



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

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

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

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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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## **Public Copy/Copie du public**

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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>
Sep 16, 2016	2016_505103_0030	019271-16, 023110-16, 023189-16	Complaint

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

AON INC.  
33 HARBOUR SQUARE SUITE 825 TORONTO ON M5J 2G2

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

MOIRA PLACE LONG-TERM CARE HOME  
415 RIVER STREET WEST TWEED ON K0K 3J0

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

DARLENE MURPHY (103)

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## **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): July 28, 29 August 3-5, 2016**

**The following logs were included in this inspection: 019271-16 (Fall prevention), 023110-16 (Temperature in the home), 023189-16 (Unfunded services agreement).**

**During the course of the inspection, the inspector(s) spoke with residents, family members, Personal support workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), a Laundry aide, Activity Supervisor, Director of Resident Services, Office Manager, the Assistant Director of Care (ADOC), and the Director of Care (DOC).**

**During the inspection, the inspector conducted a walking tour of the home, observed resident activities, reviewed resident health care records, the home's policies related to fall prevention/post fall assessments, the home's unfunded services agreement and resident billing information.**

**The following Inspection Protocols were used during this inspection:**

**Admission and Discharge**

**Falls Prevention**

**Pain**

**Prevention of Abuse, Neglect and Retaliation**

**Safe and Secure Home**

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

**3 WN(s)**

**1 VPC(s)**

**2 CO(s)**

**0 DR(s)**

**0 WAO(s)**



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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 227. Regulated documents**

**Specifically failed to comply with the following:**

**s. 227. (5) An agreement under paragraph 3 of subsection 91 (1) of the Act for charges other than for accommodation must include provisions relating to the following, but may contain other provisions:**

- 1. A description of all goods and services to which the agreement applies, including the quantity, if applicable. O. Reg. 79/10, s. 227 (5).**
- 2. The licensee's obligation to provide the goods and services. O. Reg. 79/10, s. 227 (5).**
- 3. The charge for the goods and services and the financial obligation of the resident to pay for them. O. Reg. 79/10, s. 227 (5).**
- 4. That if the goods and services are not provided to the resident, the licensee is prohibited from charging the fee for them. O. Reg. 79/10, s. 227 (5).**
- 5. That the resident or the authorized person entering into the agreement on the resident's behalf must be notified in writing of any increase in the charge for the goods and services at least 30 days before the licensee charges the increased amount. O. Reg. 79/10, s. 227 (5).**
- 6. The termination of the agreement, including,**
  - i. that if the goods and services have not been provided, the resident may terminate the agreement without penalty,**
  - ii. that the resident may terminate the agreement at any time without notice to the licensee, and**
  - iii. that the licensee may terminate the agreement on providing at least 30 days written notice to the resident. O. Reg. 79/10, s. 227 (5).**

### **Findings/Faits saillants :**

- 1. The following finding relates to log #023189-16:**

The licensee failed to comply with O. Reg. 79/10, s. 227 (5), by not ensuring that an agreement under paragraph 3 of subsection 91 (1) of the Act for charges other than for accommodation must include provisions relating to the following, but may contain other provisions: a description of all goods and services to which the agreement applies, including the quantity, if applicable and the charge for the goods and services and the financial obligation of the resident to pay for them.

The home's Unfunded Services Agreement (#GA-C-23) was reviewed and was noted to contain the following:



## 1. Unfunded Services Requested

1.1 The Resident and or Substitute Decision Maker hereby request and agree to pay for the Unfunded Services as set out below, specifically:

- Optional Unfunded Services: Escort Service / Private Duty Nursing – as per Service Provider /Price List – approval to be billed / approval to charge to Trust Account

1.2 In the foregoing chart, “as per Service Provider” means that the specified service is not provided by the long term care (LTC) Home, but is provided by an outside, third party service provider not affiliated with the LTC Home. By requesting such service, the Resident or Substitute Decision Maker agrees that the LTC Home is not responsible, nor will it be liable for the quality of such service.

1.3 In the foregoing chart, “Price List” means that the specified service is provided by the LTC Home and the price for such service varies depending on the type of service requested by the Resident or Substitute Decision Maker. The Resident or Substitute Decision Maker agrees that the price list may change from time to time and the resident shall be responsible for the fees as set out on the then current price list.

