Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Apr 12, 16, 19, 25, 26, 27, May 1, 2, 2012 + April 13 2012.	2012_034117_0016	Complaint

Licensee/Titulaire de permis

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED
264 NORWICH AVENUE, WOODSTOCK, ON, N4S-3V9

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

CARESSANT CARE BOURGET
2279 Laval Street, P.O. Box 99, Bourget, ON, K0A-1E0

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

LYNE DUCHESNE (117)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Regional Manager, the Corporate LTC Consultant, the Administrator, the Director of Care, the Maintenance Man, several Registered Nurses (RN), a Registered Practical Nurse (RPN), several Personal Support Workers (PSW) and with several residents.

During the course of the inspection, the inspector(s) reviewed several residents health care records, observed staff-resident interactions, reviewed the home's Abuse-Neglect Policy dated January 2011, and reviewed the home's call bell system, and reviewed correspondance dated April 13, 2012 between the home's Administrator and Corporate Environmental Consultant related to the home's call bell system.

It is noted that four complaint inspections were conducted during this inspection : Logs # O-002298-11, #O-002867-11, # O-000224-12 and # O-000460-12.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Critical Incident Response

Dignity, Choice and Privacy

Falls Prevention

Medication

Pain

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

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

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services
Specifically failed to comply with the following subsections:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The Licensee failed to comply with the LTCHA section 15 (2) (c) in that the home's communication and response system is not maintained in a good state of repair causing safety concerns for residents who use it.

The home's Administrator, Maintenance Man and several PSW report that the home's communication and response system has not been working correctly since March 23 2012. The communication and response system does not have an audible alarm on the 1 st floor resident care unit, to alert staff of resident needs. The Administrator and Maintenance Man state that the communication and response system breakdown was reported to the Caressant Care Corporate Environmental Consultant on March 23, 2012.

The home's central communication and response system board is located at the second floor nursing station. Since March 23, 2012, the 2nd floor nursing staff are notifying 1st floor nursing staff of call bells by either telephoning the 1st floor nursing station or by calling the 1st floor RN or RPN via a walkie talkie system. Several 1st floor residents state that there is a significant delay in staff response to their call bells.

The Administrator and Maintenance Man stated that they are unsure if the system can be repaired as the home has an older communication and response system. Correspondence with the Caressant Care Corporate Environmental Consultant dated April 13, 2012 noted that an electronic company was to go the home on on April 16, 2012 to assess the communication and response system repair status.

On April 16, 2012, the electronic company was not at the home. When contacted by the Maintenance Man, the electronic company reported that they had not been contacted by the Corporate Environmental Consultant to assess the home's communication and response system. Arrangements were made by the home's Maintenance Man and the Regional Manager to have the electronic company assess the communication and response system on April 17, 2012.

On May 2, 2012, the Caressant Care Regional Manager notified the inspector that the home's communication and response system was reassessed and is to be repaired by a new electronic company. The home's call bell response system is expected to be fully functional on May 3, 2012.

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes
Every licensee of a long-term care home shall ensure that,
(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;
(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and
(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg. 134 (b) in that there is no monitoring and documentation of a resident's response the discontinuation of a psychotropic medication and the effectiveness of pain medication given to a resident.

Resident #01 was identified as having occasional pain related to an injury and to arthritis. Pain management interventions, identified in the resident's plan of care, included prn (as needed) analgesic medication for pain.

Medication Administration Records (MAR) note that on a specified day in September , 2011, resident #01 received an analgesic medication. There is no documentation in the resident's health care record as to the reason for administering the pain medication nor its effectiveness.

An interviewed RN and two PSWs stated that the resident #01 was able to express and tell them if he/she had any ongoing pain issues. They state that the resident did occasionally complain of oral pain and analgesic medication was given for this. They state that the resident did not express any pain or discomfort related to his/her injury in September and October 2011. This episode of pain is the only one documented for September and October 2011. [# O-002298-11]

In September, 2011, resident #1's attending physician noted that the resident was receiving two psychotropic medication. The physician noted that one of the psychotropic medication would be weaned over a two week period and then discontinued. The resident's health care record was reviewed for September and October 2011. There are no notes related to the resident's health status during the two weeks of a medication's weaning, and then after the discontinuation of a medication in September 2011.

