



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

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

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8^{ième} étage
Toronto, ON M4V 2Y7

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

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Telephone: 416-325-9297
1-866-311-8002

Téléphone: 416-325-9297
1-866-311-8002

Facsimile: 416-327-4486

Télécopieur: 416-327-4486

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection May 26, 27, 30, 31, June 1-3, 6-10, 2011	Inspection No/ d'inspection 2011_178_2696_26May101200	Type of Inspection/Genre d'inspection Annual
Licensee/Titulaire Schlegel Villages Inc. (formerly Oakwood Retirement Communities Inc. prior to amalgamation), 325 Max Becker Drive, Suite 201, Kitchener ON, N2E 4H5 Tel-519-571-1873 ex. 128 Fax-519-571-0947		
Long-Term Care Home/Foyer de soins de longue durée Coleman Care Centre, 140 Cundles Road West, Barrie ON L4N 9X8		
Name of Inspector(s)/Nom de l'inspecteur(s) Susan Lui, Rosemary Lam, Lynn Parsons, Gloria Still		
Inspection Summary/Sommaire d'inspection		



The purpose of this inspection was to conduct an RQI Annual inspection.

During the course of the inspection, the inspectors spoke with: Administrator, Assistant Director of Nursing Care (ADNC), Director of Food Services, Dietitian, Director of Recreation, Registered staff, physiotherapist, personal care aides (PCA's), dietary staff, environmental services employees, maintenance employee, families and residents.

During the course of the inspection, the inspectors: reviewed residents' records, reviewed home's policies and procedures, reviewed minutes of meetings, interviewed residents, staff, families, observed meal service, observed residents.

The following Inspection Protocols were used during this inspection: Accommodation Services: Housekeeping, Accommodation Services: Laundry, Accommodation Services: Maintenance, Admission Process, Continence Care and Bowel Management, Dignity, Choice and Privacy, Dining Observation, Falls Prevention, Family Council Interview, Hospitalization and Death, Infection Prevention and Control, Medication, Minimizing of Restraining, Nutrition and Hydration, Pain, Personal Support Services, Prevention of Abuse and Neglect, Quality Improvement, Resident Charges, Recreational and Social Activities, Residents' Council Interview, Responsive Behaviours, Safe and Secure Home, Skin and Wound, Sufficient Staffing,

Findings of Non-Compliance were found during this inspection. The following action was taken:

- 36 WN
- 27 VPC
- 2 CO: CO # 001, 002.

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

- WN – Written Notifications/Avis écrit
- VPC – Voluntary Plan of Correction/Plan de redressement volontaire
- DR – Director Referral/Régisseur envoyé
- CO – Compliance Order/Ordres de conformité
- WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the Items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with the Long Term Care Homes Act, 2007, S.O. 2007, c.8, s.6(7). The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

1. On June 6, 2011 the following residents were provided with fluids contrary to their plan of care:
 - i) An identified resident's plan of care specifies she have honey thick liquids she was provided pudding thick milk
 - ii) An identified resident's plan of care specifies nectar thick fluids she was provided & was observed drinking regular fluid coffee
 - iii) An identified resident's plan of care specifies nectar thick fluids he was provided regular fluids of water and juice.
2. The plan of care for an identified resident includes a diabetic renal minced diet and diabetic Resource 2.0 three times a day with meals. On May 27, 2011 at lunch the resident was provided macaroni and cheese, on June 6, 2011 at lunch he was provided tomato juice and glucerna, all contrary to his plan of care.
3. Care provided to an identified resident is incongruent with information in the plan of care . The plan of care indicates the resident can toilet himself with extensive assistance with one person assistance. Staff reported the resident is provided assistance to the washroom via wheelchair.
4. A specific medication was not administered to an identified resident as directed in the physician's orders and according to the resident's plan of care.
5. An identified resident was not provided with care as specified in the plan of care with regards to safety need and bowel management strategies.
6. An identified resident was not provided with care as specified in the plan of care.
 - staff did not administer a specific ointment as ordered by physician on a twice daily basis. Treatment cream was not available in care caddies or in med room. Registered Nurse (RN) re-ordered the supply on Jun 7, 2011 at 10:00 hours. PCA staff responsible for the resident works from 06:00 to 10:00 hours, and did not have the supply for 07:00 hours on June 7, 2011.
7. An identified resident was not provided with care as specified in the plan of care with regards to fall prevention strategies; mouth care; physiotherapy services; type of ambulation assistance required.

