



**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
Dec 22, 2015;	2015_281542_0020 (A1)	029600-15, 029050-15	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

JENNIFER LAURICELLA (542) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié



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The compliance plan date was changed from 2015 to 2016.

Issued on this 22 day of December 2015 (A1)

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

Original report signed by the inspector.



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

**This inspection was conducted on the following date(s): October 30, 2015,
November 2-5, 2015.**

During the course of the inspection, the inspector(s) spoke with the Executive Director of Care, the Acting Director of Care, Registered Staff, Office Manager, RAI Coordinator, Personal Support Workers, Family Members and Residents.

The Inspector completed a review on various resident health care records, various policies and procedures of the home, employee human resource files, training records and made observations of the delivery of care to residents.

The following Inspection Protocols were used during this inspection:

Sufficient Staffing

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

3 WN(s)

2 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 LTCHA, 2007, s. 101. Conditions of licence

Specifically failed to comply with the following:

s. 101. (4) Every licensee shall comply with the conditions to which the licence is subject. 2007, c. 8, s. 101. (4).

Findings/Faits saillants :



1. The licensee has failed to ensure that they have complied with the conditions to which the licence is subject, specifically the Long-Term Care Home Service Accountability Agreement (L-SAA) related to the completion of the Resident Assessment Instrument - Minimum Data Set (RAI-MDS).

The L-SAA agreement indicates the following with regards to the RAI-MDS 2.0 Long-Term Care (LTC) Homes:

- Each new resident must be assessed by the interdisciplinary care team using the MDS 2.0 Full Assessment within 14 days of admission.
- Resident Assessment Protocols (RAPS) must be generated and reviewed and RAPS assessment summaries must be completed for triggered RAPS and non-triggered clinical conditions by day 14 maximum.
- The MDS 2.0 Quarterly or Full Assessment must be completed within 92 days of the Assessment Reference Date (ARD) of the previous assessment.

On November 3, 2015, Inspector #542 met with the RAI Coordinator. The RAI Coordinator indicated that they had not received any formal training on the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS 2.0) and that they had only received in house training. The RAI Coordinator stated that they had completed a total of seven admission assessments. The following past due assessments were reviewed with the RAI Coordinator:

- 5 Admission Background Assessments were scheduled to be completed between June 14 and October 29, 2015 and were not completed.
- 37 Admission Assessments were past due, 34 of the 37 were due to be completed during the month of June, 2015.
- 13 Resident Assessment Protocols (RAPS) were past due, and were to be completed two weeks following the resident's admission (five of which were due during the month of June, 2015). [s. 101. (4)]

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

WN #2: The Licensee has failed to comply with LTCHA, 2007, 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:

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that every resident was properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

On November 2, 2015, Inspector #542 spoke with resident #001 in their room. The resident was observed to push their call bell for assistance with repositioning and then stated, "I wonder how long it will take them." The Inspector waited with the resident for approximately 10 minutes and then proceeded out of the resident's room and asked PSW #103 and PSW #104 if they received a call from the resident. Both PSW's indicated that they were assisting another resident in the tub.

Inspector #542 proceeded to another unit in the home and observed resident #002 calling for help. The Inspector entered the resident's room and the resident indicated they pushed their call bell but no one was coming. A total of 15 minutes elapsed and no staff were observed to attend to this resident. The Acting Director of Care was made aware of both incidents and they proceeded to ensure that a staff member attended to this resident. [s. 3. (1) 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 every resident is properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with LTCHA, 2007, s. 76. Training
Specifically failed to comply with the following:**

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

- 1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).**
- 2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).**
- 4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).**
- 5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).**
- 6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).**
- 7. Fire prevention and safety. 2007, c. 8, s. 76. (2).**
- 8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).**
- 9. Infection prevention and control. 2007, c. 8, s. 76. (2).**
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).**
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

Findings/Faits saillants :

- 1. The licensee failed to ensure that all agency staff members used in a non-**



emergency circumstance received training prior to performing their responsibilities.

This inspection was conducted based on complaints that were submitted to the Ministry of Health and Long-Term Care (MOHLTC).

The Inspector observed an agency staff member receiving orientation to the resident care areas for approximately 10 minutes.

Inspector #542 spoke to agency staff #102, who indicated that they received approximately one hour of training on the home's policies and procedures and that they were asked to arrive an hour early for their shift to complete this.

Inspector #542 conducted an interview with two staff employed by the home, RN #107 and RPN #108 who both stated that some of the new staff do not receive any orientation prior to starting their shift.

Inspector #542 conducted an interview with the Assistant Director of Care (ADOC) who verified that agency staff #105's first shift working in the home was on September 20, 2015.

Inspector #542 reviewed agency staff #105's employee file which indicated that they signed the orientation checklists as completed on October 16, 2015.

Inspector #542 reviewed the home's nursing complement documents which verified that agency staff #105 worked in the home without completing all of the mandatory training prior to commencing their first shift in the home.