Interviewed staff confirmed that there were no apparent changes in the resident's health status during this period. On a specified day in
October 2011, the physician noted in resident #1's health care record that one psychotropic medication was discontinued with no side effects. The physician notes that for several weeks the resident has been more confused due to progressing dementia. [# O-002298-11]

WN #3: 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 subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
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.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
i. the Residents' Council,
ii. the Family Council,
iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
iv. staff members,
v. government officials,
vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The Licensee has failed to comply with the LTCHA section 3 (1) (1) in that five residents have not been treated with courtesy and respect by two Personal Support Workers. [#O-002867-11, # O-000224-12 and # O-000460-12]

Resident #2 states that respect and dignity was not shown by PSW #5 during provision of care. The resident states that PSW #5 will scold and yell during the evening shift if he/she asks to be toileted more then once. The resident states that he/she is now reluctant to ask to be toileted on evenings. Two PSWs #6 and #3 state that the resident has told them that he/she was scolded by PSW #5 for asking to be toileted more then once on evenings. The PSW #6 states the resident insists to be toileted at 14:30 pm and limits his/her fluid intake in evenings to avoid being toileted on evenings.

Resident #3 states that he/she has not been treated with respect and dignity on several occasions by the PSW #1. Resident #3 states that the PSW #1 occasionnaly does called him/her by derogatory names, when PSW #1 is providing care. Two PSW #5 and #3 state that they have overheard the PSW #1 call the resident #3 by derogatory names during the provision of care. The PSW #3 states that this was reported to the home's administration in the recent past.

Resident #4 states that he/she has not been treated with respect and dignity on several occasions by some PSW staff. Resident #4 states that some PSW staff have called him/her by derogatory names, during care. PSW #3 states that he/she has overheard PSW #1 call the resident by derogatory names during the provision of care on several occasions. PSW #3 states that this was reported to the home's administration in the recent past.

Resident #5 states that he/she has not been treated with respect and dignity on several occasions by a PSW . Resident # 5 could not identify the PSW. Resident #5 states that the unidentified PSW has and continues to call him/her by derogatory names, and has refused to assist with care. Two PSWs #5 and #3 state that they have overheard PSW #1 call the resident #5 by derogatory names and refuse to assist with his provision of care. The PSWs state that this was reported to the home's administration in the recent past.

Resident #6 was not treated with respect and dignity in September 2011 by PSW #1. Two PSWs #2 and #3 state that one evening, in September 2011, they were providing evening care to the resident #6. Two other PSWs, #1 and #7, were also in the room, providing care to another resident. PSWs #2 and #3 state that PSW #1 suddenly came over to resident #6's bed and made derogatory comments to the resident # 6. The PSWs #2 adn #3 state that this incident was reported to the home's administration in September 2011.

Four of the five residents report that they were not emotionally distressed during these incidents. However, they wish to be treated with respect, courtesy and dignity during the provision of their care.

The home's Administrator confirmed that reported incidents of PSW #1's lack of respect and the use of derogatory names towards residents were addressed as per the home's human resources policies and procedures. However at the time of this inspection, the incident involving PSW #5, had not been reported to the home's administration, therefore no action were taken by the administration in relation to this incident.

Additional Required Actions:

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

Issued on this 4th day of May, 2012

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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

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

Ministére 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

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) :	LYNE DUCHESNE (117)
Inspection No. / No de l'inspection :	2012_034117_0016
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Apr 12, 16, 19, 25, 26, 27, May 1, 2, 2012 + April 13 '12
Licensee / Titulaire de permis :	CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED 264 NORWICH AVENUE, WOODSTOCK, ON, N4S-3V9
LTC Home / Foyer de SLD :	CARESSANT CARE BOURGET 2279 Laval Street, P.O. Box 99, Bourget, ON, K0A-1E0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	~~GERRY MILLER~~ Wendy Patterson

To CARESSANT-CARE NURSING AND RETIREMENT HOMES 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

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

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Order / Ordre :

The Licensee shall prepare, submit and implement a plan to ensure that the home's communication and response system on the 1st floor is maintained in a good state of repair so as to be functional and have an audible alarm to alert staff of resident needs. Furthermore,the licensee shall ensure that any future issues with the home's communication and response system is addressed in a timely manner.

This plan must be submitted in writing to Inspector Lyne Duchesne at 347 Preston Street, 4th floor, Ottawa, ON, K1S 3J4 or by fax at 613-569-9670 on or before May 11 2012.

Grounds / Motifs :

1. The Licensee failed to comply with the LTCHA section 15 (2) (c) in that the home's communication and reponse system is not maintained in a good state of repair causing safety concerns for residents who use it.

The home's Administrator, Maintenance Man and several PSW report that the home's communication and response system has not been working correctly since March 23 2012. The communication and response system does not have an audible alarm on the 1 st floor resident care unit, to alert staff of resident needs. The Administrator and Maintenance Man state that the communication and response system breakdown was reported to the Caressant Care Corporate Environmental Consultant on March 23, 2012.

The home's central communication and response system board is located at the second floor nursing station. Since March 23, 2012, the 2nd floor nursing staff are notifying 1st floor nursing staff of call bells by either telephoning the 1st floor nursing station or by calling the 1st floor RN or RPN via a walkie talkie system. Several 1st floor residents state that there is a significant delay in staff response to their call bells.