Inspector ID #:	164, 132
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Additional Required Actions:

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

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 to ensure ensure that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTHCA, 2007, O.Reg. 79/10, s.131

(3)(4)(a)(b)(c),(5),(7)(a)(b)

(3) Subject to subsections (4) and (5), the licensee shall ensure that no person administers a drug to a resident in the home unless that person is a physician, dentist, registered nurse or a registered practical nurse.

(4) A member of the registered nursing staff may permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical, if,

(a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals;

(b) the member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and

- (c) the staff member who administers the topical does so under the supervision of the member of the registered nursing staff. O. Reg. 79/10, s. 131 (4).
- (5) The licensee shall ensure that no resident administers a drug to himself or herself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 79/10, s. 131 (5).
- (7) The licensee shall ensure that no resident who is permitted to administer a drug to himself or herself under subsection (5) keeps the drug on his or her person or in his or her room except,
- (a) as authorized by a physician, registered nurse in the extended class or other prescriber who attends the resident; and
 - (b) in accordance with any conditions that are imposed by the physician, the registered nurse in the extended class or other prescriber. O. Reg. 79/10, s. 131 (7).

Findings:

1. An interview with registered staff member and Personal Care Aide (PCA) confirmed that PCA's are administering dulcolax suppositories and fleet enemas to residents, contrary to O. Regulation s.131(3) which states that no person administers a drug to a resident in the home unless that person is a physician, registered nurse or a registered practical nurse.
 - On June 9, 2011, at 11:15 am, a PCA and a Registered Nurse (RN) at the home confirmed that it is common practice in the home for PCAs to administer dulcolax suppositories and fleet enemas to residents.[s.131(3)]
2. PCA's are applying prescription topical creams to residents without training or supervision from registered staff.
 - Registered staff confirmed that PCA's apply most prescription treatment creams, and that the PCA's do not receive training from the home to apply these creams.
 - The Assistant Director of Nursing Care (ADNC) confirmed that when a PCA is hired at the home he or she does not receive training on treatment creams during orientation, and that the last inservice conducted with PCA's regarding wound care and administration of topical creams was completed in March 2009. [s.131(4)]
3. An identified resident is applying her own prescription topical cream and is keeping it in her personal bathroom without approval or authorization from the prescriber. [s.131(5)(7)]

Inspector ID #: 178, 132

Additional Required Actions:

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

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 with the requirements for:

- administration of prescription topical creams by non-registered staff,
 - self administration of drugs by residents, and
 - storage of drugs being self-administered by residents,
- to be implemented voluntarily.

WN #3: The Licensee has failed to comply with the Long Term Care Homes Act, 2007, S. O. 2007, c. 8, s.15 (2) (a)(c).

(2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary.

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.



Findings:

- On June 8, 2011 the floor and walls in the west medication room were soiled. The home's Environmental Services employee reported the medication rooms are cleaned daily. [s.15(2)(a)]
- On May 30, 2011 and June 8, 2011 the following observations were made:
Grout missing between ceramic tiles in the corner of the East Tub Room near the tub
Exterior coating scraped off the seat of the tub lift in the East Tub Room
One section of the metal baseboard radiator cover was scraped and hanging off the radiator in the Blair Room Lounge on the East unit . [s.15(2)(c)]

Inspector ID #: 164, 153

WN #4: The Licensee has failed to comply with LTCHA , 2007, S.O. 2007, c.8, s20(2)(d).
(2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,
(d) shall contain an explanation of the duty under section 24 to make mandatory reports;

Findings:

The home's policy to promote zero tolerance of abuse and neglect does not contain an explanation of the duty under section 24 of the Act to make mandatory reports.

Inspector ID #: 178

WN #5: The Licensee has failed to comply with LTCHA , 2007, S.O. 2007, c.8, s23(2).
A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b).

Findings:

- No report was made to the Director regarding the results of the investigation of an incident of alleged abuse/neglect of an identified resident until after inspectors inquired about the results of the investigation, on June 10, 2011.

