



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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 10, 2019	2019_668543_0009	000893-19, 000894-19, 000895-19, 000896-19, 002324-19	Follow up

Licensee/Titulaire de permis

Board of Management for the District of Nipissing West
100 Michaud Street STURGEON FALLS ON P2B 2Z4

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

Au Chateau
100 Michaud Street STURGEON FALLS ON P2B 2Z4

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

TIFFANY BOUCHER (543), STEPHANIE DONI (681)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): April 23-26, 29-30, and May 1-3, 2019

The following intakes were inspected during this follow-up inspection;

-one intake related to compliance order (CO) #003, from inspection report #2018_752627_0023, regarding O. Reg. 79/10, section 110 (2), specific to requirements related to the minimizing of restraining;



-one intake, related to CO #002, from inspection report #2018_752627_0023, regarding LTCHA, 2007, section 31 (2), specific to restraining by physical devices;

-one intake, related to CO #001, from inspection report #2018_752627_0023, regarding LTCHA, 2007, section 10 (2), specific to recreation and social activities;

-one intake, related to CO #004, from inspection report #2018_752627_0023, regarding O. Reg. 79/10, section 31 (3), specific to nursing and personal support services; and

-one intake, related to CO #001, from inspection report #2018_752627_0024, regarding LTCHA, 2007, section 6 (7), specific to care provided as specified in the plan of care.

A Critical Incident Inspection and a Complaint Inspection were conducted concurrent with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Coordinator of Resident Services, Dietary Aide, Activity Aides, Physiotherapist (PT), Physiotherapy Assistant (PTA), Executive Vice President of an external service provider, Infection Prevention and Control Coordinator, Housekeeping and Laundry staff, Family Council President, residents and family members.

The Inspectors also observed resident care areas, the provision of care and services to residents, staff to resident interactions, reviewed relevant health care records, internal investigation documents and policies and procedures.

The following Inspection Protocols were used during this inspection:

**Infection Prevention and Control
Minimizing of Restraining
Personal Support Services
Recreation and Social Activities
Sufficient Staffing**



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

2 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

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

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



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 10. (2)	CO #001	2018_752627_0023	681
O.Reg 79/10 s. 110. (2)	CO #003	2018_752627_0023	543
LTCHA, 2007 S.O. 2007, c.8 s. 31. (2)	CO #002	2018_752627_0023	543
O.Reg 79/10 s. 31. (3)	CO #004	2018_752627_0023	681
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2018_752627_0024	681

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 59. Therapy services

Every licensee of a long-term care home shall ensure that therapy services for residents of the home are arranged or provided under section 9 of the Act that include,

- (a) on-site physiotherapy provided to residents on an individualized basis or in a group setting based on residents' assessed care needs; and**
- (b) occupational therapy and speech-language therapy. O. Reg. 79/10, s. 59.**



Findings/Faits saillants :

The licensee has failed to ensure that therapy services for residents of the home were provided under section 9 of the Act that included, on-site physiotherapy provided to residents on an individualized basis or in a group setting based on residents' assessed care needs.

During a previous inspection, non-compliance was identified related to the home's physiotherapy services and compliance order (CO) #001 was issued to the home for s. 6 (7) of the LTCHA.

Inspector #681 reviewed resident #013's plan of care, which indicated under the Physiotherapy Walking Program focus, that the resident was to receive a physiotherapy intervention with of one staff, two to three times per week.

Inspector #681 reviewed a physiotherapy tracking sheet titled "Physiotherapy Two Month Program Log" for resident #013, which identified the following:

- resident #013 received their physiotherapy intervention once on a specific date in 2019;
- one attempt was made to complete the resident's physiotherapy intervention, but the resident could not be found on another specific date; and
- resident #013 did not receive, nor were they offered, their physiotherapy intervention on a third specific date.

PTA #121 stated that resident #013 was part of a specific program and that the PTA was to provide a physiotherapy intervention, two to three times per week.

The Inspector reviewed the physiotherapy tracking sheet with PTA #121. PTA #121 verified that during a specific week in 2019, resident #013 only participated in the program once and that the resident was not approached again that week to complete their physiotherapy intervention. PTA #121 also stated that during another week in 2019, one attempt was made to complete the resident's physiotherapy interventions, but that resident #013 could not be found and that during another week in 2019, the resident was not approached to complete their physiotherapy intervention.