The Administrator and Maintenance Man stated that they are unsure if the system can be repaired as the home has an older communication and response system. Correspondence with the Caressant Care Corporate Environmental Consultant dated April 13, 2012 noted that an electronic company was to go the home on on April 16, 2012 to assess the communication and response system repair status.

On April 16, 2012, the electronic company was not at the home. When contacted by the Maintenance Man, the electronic company reported that they had not been contacted by the Corporate Environmental Consultant to assess the home's communication and response system. Arrangements were made by the home's Maintenance Man and the Regional Manager to have the electronic company assess the communication and response system on April 17, 2012.

On May 2, 2012, the Caressant Care Regional Manager notified the inspector that the home's communication and response system was reassessed and is to be repaired by a new electronic company. The home's call bell response system is expected to be fully functional on May 3, 2012. (117)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Jun 30, 2012

Order # / Ordre no : 002 **Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
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.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.

10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
i. the Residents' Council,
ii. the Family Council,
iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
iv. staff members,
v. government officials,
vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.
22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Order / Ordre :

The licensee needs to implement a plan to ensure that residents' right to be treated with courtesy and respect during the provision of care is well understood by PSW #1 and #5 and that this is shown during the provision of care to the residents. Furthermore, education must be given to all PSW staff in relation to Resident Rights in general. Finally, a monitoring system must be in place so that registered staff who have direct supervision over non-registered staff provide necessary leadership to ensure ongoing compliance in this area.

This plan must be submitted in writing to Inspector Lyne Duchesne at 347 Preston St, 4th floor, Ottawa, ON, K1S 3J4 or by fax at 613-569-9670 on or before May 11, 2012.

Grounds / Motifs :

1. The Licensee has failed to comply with the LTCHA section 3 (1) (1) in that five residents have not been treated with courtesy and respect by two Personal Support Workers.

Resident #2 states that respect and dignity was not shown by PSW #5 during provision of care. The resident states that PSW #5 will scold and yell during the evening shift if he/she asks to be toileted more then once. The resident states that he/she now is now reluctant to ask to be toileted on evenings. Two PSWs #6 and #3 state that the resident has told them that he/she was scolded by PSW #5 for asking to be toileted more then once on evenings. The PSW #6 states the resident insists to be toileted at 14:30 pm and limits his/her fluid intake in evenings to avoid being toileted on evenings.

Resident #3 states that he/she has not been treated with respect and dignity on several occasions by the PSW #1. Resident #3 states that the PSW #1 occasionnaly does called him/her by derogatory names, when PSW #1 is providing care. Two PSW #5 and #3 state that they have overheard the PSW #1 call the resident #3 by derogatory names during the provision of care. The PSW #3 states that this was reported to the home's administration in the recent past.

Resident #4 states that he/she has not been treated with respect and dignity on several occasions by some PSW staff. Resident #4 states that some PSW staff have called him/her by derogatory names, during care. PSW #3 states that he/she has overheard PSW #1 call the resident by derogatory names during the provision of care on several occasions. PSW #3 states that this was reported to the home's administration in the recent past.

Resident #5 states that he/she has not been treated with respect and dignity on several occasions by a PSW . Resident # 5 could not identify the PSW. Resident #5 states that the unidentified PSW has and continues to call him/her by derogatory names, and has refused to assist with care. Two PSWs #5 and #3 state that they have overheard PSW #1 call the resident #5 by derogatory names and refuse to assist with his provision of care. The PSWs state that this was reported to the home's administration in the recent past.

Resident #6 was not treated with respect and dignity in September 2011 by PSW #1. Two PSWs #2 and #3 state that one evening, in September 2011, they were providing evening care to the resident #6. Two other PSWs, #1 and #7, were also in the room, providing care to another resident. PSWs #2 and #3 state that PSW #1 suddenly came over to resident #6's bed and made derogatory comments to the resident # 6. The PSWs #2 adn #3 state that this incident was reported to the home's administration in September 2011.

Four of the five residents report that they were not emotionally distressed during these incidents. However, they wish to be treated with respect, courtesy and dignity during the provision of their care.

The home's Administrator confirmed that reported incidents of PSW #1's lack of respect and the use of derogatory names towards residents were addressed as per the home's human resources policies and procedures. However at the time of this inspection, the incident involving PSW #5, had not been reported to the home's administration, therefore no action were taken by the administration in relation to this incident. (117)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jun 30, 2012

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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

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

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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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.

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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 2nd day of May, 2012

Signature of Inspector / Signature de l'inspecteur : Lyne Duchesne

Name of Inspector / Nom de l'inspecteur : LYNE DUCHESNE

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