Inspector ID #: 178

WN # 6: The Licensee has failed to comply with LTHCA, 2007, c.8,s.29(1)(b) Every licensee of a long-term care home,

- (a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and
- (b) shall ensure that the policy is complied with. 2007, c. 8, s. 29 (1).

Findings:

1. The LTCH' s written policy on "Resident physical restraint" in Nursing manual, section 5, page 72, if implemented, does not meet legislation and Regulation requirements.

- The LTCH's policy includes roll belts/bars as examples of restraints used at the home; roller bars are prohibited under section 122 of the regulations.

2. The LTCH's policy on "Resident physical restraint" in Nursing Manual , section 5, page 72-74 is not complied with:



- An identified resident was restrained by the use of a tray table top and a seat belt to prevent falls during the day. An identified staff member did not consider these devices to be restraints. Procedure relating to the care for a restraint was not followed as per the home's protocol. E.g. staff did not fill out a restraint care flow sheet; did not complete hourly checks to monitor the resident; did not ensure restraint was released every 2 hours and the resident repositioned; continued use was not assessed or evaluated.

Inspector ID #: 132

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 to ensure that the policy on "Resident physical restraint" relating to the types of restraint used in the home meets legislative and regulation requirements; and that the policy with regards to safe monitoring and repositioning resident with restraints, is compiled with, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA , 2007, S.O. 2007, c.8, s31(1)(2) 2, 3, 4 and 5.

- (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.
- (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:
2. Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1.
 3. The method of restraining is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable methods that would be effective to address the risk referred to in paragraph 1.
 4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining.
 5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.

Findings:

1. Restraint applied to an identified resident was not included in the resident's plan of care.
2. The method of restraining was not reasonable and least restrictive.
 - An identified resident was observed to have both seat belt and tray table in place when he was upright in the gerichair. [s.31(2)3]
3. Restraining was not approved by the physician or RN in the extended class.
4. Two full side rails are used on the bed of an identified resident at night. Resident's plan of care states resident "is independent with her transfers and will ring bell if she requires assistance" and "all staff to ensure 2 bed rails are up on bed at night."
 - The resident's restraint plan of care does not include any alternatives to using 2 full side rails that were considered, tried, and found to be ineffective in addressing the risk. [s.31(2)2]
 - Resident's restraint plan of care does not include an order by the physician or registered nurse in the extended class.[s.31(2)4]
 - Consent was not obtained to authorize the home to use 2 full side rails when resident is in bed at night. [s.31(2)5].

Inspector ID #:	178, 132
Additional Required Actions:	
<p>VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, 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 a resident will only be restrained by a physical device if the restraining of the resident is included in the plan of care; and the restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:</p> <ul style="list-style-type: none"> • Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1. • The method of restraining is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable methods that would be effective to address the risk referred to in paragraph 1. • A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining. • The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. <p>to be implemented voluntarily.</p>	

<p>WN #8: The Licensee has failed to comply with LTCHA , 2007, S.O. 2007, c.8, s6(1)</p> <p>6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,</p> <ul style="list-style-type: none"> (a) the planned care for the resident; (b) the goals the care is intended to achieve; and (c) clear directions to staff and others who provide direct care to the resident.

<p>Findings:</p> <ol style="list-style-type: none"> 1. An identified resident's written plan of care does not address the resident's specific symptoms/condition and does not include the goals the care is intended to achieve with regards to the symptoms/condition. [s.6(1)(a)(b)] <ul style="list-style-type: none"> • Plan of care for an identified resident does not give staff clear directions related to resident's positioning needs. 2. An identified resident continued to receive nutritional supplements from May 11, 2011 until June 9, 2011, although the nutritional supplement was ordered to be discontinued by the Registered Dietitian on May 10, 2011 and by the physician on May 11, 2011. 3. The care plan for an identified resident indicates the resident ambulates with a walker with supervision. The resident ambulates to the dining room by pushing his wheelchair. This information was not included in his plan of care. [s.6(1)(a)] 4. An identified resident's plan of care does not give clear direction to staff and others who provide direct care to the resident with regards to restraint use and monitoring; denture care; nutritional care and safety concern.

Inspector ID #:	178, 164, 153
Additional Required Actions:	

<p>VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with the requirement that, every</p>
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licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

- (a) the planned care for the resident;
- (b) the goals the care is intended to achieve; and
- (c) clear directions to staff and others who provide direct care to the resident., to be implemented voluntarily.