Inspector #681 reviewed the Physiotherapy Treatment Audits completed by the



Vice President of an external service provider for the specific weeks in 2019. The audits indicated that resident #013 had not fully received the physiotherapy interventions outlined in their care plan and that staffing was a contributing factor to the resident not receiving their scheduled physiotherapy interventions.

During an interview with PT #124, they stated that they had assessed resident #013 and that the resident was supposed to participate in the program, with the assistance of one PTA, two to three times per week. The Inspector reviewed the physiotherapy tracking sheet with PT #124. The PT verified that resident #013 had not received their physiotherapy interventions at the frequency that was identified in the resident's care plan for the specific weeks reviewed in 2019. PT #124 stated that the physiotherapy intervention was not implemented as per the resident's plan of care because of staffing shortages.

2. Inspector #681 reviewed resident #016's plan of care, which indicated under the Physiotherapy Prevent Decline in Range of Motion focus, that the resident was to receive a physiotherapy intervention two to three times per week.

Inspector #681 reviewed a physiotherapy tracking sheet titled "Physiotherapy Two Month Program Log" for resident #016, which identified the following:

- resident #016 received their physiotherapy interventions once on a specific date in 2019;
- the resident received their physiotherapy interventions once on another specific date in 2019;
- resident #016 did not receive, nor were they offered, their physiotherapy interventions on a third specific date.

During an interview with PTA #120, they stated that resident #016 was to be provided physiotherapy interventions two to three times per week.

Inspector #681 reviewed the physiotherapy tracking sheet with PTA #120. PTA #120 verified that during specific weeks in 2019, resident #016 was only approached once to have their physiotherapy interventions completed. PTA #120 also verified that during the a specific week in 2019, resident #016 was not approached to have their physiotherapy interventions completed. PTA #120 stated that resident #016 had not received their



physiotherapy interventions two to three times per week because of provider illness and the recent turnover of PTA staff.

Inspector #681 reviewed the Physiotherapy Treatment Audits completed by the Executive Vice President of an external service provider for the specific weeks in 2019. The audits indicated that resident #016 had not received their physiotherapy interventions at the frequency outlined in the resident's care plan during these three weeks and that this was related to staffing concerns.

During an interview with PT #124, they stated that had assessed resident #016 and that the resident was to receive physiotherapy interventions two to three times per week. The Inspector reviewed the physiotherapy tracking sheet with PT #124. The PT verified that resident #016 had not received their physiotherapy interventions at the frequency that was identified in the residents care plan for specific weeks in 2019. PT #124 stated that the physiotherapy interventions were not implemented at the frequency outlined in the resident's plan of care because provider illness and staffing shortages.

3. Inspector #681 reviewed resident #018's plan of care, which indicated under the Physiotherapy Balance Exercises focus, that the resident was to participate in physiotherapy interventions two to three times per week.

Inspector #681 reviewed a physiotherapy tracking sheet titled "Physiotherapy Two Month Program Log" for resident #018, which identified the following:

- resident #018 received their physiotherapy intervention once on a specific date in 2019; and

- one attempt was made to complete the resident's physiotherapy intervention, but the resident could not be found on another specific date.

During an interview with PTA #121, they stated that resident #018 was to be seen for physiotherapy interventions two to three times per week.

Inspector #681 reviewed the physiotherapy tracking sheet with PTA #120. PTA #120 verified that, for a specific week in 2019, resident #018 was only approached once to have their physiotherapy interventions completed. PTA #120 also verified that during a specific week in 2019, one attempt was made to complete the resident's physiotherapy interventions, but the resident could not be found. PTA #120 stated that resident #018

had not received their physiotherapy interventions two to three times per week because of insufficient physiotherapy staff.

Inspector #681 reviewed the Physiotherapy Treatment Audits completed by the Executive Vice President of an external service provider for specific weeks in 2019. The audits indicated that resident #018 had not fully received the physiotherapy interventions outlined in their care plan and that staffing was a contributing factor in the resident not receiving their scheduled physiotherapy interventions.

During an interview with PT #124, they stated that they had assessed resident #018 and that the resident was supposed to participate in physiotherapy interventions two to three times per week. The Inspector reviewed the physiotherapy tracking sheet with PT #124. The PT verified that resident #018 had not received their physiotherapy interventions at the frequency that was identified in the residents care plan for specific weeks in 2019. PT #124 stated that the resident was not approached to complete the physiotherapy interventions at the frequency outlined in the resident's plan of care because of insufficient staffing levels.