1.5 If the “yes” box under column “approval-to be billed” is checked, the Resident or Substitute Decision Maker agrees that the Unfunded Service shall be added to the Resident’s usual monthly bill for accommodations, under the Accommodation Agreement.

1.6 If the “yes” box under the column, “approval-to be charged to Trust Account” is checked, the Resident or Substitute Decision Maker agrees that the Unfunded Service shall be deducted from the trust fund held by the LTC Home on behalf of the Resident.

The Director of Resident Services indicated that the Unfunded Services Agreement is signed during a resident’s admission to the home, by either the resident and/or the substitute decision maker. The unfunded services agreement, specifically escort and private duty nursing is signed either as a yes or a no. She indicated that at the time of signage there is a brief description of the goods and or services being offered and that it would explained further if the future need for this service arose and on a case by case basis.

The DOC indicated that the Unfunded Services Agreement, has been certified compliant with the Long-Term Care Homes Act, 2007, by the licensee’s retained legal counsel.

The above identified provision, contained within the licensee’s Unfunded Services



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Agreement, is vague and fails to provide a description of the goods and services being agreed upon and or the charges for such services at the time.

The decision to issue this non compliance as an order was made based on the following:  
The scope of this non compliance was assessed as widespread as it affects all residents admitted to and currently living in the home.

The severity of this non compliance was assessed as potential for serious financial implications for residents and/or SDM's. [s. 227. (5)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 245. Non-allowable resident charges**

The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
  - i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
  - ii. the Minister under section 90 of the Act. O. Reg. 79/10, s. 245.
2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario. O. Reg. 79/10, s. 245.
3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and a local health integration network. O. Reg. 79/10, s. 245.
4. Charges for goods and services provided without the resident's consent. O. Reg. 79/10, s. 245.
5. Charges, other than the accommodation charge that every resident is required to pay under subsections 91 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 138 or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home. O. Reg. 79/10, s. 245.
6. Charges for accommodation under paragraph 1 or 2 of subsection 91 (1) of the Act for residents in the short-stay convalescent care program. O. Reg. 79/10, s. 245.
7. Transaction fees for deposits to and withdrawals from a trust account required by section 241, or for anything else related to a trust account. O. Reg. 79/10, s. 245.
8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted. O. Reg. 79/10, s. 245.

**Findings/Faits saillants :**

1. The following finding relates to log #023189-16:





The licensee failed to comply with O. Reg. 79/10, s. 245, by not ensuring that residents are not charged for goods and services that the licensee is required to provide to residents under any agreement.

Under O. Reg. 79/10, s. 245, the following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from:
  - i) a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
  - ii) the Minister under section 90 of the Act.
8. Charges for anything the licensee shall ensure if provided to a resident under this Regulation, unless a charge is expressly permitted.

Related to resident #006:

Under O. Reg. 79/10, s. 33 (1), every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee of long-term care homes are provided funding through the Nursing and Personal Care (NCP) envelope, such funding includes bathing of residents.

RPN's #106 and #107 both indicated resident #006 received more than two baths a week, but neither could recall the reason for the increased number of baths. Both staff members did recall the family paid to have additional baths given to this resident. The DOC was interviewed and indicated residents have been charged if additional baths over and above two baths per week were requested. The DOC did state, at the time of this inspection, no one was currently being charged for additional baths and indicated the spouse of resident #006 had requested additional baths because they felt the resident slept better. The DOC stated this resident did have behaviours but was not sure if the additional baths were effective in reducing the resident's behaviours. The DOC was asked if staff had assessed the resident's needs and strategies to address the behaviours and if extra baths had been included as a strategy in the resident's plan of care. The DOC indicated she did not believe there were any documented assessments related to the additional baths and there was no evidence of the additional baths in the resident plan of care. The DOC stated the home provided three baths each week and the family paid for three additional baths each week. The DOC indicated the cost for private





duty care for a PSW was \$30/hour but had been increased to \$40/hour in July 2016. The Office Manager provided this inspector with a copy of the invoices for an identified period of time which indicated resident #006 was billed an identified amount for private duty costs for the additional baths.