WN #9: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007. c.8, s6(10) (c)

(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,

(c) care set out in the plan has not been effective.

Findings:

An identified resident's plan of care was not revised when current strategies to prevent falls have not been effective.

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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance with the requirement that 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 the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007. c.8, s.6, (4) a

(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 their assessments are integrated and are consistent with and complement each other;

Findings:

A review of an identified resident's health care record revealed discrepancies in the assessments between nursing and dietary pertaining to the resident's current skin status.

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WN #11: The Licensee has failed to comply with the Long Term Care Homes Act, 2007, S. O. 2007, c. 8, s. 6 (8). Every licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

Findings:

1. Staff interviewed were not aware of an identified resident's fluid restriction needs.
2. The front line staff do not have access to the electronic plan of care for an identified resident.

Inspector ID #:	164
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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 that requires every licensee to ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it, be implemented voluntarily.

WN #12: The Licensee has failed to comply with LTCHA , 2007, S.O. 2007, c.8, s.78 (2) c, d, h, and q
(2) The package of information shall include, at a minimum,
(c) the long term care home's policy to promote zero tolerance of abuse and neglect of residents;
(d) an explanation of the duty under section 24 to make mandatory reports;
(g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;
(h) the name and telephone number of the licensee;
(q) an explanation of the protection afforded by section 26.

Findings:

- The home's information package provided upon admission does not include the following items;
(1) home's policy to promote zero tolerance of abuse and neglect of residents.
(2) an explanation of the duty under section 24 to make mandatory reports
(3) how to obtain a copy of the home's policy to minimize the restraining of residents.
(4) the telephone number of the licensee
(5) an explanation of the protections afforded by section 26 regarding Whistle-blowing
Inspector was informed on June 3, 2011 that the home's information package has been revised and is waiting final approval prior to distribution to new admissions.

Inspector ID #: 153

WN #13: The Licensee has failed to comply with LTCHA , 2007, S.O. 2007, c.8, s.79 (3) c and g
(3) The required information for the purposes of subsections (1) and (2) is,
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
(g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained.

Findings:

- The following required items are not posted in the home:
(1) the home's policy to promote zero tolerance of abuse and neglect of residents and
(2) notification of the home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained.

Inspector ID #: 153

WN #14: The Licensee has failed to comply with LTCHA , 2007, S.O. 2007, c.8, s. 84

Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care,



services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Findings:

- The licensee failed to ensure that the long term care home has a mechanism to track lost and found items and evaluate the effectiveness of the lost and found process.
- The laundry department keeps a lost and found items, however no one is keeping track of lost articles for the whole home.
- Lost items are tracked only in report and in the progress notes in each individual resident's record.

Inspector ID #: 178, 164

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 with the requirement that every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home, to be implemented voluntarily.

WN #15: The Licensee has failed to comply with LTCHA , 2007, S.O. 2007, c.8, s.85 (1)(3)

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).

(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).

Findings:

- On June 6, 2011 the Administrator stated that the most recent Resident Satisfaction annual survey was done in Aug 2009. [s.85(1)]
- On Jun 6, 2011 the inspector was informed that the Residents' Council has not been consulted in developing and carrying out the satisfaction survey. [s.85(3)]

Inspector ID #: 178

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 with the requirement 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, and that 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, to be implemented voluntarily.

WN #16: The Licensee has failed to comply with LTHCA, 2007, O.Reg. 79/10, s. 57 (b)

57 Every licensee of a long term care home shall ensure that,

- (b) the restorative care approaches are co-ordinated to ensure that each resident is able to maintain or improve his or her functional and cognitive capacities in all aspects of daily living, to the extent of his or her abilities.



Findings:

There were no co-ordinated restorative care approaches for an identified resident's limb contracture.

Inspector ID #: 153

WN #17: The Licensee has failed to comply with LTHCA, 2007, O. Reg. 79/10, s.126
Every licensee of a long-term care home shall ensure that drugs remain in the original labeled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed.

Findings: Medications were observed to be out of their original container in an unlabelled medication cup prior to administration to two residents on the east unit during the morning medication pass.