Inspector #542 spoke with the Assistant Director of Care. They indicated that agency staff #100's first shift in the home was on October 15, 2015.

The employee's file was reviewed, which revealed no documents indicating that they had completed any training prior to the start of their shifts.

The ADOC also verified that agency staff #101's first shift in the home was on September 8, 2015.

Inspector #542 reviewed the employee file which revealed that there were no completed orientation checklists or any other documents acknowledging that they had reviewed all of the education prior to the start of their shift.



Inspector #542 also reviewed agency staff, #102, #104, #109 and #110's, employee files. None of the files reviewed contained completed orientation checklists or any other documents acknowledging that they had reviewed all of the education prior to the start of their shifts.

Inspector #542 reviewed the home's "onboarding" policy that was provided by the Assistant Director of Care. The policy indicated that onboarding position-specific checklists were to be followed to ensure that the content was addressed with the new hire. The policy also outlined that the employees were to complete all onboarding requirements in accordance with applicable legislation prior to providing care to any residents or clients. All onboarding related documentation was to be filed in the incumbent's personnel file. [s. 76. (2)]

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 agency staff members used in a non-emergency situation receive training prior to performing their responsibilities, to be implemented voluntarily.



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Issued on this 22 day of December 2015 (A1)

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

Original report signed by the inspector.



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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
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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : JENNIFER LAURICELLA (542) - (A1)

Inspection No. /

No de l'inspection : 2015_281542_0020 (A1)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : 029600-15, 029050-15 (A1)

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Dec 22, 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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foyers de soins de longue durée, L.
O. 2007, chap. 8

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

Susan Liska

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) (b)

Pursuant to / Aux termes de :

LTCHA, 2007, s. 101. (4) Every licensee shall comply with the conditions to
which the licence is subject. 2007, c. 8, s. 101. (4).

Order / Ordre :

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

The licensee shall prepare, submit and implement a plan to ensure that all RAI MDS 2.0 Assessments are completed as per Canadian Institute for Health Information (CIHI) timelines. This plan shall include:

- a process to ensure that all new residents receive an MDS Admission Assessment within 14 days of being admitted to the home.
- a schedule to ensure that all residents are re-assessed using the MDS 2.0 Quarterly or Full Assessment within 92 days of the Assessment Reference Date (ARD) of the previous assessment.
- a process to ensure that residents are re-assessed when there is a significant change in their condition, along with the Resident Assessment Protocols (RAPS) using the MDS 2.0 Full Assessment by the 14th day following the determination of the significant change.
- a method of auditing to ensure that the assessments are completed with the required time frames as per Canadian Institute for Health Information (CIHI).
- how the home is going to ensure that all of the above assessments are completed correctly and within the specified time frames.

The plan shall include time frames for development and implementation and identify the staff member (s) responsible for implementation.

The plan shall be submitted in writing to Jennifer Lauricella, Long Term Care Homes Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 159 Cedar Street, Suite 403, Sudbury, Ontario, P3E 6A5 or Fax at 1 705 564-3133, or by email at jennifer.lauricella@ontario.ca by January 11, 2016 and fully implemented by January 18, 2016.

Grounds / Motifs :

1. The licensee has failed to ensure that they have complied with the conditions to which the licence is subject, specifically the Long-Term Care Home Service Accountability Agreement (L-SAA) related to the completion of the Resident



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Assessment Instrument - Minimum Data Set (RAI-MDS).

The L-SAA agreement indicates the following with regards to the RAI-MDS 2.0 Long-Term Care (LTC) Homes:

- Each new resident must be assessed by the interdisciplinary care team using the MDS 2.0 Full Assessment within 14 days of admission.
- Resident Assessment Protocols (RAPS) must be generated and reviewed and RAPS assessment summaries must be completed for triggered RAPS and non-triggered clinical conditions by day 14 maximum.
- The MDS 2.0 Quarterly or Full Assessment must be completed within 92 days of the Assessment Reference Date (ARD) of the previous assessment.

On November 3, 2015, Inspector #542 met with the RAI Coordinator. The RAI Coordinator indicated that they had not received any formal training on the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS 2.0) and that they had only received in house training. The RAI Coordinator stated that they had completed a total of seven admission assessments. The following past due assessments were reviewed with the RAI Coordinator:

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- 37 Admission Assessments were past due, 34 of the 37 were due to be completed during the month of June, 2015.
- 13 Resident Assessment Protocols (RAPS) were past due, and were to be completed two weeks following the resident's admission (five of which were due during the month of June, 2015).

The decision to issue a compliance order was based on the scope which was identified as a pattern of required assessments not being completed for the residents. The severity was determined to be a potential for harm to the residents even though the home does not have a compliance history with this section of the legislation. (542)



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O. 2007, chap. 8

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

Jan 18, 2016



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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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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, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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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
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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 22 day of December 2015 (A1)

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

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

JENNIFER LAURICELLA

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

Sudbury