



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

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

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

**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**

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performance du système de santé  
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## **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 21, 2014	2014_214146_0009	H-000431- 14	Resident Quality Inspection

### **Licensee/Titulaire de permis**

GRACE VILLA LIMITED  
284 CENTRAL AVENUE, LONDON, ON, N6B-2C8

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

GRACE VILLA NURSING HOME  
45 LOCKTON CRESCENT, HAMILTON, ON, L8V-4V5

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

BARBARA NAYKALYK-HUNT (146), MICHELLE WARRENER (107), ROBIN MACKIE (511), THERESA MCMILLAN (526)

## **Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): May 7, 8, 12, 13, 14, 15, 16, 2014**

**Three Critical Incident inspections H-000581-14, H-000582-14 and H-000139-14 and four Follow-up inspections H-000529-14, H-000530-14, H-000531-14 and H-000532-14 were completed concurrently with this RQI.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Dietitian (RD), Food Service Manager (FSM), Environmental Manager, Program Manager, Registered staff, Personal Support Workers (PSW's), ward clerk, scheduling clerk, housekeeping staff, dietary staff, residents and family members.**

**During the course of the inspection, the inspector(s) toured the home; reviewed policies and procedures related to nursing, dietary, maintenance, laundry and housekeeping; reviewed staffing schedules and staff files; reviewed meeting minutes and internal investigation notes; reviewed resident health records and observed residents.**

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



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**Accommodation Services - Housekeeping  
Accommodation Services - Laundry  
Continence Care and Bowel Management  
Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Food Quality  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Reporting and Complaints  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
Skin and Wound Care  
Sufficient Staffing**

**Findings of Non-Compliance were found during this inspection.**



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<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. 15. Bed rails Specifically failed to comply with the following:**

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



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**Findings/Faits saillants :**

1. The licensee did not ensure that where bed rails were used, not all bed systems were evaluated in accordance with evidence-based practices to minimize risk to residents.

(A) The home commissioned an external contractor to complete a bed entrapment zone audit of all the resident bed systems on February 2013. The results of the audit concluded that at least 63% of the beds failed one or more zones of entrapment which could potentially cause injury to the resident. Since that time, the management of the home had no records to support that action was taken to reduce potential risk to those residents.

(B) At the time of this inspection, many of the failed beds continued to be used by residents who used bed rails. Since the audit in February 2013, some new mattresses and bed frames had been purchased, and the home did not track their location. The beds that received a new mattress did not receive a new entrapment zone assessment to determine if the new mattresses were adequate for the specific bed frames. [s. 15. (1) (a)]

2. The licensee did not ensure that where bed rails were used, steps were taken to prevent resident entrapment.

(A) The home was unable to provide evidence that the concerns identified on the February 2013 Facility Entrapment Inspection Report had been addressed with action taken to prevent resident entrapment.

(B) The Environmental Manager stated that action to address bed entrapment was taken for some of the beds, however, it was unclear which beds were addressed and which beds had not been. [s. 15. (1) (b)]

***Additional Required Actions:***

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

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**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:**

**s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,**  
**(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).**  
**(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).**

**s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**  
**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**  
**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**  
**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that staff and others involved in different aspects of care collaborated with each other in the assessment of the resident so that their assessments were integrated, consistent with and complemented each other. The Resident Assessment Instrument Minimum Data Set (RAI MDS) assessment dated in October 2013 for a resident conflicted with a nursing assessment completed at the same time. Staff did not collaborate with each other in the assessment of the resident bowel continence. [s. 6. (4) (a)]

2. The licensee did not ensure that residents were reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs changed or care set out in the plan was no longer necessary. The plans of care for three residents were not revised to reflect the current status of the residents in relation to assistance required for eating.

3. The licensee did not ensure that the resident was re-assessed and the plan of care reviewed and revised when (c) care set out in the plan had not been effective. Two residents did not have their plans of care revised when the care set out in the plan of care was not effective for weight loss and hydration.



***Additional Required Actions:***

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

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the resident is re-assessed and the plan of care reviewed and revised when (c) care set out in the plan has not been effective, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**

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

**s. 72. (2) The food production system must, at a minimum, provide for, (c) standardized recipes and production sheets for all menus; O. Reg. 79/10, s. 72 (2).**

**s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that the food production system, at a minimum, provided for (c) standardized recipes and production sheets for all menus. Standardized recipes and production sheets were not in place for some menu items on May 13, 2014.