Inspector ID #: 153

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 **drugs remain in the original labeled container or package provided by the pharmacy service provider until administered to a resident or destroyed** to be implemented voluntarily.

WN #18: The Licensee has failed to comply with LTHCA, 2007, O.Reg. 79/10, s.130. 1 and.2
Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
 - i. persons who may dispense, prescribe or administer drugs in the home, and
 - ii. the Administrator.

Findings:

1. The fridge used to store vaccines is kept in the office of the ADNC. This office is not always locked, and could be accessed by staff which is not permitted to dispense, prescribe or administer drugs. This non-compliance was corrected during the inspection when the vaccine fridge was secured with a padlock to which only registered nursing staff and the administrator hold keys.
2. Medicated treatment creams were stored in the clean utility room, which was accessible to non-registered staff, residents and visitors.

Inspector ID #: 178, 132

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 with the requirements for **ensuring all areas where drugs are stored shall be kept locked at all times, when not in use**, to be implemented voluntarily.

WN #19: The Licensee has failed to comply with the Long Term Care Homes Act, 2007, O. Reg. 79/10, s.17 (1) (a). Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that can be easily seen accessed and used by residents, staff and visitors at all times.

Findings:

1. On May 27, 2011 the call bell in an identified resident room's washroom was not accessible to the resident.
2. On May 30, 2011 the bedside call bell was not accessible to an identified resident.

Inspector ID #: 164

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 home is equipped with a resident-staff communication and response system that can be easily seen accessed and used by all residents, staff and visitors at all times, be implemented voluntarily.

WN #20: The Licensee has failed to comply with LTHCA, 2007, O. Reg. 79/10, s.18
Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10 s. 18

Homes to which the 2009 design manual applies

Location	Lux
Enclosed Stairways	Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors	Minimum levels of 322.92 lux continuous consistent lighting throughout
In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms.	Minimum levels of 322.92 lux
All other homes	
Location	Lux
Stairways	Minimum levels of 322.92 lux continuous consistent lighting throughout
All Corridors	Minimum levels of 215.28 lux continuous consistent lighting throughout
In all other areas of the home	Minimum levels of 215.84 lux
Each drug cabinet	Minimum levels of 1076.39 lux
At the bed of each resident when the bed is at the reading position	Minimum levels of 376.73 lux

Findings:

- The lighting in an identified resident's room, and in an identified resident's bathroom was found to be inadequate. Lightbulbs in both rooms were replaced by the home's Environmental Services/Maintenance employee, but the lighting in the rooms still did not meet the lighting requirements as set out in the LTCHA. The lighting level in the resident's room was found to be 160 lux. The legislated lighting requirements for homes built prior to 2009 Design Standards is 376.76 lux. The lighting level in the resident's bathroom was determined it to be 160 Lux, which does not meet the legislated lighting requirement of 215.84 lux.

Inspector ID #:	178, 153
Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , 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 lighting requirements in the long-term care home are maintained consistent with LTCHA, 2007, O. Reg. 79/10, s. 18 to be implemented voluntarily.	

WN # 21: The Licensee has failed to comply with LTHCA, 2007, O.Reg. 79/10, s.42. Every licensee of a long-term care home shall ensure that every resident receives end-of-life care when required in a manner that meets their needs

Findings:

- The home has a statement of philosophy but no policy or formal referral process to address residents' end of life spiritual and emotional needs.
- The licensee has not ensured that social worker service is offered to assess if an identified resident's end of life needs could be met by appropriate counseling services.

Inspector ID #:	132
Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction to ensure that every resident receives end-of-life care when required in a manner that meets their needs, to be implemented voluntarily.	

WN #22: The Licensee has failed to comply with LTHCA, 2007, O.Reg. 79/10, s.50(2)(d)

(2) Every licensee of a long-term care home shall ensure that,

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Findings:

1. An identified resident is totally dependent on the staff for repositioning, and currently has a coccyx pressure ulcer. Resident is not repositioned at night as required.
2. An identified resident was not repositioned as required. Resident's plan of care does not include direction to reposition, only to monitor the resident's safety by placing the resident in a wheelchair in the hallway.
3. An identified resident was not repositioned every 2 hours as required for comfort as resident receiving end of life care.

Inspector ID #:	178, 132
Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i> , S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction to ensure that any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated, to be implemented voluntarily.	



