



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

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

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

**Rapport d'inspection 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**

London Service Area Office  
130 Dufferin Avenue, 4th floor  
LONDON, ON, N6A-5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130, avenue Dufferin, 4ème étage  
LONDON, ON, N6A-5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

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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 25, 2014	2014_260521_0040	L-001184-14	Resident Quality Inspection

**Licensee/Titulaire de permis**

PROVINCIAL NURSING HOME LIMITED PARTNERSHIP  
1090 MORAND STREET, WINDSOR, ON, N9G-1J6

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

SEAFORTH MANOR NURSING HOME, DIVISION OF PROVINCIAL NURSING  
HOME LIMITED PARTNERSHIP  
100 JAMES STREET, SEAFORTH, ON, N0K-1W0

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

REBECCA DEWITTE (521), DONNA TIERNEY (569), NANCY JOHNSON (538)

**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): September 02, 03, 04, 08, 09, 10 and 11, 2014 on site.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Resident Assessment Instrument Coordinator, the Restorative Care Coordinator, the Assistant Food Services Supervisor, 1 Registered Nurse, 2 Registered Practical Nurses, 1 Dietary Aide, 1 Activity Aide, 2 Health Care Aides, 1 Personal Support Worker and 1 Housekeeper, 3 Family Members, 1 Resident Council Representative, 1 Family Council Representative and 40 + Residents.**

**During the course of the inspection, the inspector(s) conducted a tour of all resident areas and common areas, observed residents and the care provided to them and observed meal services. Medication administration and storage were observed and clinical records for identified residents were reviewed. Policies and procedures of the home were reviewed along with observations of general maintenance and condition of the home.**

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



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**Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Admission and Discharge  
Continence Care and Bowel Management  
Dining Observation  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Reporting and Complaints  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
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
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**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).**

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**Findings/Faits saillants :**



1. The licensee has failed to ensure all personal health information is kept confidential in accordance with that Act as evidenced by;

Observations of the Medication Cart on September 3, 2014 at 1430 hours revealed a clear plastic garbage bag on the side of the medication cart with Personal Health Information visible through the bag.

An interview with a Registered Staff on September 3, 2014 at 1437 hours revealed that after the medication administration the cellophane packaging containing personal health information was placed in the clear garbage bag attached to the medication cart.

The Personal Support Worker's collect all of the garbage bags from the medication carts and place the garbage bags into the garbage bin located outside of the home.

The Registered Nurse confirmed that the personal health information on the cellophane packaging is not denatured prior to disposing of the packaging into the general garbage.

An interview with the Administrator on September 3, 2014 at 1530 hours confirmed that it is the expectation of the home to ensure that all personal health information is kept confidential in accordance with the Act. [s. 3. (1) 11. iv.]

***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 personal health information is kept confidential in accordance with that Act, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

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**Findings/Faits saillants :**



1. The licensee failed to ensure that the home is a safe and secure environment for its residents as evidenced by;

On September 08, 2014 observations in a Resident Room revealed a long electrical wire hanging down in the doorway at eye level with a long sharp needle like end. The Director of Care confirmed the electrical wire hanging down in the doorway at eye level was dangerous and it is the expectation that the home is a safe and secure environment for its residents. The Director of Care had the wire removed. [s. 5.]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home is a safe and secure environment for its residents, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services**

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

**s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff is on duty and present at all times as evidenced by;

On September 10, 2014 a review of staffing schedule September 01-14, 2014 revealed 9/42 (21%) of the Registered Nursing shifts were not covered by a Registered Nurse.

The Director of Care confirmed 9/42 (21%) of the shifts were not covered by a Registered Nurse and that it is the homes expectation to have a Registered Nurse on duty and present at all times. [s. 8. (3)]



***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 at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

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

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

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**Findings/Faits saillants :**





1. The licensee failed to ensure that the home, furnishings and equipment are kept clean and sanitary as evidenced by;

On September 09, 2014 at 1320 hours observation in the Tub Room 119, Area 5 revealed the bath tub dirty and faeces left in the toilet with the dirty commode pot balanced on the toilet seat.