(A) Recipes were not available to direct staff in the preparation of the gluten free menu items at the lunch and dinner meals, or for the gluten free (GF) snack menu items. Staff and the Food Services Manager confirmed that the recipes for the GF items were not available for staff preparing meals and snacks. Recipes were not in place for the GF pasta with marinara sauce served at the lunch meal May 13, 2014. The product was noted to be runny (too much fluid added) and was not cohesive on the plate. The pasta was served without protein (pasta and marinara sauce). The RD confirmed that it was an oversight that protein was not served with the GF pasta.

(B) A recipe was not in place or available for dill sauce which was required for the



stuffed salmon and pureed salmon recipes. The pureed salmon was prepared without the dill sauce as the recipe was unavailable. A recipe was retrieved for the dill sauce and it was prepared later for the regular texture.

(C) Production sheets did not include items required for the gluten free menu or snack menu. Staff confirmed that the production sheet only included gluten free bread for the breakfast meal, however, did not include the lunch and dinner items and snack meals. The therapeutic extension menus required the items, however, they were not identified on the production sheets to direct staff in the preparation of items required for snacks.

(D) Therapeutic extension menus were inconsistent and errors were identified and the items were not included on the production sheets for staff to provide clarity and direction.

i) The therapeutic extension for the snack menu Week 1 Tuesday afternoon identified that the GF regular menu required GF rice flour cookies, however, the pureed GF menu required pureed date turnover cookies (same as the regular menu). The Food Services Manager confirmed that the GF menu was not to receive date turnover cookies (contains gluten) and it was an error on the therapeutic extension menu. Production sheets were not in place to direct staff in what to prepare for residents requiring a GF snack menu.

ii) The therapeutic extension menu required spaghetti and meatballs for the vegetarian menu (same as the regular menu) - the menu did not specify if the meatballs were vegetarian. The Food Services Manager confirmed that there was an error on the therapeutic extension menu. The Food Services Manager confirmed that residents on the vegetarian and pureed vegetarian menu were to receive pasta primavera, however, a recipe was not in place for the pasta primavera and the item was not identified on the production sheets or therapeutic extension menu to direct staff in the consistent preparation and service of the item. The Cook stated there was a different menu for the vegetarian menu that staff followed, however, it was not consistent with the menu available at point of service for staff. [s. 72. (2) (c)]

2. The licensee did not ensure that all food and fluids in the food production system were prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality.

Not all food was prepared using methods that preserved taste, nutritive value, appearance and food quality at the lunch meal on May 7, 2014.

(A) The recipe for French onion soup required seasoned croutons and parmesan cheese, however, residents were served the soup with saltine crackers. Towards the end of the meal, staff brought a pan of parmesan cheese and a pan of croutons to



serve with the soup, however, most residents had already received their soup with the crackers. The taste, nutritive value and quality of the soup was not preserved in the way it was served to residents.

Not all food was prepared using methods that preserved taste, nutritive value, appearance and food quality at the supper meal May 13, 2014.

(A) Items prepared for the pureed menu were not of the same quality as for the regular texture menu. The pureed salmon was cooked, texture modified and then placed into hot holding for the dinner meal at 1500 hours. The regular texture salmon did not begin cooking until after 1540 pm for the dinner meal.

(B) The recipe for pureed salmon required the salmon to be pureed with a dill sauce. The salmon was prepared using water as a recipe was not available for the dill sauce at the time of preparation, resulting in reduced nutritive value and taste.

(C) The pureed peanut butter sandwich required for the evening snack cart was prepared with 125ml of peanut butter for 25 portions (as per the Dietary Aide). The recipe for the pureed peanut butter sandwich required 725ml or 369ml of peanut butter (2 different recipes) for 25 portions. The sandwich prepared contained less nutritive value than a sandwich prepared according to the planned recipe. [s. 72. (3) (a)]

### ***Additional Required Actions:***

***CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the food production system must, at a minimum, provide for, (c) standardized recipes and production sheets for all menus, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**



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

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:**

**11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).**

**s. 73. (2) The licensee shall ensure that,**

**(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and O. Reg. 79/10, s. 73 (2).**

**s. 73. (2) The licensee shall ensure that,**

**(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.**

**O. Reg. 79/10, s. 73 (2).**

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**Findings/Faits saillants :**



1. The licensee did not ensure that the home had a dining and snack service that included, at a minimum, the following elements: (11) appropriate furnishings and equipment in dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents.

