



**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**

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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
Jul 22, 2015	2015_281542_0012	015371-15	Follow up

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

JENNIFER LAURICELLA (542)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): June 26 and 29, 2015

During the course of the inspection, the inspector(s) spoke with the
Administrator/Director of Care, Registered Staff, Personal Support Workers and
Residents.

The following Inspection Protocols were used during this inspection:



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**Minimizing of Restraining
Personal Support Services
Responsive Behaviours
Skin and Wound Care**

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

**5 WN(s)
3 VPC(s)
2 CO(s)
0 DR(s)
0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the
time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de
cette inspection:**

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
O.Reg 79/10 s. 110. (1)	CO #001	2015_281542_0010	542
O.Reg 79/10 s. 24. (2)	CO #002	2015_281542_0010	542

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 O.Reg 79/10, s. 24. 24-hour admission care plan

Specifically failed to comply with the following:

s. 24. (6) The licensee shall ensure that the care set out in the care plan is provided to the resident as specified in the plan. O. Reg. 79/10, s. 24 (6).

Findings/Faits saillants :



**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**

1. The licensee failed to ensure that the care set out in the plan of care is provided to resident #001 and #003.

A health care record review was completed for resident #001. Resident #001 was admitted to the home in May, 2015. The admission orders indicated that the resident had two separate skin areas of concern, both requiring dressing changes daily and as needed. S#101 informed this Inspector that the Registered Nurses are to complete all of the dressing changes for resident #001 and they are to either document on the TARS, progress notes or the skin assessment form when completed. Inspector #542 reviewed the Medication and the Treatment Administration Record (MAR/TAR) over a one month period along with the progress notes for resident #001 which revealed several gaps in the documentation. There was no documentation to indicate that the dressing changes were completed on four separate occasions.

The one dressing order was changed by a physician, indicating that a new dressing was to be used and that the dressing was to be changed every 2 days. Inspector #542 reviewed the MAR and TAR over a two week period after the order was received and noted that the new order was not carried to these documents. Inspector spoke with S#100 who also verified that the order had not been transcribed to the MAR/TAR.

The progress notes revealed the the dressing was documented as changed twice during the two week period. There was no further documentation to support that this new dressing was being utilized for this resident on the required days and only one completed clinically appropriate assessment tool during this two week period.

On June 26, 2015, Inspector #542 completed a health care record review for resident #003. The admission orders for resident #003 indicated that there were two assessments that were required to be completed by the home. This Inspector was unable to locate any documentation to support that these assessments were being completed as ordered. The MAR/TAR did not contain either of these orders. Inspector #542 spoke with S#100 who confirmed that there was no documentation to support that these assessments were being completed by the nurses and that both of the orders should have been transcribed to the MAR/TAR. S#100 did explain that the hospital completes one of the resident's assessments, however the home does not have a record of the assessments that were completed by the hospital. [s. 24. (6)]

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. 25. Initial plan of care

Specifically failed to comply with the following:

- s. 25. (1) Every licensee of a long-term care home shall ensure that,**
(a) the assessments necessary to develop an initial plan of care under subsection 6 (6) of the Act are completed within 14 days of the resident's admission; and O. Reg. 79/10, s. 25 (1).
(b) the initial plan of care is developed within 21 days of the admission. O. Reg. 79/10, s. 25 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the assessments necessary to develop an initial plan of care under subsection 6 (6) of the Act are completed within 14 days of the resident's admission.

During a previous inspection, this Inspector observed that the home had "Admission Packages" in the resident's charts. The Admission packages contained checklists for the Registered Staff and the Personal Support Workers (PSWs) outlining their responsibilities with a new admission. The checklists detailed what was required to be completed for each resident specifying different time frames. The checklist is to be completed from Day 1 - 21, then the checklists are to be forwarded to the Director of Care once completed.

On June 26, 2015, Inspector #542 was unable to locate any of the Admission packages, including the checklists on the resident charts. The Administrator/DOC was also unable to locate the admission packages for the residents but remembers that they were all removed from the resident's charts and that the home was going to start over with the admission packages. The Administrator/DOC provided this Inspector with a blank admission package and the checklists.

Inspector #542 and S#101 reviewed resident #004's health care record utilizing the



**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**

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Loi de 2007 sur les foyers de
soins de longue durée**

home's admission checklist as a guide. S#101 informed this Inspector that according to the home's admission checklist, resident #004 did not have the following assessments completed;

- Fall Risk Assessment
- Pain Assessment
- Bladder/Bowel 3 day record was not initiated
- RAI-MDS 2.0 Assessment not started.