The Registered Practical Nurse on duty confirmed the bath which had not been used since the previous day was dirty and faeces should not be left in the toilet with the dirty commode pot balanced on the toilet seat. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair as evidence by;

On September 09, 2014 at 1400 hours observations revealed cracked floor tiles in 10 rooms and care areas halls 6,5,4 and 1.

Paint was chipped off the walls in 9 rooms.

Base boards were off the walls in 2 rooms and in care area 5.

Base board heaters were bent out of shape in 2 rooms.

Stained ceiling tiles were observed in 2 rooms and loose chipped ceiling tiles in 1 room.

The Administrator confirmed these areas are in disrepair and that it is the homes expectation that the home, equipment and the furnishing are in a good state of repair. [s. 15. (2) (c)]



***Additional Required Actions:***

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

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails  
Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
  - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
  - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

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**Findings/Faits saillants :**

**1. The licensee failed to ensure that steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment as evidenced by;**

**Observations of Resident bed systems by Inspector #521 and Inspector #569 on September 3 and 4, 2014 in four resident rooms revealed bed rails were being used and the mattresses were too short for the beds.**

**An interview with the Director of Care confirmed the mattresses were too short for the beds and these beds had failed zones on the recent bed audit (August 2014)  
The Director of Care confirmed it is the homes expectation to take steps to prevent resident entrapment, taking into consideration all potential zones of entrapment, however this had not been done for the above listed beds. [s. 15. (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 steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 17.**

**Communication and response system**

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

**s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**

**(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**

**(b) is on at all times; O. Reg. 79/10, s. 17 (1).**

**(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**

**(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**

**(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**

**(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**

**(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

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**Findings/Faits saillants :**



1. The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that, is available in every area accessible by residents as evidenced by;

On September 02, 2014 - 10:19 Inspector #538 and #569 observed the Good Living Room area and the Dining Room did not have call bell systems.

An interview with the Administrator and the Director of Care revealed that in addition to the Dining Room, Good Living Room, the Fish Room, Activity Room and the Sun Room were absent of a resident-staff communication and response system.

The Administrator confirmed that it is the expectation of the home to ensure that the home is equipped with a resident-staff communication and response system that, is available in every area accessible by residents. [s. 17. (1)]

2. On September 08, 2014 an audit of all bathroom call system cords revealed 14/25 (56%) were not easily accessed in resident bathrooms.

An interview with the Director of Care revealed that the home's maintenance worker was in the process of attaching the cords to the wall within reach of the residents but has not completed all of the resident bathrooms at this time.

The Director of Care confirmed it is the homes expectation to have all bathroom call systems easily accessed by residents at all times. [s. 17. (1) (a)]

3. The licensee failed to ensure that the home was equipped with a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times as evidenced by;

On September 09, 2014 at 1400 hours a resident was heard calling for help.

Inspector #521 responded to the resident call and asked the resident to alert the call bell system. The resident responded that it does not work.

Inspector #521 attempted to use the call bell system and confirmed it did not work.

The Administrator confirmed the bell was not working and the homes expectation is to have all call bells working at all times. [s. 17. (1) (a)]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home is equipped with a resident-staff communication and response system that, is available in every area accessible by residents, to be implemented voluntarily.***

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**WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance**

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

**s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that written policy A-6 to promote zero tolerance of abuse and neglect of residents, is complied with as evidenced by;

An interview with a Resident revealed that they felt that a staff member had been "mean" in the past.

The Director of Care was informed and conducted an investigation relating to the verbal abuse to find the Resident at the time had reported their experience to a Registered staff member who then directed the Resident to report their matter to the Director of Care.

The Director of Care revealed the Registered staff did not report the matter according to the policy Abuse Prevention A-6.

