



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

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

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Toronto Service Area Office
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**Ministère de la Santé et des Soins de
longue durée**

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

Licensee Copy/Copie du Titulaire



Public Copy/Copie Public

**Date(s) of inspection/Date de
l'inspection**
August 11, 12, 2010
September 7, 8, 2010

Inspection No/ d'inspection
2010_140_2955_10Aug153955

Type of Inspection/Genre d'inspection
Complaint Investigation

Licensee/Titulaire

Southlake Residential Care Village, 640 Grace Street, Newmarket, ON L3Y 2L1
Long-Term Care Home/Foyer de soins de longue durée

Southlake Residential Care Village, 640 Grace Street, Newmarket, ON L3Y 2L1

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

Sue McKechnie (140), Monica Klein (189)

Inspection Summary/Sommaire d'inspection

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

During the course of the inspection, the inspectors spoke with :
Resident, Attending Physician, (A) Administrator, Directors of Care (DOC), MDS-RAI Coordinator, Registered
nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Physiotherapy (PT) staff.

The following Inspection Protocols were used during this inspection:

- Dignity, Choice and Privacy Inspection Protocol
- Personal Support Services Inspection Protocol
- Reporting and Complaints Inspection Protocol

Findings of Non-Compliance were found during this inspection. The following action was taken:

9 WN
5 VPC
2 CO: CO#001, CO# 002



NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence" prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with: O. Reg. 79/10, s.101 (1) 1,3 i, ii and s.102

Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
3. A response shall be made to the person who made the complaint, indicating,
 - i. what the licensee has done to resolve the complaint, or
 - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.

The Licensee has failed to comply with: O. Reg. 79/10, s.102

Where a complaint was made before the coming into force of this section, but not finally dealt with, the complaint shall be dealt with as provided for in section 101 to the extent possible.

Findings:

- An indication of a response, either verbal or in writing, to a resident written concern was not found either in the home's complaints binder or in the Director Of Care's (DOC) electronic complaints folder, nor after the interview with the Director Of Care and the Administrator.

Additional Required Actions:

VPC - Pursuant to LTCHA, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with 2007, c. 8, s. 22 (1) in respect of dealing with complaints addressed to the licensee concerning the care of a resident or operation of the home. This is to be implemented voluntarily.

Inspector ID #: #140 and #198

WN #2: The Licensee has failed to comply with the Long –Term Care Homes Program Manual A1.31. All concerns and complaints received shall be documented, including a list of the issues, date expressed, date and follow-up action taken, final resolution if any, and date feedback was provided to the complainant.

Findings:

- The home's documented record of complaints was reviewed and there was no indication of the

<p>date and follow-up action taken to resolve a resident complaint from or the final resolution if any and no date or description of the feedback provided to the complainant.</p>	
Inspector ID #:	#140 and #198
<p>WN #3: The Licensee has failed to comply with the Long-Term Care Homes Program Manual A1. 32. The Long-Term Care Division shall receive a copy of all written complaints received by the facility, including a description of the follow-up actions taken.</p>	
<p>Findings:</p> <ul style="list-style-type: none"> • The ministry has not received the letter of complaint written to the management by a resident. • The letter expressing concerns of a resident was not forwarded to the Director (Toronto Service Area Office) by the home. 	
Inspector ID #:	#140 and #198
<p>WN #4: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s. 3 (1) 11.i, iii.</p> <p>Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:</p> <p>11. Every resident has the right to,</p> <ul style="list-style-type: none"> i. participate fully in the development, implementation, review and revision of his or her plan of care, 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 or a secure unit and to obtain an independent opinion with regard to any of those matters, and 	
<p>Findings:</p> <ul style="list-style-type: none"> • A resident did not participate in a decision regarding the need to change the plan of care. <p>Additional Required Actions: Compliance Order # 001 will be served on the Licensee. Refer to the "Orders of the Inspector" form.</p>	
Inspector ID #:	#140 and #198
<p>WN #5: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s. 6(1), (a), (b), (c), (4), (a), (b), (5), (7).</p> <p>(1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,</p> <ul style="list-style-type: none"> (a) the planned care for the resident; (b) the goals the care is intended to achieve; and (c) clear directions to staff and others who provide direct care to the resident. <p>(4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,</p> <ul style="list-style-type: none"> (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and (b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. <p>(5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.</p>	



(7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

- Clear directions for the staff were not provided in the plan of care for a resident.
- The staff and others involved in the different aspects of care of a resident did not collaborate with each other in the assessment of the resident, in the development and implementation of the plan of care.
- A resident did not have the opportunity to participate fully in the development and implementation of the plan of care.
- The care set out in the plan of care for a resident was not provided to the resident as specified in the plan.

Additional Required Actions:

VPC - Pursuant to LTCHA, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s. 6(1), (a), (b), (c), (4), (a), (b), (5), (7) in respect of the clarity of the written plan of care, collaboration of staff involved in different aspects of the care, resident participation in development and implementation of the plan of care and also, accurate provision of the care set out in the plan of care. This is to be implemented voluntarily.