Resident #004 has been residing in the home for over a month.

Inspector #542 reviewed resident #003's health care record and noted that the following were not completed and that the resident has been residing in the home for over a month;

- No lift transfer assessment on the chart
- Fall Risk Assessment

This inspector and S#101 also reviewed the most recent care plan accessible to the direct care team and noted that there was no documented information as to how resident #003 transfers. S#102 informed this inspector that the resident uses a specific device for transferring. [s. 25. (1) (a)]

Additional Required Actions:

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

WN #3: 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. 26 (3).**

Findings/Faits saillants :

1. The licensee failed to ensure that the plan of care is based on at a minimum, interdisciplinary assessment of the physical functioning, and type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.

On June 26, 2015, Inspector #542 overheard staff speaking about resident #003's transfer ability. A staff member was questioning how the resident transfers. This Inspector reviewed the resident's current plan of care that was accessible to the direct care staff. The plan of care did not indicate how the resident transfers and what type of assistance they required. Inspector #542 spoke with S#102 who indicated that the resident uses a specific device for transferring and that this information should be located on the resident's care plan. S#101 indicated that there was no lift transfer assessment completed for resident #003 according to the health care record and the admission checklist. [s. 26. (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 resident #003's plan of care is based on at a minimum, interdisciplinary assessment of the physical functioning, and type and level of assistance that is required relating to activities of daily living, including hygiene and grooming, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

**s. 50. (2) Every licensee of a long-term care home shall ensure that,
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and O. Reg. 79/10, s. 50 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that equipment, supplies, devices and positioning aids are readily available as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing.

Inspector #542 completed a health care record review for resident #001. The progress notes indicated that the registered staff did not have enough of the ordered wound care dressing supplies on three separate days during the month of June. Inspector spoke with S#101 who confirmed that they frequently do not have enough of the wound care supplies that are ordered for specific residents. Inspector #542 spoke with Director of Care who confirmed that she has had some difficulty with ordering the supplies needed from certain vendors.

On June 29th, 2015, Inspector spoke with the Administrator/DOC again and briefly spoke about wound care supplies not being readily available in order for the nurses to be able to complete the wound dressing changes as ordered. She expressed that she was having some difficulty ordering some of the supplies that the pharmacy does not supply and is aware that the staff need these supplies for the residents. She also acknowledged that she needs to follow up with this to ensure they have the proper supplies. [s. 50. (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 equipment, supplies, devices and positioning aids are readily available as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program



**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**

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soins de longue durée**

Specifically failed to comply with the following:

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

- 1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).**
- 2. Residents must be offered immunization against influenza at the appropriate time each year. O. Reg. 79/10, s. 229 (10).**
- 3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).**
- 4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).**
- 5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).**

Findings/Faits saillants :

- 1. The licensee failed to ensure that resident #004 was screened for tuberculosis and offered immunization against pneumococcus and tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.**

Inspector reviewed the admission checklist for resident #004 that was provided to this inspector from the Administrator/DOC along with the electronic and paper chart. Inspector #542 was unable to locate any information with regards to the resident's immunization status. S#101 also confirmed that the immunization information was not available for this resident. S#101 stated that there was a list indicating which resident required vaccinations however they were unable to locate this. [s. 229. (10)]

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 residents are screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results are available to the licensee, are offered immunization against influenza, pneumococcus, tetanus and diphtheria in accordance with the publicly funded, to be implemented voluntarily.

Issued on this 22nd day of July, 2015

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

Original report signed by the inspector.



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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

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

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

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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** JENNIFER LAURICELLA (542)

**Inspection No. /
No de l'inspection :** 2015_281542_0012

**Log No. /
Registre no:** 015371-15

**Type of Inspection /
Genre
d'inspection:** Follow up

**Report Date(s) /
Date(s) du Rapport :** Jul 22, 2015

**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

**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:



**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

Order(s) of the InspectorPursuant 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)**Linked to Existing Order /****Lien vers ordre
existant:** 2015_281542_0010, CO #003;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 24. (6) The licensee shall ensure that the care set out in the care plan is provided to the resident as specified in the plan. O. Reg. 79/10, s. 24 (6).

Order / Ordre :

The licensee shall ensure that the care set out in the care plan, is provided to resident # 001 and #003 as specified in the plan.

The licensee shall ensure that resident #001 receives the specified wound interventions as ordered by the physician and that resident #003 receives the medical interventions also as ordered by the physician.