The table for one resident was not at an appropriate height to meet the needs of the resident. The table height was at the level of the resident's nose and required the resident to reach up to the table. At a lunch meal in May 2014, the resident was observed struggling to reach food and beverages on the table. The RD confirmed that the table was not an appropriate height for the resident. The resident was at moderate nutritional risk. [s. 73. (1) 11.]

2. The licensee did not ensure that (a) no person simultaneously assisted more than two residents who needed total assistance with eating and drinking.

Staff were assisting more than two residents at the same time who needed total assistance with eating and drinking at meals in May 2014.

3. The licensee did not ensure that, (b) no resident who required assistance with eating or drinking was served a meal until someone was available to provide the assistance required by the resident.

Six residents who required assistance with eating or drinking were served a meal prior to assistance being available at meals in May 2014.

***Additional Required Actions:***

***CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**



Specifically failed to comply with the following:

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**2. Every resident has the right to be protected from abuse. 2007, c. 8, s. 3 (1).**

**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).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that the following rights of residents were fully respected and promoted: 2. Every resident has the right to be protected from abuse. 2007, c. 8, s. 3 (1).

(A) During an interview with an inspector, a resident reported verbal abuse by an identified staff member on several occasions when the staff person yelled at the resident. This information was confirmed by the home's internal notes and the DOC. [s. 3. (1) 2.]

2. The licensee did not ensure that the following rights of residents were fully respected and promoted: that every resident had the right to be properly cared for in a manner consistent with his or her needs.

(A) In May 2014 a resident waited for an hour for staff assistance to go to the bathroom.

(B) In May 2014 a resident who was at high risk for falls waited fourteen minutes before receiving assistance with toileting. [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 the following rights of residents are fully respected and promoted: 2. Every resident has the right to be protected from abuse; 4. Every resident has the right to be properly cared for in a manner consistent with his or her needs, to be implemented voluntarily.***



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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

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**Findings/Faits saillants :**



1. Where the Act or this Regulation required the licensee to have, instituted or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee was required to ensure that the plan, policy, protocol, procedure, strategy or system, (b) is complied with.

(A) A review of the home's policy and procedure's for Infection Prevention and Control, Admission of New Residents, section 3, effective as of January 2014, states the resident will be offered and given (with consent) a combined tetanus-diphtheria (Td) vaccine if a booster had not been given in the previous ten years. Review of clinical records for three residents indicated the consent for administration of the tetanus-diphtheria (Td) vaccine was obtained however, there was no physician order obtained and the vaccine was not administered. The DOC confirmed the home did not implement the home's Infection Prevention and Control program as outlined and confirmed the above residents did not receive the Td vaccine. (511)

(B) The Long-Term Care Home's policy related to food temperature monitoring was not followed by staff serving meals.

The policy required staff to record the temperature of all food items in all textures prior to serving. When food temperatures fell below the identified acceptable range, staff were to record corrective action taken. Temperature monitoring records indicated that foods must be served at a minimum temperature of 140 degrees Fahrenheit (F).

(i) The monitoring records indicated that in May 2014 a lunch meal regular texture vegetable choice was served at 116 degrees F. Corrective action was not documented and interview with a Dietary Aide confirmed that 116 F degrees was not consistent with the home's policies. Meeting minutes from the Food Committee meeting in February 2014 reflected concerns about food temperatures in the first floor dining area.

(ii) Food temperatures in dining rooms were not recorded/monitored at every meal in May 2014.



***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 where the Act or this Regulation requires the licensee to have, instituted or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,(b) is complied with, to be implemented voluntarily.***

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

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

**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. O. Reg. 79/10, s. 30 (1).**

**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. O. Reg. 79/10, s. 30 (1).**

**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. O. Reg. 79/10, s. 30 (1).**

**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 saillants :**



1. The licensee did not ensure that there was a written description of the continence care and bowel management program that included goals and objectives; relevant policies, procedures, and protocols; methods to reduce risk; outcomes monitoring; and protocols for referral of residents to specialized resources required.