Related to residents #005, #008:

Under LTCHA, 2007, s. 9 (1), every licensee of a long-term care home shall ensure there is an organized interdisciplinary program with a restorative care philosophy that promotes and maximizes independence; and where relevant to the resident's assessed care needs, includes, but is not limited to, physiotherapy and other therapy services which may be either arranged or provided by the licensee.

Under LTCHA, 2007, s. 10, every licensee of a long-term care home shall ensure that there is an organized program of recreational and social activities for the home that meets the interests of the residents; and the program shall include services for residents with cognitive impairments, and residents who are unable to leave their rooms.

Under LTCHA, 2007, s. 16 (1), every licensee of a long-term care home shall ensure there is an organized volunteer program for the home that encourages and supports the participation of volunteers in the lives and activities of residents.

The licensee of long-term care homes are provided funding through the Program and Support Services envelope, such funding includes walking residents, provision of activities, including visiting residents.

The DOC and the Director of Resident Services indicated the home has organized activity, volunteer and spiritual care programs that are resident centered and provide for the specific identified needs of the residents. Both the DOC and the Director of Resident Services were interviewed in regards to the 1:1 companionship that residents #005 and #008 are receiving. The DOC indicated resident #005's family insisted on the extra companionship for the resident because the family did not reside in close proximity to the home. She stated the family was told the services could be provided under the home's funding but the family wanted more than the home could provide.

In regards to resident #008, the DOC stated the SDM requested the 1:1 companionship because the resident typically did not attend large group programs and spent a large amount of time alone. The DOC indicated she believed the 1:1 was no longer being



provided to this resident.

The substitute decision maker (SDM) for resident #005 was interviewed and stated the family were concerned the resident would not receive enough company as most of the family lived a distance from the home. The SDM indicated the private care PSW comes once weekly for a total of one hour. The SDM indicated the information related to obtaining the 1:1 companionship was provided to the family by the Director of Resident Services. The SDM was under the impression the home was unable to provide the level of weekly 1:1 that was being offered by the private pay companion.

The SDM for resident #008 was interviewed and stated the resident takes a while for him/her to become comfortable with people. She indicated she believed the home would not be able to provide enough stimulation for the resident and a consistent person was important in providing this companionship. The SDM indicated the private paid PSW visits once weekly for one hour. The SDM did indicate the 1:1 paid services continued to be in effect and the home recently changed the companion. The SDM indicated the resident has a limited income and would be unable to pay for these services but she covers the costs for the resident.

Resident #005's and #008's programming for July 2016 was reviewed and there were no indications of the residents refusing to participate during the month. The resident's plans of care related to activities were also reviewed.

The Director of Resident Services and the DOC indicated the services currently being provided by the 1:1 paid companions for residents #005 and #008 could be provided by the home but the family requested to pay privately.

The invoices for residents #005 and #008 were reviewed for an identified period of time and indicated the residents had been charged an identified amount for private duty nursing.

The licensee receives funding through the Nursing and Personal Care envelope, as well as the Programming and Support Services envelope, which would include the provision of bathing, walking, and activities to residents residing in the long-term care home.

Charging fees for additional nursing and or activity/leisure services has the potential to place residents and their substitute decision makers at risk for financial burden and limits availability of the said services to all residents despite their assessed or expressed



needs.

The decision to issue this non compliance as an order was made based on the following: The scope of this non compliance was assessed as widespread as it potentially affects all residents that have been admitted to the home both previously and currently. The severity was deemed as being a high level risk as residents and the SDM's have been charged for services for which the home receives funding. [s. 245.]

***Additional Required Actions:***

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

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**WN #3: 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 following finding relates to log #019271-16:

The licensee has failed to ensure that when resident #001 had fallen, the resident was assessed in accordance with the home's policy.

Fall prevention and management is a required interdisciplinary program as outlined in O. Reg 79/10, s. 48 (1) 1 and as required by O. Reg 79/10, s. 30 (1) 1 the program must include relevant policies, procedures and protocols to reduce risk and monitor outcomes.

Resident #001 was admitted to the home on an identified date and had identified diagnoses. The physiotherapist had assessed the resident as high risk for falls. The

resident's health care record was reviewed over an identified period of time and resident #001 sustained nine falls and had nine near falls during that period of time.