During an interview with the Executive Vice President of an external service provider, they stated that they had been completing audits on the implementation of physiotherapy interventions and that the findings of the audits were as follows:

- For a specific week in 2019, 12.9 per cent of residents partially met their care plan goals related to the frequency of physiotherapy interventions and an additional 25.7 per cent of residents did not receive a PTA visit at all during this week.
- For a specific week in 2019, 34 per cent of residents only partially met their care plan goals related to the frequency of physiotherapy interventions. An additional 21 per cent of residents did not receive a PTA visit during this week and this was mostly due to insufficient staffing.
- For a specific week in 2019, 34 per cent of residents only partially met their care plan goals related to the frequency of physiotherapy interventions. An additional 32 per cent of residents did not receive a PTA visit during this week and this was entirely due to insufficient staffing.
- For a specific week in 2019, 13 per cent of residents partially met their care plan goals related to the frequency of PTA interventions and an additional 10 per cent of residents



did not receive a PTA visit that week.

- For a specific week in 2019, 42 per cent of residents only partially met their care plan goals related to the frequency of physiotherapy interventions and this was mostly due to staffing concerns. An additional 12 per cent of residents did not receive a PTA visit during this week.

During an interview with the Administrator, they acknowledged that, based on the audits that were completed, not all of the residents in the home were receiving the physiotherapy interventions that were outlined their plans of care. [s. 59. (a)]

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. 30. Protection from certain restraining

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that no resident of the home is:

- 1. Restrained, in any way, for the convenience of the licensee or staff. 2007, c. 8, s. 30. (1).**
- 2. Restrained, in any way, as a disciplinary measure. 2007, c. 8, s. 30. (1).**
- 3. Restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**
- 4. Restrained by the administration of a drug to control the resident, other than under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**
- 5. Restrained, by the use of barriers, locks or other devices or controls, from leaving a room or any part of a home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than in accordance with section 32 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that a resident was not restrained by the use of a physical device, other than in accordance with section 31 (included in the resident's plan of care) or under the common law duty described in section 36.

During the course of this follow up inspection, compliance order (CO) #002 from a previous inspection; related to restraining by physical devices, Inspector #543 observed resident #010 with a restraining device applied.

According to the Long-Term Care Homes Act (LTCHA), 2007, section 31 (1), a resident may be restrained by a physical device as described in paragraph 3 of subsection 30 (1) if the restraining of the resident is included in the resident's plan of care.

Inspector #543 reviewed resident #010's plan of care implemented at the time of the inspection. This resident's care plan did not identify that the resident required a restraint or personal assistance service device (PASD).

Inspector #681 observed resident #010 sitting in their room with a restraining device applied at the time of the observation.

Inspector #534 observed on a day in 2019, resident #010 was in a common area of the unit with a restraining device applied at the time of the observation.

Inspector #543 observed on a day in 2019, resident #010 was being accompanied by a visitor and had a restraining device applied at the time of the observation.

Inspector #543 reviewed the home's "Minimizing Restraining of Residents and the Use of Personal Assistance Service Devices (PASD)" policy, revised March 29, 2019. The policy identified that the Registered Nursing Staff would include the involvement of the resident and/or the resident's "POA/SDM" in all aspects of care planning, prior to the implementation of any changes and/or the of devices or medications.

Inspector #543 interviewed RN #136 who indicated that they were not aware that resident #010 had a restraining device applied. They verified that any restraint or PASD must be included in the resident care plan and that they would look into why resident #010 had a restraining device applied.

Inspector #543 interviewed the DOC, who indicated that the entire interdisciplinary team was responsible to ensure that the care plan strategies had been implemented. The DOC



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indicated that the RNs were responsible for conducting the nursing care plan audits which included the restraints and PASDs. In a subsequent interview, the DOC identified that nursing care plan accuracy audits would be performed for residents with a restraint or PASD. The DOC indicated that care plans were reviewed weekly by the Head Nurse/RN for residents who required restraints or a PASD to ensure accuracy with the nursing care plan. [s. 30. (1) 3.]

