



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

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

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

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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

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

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Public Copy/Copie du public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|--|---|--------------------------------|--|
| Dec 10, 2014 | 2014_216144_0063 | L-001536-14 | Resident Quality Inspection |

Licensee/Titulaire de permis

THE HOMEWOOD CORPORATION
150 DELHI STREET, GUELPH, ON, N1E-6K9

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

THE VILLAGE OF GLENDALE CROSSING
3030 Singleton Avenue, LONDON, ON, N6L-0B6

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

CAROLEE MILLINER (144), ALI NASSER (523), SALLY ASHBY (520)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): November 24, 25, 26, 27, 28, December 1, 2014

During the course of the inspection, the inspector(s) spoke with 40 plus residents, four family members, the Administrator, Director of Nursing, Assistant Director of Nursing, Environmental Services Supervisor, one Registered Nurse, eleven Registered Practical Nurses, thirteen Personal Service Workers, three Housekeeping Aides, one Recreation Aide and one Personal Service Worker student.

During the course of the inspection, the inspector(s) toured all resident home areas, one medication room, observed dining service, medication administration, provision of resident care, recreational activities, resident/staff interactions, infection prevention and control practices, reviewed residents clinical records, posting of required information, meeting minutes related to the inspection and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



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.O. 2007, c.8, s. 3. Residents' Bill of Rights



Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that every resident has the right to have his or her personal health information kept confidential in accordance with the meaning of the Personal Health Information Protection Act, 2004 as evidenced by:

a) On November 24, 2014, the door to the Fitness Club/Physiotherapy room on the first floor was observed to be left open and the room unattended by staff. A laptop computer used by physiotherapy staff was left unlocked for fifteen minutes in the room with residents personal health information (PHI) accessible to others that entered the room. This was confirmed by the Administrator who locked the laptop and placed it in a locked cupboard to ensure residents (PHI) was no longer available. The Administrator confirmed that the home's expectation is to have PHI kept confidential.

b) On November 24, 2014, the door at the nurse's station on Byron Resident Home Area (RHA) was left open and unattended. Hard copies of resident clinical records and PHI for residents in that area were accessible to others that walked into the room. This was confirmed by the Director of Nursing (DON) who shared the home's expectation is that residents confidential PHI will be kept confidential at all times. [s. 3. (1) 11. iv.]

2. c) On November 24, 2014 on Westminister RHA, the chart room door was observed open and unattended. Resident clinical record binders and observation record sheets were accessible to those entering the room. Resident bath schedules and one labeled resident prescription treatment cream were accessible on the nurses desk that was unattended outside of the chart room. One nursing staff stated there was usually someone in the chart room and that the door is not normally locked. The staff member further confirmed that the chart room and nurses desk were unattended and that residents PHI was accessible and not kept confidential. [s. 3. (1) 11. iv.]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system put in place is complied with, as evidenced by:

- a) On November 24, 2014 during the initial tour of the home it was noted that fridge/freezer temperatures were missing on all 6 RHA Country Kitchen rooms for the month of November.
- b) The missing temperatures were verified by both the Administrator and the Assistant Director of Nursing (ADON).
- c) Review of policies for the home related to Food Services Refrigerated Storage dated November 2012 and Food Services Food Storage - Frozen Foods dated June 2012, dictate that temperatures for fridges and freezers must be taken on a daily basis and recorded twice daily.
- d) The DON confirmed that the home is not following their policy related to temperature readings and recordings for fridge/freezers in the Country Kitchens. [s. 8. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that any plan, policy, protocol, procedure, strategy or system put in place is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs



Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :



1. The licensee did not ensure the nutrition services and dietary care program included the weight monitoring system to measure and record each residents weight on admission and monthly thereafter and resident heights annually as evidenced by:

a) During the census review of the Resident Quality Inspection (RQI) it was noted that admission weights for residents #049, #053 and #054 were not available. Monthly weights for residents #044, #045, #047, #048, #049, #050, #051 and #052 were not consistently taken each month and, annual heights were not available for residents #043, #044, #045, #046 and #047.

b) One registered personnel confirmed the weights and heights for the above identified residents had not been taken as required and were not available for review.

c) The Administrator confirmed the expectation is that staff complete resident weights on admission and monthly thereafter and that resident heights are completed on admission and annually thereafter. [s. 68. (2) (e)]