Inspector ID #: #140 and #198

WN #6: The Licensee has failed to comply with: O. Reg. 79/10, s. 57 (a), (b)

Every licensee of a long-term care home shall ensure that,
a) restorative care approaches are integrated into the care that is provided to all residents; and
b) the restorative care approaches are co-ordinated to ensure that each resident is able to maintain or improve his or her functional and cognitive capacities in all aspects of daily living, to the extent of his or her abilities.

Findings:

- The restorative care approaches were not coordinated in the care provided to a resident.

Additional Required Actions:

VPC - Pursuant to LTCHA, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with O. Reg. 79/10, s. 57(a), (b) in respect of integration and coordination of the restorative care approaches into the care provided. This is to be implemented voluntarily.

Inspector ID #: #140 and #198

WN #7: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, s.9 (1) (a) (b)

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



Findings:

- The home does not have a restorative care program.

Additional Required Actions:

VPC - Pursuant to LTCHA, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with 2007, c. 8, s. 6 (7) in respect of an organized interdisciplinary program with a restorative care philosophy. This is to be implemented voluntarily.

Inspector ID #: #140 and #198

WN #8: The Licensee has failed to comply with: O. Reg. 79/10, s. 58

Every licensee of a long-term care home shall ensure that when transferring and positioning residents, staff shall use devices and techniques that maintain or improve, wherever possible, residents' weight bearing capability, endurance and range of motion.

Findings:

- Staff did not use devices that might have maintain and promoted weight-bearing ability for a resident.

Additional Required Actions:

VPC - Pursuant to LTCHA, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with O. Reg. 79/10, s.58 in respect of techniques and devices used that would maintain or improve the resident's weight bearing capability, endurance and range of motion. This is to be implemented voluntarily.

Inspector ID #: #140 and #198

WN #9: The Licensee has failed to comply with: O. Reg. 79/10, s. 218. 2.

For the purposes of paragraph 11 of subsection 76(2) of the Act, the following are additional areas in which training shall be provided:

2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.

Findings:

- Training for use of a specific piece of equipment was not provided by the home to direct staff prior to its use.

Additional Required Actions:

Compliance Order # 002 will be served on the Licensee. Refer to the "Orders of the Inspector" form.

Inspector ID #: #140 and #198

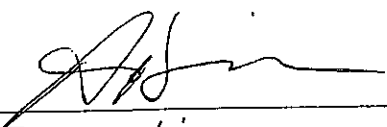

Signature of Licensee or Representative of Licensee | Signature of Health System Accountability and Performance Division



Ministry of Health and
Long-Term Care
Ministère de la Santé et
des Soins de longue durée

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Act, 2007

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le Loi de 2007 les
foyers de soins de
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Signature du Titulaire du représentant désigné 	representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. 
Title: <i>Executive Director</i> Date: <i>Oct 14/10</i>	Date of Report (if different from date(s) of inspection). <small>August 20, 2010</small> <i>Oct 12 / 2010</i>



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

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Monica Klein, Sue McKechnie	Inspector ID # 198, 140
Log #:	T-0226	
Inspection Report #:	2010_140_2955_10Aug153955	
Type of Inspection:	Complaint	
Date of Inspection:	August 11, 12 and September 7, 8, 2010	
Licensee:	Southlake Residential Care Village	
LTC Home:	Southlake Residential Care Village	
Name of Administrator:	Jane Casey ANNE DEELSTRA MENAMARA	

To **Southlake Residential Care Village**, you are hereby required to comply with the following orders by the dates set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
<p>Pursuant to: LTCHA, 2007, S.O. 2007, c.8, s. 3 (1) 11.i, iii. 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 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 or a secure unit and to obtain an independent opinion with regard to any of those matters</p>			
<p>Order: The licensee must respect the right of the resident to participate fully in the development, implementation, review and revision of the plan of care.</p>			
<p>Grounds:</p> <ul style="list-style-type: none"> A resident did not participate in a decision regarding the need to change the plan of care. 			



This order must be complied with by:		Immediate	
Order #:	002	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O. Reg. 79/10, s. 218. 2. For the purposes of paragraph 11 of subsection 76(2) of the Act, the following are additional areas in which training shall be provided: 2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.			
Order: The Licensee must provide training that is relevant to the staff member's responsibilities regarding safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids.			
Grounds: <ul style="list-style-type: none"> • Training for use of a specific piece of equipment was not provided by the home to direct staff prior to its use. 			
This order must be complied with by:		October 25, 2010	

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 service for the Licensee.

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

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
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



Ministry of Health and Long-Term Care

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Ministère de la Santé et des Soins de longue durée

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

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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

**Health Services Appeal and Review Board and the
Appeals Registrar**
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

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.

Issued on this	day of	Oct 12	, 2010.
Signature of Inspector:	[Handwritten Signature]		
Name of Inspector:	Monica Klein		
Service Area Office:	Toronto.		