Issued on this 14th day of May, 2019

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
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.
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**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : TIFFANY BOUCHER (543), STEPHANIE DONI (681)

Inspection No. /

No de l'inspection : 2019_668543_0009

Log No. /

No de registre : 000893-19, 000894-19, 000895-19, 000896-19, 002324-19

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : May 10, 2019

Licensee /

Titulaire de permis : Board of Management for the District of Nipissing West
100 Michaud Street, STURGEON FALLS, ON, P2B-2Z4

LTC Home /

Foyer de SLD : Au Chateau
100 Michaud Street, STURGEON FALLS, ON, P2B-2Z4

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Jacques Dupuis

To Board of Management for the District of Nipissing West, you are hereby required to
comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
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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. 59. Every licensee of a long-term care home shall ensure that therapy services for residents of the home are arranged or provided under section 9 of the Act that include,

- (a) on-site physiotherapy provided to residents on an individualized basis or in a group setting based on residents' assessed care needs; and
- (b) occupational therapy and speech-language therapy. O. Reg. 79/10, s. 59.

Order / Ordre :

The licensee must be compliant with section 59 of the O. Reg.

Specifically the licensee must ensure that resident's #013, #016, #018, and all other residents who require therapy services, under section 9 of the Act including, on-site physiotherapy receive the therapy services on an individualized basis or in a group setting as specified in their plan of care or as per their assessed needs.

Grounds / Motifs :

1. The licensee has failed to ensure that therapy services for residents of the home were provided under section 9 of the Act that included, on-site physiotherapy provided to residents on an individualized basis or in a group setting based on residents' assessed care needs.

During a previous inspection, non-compliance was identified related to the home's physiotherapy services and compliance order (CO) #001 was issued to the home for s. 6 (7) of the LTCHA.

Inspector #681 reviewed resident #013's plan of care, which indicated under the Physiotherapy Walking Program focus, that the resident was to receive a physiotherapy intervention with of one staff, two to three times per week.

Inspector #681 reviewed a physiotherapy tracking sheet titled "Physiotherapy

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Two Month Program Log" for resident #013, which identified the following:

-resident #013 received their physiotherapy intervention once on a specific date in 2019;

-one attempt was made to complete the resident's physiotherapy intervention, but the resident could not be found on another specific date; and

-resident #013 did not receive, nor were they offered, their physiotherapy intervention on a third specific date.

PTA #121 stated that resident #013 was part of a specific program and that the PTA was to provide a physiotherapy intervention, two to three times per week.

The Inspector reviewed the physiotherapy tracking sheet with PTA #121. PTA #121 verified that during a specific week in 2019, resident #013 only participated in the program once and that the resident was not approached again that week to complete their physiotherapy intervention. PTA #121 also stated that during another week in 2019, one attempt was made to complete the resident's physiotherapy interventions, but that resident #013 could not be found and that during another week in 2019, the resident was not approached to complete their physiotherapy intervention.

Inspector #681 reviewed the Physiotherapy Treatment Audits completed by the Executive Vice President of an external service provider for the specific weeks in 2019. The audits indicated that resident #013 had not fully received the physiotherapy interventions outlined in their care plan and that staffing was a contributing factor to the resident not receiving their scheduled physiotherapy interventions.

During an interview with PT #124, they stated that they had assessed resident #013 and that the resident was supposed to participate in the program, with the assistance of one PTA, two to three times per week. The Inspector reviewed the physiotherapy tracking sheet with PT #124. The PT verified that resident #013 had not received their physiotherapy interventions at the frequency that was identified in the resident's care plan for the specific weeks reviewed in 2019. PT #124 stated that the physiotherapy intervention was not implemented as per the

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resident's plan of care because of staffing shortages.

2. Inspector #681 reviewed resident #016's plan of care, which indicated under the Physiotherapy Prevent Decline in Range of Motion focus, that the resident was to receive a physiotherapy intervention two to three times per week.

Inspector #681 reviewed a physiotherapy tracking sheet titled "Physiotherapy Two Month Program Log" for resident #016, which identified the following:

-resident #016 received their physiotherapy interventions once on a specific date in 2019;

-the resident received their physiotherapy interventions once on another specific date in 2019;

-resident #016 did not receive, nor were they offered, their physiotherapy interventions on a third specific date.

During an interview with PTA #120, they stated that resident #016 was to be provided physiotherapy interventions two to three times per week.

Inspector #681 reviewed the physiotherapy tracking sheet with PTA #120. PTA #120 verified that during specific weeks in 2019, resident #016 was only approached once to have their physiotherapy interventions completed. PTA #120 also verified that during the a specific week in 2019, resident #016 was not approached to have their physiotherapy interventions completed. PTA #120 stated that resident #016 had not received their physiotherapy interventions two to three times per week because of provider illness and the recent turnover of PTA staff.