The home's continence care and bowel management program documents included: continence product information and resident specific continence products in use; notes from quarterly meetings with continence product provider representative; PSW job routines for all shifts; and the home's policy and procedure for Bowel and Bladder Assessment (Section B). The DOC confirmed that the program is under development and did not include all of the required written descriptions as noted above, specifically goals and objectives; relevant policies, procedures, and protocols; methods to reduce risk; and outcomes monitoring. [s. 30. (1) 1.]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that there is a written description of the continence care and bowel management program that includes goals and objectives; relevant policies, procedures, and protocols; methods to reduce risk; outcomes monitoring; and protocols for referral of residents to specialized resources required, to be implemented voluntarily.***

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**WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council**

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

**s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).**

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**Findings/Faits saillants :**



1. When the Residents' Council advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee did not, within 10 days of receiving the advice, respond to the Residents' Council in writing. The Resident Council president stated that the residents have not been receiving written responses to concerns within 10 days. The practice had been to respond verbally at the next monthly meeting.

(A) The Resident Council meeting minutes of April 23, 2013 indicated that residents had concerns about staff not explaining what they were doing when doing audits. There was no written response to this concern within 10 days.

(B) The Resident Council meeting minutes of May 21, 2013 indicated that residents had concerns that staff were too noisy during evenings and nights when residents were trying to sleep. They also requested that staff use the small bed lights rather than the bright overhead lights at night. There was no written response to the concerns.

(C) The Resident Council meeting minutes of June 18, 2013 indicated that the residents had concerns about shortages of food items. No written response was provided.

(D) The Resident Council minutes of October 15, 2013 indicated residents voiced concerns about missing clothing articles. No written response was provided. The staff assistant appointed to the Council was unable to confirm this information since there were no concerns brought forward by Resident Council since she started the position three months ago. She did confirm that any written responses would have been included in the minutes binder. None were found for the above meetings. [s. 57.

(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 if the Residents' Council advises the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing, to be implemented voluntarily.***

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**WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**



Specifically failed to comply with the following:

s. 85. (1) Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. 2007, c. 8, s. 85. (1).

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

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**Findings/Faits saillants :**

1. The licensee did not ensure that, at least once in every year, a survey was taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home.

The home did not provide a resident and family survey in 2013. This information was confirmed by the DOC. [s. 85. (1)]

2. The licensee did not seek the advice of the Residents' Council and the Family Council in developing and carrying out the survey, and in acting on its results.

This information was confirmed by the Resident Council president interview. The meeting minutes for the past year did not include any mention of the satisfaction survey. This information was confirmed by the DOC. [s. 85. (3)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home, to be implemented voluntarily.***

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**WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 110.  
Requirements relating to restraining by a physical device**



Specifically failed to comply with the following:

**s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:**

**6. That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances. O. Reg. 79/10, s. 110 (2).**

---

**Findings/Faits saillants :**

1. The licensee did not ensure that the following requirements were met where a resident was being restrained by a physical device under section 31 of the Act: 6. That the resident's condition was reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances. A resident had a device in place. Registered staff did not reassess the resident and effectiveness of the intervention every eight hours. This information was confirmed by the health record review and the DOC. [s. 110. (2) 6.]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act: 6. That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances, to be implemented voluntarily.***



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**WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 32. Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis. O. Reg. 79/10, s. 32.**

---

**Findings/Faits saillants :**

1. The licensee did not ensure that each resident of the home received individualized personal care, including hygiene care and grooming, on a daily basis. In May 2014 a resident was observed to have an unshaven face. The resident was not interviewable on the date of this inspection. Staff confirmed that the resident was not shaved daily in the time period between April 30, 2014 and May 13, 2014. [s. 32.]

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**WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

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

**s. 51. (2) Every licensee of a long-term care home shall ensure that, (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

**s. 51. (2) Every licensee of a long-term care home shall ensure that, (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and O. Reg. 79/10, s. 51 (2).**

---

**Findings/Faits saillants :**

1. The licensee did not ensure that a resident who was incontinent had an individualized plan of care to promote and manage bowel and bladder continence based on the assessment, and that the plan was implemented, related to urinary continence needs

2. The licensee did not ensure that a resident who required continence care products had sufficient changes to remain clean, dry and comfortable.



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**WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 87.**

**Housekeeping**

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

**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; O. Reg. 79/10, s. 87 (2).**

**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,**

**(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).**

---

**Findings/Faits saillants :**

1. As part of the organized program of housekeeping under clause 15 (1)(a) of the Act, the licensee did not ensure that procedures that were developed and implemented for, (a) cleaning of the home, including, (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces.