Grounds / Motifs :

1. A previous Compliance Order was issued during Inspection #2015_281542_010 on June 18, 2015.

The licensee failed to ensure that the care set out in the plan of care is provided to resident #001 and #003.

A health care record review was completed for resident #001. Resident #001 was admitted to the home in May, 2015. The admission orders indicated that the resident had two separate skin areas of concern, both requiring dressing changes daily and as needed. S#101 informed this Inspector that the Registered Nurses are to complete all of the dressing changes for resident #001 and they are to either document on the TARS, progress notes or the skin assessment form when completed. Inspector #542 reviewed the Medication and the Treatment Administration Record (MAR/TAR) over a one month period along with the progress notes for resident #001 which revealed several gaps in the documentation. There was no documentation to indicate that the dressing changes were completed on four separate occasions.



**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

The one dressing order was changed by a physician, indicating that a new dressing was to be used and that the dressing was to be changed every 2 days. Inspector #542 reviewed the MAR and TAR over a two week period after the order was received and noted that the new order was not carried to these documents. Inspector spoke with S#100 who also verified that the order had not been transcribed to the MAR/TAR.

The progress notes revealed the the dressing was documented as changed twice during the two week period. There was no further documentation to support that this new dressing was being utilized for this resident on the required days and only one completed clinically appropriate assessment tool during this two week period.

On June 26, 2015, Inspector #542 completed a health care record review for resident #003. The admission orders for resident #003 indicated that there were two assessments that were required to be completed by the home. This Inspector was unable to locate any documentation to support that these assessments were being completed as ordered. The MAR/TAR did not contain either of these orders. Inspector #542 spoke with S#100 who confirmed that there was no documentation to support that these assessments were being completed by the nurses and that both of the orders should have been transcribed to the MAR/TAR. S#100 did explain that the hospital completes one of the resident's assessments, however the home does not have a record of the assessments that were completed by the hospital. (542)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 24, 2015

Order(s) of the InspectorPursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8**Ordre(s) de l'inspecteur**Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8**Order # /****Ordre no :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 25. (1) Every licensee of a long-term care home shall ensure that,

(a) the assessments necessary to develop an initial plan of care under subsection 6 (6) of the Act are completed within 14 days of the resident's admission; and

(b) the initial plan of care is developed within 21 days of the admission. O. Reg. 79/10, s. 25 (1).

Order / Ordre :

The licensee shall ensure that all assessments necessary to develop an initial plan of care under subsection 6 (6) of the Act are completed within 14 days of the resident's admission.

Grounds / Motifs :

1. The licensee failed to ensure that the assessments necessary to develop an initial plan of care under subsection 6 (6) of the Act are completed within 14 days of the resident's admission.

During a previous inspection, this Inspector observed that the home had "Admission Packages" in the resident's charts. The Admission packages contained checklists for the Registered Staff and the Personal Support Workers (PSWs) outlining their responsibilities with a new admission. The checklists detailed what was required to be completed for each resident specifying different time frames. The checklist is to be completed from Day 1 - 21, then the checklists are to be forwarded to the Director of Care once completed.

On June 26, 2015, Inspector #542 was unable to locate any of the Admission packages, including the checklists on the resident charts. The Administrator/DOC was also unable to locate the admission packages for the residents but remembers that they were all removed from the resident's charts and that the home was going to start over with the admission packages. The Administrator/DOC provided this Inspector with a blank admission package and



**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

the checklists.

Inspector #542 and S#101 reviewed resident #004's health care record utilizing the home's admission checklist as a guide. S#101 informed this Inspector that according to the home's admission checklist, resident #004 did not have the following assessments completed;

- Fall Risk Assessment
- Pain Assessment
- Bladder/Bowel 3 day record was not initiated
- RAI-MDS 2.0 Assessment not started.

Resident #004 has been residing in the home for over a month.

Inspector #542 reviewed resident #003's health care record and noted that the following were not completed and that the resident has been residing in the home for over a month;

- No lift transfer assessment on the chart
- Fall Risk Assessment

This inspector and S#101 also reviewed the most recent care plan accessible to the direct care team and noted that there was no documented information as to how resident #003 transfers. S#102 informed this inspector that the resident uses a specific device for transferring. (542)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 24, 2015



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

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

REVIEW/APEAL 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

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

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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.

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

**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

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 22nd day of July, 2015

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Jennifer Lauricella

Service Area Office /

Bureau régional de services : Sudbury Service Area Office