



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

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

Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Includes handwritten 'Log # O-000753'.

Licensee/Titulaire de permis

GENESIS GARDENS INC
438 PRESLAND ROAD, OTTAWA, ON, K1K-2B5

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

FOYER ST-VIATEUR NURSING HOME
1003 Limoges Road South, Limoges, ON, K0A-2M0

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

LINDA HARKINS (126)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, the Acting Director of Care, the nursing staff, Registered Nurse(RN), Registered Practical Nurse(RPN), Health Care Aide(HCA), the Activity staff, the Restorative staff, the Assistant Physiotherapist staff and the resident.

During the course of the inspection, the inspector(s) Reviewed the resident health record, the policies and procedures related to the complaint items and observed the care and services provided to the resident.

The following Inspection Protocols were used in part or in whole during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Critical Incident Response

Falls Prevention

Medication

Personal Support Services

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

<b>Definitions</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Définitions</b>  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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 74. Registered dietitian**  
Specifically failed to comply with the following subsections:

**s. 74. (1) Every licensee of a long-term care home shall ensure that there is at least one registered dietitian for the home. O. Reg. 79/10, s. 74 (1).**

**Findings/Faits sayants :**

1. Discussion with the Registered Nurse and she stated that there is no Registered Dietitian in the home since May 2011.

**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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**  
Specifically failed to comply with the following subsections:

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**  
**(a) the planned care for the resident;**  
**(b) the goals the care is intended to achieve; and**  
**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).**

**Findings/Faits sayants :**

1. Plan of care is not providing clear direction to staff. Specific interventions requested by family member's is not documented in the care plan dated May 26, 2011.  
 2. The last annual review done with the Power Of Attorney's was done February 8, 2010.  
 The Acting Director of Care confirmed that the Home is behind completing their family conferences.



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**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 clear directions to staff is documented in the plan of care and that opportunity is given to the POA to participate fully in the development and implementation of the resident's plan of care, 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. 22. Licensee to forward complaints Specifically failed to comply with the following subsections:**

**s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).**

**Findings/Faits sayants :**

1. Family members expressed their concerns via email to the Director of Care and/or the Administrator regarding several issues they had with the care and services. These complaints emails were not sent to the Director.

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping Specifically failed to comply with the following subsections:**

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,**  
**(a) cleaning of the home, including,**  
**(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and**  
**(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;**  
**(b) cleaning and disinfection of resident care equipment, such as whirlpools, tubs, shower chairs, and lift chairs and supplies and devices, including personal assistance services devices, assistive aids, and positioning aids and contact surfaces, using hospital grade disinfectant and in accordance with manufacturer's specifications;**  
**(c) removal and safe disposal of dry and wet garbage; and**  
**(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

**Findings/Faits sayants :**

1. Maintenance and housekeeping staff stated that there is no schedule for cleaning (privacy curtains, curtains, walls surfaces, carpet, painting).

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service**

Specifically failed to comply with the following subsections:

- s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,
- (a) procedures are developed and implemented to ensure that,
    - (i) residents' linens are changed at least once a week and more often as needed,
    - (ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,
    - (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and
    - (iv) there is a process to report and locate residents' lost clothing and personal items;
  - (b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;
  - (c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and
  - (d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).

**Findings/Faits sayants :**

1. Resident clothing shall be labelled within 48 hours of admission and same expectation if new acquired clothing. The seamstress stated that it can take up to one week before they received the resident label. She works twice a week on Monday and Tuesday.
2. The process to report and locate resident's lost clothing and personal items ,it is to bring the items to the seamstress office and to keep it until the resident/family make an inquiry for it.

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

Specifically failed to comply with the following subsections:

- s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.
  2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.
  3. A response shall be made to the person who made the complaint, indicating,
    - i. what the licensee has done to resolve the complaint, or
    - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

**Findings/Faits sayants :**

1. Email sent by a family member to the Administrator on March 13, 2011 was responded by the Administrator on April 1, 2011. (19 days later)

**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 complaints are investigated, resolved and responded within 10 business days of the receipt of the complaint., to be implemented voluntarily.*

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 103. Complaints — reporting certain matters to Director**



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Specifically failed to comply with the following subsections:

s. 103. (1) Every licensee of a long-term care home who receives a written complaint with respect to a matter that the licensee reports or reported to the Director under section 24 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 101 (1). O. Reg. 79/10, s. 103 (1).

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Findings/Faits sayants :

1. The home have not sent the written complaint's received from a family to the director, therefore no copy of the response from the licensee to the complainant was sent to the Director.

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WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

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Findings/Faits sayants :

1. Resident was given the wrong medication on July 10, 2010.

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WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

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Findings/Faits sayants :

1. There is no fall prevention and management program in the home.

*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 a fall prevention and management program is developed to reduce the incidence of falls and the risk of injury., to be implemented voluntarily.*

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WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

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Specifically failed to comply with the following subsections:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

**Findings/Faits sayants :**

1. Resident fell several times in last 6 months. No post falls risk assessment completed using the instrument available at the Home

Issued on this 14th day of July, 2011 *Amued to Licensee on June 21, 2011.*

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

*K. Harker*



**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*

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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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** LINDA HARKINS (126)

**Inspection No. /  
No de l'inspection :** 2011\_036126\_0008

**Type of Inspection /  
Genre d'inspection:** Complaint *Log # O-000753.*

**Date of Inspection /  
Date de l'inspection :** Jun 9, 13, 21, 2011

**Licensee /  
Titulaire de permis :** GENESIS GARDENS INC  
438 PRESLAND ROAD, OTTAWA, ON, K1K-2B5

**LTC Home /  
Foyer de SLD :** FOYER ST-VIATEUR NURSING HOME  
1003 Limoges Road South, Limoges, ON, K0A-2M0

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

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To GENESIS GARDENS 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 :**

O.Reg 79/10, s. 74. (1) Every licensee of a long-term care home shall ensure that there is at least one registered dietitian for the home. O. Reg. 79/10, s. 74 (1).

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan for achieving compliance to meet the requirement that at least one registered dietitian for the home. The plan is to be submitted in writing to Inspector Linda Harkins by June 29, 2011 by either mailing to 347 Preston Street, 4 th floor, ON K1S 3J4 or by fax at 1-613-569-9670.

**Grounds / Motifs :**

1. Discussion with Registered Nurse in charge and stated that there is no Registered Dietitian in the home since May 2011. (126)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :** Jul 31, 2011

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**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

**REVIEW/APPEAL INFORMATION / RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

**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 Clerk  
 Performance Improvement and Compliance Branch  
 Ministry of Health and Long-Term Care  
 55 St. Clair Ave. West  
 Suite 800, 8th floor  
 Toronto, ON M4V 2Y2  
 Fax: 416-327-760

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

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

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

Issued on this **14th** day of **July, 2011**

*(delivered to licensee on June 21, 2011)*

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

*L. Harkins*

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

LINDA HARKINS

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

Ottawa Service Area Office