2. a) The first weight for resident #008, admitted in June, 2014, was taken on July 16, 2014. Weights were not taken in September, October and November of 2014.

b) The first weight for resident #022, admitted in February 2014, was taken on March 11, 2014. No weights were taken in May, June, July, August and September of 2014.

c) The first weight for resident #021, admitted in December 2012, was taken on January 28, 2013. No weights were taken in February, May, June and August of 2014.

d) Resident #005 was admitted to the home in April 2014. The first weight was taken on July 31, 2014. No weights were taken in September and November of 2014.

e) Resident #007's weight was not taken in May, June, September and October of 2014. [s. 68. (2) (e) (i)]

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 the nutrition services and dietary care program include the weight monitoring system to measure and record each residents weight on admission and monthly thereafter and resident heights annually, to be implemented voluntarily.



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WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :



1. The licensee has failed to ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times, as evidenced by:

a) On November 24, 2014 on Westminister RHA, one unlocked and unattended housekeeping cart was observed in the corridor with the top opened and a key in the lock. Disinfectant, washroom cleaner, concentrated liquid, nail polish remover and toilet cleaner were observed inside the cart and accessible to residents. The unlocked and unattended cart was verified by a Housekeeping Aide who confirmed her normal practice was to not lock the cart on this home area as she "knows the residents and listens out for them".

b) On November 24, 2014 on Lambeth RHA, one unlocked and unattended housekeeping cart was observed in the corridor. The unlocked and unattended cart was verified by a Housekeeping Aide who shared the cart was broken and could not be locked.

c) On November 24, 2014, one unlocked cupboard door in the laundry rooms on Westminister, Byron, Pond Mills and Brighton RHA's contained laundry detergent. A label was present on the cupboard doors advising the doors were to be locked.

d) Laundry detergent was observed on the counter in the Lambeth RHA laundry room.

e) This was verified by the Administrator who agreed that the laundry detergent was accessible to residents and should be locked in the cupboards.

f) On November 25, 2014 unlocked cupboard doors containing laundry detergent were observed again on Byron, Pond Mills and Brighton RHA's.

g) The unlocked cupboards were verified by the DON.

h) On November 24, 2014, unlocked dining room cupboards on Glanworth and Brighton RHA's contained universal cleaning polish.

i) This was verified by the Administrator who advised the cupboards would remain unlocked and the chemicals relocated to the serveries. The Administrator further advised the serveries doors would be locked.

j) On November 25, 2014, the DON and Inspector #520 observed that the serveries doors on Glanworth and Brighton RHA's were not locked and that chemicals were visible and accessible to residents. [s. 91.]



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 hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times, 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, as evidenced by:

- a) On November 25, 2014, the following practices were observed in one identified resident's private room on Westminister RHA: catheter supplies on the back of the toilet in a K-basin, urine hat on the floor, urinal on the floor, one undated and one unlabelled vinegar bottle on the floor.
- b) On November 25, 2014, the following practices were observed in an identified semi-private resident room on Westminister RHA: one undated and unlabelled vinegar bottle on the washroom floor, one unlabelled wash basin on the washroom floor under the sink, a raised toilet seat on the floor, incontinent liners on the back of the toilet with 2 unlabelled shower puffs.
- c) On November 27, 2014, the washroom of the above identified semi-private room on Westminister RHA was again observed to have the raised toilet seat on the floor and incontinent liners on the back of the toilet with two unlabelled shower puffs.
- d) One nursing manager confirmed staff have not participated in the implementation of the infection and control program, resident personal items in a shared room should be labelled and personal hygiene items are not to be stored on the back of the toilet or floor. [s. 229. (4)]



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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 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. 231. Resident records

Every licensee of a long-term care home shall ensure that,

**(a) a written record is created and maintained for each resident of the home;
and**

(b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.

