been issued. As a result of ongoing non-compliance with LTCHA 79/10, r. 131 (2), a compliance order is warranted. [s. 131. (5)]

Additional Required Actions:

(A1)(Appeal/Dir# DR#077)
The following order(s) have been rescinded:CO# 002

WN #3: The Licensee has failed to comply with LTCHA, 2007, s. 15. Accommodation services

Specifically failed to comply with the following:

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

Findings/Faits saillants :

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

On an identified date during the resident quality inspection an initial tour of the home was completed. The inspector observed various amounts of black and orange colored substance, on the grout between the tiles on the flooring, in the shower and spa rooms in identified resident home areas.

During an interview, staff #111 stated that the shower rooms were cleaned daily by the housekeeping staff. He/she confirmed the presence of the black substance on the grout on shower room in identified resident home areas.

During interviews, housekeeping staff #115 and #116 both confirmed that there

was black colored substance located on the grout in between the tiles on the floor in the shower rooms identified above. Both housekeeping staff stated that the black substance was difficult to remove with the brush provided for cleaning.

During interview, Manager of Environmental Services (ESM) stated that the expectation was to keep shower rooms clean and free from black or orange substance on the grout. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home, furnishings and equipment were kept in a good state of repair.

On an identified date, during the resident quality inspection an initial tour of the home was completed. The following maintenance issues were observed:
- the shower room on an identified resident home area had an approximately six centimetres (cm) by six cm area of tiles broken and scattered which formed a hole in the flooring and became a trip hazard, where residents received their showers up to the date of the this inspection.
- the tiles located on the wall just outside an identified resident home area had areas of disrepair that posed a risk of injury from sharp edges.

Interview with staff #111 stated that the broken tiles in the shower room of the identified resident home area was reported to the ESM approximately one to two weeks prior to this inspection.

During an interview, the ESM confirmed that he/she was aware that the tiles in the shower room of the identified resident home area was sunken; however he/she was not aware the tiles were broken and removed causing a hole in the floor. ESM proceed to close the above identified shower room temporary in order to commence repairs to the floor and tiles on the wall. [s. 15. (2) (c)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home, furnishings and equipment were kept clean and sanitary, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply
Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
i. persons who may dispense, prescribe or administer drugs in the home, and
ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :

1. The licensee has failed to ensure that all areas where drugs were stored were kept locked at all times, when not in use.

During the resident quality inspection the medication pass was observed on an identified date and time in specified resident home area and the following was noted:

- the medication cart located outside the dining room was observed unlocked and unsupervised. Further observation revealed that the top drawer of the medication cart was left wide open with resident's bin and medication pouches visible and accessible.
- the immediate surrounding area of the medication cart was observed with two residents sitting in their wheelchairs and one resident was sitting on the walker awaiting the registered staff return to administer their medication.
- staff #104 was observed in the dining room interacting with a resident sitting at the dining room table and did not have the medication cart within the view.

Upon return to the medication cart, registered staff #104 immediately closed the top drawer and locked the medication cart. During an interview, the registered staff confirmed that the top medication drawer should not have been left opened and that the medication cart should have been locked. During an interview, the registered staff informed the inspector that he/she was assessing a resident who had a physical complaint., but had decided to wait until the resident was lying in bed to continue the assessment.

During an interview, staff#107 stated that the expectation was for the registered staff to close the medication cart drawer and lock the cart when not in use. staff #107 further stated that staff #104 had two previous medication incidents and should have completed a re-training in medication administration after an extended two months leave of absence and prior to reassuming his/her duty as registered nursing staff. [s. 130. 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 all areas where drugs were stored were kept locked at all times, when not in use, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

During the resident quality inspection an initial tour of the home was completed. On an identified date the inspector made the following observations in the shower and spa rooms:

On five identified resident's home area in the spa rooms and shower rooms, the inspector observed unlabeled personal care items, used specified treatment, and unidentified resident's prescribed treatment.