The Director of Care confirmed it is the homes expectation that staff follow the Abuse Prevention policy by reporting alleged or witnessed abuse to the General Manager or designate as per policy Abuse Prevention A-6. [s. 20. (1)]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with, to be implemented voluntarily.***

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**WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**

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

**s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations as evidenced by;

On September 10, 2014 a review of 2013 training records revealed 3/71 (4%) of the staff had not received the homes re-training to promote zero tolerance of abuse and neglect of residents.

The Director of Care confirmed these records are accurate and that it is the homes expectation that all staff complete the re-training to promote zero tolerance of abuse and neglect of residents. [s. 76. (4)]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations, to be implemented voluntarily.***

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**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 219. Retraining**  
**Specifically failed to comply with the following:**

**s. 219. (4) The licensee shall ensure that the training and retraining for staff in infection prevention and control required under paragraph 9 of subsection 76 (2) and subsection 76 (4) of the Act includes,**  
**(a) hand hygiene; O. Reg. 79/10, s. 219 (4).**  
**(b) modes of infection transmission; O. Reg. 79/10, s. 219 (4).**  
**(c) cleaning and disinfection practices; and O. Reg. 79/10, s. 219 (4).**  
**(d) use of personal protective equipment. O. Reg. 79/10, s. 219 (4).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that the training and retraining for staff in infection prevention and control required under paragraph 9 of subsection 76 (2) and subsection 76 (4) of the Act includes, (a) hand hygiene; (b) modes of infection transmission; (c) cleaning and disinfection practices; and (d) use of personal protective equipment as evidenced by;

On September 11, 2014 a review of education records with the Director of Care revealed 22/62 (35%) staff had not completed Infection Prevention and Control education in 2013.

The Director of Care confirmed it is the homes expectation that all staff complete retraining in Infection Prevention and Control annually. [s. 219. (4)]





***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the training and retraining for staff in infection prevention and control required under paragraph 9 of subsection 76 (2) and subsection 76 (4) of the Act includes, (a) hand hygiene; (b) modes of infection transmission; (c) cleaning and disinfection practices; and (d) use of personal protective equipment, to be implemented voluntarily.***

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**WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres as evidenced by;

Observations of the Sun Room windows during the initial tour on September 2, 2014 at 1019 hours revealed 2/11 (18%) of the windows were open more than 15 centimetres. Upon further inspection all of the 11/11 (100%) windows were able to be opened greater than 15 centimetres.

Interviews with the Director of Care and the Administrator confirmed that it is the expectation of the home that every window in the home that is accessible to the residents cannot be opened more than 15 centimetres. The Director of Care had the windows secured immediately. [s. 16.]

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**WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing**





Specifically failed to comply with the following:

**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. O. Reg. 79/10, s. 33 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to 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 as evidenced by;

A record review revealed on September 05, 2014 four residents scheduled for a bath did not receive their baths or a substituted date for a bath. The Director of Care confirmed the baths were missed and it is the homes expectation that each resident of the home is bathed at a minimum twice per week. [s. 33. (1)]

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**WN #12: 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.**

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**Findings/Faits saillants :**

1. The licensee 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;

On September 09, 2014 at 0915 hours a housekeeping cart containing hazardous substances in a bucket was left unattended in the middle of the corridor outside of a resident room.

This was confirmed by the housekeeper, who confirmed it is the homes expectation that hazardous substances are kept inaccessible to residents at all times. [s. 91.]



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**WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 116. Annual evaluation**

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

**s. 116. (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home, meets annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 79/10, s. 116 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the Pharmacy Service Provider and a Registered Dietitian, meets annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system as evidenced by;

An interview with the Director of Care on September 11, 2014 at 1030 hours revealed that the home does have annual meetings to review the effectiveness of the medication management system.

The Director of Care shared that the Registered Dietitian has not been invited to the meetings in the past and confirmed that it is the homes expectation to ensure that a interdisciplinary team meet annually to evaluate the effectiveness of the medication management system in the home. [s. 116. (1)]

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**Issued on this 25th day of September, 2014**

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