



**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 prévue  
le Loi de 2007 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<sup>ième</sup> étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

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## **Amended Public Copy/Copie modifiée du public de permis**

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<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 24, 2015;	2015_208141_0007 (A1)	H-002341-15	Follow up

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### **Licensee/Titulaire de permis**

PARKVIEW MEADOWS CHRISTIAN RETIREMENT VILLAGE  
72 Town Centre Drive Townsend ON N0A 1S0

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

GARDENVIEW LONG TERM CARE HOME  
72 Town Centre Drive Townsend ON N0A 1S0

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



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

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

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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

Aux termes de l'article 153 et/ou de  
l'article 154 de la Loi de 2007 sur les  
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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** LISA VINK (168) - (A1)

**Inspection No. /**

**No de l'inspection :** 2015\_208141\_0007 (A1)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**Registre no. :** H-002341-15 (A1)

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Jun 24, 2015;(A1)

**Licensee /**

**Titulaire de permis :** PARKVIEW MEADOWS CHRISTIAN RETIREMENT  
VILLAGE  
72 Town Centre Drive, Townsend, ON, N0A-1S0

**LTC Home /**

**Foyer de SLD :** GARDENVIEW LONG TERM CARE HOME  
72 Town Centre Drive, Townsend, ON, N0A-1S0



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O. 2007, chap. 8

**Name of Administrator /** MARA DI BIASE  
**Nom de l'administratrice**  
**ou de l'administrateur :**

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To PARKVIEW MEADOWS CHRISTIAN RETIREMENT VILLAGE, you are hereby  
required to comply with the following order(s) by the date(s) set out below:

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<b>Order # /</b> <b>Ordre no :</b> 001	<b>Order Type /</b> <b>Genre d'ordre :</b> Compliance Orders, s. 153. (1) (a)
<b>Linked to Existing Order /</b> <b>Lien vers ordre existant:</b>	2015_208141_0004, CO #001;

**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).

**Order / Ordre :**



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O. 2007, chap. 8

(A1)

The Licensee shall immediately contact the appropriate placement coordinator to request client #001 s (the applicants) most current MDS assessment information. The Licensee will reconsider client #001 s application utilizing this information and taking into consideration the legislative requirements. The home shall also cease the practice of withholding an applicant s approval unless: the home lacks the physical facilities necessary to meet the applicant s care requirements; the staff of the home lack the nursing expertise to meet the applicant s care requirements; or, circumstances exist which are provided for in the regulations as being grounds for withholding approval. Should the Licensee withhold approval, the Licensee must meet the requirements of s. 44(9) of the LTCHA and provide:

- (a) The ground or grounds on which the Licensee is withholding approval;
- (b) A detailed explanation of the supporting facts as they relate both to the home and to the applicant s condition and requirements for care;
- (c) An explanation of how the supporting facts justify the decision to withhold approval related to how the identified applicant s care needs and requirements would be different than other residents residing in long-term care.
- (d) Contact information for the Director.



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foyers de soins de longue durée, L.  
O. 2007, chap. 8

**Grounds / Motifs :**

1. Follow Up off site inspection for CO #001 related to inspection H-001864-15/2015\_208141\_0004. Compliance date February 6, 2015.

The ADMINISTRATOR/DOC was contacted on March 6, 2015:

-She identified that she had recently had a conversation with the manager of the Hamilton Service Area Office (HSAO) and created and forwarded a letter to the Director that same day.

-She forwarded a copy of the letter to the HSAO on the same date which was dated Feb 18, 2015.

The letter stated that the home had determined that they must refuse the applicant a bed offer at this time. It further stated the home could not safely meet the need of the other residents given the acuity of the responsive behaviour in the home right now and specifically the incidents that have occurred with residents on the unit where a bed was available.

The letter described the applicant's behaviours which included aggression toward staff and refusal of care.

The letter further stated the home had recently accepted a number of residents with responsive behaviours and that they had reached the capacity to safely care for residents with responsive behaviours. The home lacked the physical facilities and nursing expertise necessary to meet the applicant's care requirement.