During an interview, staff #110 stated that the home's practice was not to label the personal care items identified above, except when they are brought in for the specific resident by the family. The staff further stated that each staff has their own care caddy and the supplies replenished in the caddy was used for their own assigned residents on the unit while making rounds. Staff #110 confirmed that these supplies were being used on more than one resident during rounds.

During an interview, staff #111 stated that some residents have their own personal care items which were labelled, however, for residents without their own personal care items, the replenished care items in the caddies were used to provide care on assigned residents during rounds.

During an interview, staff #112 and #113 stated that each staff had a caddy with personal care items that he/she used to provide care to all his/her assigned residents during rounds. The staff further confirmed that personal items were should have been labeled and kept in residents' rooms if they were brought in by the family.

During a joint interview, staff #107 and #108 stated that the expectation was for direct care staff to label personal care items with resident name and room number. They also stated that direct care staff were expected to use one personal care items for individual resident consistently. Staff #107 confirmed that personal care items should not be unlabeled and used communally in the spa or shower rooms. [s. 229. (4)]

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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following:

s. 135. (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,
(a) all medication incidents and adverse drug reactions are documented, reviewed and analyzed; O. Reg. 79/10, s. 135 (2).
(b) corrective action is taken as necessary; and O. Reg. 79/10, s. 135 (2).
(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 79/10, s. 135 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that all medication incidents and adverse drug reactions were documented, reviewed and analyzed, corrective actions were taken as necessary, and a written record was kept of everything required.

During the resident quality inspection the medication incidents and errors were reviewed.

A review of the home’s medication incident binder revealed five medication incidents occurred during an identified period of time. Furthermore, in a specified month, the quarterly medication review and analysis document failed to reveal that the quarterly analysis’s corrective actions which were taken in the month identified above.

During an interview, staff #107 and #108 confirmed that confirmed that the quarterly analysis corrective actions which were taken was not included in the written record. [s. 135. (2)]

Issued on this 7 day of February 2018 (A1)(Appeal/Dir# DR#077)

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

Original report signed by the inspector.

Ontario

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
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Name of Inspector (ID #) / Nom de l'inspecteur (No) : JULIENNE NGONLOGA (502) - (A1)(Appeal/Dir# DR#077)

Inspection No. / No de l'inspection : 2017_632502_0018 (A1)(Appeal/Dir# DR#077)

Appeal/Dir# / Appel/Dir#: DR#077 (A1)

Log No. / No de registre : 023174-17 (A1)(Appeal/Dir# DR#077)

Type of Inspection / Genre d'inspection: Resident Quality Inspection

Report Date(s) / Date(s) du Rapport : Feb 07, 2018;(A1)(Appeal/Dir# DR#077)

Licensee / Titulaire de permis : HELLENIC HOME FOR THE AGED INC.
33 WINONA DRIVE, TORONTO, ON, M6G-3Z7

LTC Home / Foyer de SLD : HELLENIC HOME - SCARBOROUGH
2411 LAWRENCE AVENUE EAST,
SCARBOROUGH, ON, M1P-4X1

Name of Administrator / Nom de l'administratrice ou de l'administrateur : Poli Pergantis

Ontario

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

To HELLENIC HOME FOR THE AGED INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

(A1)(Appeal/Dir# DR#077)
The following Order has been rescinded:

Order # / Ordre no : 001

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

Pursuant to / Aux termes de :

LTCHA, 2007, s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,
(a) the home lacks the physical facilities necessary to meet the applicant's care requirements;
(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or
(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

(A1)(Appeal/Dir# DR#077)
The following Order has been rescinded:

Order # / Ordre no : 002

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 131. (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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

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

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

Health Services Appeal and Review Board and the Director

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

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.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

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

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

La demande écrite doit comporter ce qui suit :

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

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

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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

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 7 day of February 2018 (A1)(Appeal/Dir# DR#077)

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : JULIENNE NGONLOGA - (A1)(Appeal/Dir# DR#077)

Ontario

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

Service Area Office / Bureau régional de services : Toronto