The ADOC was interviewed and confirmed all post fall assessments would be found in either the progress notes or under the risk management section. She further indicated all front line nursing staff (registered and non registered nursing staff) receive education in the area of falls on an annual basis but the training does not include specifics related to the assessment and documentation of falls as all front line staff (psw's and registered staff) receive the same education. The ADOC indicated she believed all registered staff should be aware of what is required of post fall assessments given the nature of their training.

The above noted post fall documentation for resident #001 was reviewed with the ADOC who agreed the documentation was not consistent with the home's post fall policy and indicated the registered staff should be including a head to toe check including the presence or absence of pain, range of motion including the findings, the resident's level of consciousness and the resident's vital signs.

The home's policy #RS-I-24, "Responding to Resident Falls" was reviewed and stated under Procedure, "Immediate Action":

- complete an initial post fall assessment of the resident.
- if the resident has risen on their own initiative, post fall, assist resident to the nearest chair and proceed with the initial post fall head to toe assessment. Only move the resident with a two person mechanical lift.
- the initial post-fall assessment must include the following assessment for injuries: level of consciousness/evidence of seizure activity, evidence of gross injury (ie. bleeding, bone fragment protusion, lacerations, hematomas), vital signs, assessment of damage to the hip joint, limited range of motion of joints, signs and symptoms of shock or hemorrhage, and pain level identified.

The DOC was interviewed and indicated an upcoming education session has been planned for all registered nursing staff in the area of post fall assessment and documentation. [s. 8. (1) (a),s. 8. (1) (b)]



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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure all registered nursing staff assess residents post fall in accordance with the home's policy, to be implemented voluntarily.***

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**Issued on this 16th day of September, 2016**

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

**Original report signed by the inspector.**



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

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

**Order(s) of the Inspector**

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

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

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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée  
Inspection de soins de longue durée**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** DARLENE MURPHY (103)

**Inspection No. /**

**No de l'inspection :** 2016\_505103\_0030

**Log No. /**

**Registre no:** 019271-16, 023110-16, 023189-16

**Type of Inspection /**

**Genre**

**d'inspection:**

Complaint

**Report Date(s) /**

**Date(s) du Rapport :** Sep 16, 2016

**Licensee /**

**Titulaire de permis :**

AON INC.  
33 HARBOUR SQUARE, SUITE 825, TORONTO, ON,  
M5J-2G2

**LTC Home /**

**Foyer de SLD :**

MOIRA PLACE LONG-TERM CARE HOME  
415 RIVER STREET WEST, TWEED, ON, K0K-3J0

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :**

MICHAEL O'KEEFFE

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To AON INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



**Order(s) of the Inspector**

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

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

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

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

O.Reg 79/10, s. 227. (5) An agreement under paragraph 3 of subsection 91 (1) of the Act for charges other than for accommodation must include provisions relating to the following, but may contain other provisions:

1. A description of all goods and services to which the agreement applies, including the quantity, if applicable.
  2. The licensee's obligation to provide the goods and services.
  3. The charge for the goods and services and the financial obligation of the resident to pay for them.
  4. That if the goods and services are not provided to the resident, the licensee is prohibited from charging the fee for them.
  5. That the resident or the authorized person entering into the agreement on the resident's behalf must be notified in writing of any increase in the charge for the goods and services at least 30 days before the licensee charges the increased amount.
  6. The termination of the agreement, including,
    - i. that if the goods and services have not been provided, the resident may terminate the agreement without penalty,
    - ii. that the resident may terminate the agreement at any time without notice to the licensee, and
    - iii. that the licensee may terminate the agreement on providing at least 30 days written notice to the resident.
- O. Reg. 79/10, s. 227 (5).

**Order / Ordre :**

The licensee is hereby ordered to review and revise the Unfunded Services Agreement to ensure it is compliant with the legislated requirements.

**Grounds / Motifs :**

1. The licensee failed to comply with O. Reg. 79/10, s. 227 (5), by not ensuring that an agreement under paragraph 3 of subsection 91 (1) of the Act for charges other than for accommodation must include provisions relating to the following, but may contain other provisions: a description of all goods and services to



which the agreement applies, including the quantity, if applicable and the charge for the goods and services and the financial obligation of the resident to pay for them.