Findings/Faits saillants :



1. The licensee did not ensure that the resident's written record is kept up to date at all times as evidenced by:

- a) Resident #042 has interventions in place to address fluid deficit concerns.
- b) Two nursing personnel when interviewed, stated Personal Service Workers (PSW's) are responsible for ensuring that the resident's urinary output is documented on the urine output record.
- c) During review of the resident clinical record, it was noted that between October 1, 2014 and October 26, 2014, the resident's urine output has not been documented on 42/171 shifts or 25% of the time.
- d) The resident's current written plan of care and the home's relevant policy provides direction for PSW's to record the urine output on the urine output record on each shift.
- e) One registered nurse and one nurse manager confirmed it is their expectation that PSW's will document resident urine output at the end of each shift on the urine output record. [s. 231. (b)]

2. a) Resident #021 has their natural teeth and requires assistance with oral care.
- b) Between November 1, 2014 and November 28, 2014, oral care is not documented in the resident's clinical record as being provided or refused 8 of 56 times or 15% of the time.
- c) One registered staff confirmed oral care has not been consistently documented and the resident's clinical record is not up to date. [s. 231. (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the resident's written record is kept up to date at all times, to be implemented voluntarily.

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**



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**COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**

| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ GENRE DE MESURE | INSPECTION # / NO DE L'INSPECTION | INSPECTOR ID #/ NO DE L'INSPECTEUR |
|--|--|--|---|
| LTCHA, 2007 S.O. 2007, c.8 s. 19. (1) | CO #001 | 2014_232112_0076 | 144 |

Issued on this 10th day of December, 2014

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



Ministry of Health and
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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*

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Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CAROLEE MILLINER (144), ALI NASSER (523), SALLY
ASHBY (520)

Inspection No. /

No de l'inspection : 2014_216144_0063

Log No. /

Registre no: L-001536-14

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Dec 10, 2014

Licensee /

Titulaire de permis : THE HOMEWOOD CORPORATION
150 DELHI STREET, GUELPH, ON, N1E-6K9

LTC Home /

Foyer de SLD : THE VILLAGE OF GLENDALE CROSSING
3030 Singleton Avenue, LONDON, ON, N6L-0B6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : MICHELLE VERMEEREN

To THE HOMEWOOD CORPORATION, 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 :

LTCHA, 2007 S.O. 2007, c.8, s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
 - i. participate fully in the development, implementation, review and revision of his or her plan of care,
 - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
 - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
 - iv. have his or her personal health information within the meaning of the Personal

Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,

- i. the Residents' Council,
- ii. the Family Council,
- iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
- iv. staff members,
- v. government officials,
- vi. any other person inside or outside the long-term care home.

18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.

19. Every resident has the right to have his or her lifestyle and choices respected.

20. Every resident has the right to participate in the Residents' Council.

21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and



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Ordre(s) de l'inspecteur

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other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Order / Ordre :

The licensee shall ensure that every resident has the right to have his or her personal health information kept confidential in accordance with the meaning of the Personal Health Information Protection Act, 2004.

Grounds / Motifs :



Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

1. a) On November 24, 2014, the door to the Fitness Club/Physiotherapy room on the first floor was observed to be left open and the room unattended by staff. A laptop computer used by physiotherapy staff was left unlocked for 15 minutes in the room with residents personal health information (PHI) accessible to others that may enter the room. This was confirmed by the Administrator who locked the laptop and placed it in a locked cupboard to ensure residents' PHI was no longer available. The Administrator confirmed that the home's expectation is to have all resident PHI kept confidential.

b) On November 24, 2014, the door at the nurses station on Byron Resident Home Area (RHA) was left open and unattended. Hard copies of resident clinical records and PHI for residents in that area were accessible to others that may enter the room. This was confirmed by the Director of Nursing (DON) who shared the home's expectation is that residents PHI will be kept confidential at all times.

c) On November 24, 2014, on Westminister RHA, the chart room door was observed open and unattended.. Resident clinical record binders and observation record sheets were accessible to those that may enter the room. Resident bath schedules and one labelled resident prescription treatment cream were accessible on the nurses desk that was unattended outside of the chart room. One nursing staff stated there was usually someone in the chart room and that the door is not normally locked. The staff member further confirmed that the chart room and nurses desk were unattended and that residents PHI was accessible and not kept confidential.

(520)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jan 02, 2015



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Order(s) of the Inspector

Pursuant to section 153 and/or
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Ordre(s) de l'inspecteur

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

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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

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

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

Health Services Appeal and Review Board and the Director

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

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

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



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

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Ordre(s) de l'inspecteur
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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
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

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



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

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*

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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*

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

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

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

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

Issued on this 10th day of December, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : CAROLEE MILLINER

Service Area Office /

Bureau régional de services : London Service Area Office