WN # 23: The Licensee has failed to comply with LTHCA, 2007, O.Reg.. 79/10, s.51. (2) (a)(b)(c)(d)(e). Every licensee of a long-term care home shall ensure that,

- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
- (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;
- (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
- (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
- (e) continence care products are not used as an alternative to providing assistance to a person to toilet;

Findings:

1. An identified resident was not assessed using a clinically appropriate tool for his continence needs.
2. An identified resident does not have an individualized plan of care to promote, and manage bladder continence.
3. An identified resident was not assisted to toilet in order to maintain continence.
4. An identified resident was given a brief as an alternative to providing assistance to toilet

Inspector ID #:	132
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Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction to ensure that:

- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
- (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;
- (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
- (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
- (e) continence care products are not used as an alternative to providing assistance to a person

to toilet, to be implemented voluntarily.

WN #24: The Licensee has failed to comply with LTHCA, 2007, O.Reg. 79/10, s.30(1)1

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.

Findings:

The licensee has failed to ensure that the long term care home has a written description of each 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 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.

- The home does not have policies and procedures for falls prevention.
- The home's pain management program does not include a written description of the protocol for referral of a resident to specialized resources where required.
- There is no written policy description of the fall 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.
- Nursing staff is not completing a post fall assessment using a clinically appropriate tool.

Inspector ID #: 178, 164

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 to 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: There must be a written description of i) the Skin and Wound program; ii) the Falls Prevention 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, to be implemented voluntarily.

WN #25: The Licensee has failed to comply with the Long Term Care Homes Act, 2007, O. Reg. 79/10, s.49. (2) . Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Findings:

An identified resident fell on April 30, 2011 and did not have a post-fall assessment completed using a clinically appropriate assessment tool that is specifically designed for falls. On June 8, 2011 an identified RN reported the home does not have a falls prevention program or a post-fall assessment tool.



Inspector ID #:	164
<p>VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, 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 when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, be implemented voluntarily.</p>	

<p>WN #26: The Licensee has failed to comply with O.Reg.79/10, s. 87(2)(d) 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, addressing incidents of lingering offensive odours.</p>	
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<p>Findings: Lingering pervasive odours were noted in an identified hallway in the home on May 26, 27, 2010 and June 6, 7, 8,, 2010. Odours were noted to permeate from empty or half full soiled brief disposal containers situated in hallway and from soiled gloves and brief disposed in garbage bin at resident's bedside.</p>	
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Inspector ID #:	132
<p>Additional Required Actions: VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, 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 lingering, pervasive odours are identified and addressed promptly, be implemented voluntarily</p>	

<p>WN #27: The Licensee has failed to comply with LTHCA, 2007, S.O. 2007,c.8, s.3.(1)2 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.</p>	
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<p>Findings: An identified resident experienced abuse during care on an identified date.</p> <ul style="list-style-type: none"> The incident took place while the resident was being bathed by a PCA. The PCA did not respond appropriately when the resident complained of the water temperature, and proceeded to pour the remainder of the pitcher of cold water onto the resident. The employee was withdrawn from service pending review of the incident. The incident was investigated and the employee was subsequently terminated. 	
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Inspector ID #:	178
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<p>WN #28: The Licensee has failed to comply with LTHCA, 2007, O.Reg. 79/10, s.96(c),(e)(i) and (ii) 96. Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, (c)identifies measures and strategies to prevent abuse and neglect; (e)identifies the training and retraining requirements for all staff, including, (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and (ii) situations that may lead to abuse and neglect and how to avoid such situations.</p>	
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Findings:

- The homes written policy to promote zero tolerance of abuse and neglect of residents does not identify measures and strategies to prevent abuse and neglect.
- The homes written policy to promote zero tolerance of abuse and neglect of residents does not include in the training and retraining requirements for all staff, the following:
 - i. training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
 - ii. situations that may lead to abuse and neglect and how to avoid such situations.

Inspector ID #:	178
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Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction to ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents identifies measures and strategies to prevent abuse and neglect; identifies the training and retraining requirements for all staff, including, (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and (ii) situations that may lead to abuse and neglect and how to avoid such situations, to be implemented voluntarily.