Inspector #681 reviewed the Physiotherapy Treatment Audits completed by the Executive Vice President of an external service provider for the specific weeks in 2019. The audits indicated that resident #016 had not received their physiotherapy interventions at the frequency outlined in the resident's care plan during these three weeks and that this was related to staffing concerns.

During an interview with PT #124, they stated that had assessed resident #016

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and that the resident was to receive physiotherapy interventions two to three times per week. The Inspector reviewed the physiotherapy tracking sheet with PT #124. The PT verified that resident #016 had not received their physiotherapy interventions at the frequency that was identified in the residents care plan for specific weeks in 2019. PT #124 stated that the physiotherapy interventions were not implemented at the frequency outlined in the resident's plan of care because provider illness and staffing shortages.

3. Inspector #681 reviewed resident #018's plan of care, which indicated under the Physiotherapy Balance Exercises focus, that the resident was to participate in physiotherapy interventions two to three times per week.

Inspector #681 reviewed a physiotherapy tracking sheet titled "Physiotherapy Two Month Program Log" for resident #018, which identified the following:

- resident #018 received their physiotherapy intervention once on a specific date in 2019; and

- one attempt was made to complete the resident's physiotherapy intervention, but the resident could not be found on another specific date.

During an interview with PTA #121, they stated that resident #018 was to be seen for physiotherapy interventions two to three times per week.

Inspector #681 reviewed the physiotherapy tracking sheet with PTA #120. PTA #120 verified that, for a specific week in 2019, resident #018 was only approached once to have their physiotherapy interventions completed. PTA #120 also verified that during a specific week in 2019, one attempt was made to complete the resident's physiotherapy interventions, but the resident could not be found. PTA #120 stated that resident #018 had not received their physiotherapy interventions two to three times per week because of insufficient physiotherapy staff.

Inspector #681 reviewed the Physiotherapy Treatment Audits completed by the Executive Vice President of an external service provider for specific weeks in 2019. The audits indicated that resident #018 had not fully received the physiotherapy interventions outlined in their care plan and that staffing was a

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contributing factor in the resident not receiving their scheduled physiotherapy interventions.

During an interview with PT #124, they stated that they had assessed resident #018 and that the resident was supposed to participate in physiotherapy interventions two to three times per week. The Inspector reviewed the physiotherapy tracking sheet with PT #124. The PT verified that resident #018 had not received their physiotherapy interventions at the frequency that was identified in the residents care plan for specific weeks in 2019. PT #124 stated that the resident was not approached to complete the physiotherapy interventions at the frequency outlined in the resident's plan of care because of insufficient staffing levels.

During an interview with the Executive Vice President of an external service provider, they stated that they had been completing audits on the implementation of physiotherapy interventions and that the findings of the audits were as follows:

- For a specific week in 2019, 12.9 per cent of residents partially met their care plan goals related to the frequency of physiotherapy interventions and an additional 25.7 per cent of residents did not receive a PTA visit at all during this week.
- For a specific week in 2019, 34 per cent of residents only partially met their care plan goals related to the frequency of physiotherapy interventions. An additional 21 per cent of residents did not receive a PTA visit during this week and this was mostly due to insufficient staffing.
- For a specific week in 2019, 34 per cent of residents only partially met their care plan goals related to the frequency of physiotherapy interventions. An additional 32 per cent of residents did not receive a PTA visit during this week and this was entirely due to insufficient staffing.
- For a specific week in 2019, 13 per cent of residents partially met their care plan goals related to the frequency of PTA interventions and an additional 10 per cent of residents did not receive a PTA visit that week.



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

- For a specific week in 2019, 42 per cent of residents only partially met their care plan goals related to the frequency of physiotherapy interventions and this was mostly due to staffing concerns. An additional 12 per cent of residents did not receive a PTA visit during this week.

During an interview with the Administrator, they acknowledged that, based on the audits that were completed, not all of the residents in the home were receiving the physiotherapy interventions that were outlined their plans of care.

The severity of the issue was determined to be a level 2 as there was minimal harm or minimal risk to the residents. The scope of the issue was a level 3 as it was related to 3 of 3 residents reviewed. The home had a level 2 history of non-compliance with previous non-compliance to a different subsection.
(681)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Jun 21, 2019



Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections 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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:



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

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

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections 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.



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Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
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2007, c. 8

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

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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

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

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 10th day of May, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Tiffany Boucher

Service Area Office /

Bureau régional de services : Sudbury Service Area Office