



**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 prévue
le Loi de 2007 les foyers de
soins de longue durée**

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

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

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection / Genre d'inspection
Jun 03, 2015;	2015_380593_0016 (A1)	011391-15	Complaint

Licensee/Titulaire de permis

AUTUMNWOOD MATURE LIFESTYLE COMMUNITIES INC.
130 ELM STREET SUDBURY ON P3C 1T6

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

CEDARWOOD LODGE
860 GREAT NORTHERN ROAD SAULT STE. MARIE ON P6A 5K7

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



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GILLIAN CHAMBERLIN (593) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

Compliance date changed from June 2, 2015 to June 4, 2015 at request of the licensee.

Issued on this 3 day of June 2015 (A1)

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

Original report signed by the inspector.



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GILLIAN CHAMBERLIN (593) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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

This inspection was conducted on the following date(s): May 29, 2015

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Registered Nursing Staff, Personal Support Worker's (PSW) and residents.

Inspectors observed the provision of care and services to residents, observed staff to resident interactions, observed resident to resident interactions, observed resident's environment, reviewed resident health care records and reviewed home policies.

Ad-hoc notes were used during this inspection.

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care



Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

- 1. Customary routines. O. Reg. 79/10, s. 26 (3).**
- 2. Cognition ability. O. Reg. 79/10, s. 26 (3).**
- 3. Communication abilities, including hearing and language. O. Reg. 79/10, s. 26 (3).**
- 4. Vision. O. Reg. 79/10, s. 26 (3).**
- 5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day. O. Reg. 79/10, s. 26 (3).**
- 6. Psychological well-being. O. Reg. 79/10, s. 26 (3).**
- 7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming. O. Reg. 79/10, s. 26 (3).**
- 8. Continence, including bladder and bowel elimination. O. Reg. 79/10, s. 26 (3).**
- 9. Disease diagnosis. O. Reg. 79/10, s. 26 (3).**
- 10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).**
- 11. Seasonal risk relating to hot weather. O. Reg. 79/10, s. 26 (3).**
- 12. Dental and oral status, including oral hygiene. O. Reg. 79/10, s. 26 (3).**
- 13. Nutritional status, including height, weight and any risks relating to nutrition care. O. Reg. 79/10, s. 26 (3).**
- 14. Hydration status and any risks relating to hydration. O. Reg. 79/10, s. 26 (3).**
- 15. Skin condition, including altered skin integrity and foot conditions. O. Reg. 79/10, s. 26 (3).**
- 16. Activity patterns and pursuits. O. Reg. 79/10, s. 26 (3).**
- 17. Drugs and treatments. O. Reg. 79/10, s. 26 (3).**
- 18. Special treatments and interventions. O. Reg. 79/10, s. 26 (3).**
- 19. Safety risks. O. Reg. 79/10, s. 26 (3).**
- 20. Nausea and vomiting. O. Reg. 79/10, s. 26 (3).**
- 21. Sleep patterns and preferences. O. Reg. 79/10, s. 26 (3).**
- 22. Cultural, spiritual and religious preferences and age-related needs and preferences. O. Reg. 79/10, s. 26 (3).**
- 23. Potential for discharge. O. Reg. 79/10, s.**

Findings/Faits saillants :

- 1. The licensee has failed to ensure that a plan of care is based on, at a minimum,**



interdisciplinary assessment of the following with respect to the resident.

Inspectors #593 and #543 randomly selected 10 resident records for review and identified that all 10 residents' Admission Checklist, completed by Registered Staff were not done in its entirety. #S-100 reported during an interview with Inspectors #593 and #543, that if an assessment was not checked off, then this had yet to be completed. A review of the Admission checklists located in resident files found that there were numerous assessments required within 24 hours of admission that had yet to be completed nine days post admission.

Inspector #543 reviewed the flow sheets that were stored in the PSW binders at the nursing station. Each of the three home areas had a separate binder to hold flow sheets and care plans.

A total of 44 residents are in the home at this time; only two of which had care plans in the PSW binders.

During an interview with Inspector's #593 and #543 May 29, 2015, #S-100 reported that they were not aware of all resident care needs including residents with additional high care needs as they were overwhelmed due to five to six admissions on a daily basis to the home. #S-100 reported that from the first day that the home opened and resident admission commenced, medication administration had been missed due to staff workload and availability of the medications in the home. Furthermore, #S100 reported that wound treatments are being delayed and some resident care is not being completed. #S-100 reported that not all of the care plans have been completed and the care plans that have been completed are kept in the PSW binder in the nurses' station. As reported previously a review of the PSW binder found care plans completed for only two residents.