WN #29: The Licensee has failed to comply with LTHCA, 2007, O.Reg. 79/10, s. 228.1,228.3,228.4i and 228.4ii

Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
 - i. the matters referred to in paragraph 3,
 - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and

Findings:

- The home's quality improvement program was described by management as "informal". There are no goals, objectives, policies, procedures and protocols, and a process to identify initiatives for review.
- Improvements made to the home's accommodations, care, services, programs and goods have not been communicated to Residents Council.
- The home does not currently keep a record setting out improvements made to the quality of accommodation, care, services, programs and goods provided to residents.
- There is no record of the names of persons who participated in evaluations and the dates improvements were implemented.

Inspector ID #:	178
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Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for ensuring that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
 - i. the matters referred to in paragraph 3,
 - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, to be implemented voluntarily.

WN 30: The Licensee has failed to comply with the Long Term Care Homes Act, 2007, O. Reg. 79/10, s. 229.

(1) (4)

- (1) Every licensee of a long-term care home shall ensure that the infection prevention and control program required under subsection 86 (1) of the Act complies with the requirements of this section.
- (4) The licensee shall ensure that all staff participate in the implementation of the program.

Findings:

The following infection prevention and control concerns were observed by inspectors while in the home:

- Unlabelled personal care items were found in shared areas of the home, with no indication whether the items had been cleaned and disinfected after last use.
- Damaged shelving and tub transfer seat in two identified tub rooms, unable to be cleaned and disinfected;
- The call bell in an identified tub room consisting of a porous material cannot be cleaned and disinfected.
- Used G-tube syringe belonging to an identified resident was found in bottom draw of the medication cart. Staff confirmed that the G-tube syringe is returned to the med cart after each use and is scheduled to be changed every two days.
- A stained urinal was seen placed on the overbed table at 09:00 hours, then on the floor at 13:00 hours in a resident room.

Inspector ID #: 132, 153, 164,

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all staff participate in the implementation of the infection control program, be implemented voluntarily.

WN #31: The Licensee has failed to comply with LTHCA, 2007, O.Reg. 79/10, s.229(2)(d)

229. (1) Every licensee of a long-term care home shall ensure that the infection prevention and control program required under subsection 86 (1) of the Act complies with the requirements of this section. O. Reg. 79/10, s. 229 (1).

(2) The licensee shall ensure,

(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

Findings:

On Jun 7, 2011, the home's Infection Prevention and Control Nurse stated that the home's Infection Prevention and Control Program is not formally evaluated and updated annually.

Inspector ID #: 178

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 ensuring that the infection prevention and control program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.

WN #32: The Licensee has failed to comply with the Long Term Care Homes Act, 2007, O. Reg. 79/10, s.229. (1) (5) (b).

- (1) Every licensee of a long-term care home shall ensure that the infection prevention and control program required under subsection 86 (1) of the Act complies with the requirements of this section.
- (5) The licensee shall ensure that on every shift,
 - (b) the symptoms are recorded and that immediate action is taken as required.

Findings:

Symptoms of infection were not recorded on every shift, and immediate action was not taken as required for an identified resident with symptoms of respiratory infection.

Inspector ID #: 164

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 on every shift, the symptoms of infection are recorded and that immediate action is taken as required, be implemented voluntarily.

WN #33: The Licensee has failed to comply with the Long Term Care Homes Act, 2007, O. Reg. 79/10, s.231. (b). Every licensee of a long-term care home shall ensure that, the resident's written record is kept up to date at all times.

Findings:

There was no documentation in the health record of an identified resident to reflect that nursing had attended the interdisciplinary team care conference. An RN reported to the inspector that the DNC had attended the care conference.

Inspector ID #: 164

WN # 34: The Licensee has failed to comply with LTHCA, 2007, O.Reg. 79/10, s.101. (1).1.3 Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the

complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

3. A response shall be made to the person who made the complaint, indicating,
- i. what the licensee has done to resolve the complaint, or
 - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.

Findings:

- The May 18, 2011 complaint letter from a resident's family member to the Administrator was not responded to as of June 10, 2011. (over 17 business days).
- Results of the investigation were not provided to the complainant with regards to i) what the licensee has done to resolve the complaint, ii) if the licensee believes the complaint to be unfounded and the reason for the belief for the following issues identified in the May 18, 2011 letter.