The home's Unfunded Services Agreement (#GA-C-23) was reviewed and was noted to contain the following:

**1. Unfunded Services Requested**

1.1 The Resident and or Substitute Decision Maker hereby request and agree to pay for the Unfunded Services as set out below, specifically:

- Optional Unfunded Services: Escort Service / Private Duty Nursing – as per Service Provider /Price List – approval to be billed / approval to charge to Trust Account

1.2 In the foregoing chart, “as per Service Provider” means that the specified service is not provided by the long term care (LTC) Home, but is provided by an outside, third party service provider not affiliated with the LTC Home. By requesting such service, the Resident or Substitute Decision Maker agrees that the LTC Home is not responsible, nor will it be liable for the quality of such service.

1.3 In the foregoing chart, “Price List” means that the specified service is provided by the LTC Home and the price for such service varies depending on the type of service requested by the Resident or Substitute Decision Maker. The Resident or Substitute Decision Maker agrees that the price list may change from time to time and the resident shall be responsible for the fees as set out on the then current price list.

1.5 If the “yes” box under column “approval-to be billed” is checked, the Resident or Substitute Decision Maker agrees that the Unfunded Service shall be added to the Resident's usual monthly bill for accommodations, under the Accommodation Agreement.

1.6 If the “yes” box under the column, “approval-to be charged to Trust Account” is checked, the Resident or Substitute Decision Maker agrees that the Unfunded Service shall be deducted from the trust fund held by the LTC Home on behalf of the Resident.

The Director of Resident Services indicated that the Unfunded Services Agreement is signed during a resident's admission to the home, by either the resident and or the substitute decision maker. The unfunded services



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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**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*

agreement, specifically escort and private duty nursing is signed either as a yes or a no. She indicated that at the time of signage there is a brief description of the goods and or services being offered and that it would explained further if the future need for this service arose and on a case by case basis.

The DOC indicated that the Unfunded Services Agreement, has been certified compliant with the Long-Term Care Homes Act, 2007, by the licensee's retained legal counsel.

The above identified provisions, contained within the licensee's Unfunded Services Agreement, is vague and fails to provide a description of the goods and services being agreed upon and or the charges for such services at the time.  
(103)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Dec 16, 2016**

**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) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 245. The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
  - i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
  - ii. the Minister under section 90 of the Act.

O. Reg. 79/10, s. 245.

**Order / Ordre :**

1. The licensee is hereby ordered to immediately stop charging additional fees to residents #005 and #008 and/or the resident's substitute decision makers (SDM) for the 1:1 companionship services.
2. The licensee shall review any and all residents who are currently and/or have previously received bathing for which they were charged and reimburse the resident and/or resident's SDM for those charges.
3. The licensee shall review any and all residents who are currently and/or previously received "private duty nursing" for additional services including but not limited to walks, 1:1 visits and reimburse the resident or SDM for those charges.
4. The licensee shall not use the Nursing and Personal Care, or Programs and Support Services provincial funding envelopes from which to draw the resident reimbursements ordered in Points 2 and 3 above.

**Grounds / Motifs :**

1. The licensee failed to comply with O. Reg. 79/10, s. 245, by not ensuring that residents are not charged for goods and services that the licensee is required to provide to residents under any agreement.

Under O. Reg. 79/10, s. 245, the following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:

1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from:

- i) a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
- ii) the Minister under section 90 of the Act.

8. Charges for anything the licensee shall ensure if provided to a resident under this Regulation, unless a charge is expressly permitted.

Related to resident #006:

Under O. Reg. 79/10, s. 33 (1), every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. The licensee of long-term care homes are provided funding through the Nursing and Personal Care (NCP) envelope, such funding includes bathing of residents.