During an interview with Inspector #593 May 29, 2015, #S-101 reported that the home is having multiple admissions on a daily basis and part of the admission process involves a PSW care checklist which is to be completed. #S-101 reported that they have not been able to complete this for all residents as there are too many new admissions each day to keep up with the workload. #S-101 reported that they have been short PSW staff members due to personal leave and a PSW leaving the floor to deal with admissions which has made it difficult in keeping up with resident care. They do not currently have access to the resident care plans and if they need to find out a care need, they are to ask the on duty Registered Nurse. #S-101 further reported that bathing for new residents is being delayed and this is also impacting on bathing for



residents who are already admitted resulting in some baths and showers being missed. #S-101 reported that it is difficult not knowing the resident care needs.

During an interview with Inspector #593 May 29, 2015, #S-102 reported that since the home has opened, it has been very hectic with new admissions on a daily basis. #S-102 reports that the staff are trying to gather most of the care information for residents on day one however it is taking them several days to obtain the rest of the information and overall the admission process has been rushed and feels that they could have slowed down on admissions. #S-102 reports that there has not been enough staff available in the home and admission baths, showers and weights are not being completed; furthermore when a staff member asks for guidance from the DOC, they are not provided an answer. #S-102 reports that they were not provided sufficient orientation to the home and that in-services were still being completed when admissions to the home were underway, therefore staff were pulled off the floor to attend in-services impacting workload further.

Inspector #543 spoke with #S-103 who stated that it has been hectic, and thankfully they are familiar with many of the residents from working at the hospital. However if a staff member was new to these residents, they would have no clue how to care for them. This staff member also stated that they were uncertain if resident care plans have been completed.

A review of the home's policy #VIII-C-10.00 Admission Checklist- Registered Staff dated January 2015 found that upon admission, the registered nursing staff are to complete the checklist requirements daily from day 1 through to day 21 ensuring that all related admission tasks are completed within the required timelines and information related to the new resident is documented. [s. 26. (3)]

Additional Required Actions:

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

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



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Issued on this 3 day of June 2015 (A1)

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

Original report signed by the inspector.



**Ministry of Health and
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Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : GILLIAN CHAMBERLIN (593) - (A1)

Inspection No. /

No de l'inspection : 2015_380593_0016 (A1)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : 011391-15 (A1)

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Jun 03, 2015;(A1)

Licensee /

Titulaire de permis : AUTUMNWOOD MATURE LIFESTYLE
COMMUNITIES INC.
130 ELM STREET, SUDBURY, ON, P3C-1T6

LTC Home /

Foyer de SLD : CEDARWOOD LODGE
860 GREAT NORTHERN ROAD, SAULT STE.
MARIE, ON, P6A-5K7



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O. 2007, chap. 8

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

Susan Silver

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

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the Long-Term
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2007, c. 8

Ordre(s) de l'inspecteur

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O.Reg 79/10, s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

Order / Ordre :

Order(s) of the Inspector

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O. 2007, chap. 8

The licensee will ensure that the following care needs are identified and documented for each resident in their plan of care and that all care needs and treatments required by each resident are met within a time frame that best meets resident needs:

- special treatments and interventions;
- physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming;
- health conditions, including allergies, pain, risk of falls and other special needs;
- nutritional status, including height, weight and any risks relating to nutrition care;
- drugs and treatments;
- safety risks; and
- hydration status and any risks relating to hydration

Grounds / Motifs :

1. The licensee has failed to ensure that a plan of care is based on, at a minimum, interdisciplinary assessment of the following with respect to the resident.

Inspectors #593 and #543 randomly selected 10 resident records for review and identified that all 10 residents' Admission Checklist, completed by Registered Staff were not done in its entirety. #S-100 reported during an interview with Inspectors #593 and #543, that if an assessment was not checked off, then this had yet to be completed. A review of the Admission checklists located in resident files found that there were numerous assessments required within 24 hours of admission that had yet to be completed nine days post admission.

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sufficient orientation to the home and that in-services were still being completed when admissions to the home were underway, therefore staff were pulled off the floor to attend in-services impacting workload further.

Inspector #543 spoke with #S-103 who stated that it has been hectic, and thankfully they are familiar with many of the residents from working at the hospital. However if a staff member was new to these residents, they would have no clue how to care for them. This staff member also stated that they were uncertain if resident care plans have been completed.

A review of the home's policy #VIII-C-10.00 Admission Checklist- Registered Staff dated January 2015 found that upon admission, the registered nursing staff are to complete the checklist requirements daily from day 1 through to day 21 ensuring that all related admission tasks are completed within the required timelines and information related to the new resident is documented. [s. 26. (3)] (593)

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

Jun 04, 2015(A1)



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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

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

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

Health Services Appeal and Review Board and the Director



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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

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

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O. 2007, chap. 8

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.

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
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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

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

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

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

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

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

Issued on this 3 day of June 2015 (A1)

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

**Name of Inspector /
Nom de l'inspecteur :**

GILLIAN CHAMBERLIN - (A1)

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

Sudbury