Inspector ID #: 132

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 to ensure the result of the home's investigation is sent to the complainant within the time period outlined in the legislation and regulations, to be implemented voluntarily.

WN # 35: The Licensee has failed to comply with LTHCA, 2007, O.Reg. 79/10, s.8. (1) (b).

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 all applicable requirements under the Act; and
- (b) is complied with.

Findings:

- The home's Policy on disposing of all expired drugs was not followed for emergency drug box. Policy 02-02-10 outlined a monthly check to ensure drug supply is complete and up to date. On June 2, 2011 at 4pm, an expired medication Stemetil suppository (with expired date March, 2011) was found inside a container with expired date Aug, 2010 listed on it.

Inspector ID #: 132

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 ensuring policy related to expired drugs is followed, to be implemented voluntarily.

WN # 36: The Licensee has failed to comply with LTHCA, 2007, S.O.2007, c.8, 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.



Findings:

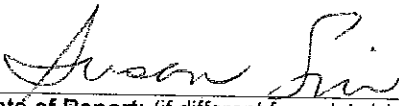
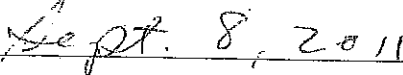
The resident council's concerns in Feb, March, May 2011 were not responded to within 10 days of receipt of the concerns.

- June 6, 2011 a staff member confirmed that formal response has yet to be forwarded to the Residents' Council for the following concerns:
 - i) Feb 28, 2011 - request to meet new owner;
 - ii) March 28, 2011 -concern regarding congestion in the hall – wheelchairs;
 - iii) March 28, May 30, 2011 -request coffee at 0830am.

Inspector ID #: 132

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 ensuring 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, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.	
		 178	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
			



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

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Gloria Still	Inspector ID # 164
Log #:		
Inspection Report #:	2011_178_2696_26May101200	
Type of Inspection:	RQI Annual	
Date of Inspection:	May 26, 27, 30, 31, June 1, 2, 6, 7, 8, 9, 10, 2011	
Licensee:	Schlegal Villages Inc. (formerly Oakwood Retirement Communities Inc. prior to amalgamation)	
LTC Home:	Coleman Care Centre	
Name of Administrator:	Pauline Dell'Oso	

To Schlegal Villages Inc. (formerly Oakwood Retirement Communities Inc.), you are hereby required to comply with the following order by the date set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(b)
<p>Pursuant to: LTCHA, 2007, S. O. 2007, c. 8, s. 6 (7). The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.</p>			
<p>Order: The licensee shall prepare and submit a written plan by August 2, 2011 to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.</p>			
<p>The plan is to be submitted to Inspector Gloria Still, MOHLTC, 465 Davis Drive, Suite 300, Newmarket, Ontario to ensure:</p> <ol style="list-style-type: none"> Residents receive the correct consistency of fluids as stated in their plans of care. Residents receive the correct therapeutic diet as stated in their plans of care. 			



Grounds:

1. Three identified residents were not provided with the correct consistency of fluids, as stated in their plans of care.
2. An identified resident was not provided with the correct therapeutic diet as stated in his plan of care.

This order must be complied with by: September 23, 2011

Order #:	002	Order Type:	Compliance Order, Section 153 (1)(b)
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Pursuant to: LTHCA, 2007, O.Reg. 79/10, s.131 (3)

The licensee shall ensure that no person administers a drug to a resident in the home unless that person is a physician, dentist, registered nurse or a registered practical nurse.

Order: The licensee shall refrain from having a person administer a drug to a resident in the home unless that person is a physician, dentist, registered nurse or a registered practical nurse, and in particular, for an identified resident and for any other residents requiring dulcolax suppositories and fleet enemas as bowel management strategies.

Grounds:

- On June 9, 2011, at 11:15 am, a personal care aide (PCA) and a registered nurse (RN) confirmed that it is common practice in the home for PCAs to administer dulcolax suppositories and fleet enemas to residents.

This order must be complied with by: Immediate

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 service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Ministry of Health and Long-Term Care
55 St. Clair Ave. 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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire 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.

Issued on this	
Signature of Inspector:	<i>Susan Lui</i> , 178
Name of Inspector:	<i>Susan Lui</i>
Service Area Office:	<i>TSAO</i>