In May 2014 a resident room was noted to have an offensive odour. On observation it was noted there was a large area of a dried, crusted substance located on the floor, under the head of the bed. The same area and secretions were observed again for the next two days. Interview with the housekeeper confirmed the practice of dry and wet mopping the resident bedroom floors on a daily basis but acknowledged some days may be missed based on competing job demands. Interview with the Environmental manager confirmed the home's practice was to dry and wet mop floors daily and acknowledged this was not done for this room 131. [s. 87. (2) (a)]

2. The licensee did not ensure that procedures were implemented to address incidents of lingering and offensive odours in the home.



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**WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 88. Pest control  
Specifically failed to comply with the following:**

**s. 88. (2) The licensee shall ensure that immediate action is taken to deal with  
pests. O. Reg. 79/10, s. 88 (2).**

---

**Findings/Faits saillants :**

1. The licensee did not ensure that immediate action was taken to deal with pests.
  - (A) Multiple ants were observed in the kitchen crawling out of a drain pipe under the cook's preparation table. During interview, the Food Services Manager was unaware of the problem in this area. There was a pile of material (appeared to be dirt) surrounding the area where the ants were crawling around.
  - (B) The home's Pest Management service provider did not include preventative measures for ants and service records did not indicate treatment for ants.

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**WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 113. Evaluation  
Every licensee of a long-term care home shall ensure,**

- (a) that an analysis of the restraining of residents by use of a physical device under section 31 of the Act or pursuant to the common law duty referred to in section 36 of the Act is undertaken on a monthly basis;**
- (b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 29 of the Act, and what changes and improvements are required to minimize restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation;**
- (c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;**
- (d) that the changes or improvements under clause (b) are promptly implemented; and**
- (e) that a written record of everything provided for in clauses (a), (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes were implemented is promptly prepared. O. Reg. 79/10, s. 113.**



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**Findings/Faits saillants :**

1. The licensee did not ensure, (a) that an analysis of the restraining of residents by use of a physical device under section 31 of the Act or pursuant to the common law duty referred to in section 36 of the Act is undertaken on a monthly basis. A resident was restrained. No monthly analysis of the use of the restraint was done. This information was confirmed by a review of the health record and the DOC. [s. 113. (a)]

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**WN #16: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

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

**s. 229. (2) The licensee shall ensure,  
(b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly; O. Reg. 79/10, s. 229 (2).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that the interdisciplinary team that co-ordinated and implemented the program met at least quarterly.

A review of the Professional Advisory Committee (PAC) minutes dated January 21, 2014 and March 18, 2014 did not contain any updates from the home's Interdisciplinary Infection Prevention and Control Committee (IPACC). An interview with the Administrator confirmed the home's IPACC has not updated the PAC as the team had not met quarterly. [s. 229. (2) (b)]

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**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/  
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)  
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**



<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2013_105130_0031	146
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2013_122156_0032	107
O.Reg 79/10 s. 71. (4)	CO #003	2013_122156_0032	107
O.Reg 79/10 s. 73. (1)	CO #002	2013_122156_0032	107

**Issued on this 8th day of July, 2014**

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



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

**Public Copy/Copie du public**

**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** BARBARA NAYKALYK-HUNT (146), MICHELLE  
WARRENER (107), ROBIN MACKIE (511), THERESA  
MCMILLAN (526)

**Inspection No. /**

**No de l'inspection :** 2014\_214146\_0009

**Log No. /**

**Registre no:** H-000431-14

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** May 21, 2014

**Licensee /**

**Titulaire de permis :** GRACE VILLA LIMITED  
284 CENTRAL AVENUE, LONDON, ON, N6B-2C8

**LTC Home /**

**Foyer de SLD :** GRACE VILLA NURSING HOME  
45 LOCKTON CRESCENT, HAMILTON, ON, L8V-4V5

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** WENDY HALL

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To GRACE VILLA LIMITED, 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



**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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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

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

**Order / Ordre :**

The licensee shall ensure that where bed rails are used, (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment.

**Grounds / Motifs :**



**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*

1. The licensee did not ensure that where bed rails were used, not all bed systems were evaluated in accordance with evidence-based practices to minimize risk to residents.

(A) The home commissioned an external contractor to complete a bed entrapment zone audit of all the resident bed systems in February 2013. The results of the audit concluded that at least 63% of the beds failed one or more zones of entrapment which could potentially cause injury to the resident. Since that time, the management of the home had no records to support that action was taken to reduce potential risk to those residents.