The legislation does not identify a threshold number for resident behaviours. The letter does not specify the nature of the physical environment that was lacking.

The LTC Inspector contacted the DOC by telephone on March 30, 2015.

The DOC confirmed that the applicant's behaviours were beyond her staff expertise.

In addition the Licensee failed to meet the requirements of s. 44(9) of the LTCHA.

The Licensee did not provide the required grounds in its refusal letter to the applicant, and relied upon an inference that a "reasonable Person" might draw to connect the description of the reasons provided in the letter to the grounds for refusal in compliance with the applicable legislative provision. (141)



**Ministry of Health and  
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2007, c. 8

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

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

Jul 02, 2015(A1)



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**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

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

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

The written request for review must include,

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

The written request for review must be served personally, by registered mail 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

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



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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](http://www.hsarb.on.ca).

**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, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603





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O. 2007, chap. 8

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.

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  
Toronto ON M5S 2B1  
Télécopieur : 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](http://www.hsarb.on.ca).

**Issued on this 22 day of September 2015 (A1)**

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

**Name of Inspector /  
Nom de l'inspecteur :** LISA VINK - (A1)

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



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le Loi de 2007 les foyers de  
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LISA VINK (168) - (A1)

**Amended Inspection Summary/Résumé de l'inspection modifié**

**The compliance date for CO #001 has be revised to July 2, 2015 at the request of the licensee.**

**Issued on this 22 day of September 2015 (A1)**

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

**Original report signed by the inspector.**



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Jun 24, 2015;	2015_208141_0007 (A1)	H-002341-15	Follow up

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**Licensee/Titulaire de permis**

PARKVIEW MEADOWS CHRISTIAN RETIREMENT VILLAGE  
72 Town Centre Drive Townsend ON N0A 1S0

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

GARDENVIEW LONG TERM CARE HOME  
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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**



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LISA VINK (168) - (A1)

**Amended Inspection Summary/Résumé de l'inspection modifié**

**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): March 6, 30th, 2015.**

**An Off site Follow Up inspection completed**

**During the course of the inspection, the inspector(s) spoke with The Administrator, and also reviewed home documentation relevant to the inspection.**

**Ad-hoc notes were used during this inspection.**

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

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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

**WN #1: The Licensee has failed to comply with 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 :**



The ADMINISTRATOR/DOC was contacted on March 6, 2015:

-She identified that she had recently had a conversation with the manager of the Hamilton Service Area Office (HSAO) and created and forwarded a letter to the Director that same day.

-She forwarded a copy of the letter to the HSAO on the same date which was dated Feb 18, 2015.

The letter stated that the home had determined that they must refuse the applicant a bed offer at this time. It further stated the home could not safely meet the need of the other residents given the acuity of the responsive behaviour in the home right now and specifically the incidents that have occurred with residents on the unit where a bed was available.

The letter described the applicant's behaviours which included aggression toward staff and refusal of care.

The letter further stated the home had recently accepted a number of residents with responsive behaviours and that they had reached the capacity to safely care for residents with responsive behaviours. The home lacked the physical facilities and nursing expertise necessary to meet the applicant's care requirement.

The legislation does not identify a threshold number for resident behaviours. The letter does not specify the nature of the physical environment that was lacking.

The LTC Inspector contacted the DOC by telephone on March 30, 2015.

The DOC confirmed that the applicant's behaviours were beyond her staff expertise.

In addition the Licensee failed to meet the requirements of s. 44(9) of the LTCHA.

The Licensee did not provide the required grounds in its refusal letter to the applicant, and relied upon an inference that a "reasonable Person" might draw to connect the description of the reasons provided in the letter to the grounds for refusal in compliance with the applicable legislative provision.. [s. 44. (7)]

***Additional Required Actions:***

**CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".**



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**(A1)The following order(s) have been amended:CO# 001**





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**Issued on this 22 day of September 2015 (A1)**

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

**Original report signed by the inspector.**