RPN's #106 and #107 both indicated resident #006 received more than two baths a week, but neither could recall the reason for the increased number of baths. Both staff members did recall the family paid to have additional baths given to this resident. The DOC was interviewed and indicated residents have been charged if additional baths over and above two baths per week were requested. The DOC did state, at the time of this inspection, no one was currently being charged for additional baths and indicated the spouse of resident #006 had requested additional baths because they felt the resident slept better. The DOC stated this resident did have behaviours but was not sure if the additional baths were effective in reducing the behaviours. The DOC was asked if staff had assessed the resident's needs and strategies to address the behaviours and if extra baths had been included as a strategy in the resident's plan of care. The DOC indicated she did not believe there were any documented assessments related to the additional baths and there was no evidence of the additional baths in the resident plan of care. The DOC stated the home provided three baths each week and the family paid for three additional baths each week. The DOC indicated the cost for private duty care for a PSW was \$30/hour but had been increased to \$40/hour in July 2016. The Office Manager provided this inspector with a copy of the invoices for an identified



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period of time which indicated resident #006 was billed an identified amount of money for private duty costs for the additional baths.

Related to residents #005, #008:

Under LTCHA, 2007, s. 9 (1), every licensee of a long-term care home shall ensure there is an organized interdisciplinary program with a restorative care philosophy that promotes and maximizes independence; and where relevant to the resident's assessed care needs, includes, but is not limited to, physiotherapy and other therapy services which may be either arranged or provided by the licensee.

Under LTCHA, 2007, s. 10, every licensee of a long-term care home shall ensure that there is an organized program of recreational and social activities for the home that meets the interests of the residents; and the program shall include services for residents with cognitive impairments, and residents who are unable to leave their rooms.

Under LTCHA, 2007, s. 16 (1), every licensee of a long-term care home shall ensure there is an organized volunteer program for the home that encourages and supports the participation of volunteers in the lives and activities of residents.

The licensee of long-term care homes are provided funding through the Program and Support Services envelope, such funding includes walking residents, provision of activities, including visiting residents.

The DOC and the Director of Resident Services indicated the home has organized activity, volunteer and spiritual care programs that are resident centered and provide for the specific identified needs of the residents. Both the DOC and the Director of Resident Services were interviewed in regards to the 1:1 companionship that residents #005 and #008 are receiving. The DOC indicated resident #005's family insisted on the extra companionship for the resident because the family did not reside in close proximity to the home. She stated the family was told the services could be provided under the home's funding but the family wanted more than the home could provide.

In regards to resident #008, the DOC stated the SDM requested the 1:1 companionship because the resident typically did not attend large group



programs and spent a large amount of time alone. The DOC indicated she believed the 1:1 was no longer being provided to this resident.

The substitute decision maker (SDM) for resident #005 was interviewed and stated the family were concerned the resident would not receive enough company. The SDM indicated the private care PSW comes once weekly for a total of one hour. The SDM indicated the information related to obtaining the 1:1 companionship was provided to the family by the Director of Resident Services. The SDM was under the impression the home was unable to provide the level of weekly 1:1 that was being offered by the private pay companion.

The SDM for resident #008 was interviewed and stated it takes a while for the resident to become comfortable with people. She indicated she believed the home would not be able to provide enough stimulation for the resident and a consistent person was important in providing this companionship. The SDM indicated the private paid PSW visits once weekly for one hour. The SDM did indicate the 1:1 paid services continued to be in effect and the home recently changed the companion. The SDM indicated the resident has a limited income and would be unable to pay for these services but she covers the costs for the resident.

Resident #005 and #008's programming for July 2016 was reviewed as well as the resident's plan of care related to activities.

The Director of Resident Services and the DOC indicated the services currently being provided by the 1:1 paid companions for residents #005 and #008 could be provided by the home but the family requested to pay privately.

The invoices for resident #005 and #008 were reviewed for a specified period of time and indicated the residents/SDM's had been charged for private duty nursing.

The licensee receives funding through the Nursing and Personal Care envelope, as well as the Programming and Support Services envelope, which would include the provision of bathing, walking, and activities to residents residing in the long-term care home.

Charging fees for additional nursing and or activity/leisure services has the potential to place residents and their substitute decision makers at risk for



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financial burden and limits availability of the said services to all residents despite their assessed or expressed needs.

(103)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Dec 16, 2016**





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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  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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

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

Health Services Appeal and Review Board and the Director

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

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

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



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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

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

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



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

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

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

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

**Issued on this 16th day of September, 2016**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** DARLENE MURPHY

**Service Area Office /**

**Bureau régional de services :** Ottawa Service Area Office