(B) At the time of this inspection, many of the failed beds continued to be used by residents who used bed rails. Since the audit in February 2013, some new mattresses and bed frames had been purchased, however the home did not track their location. The beds that received a new mattress did not receive a new entrapment zone assessment to determine if the new mattresses were adequate for the specific bed frame. (107)

2. The licensee did not ensure that where bed rails were used, steps were taken to prevent resident entrapment.

(A) The home was unable to provide evidence that the concerns identified on the February 2013 Facility Entrapment Inspection Report had been addressed with action taken to prevent resident entrapment.

(B) During interview, management stated that action was taken for some of the beds, however, it was unclear which beds were addressed and which beds had not been. (107)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Jul 31, 2014**



**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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**Order # /**

**Ordre no :** 002

**Order Type /**

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

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

- (a) a goal in the plan is met;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

**Order / Ordre :**

The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary.

**Grounds / Motifs :**



**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*

1. Previously issued: May 2012 as a CO; September 2012 as a VPC; and September 2013 as a VPC.

The licensee did not ensure that residents were reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs changed or care set out in the plan was no longer necessary.

The plans of care for three residents were not revised to reflect the current status of the residents in relation to assistance required for eating.

Three residents had plans of care indicating that they required little or no assistance with eating. Interviews with PSWs identified that the identified residents required total assistance with eating at all meals. The plans of care did not reflect the residents' need for physical assistance with eating.

(107)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Jul 31, 2014**

**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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**Order # /**  
**Ordre no :** 003      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**  
**Lien vers ordre**      2013\_122156\_0032, CO #004;  
**existant:**

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,  
(a) preserve taste, nutritive value, appearance and food quality; and  
(b) prevent adulteration, contamination and food borne illness. O. Reg. 79/10, s. 72 (3).

**Order / Ordre :**

The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality.

**Grounds / Motifs :**

**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*

1. Previously issued: May 2012 as a CO; February 2013 as a CO; and November 2013 as a CO.

The licensee did not ensure that all food and fluids in the food production system were prepared, stored, and served using methods to, (a) preserve taste, nutritive value, appearance and food quality.

Not all food was prepared using methods that preserved taste, nutritive value, appearance and food quality at a lunch meal in May 2014.

A) The recipe for French onion soup required seasoned croutons and parmesan cheese, however, residents were served the soup with saltine crackers.

Towards the end of the meal, staff brought a pan of parmesan cheese and a pan of croutons to serve with the soup, however, most residents had already received their soup with the crackers. The taste, nutritive value and quality of the soup was not preserved the way it was served to residents.

Not all food was prepared using methods that preserved taste, nutritive value, appearance and food quality at the supper meal May 13, 2014.

A) Items prepared for the pureed menu were not of the same quality as for the regular texture menu. The pureed salmon was cooked, texture modified and then placed into hot holding for the dinner meal at 1500 hours. The regular texture salmon did not begin cooking until after 1540 pm for the dinner meal.

B) The recipe for pureed salmon required the salmon to be pureed with a dill sauce. The salmon was prepared using water as a recipe was not available for the dill sauce at the time of preparation, resulting in reduced nutritive value and taste.

C) The pureed peanut butter sandwich required for the evening snack cart was prepared with 125ml of peanut butter for 25 portions (as per the Dietary Aide). The recipe for the pureed peanut butter sandwich required 725ml or 369ml of peanut butter (2 different recipes) for 25 portions. The sandwich prepared contained less nutritive value than a sandwich prepared according to the planned recipe. (107)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Jun 30, 2014



**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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**Order # /**

**Ordre no :** 004

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 73. (2) The licensee shall ensure that,

(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

**Order / Ordre :**

The licensee shall ensure that, (b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

**Grounds / Motifs :**

1. Previously issued: May 2012 as a CO; February 2013 as a CO; and November 2013 as a CO.

The licensee did not ensure that, (b) no resident who required assistance with eating or drinking was served a meal until someone was available to provide the assistance required by the resident.

Residents who required assistance with eating or drinking were served a meal prior to assistance being available at the breakfast and lunch meals in May 2014.

Six residents who required assistance were served their meal 10 to 15 minutes prior to assistance being provided.

(107)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Jun 30, 2014



**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



**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**

**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**

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

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](http://www.hsarb.on.ca).



**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*

## **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<sup>e</sup> 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](http://www.hsarb.on.ca).

**Issued on this 21st day of May, 2014**

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

**Name of Inspector /  
Nom de l'inspecteur :** BARBARA NAYKALYK-HUNT

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