



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

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 14, 2014	2014_325568_0008	L-000668-14	Resident Quality Inspection

Licensee/Titulaire de permis

GROSVENOR HEALTH CARE PARTNERSHIP (NO. 3)
150 WATER STREET SOUTH, CAMBRIDGE, ON, N1R-3E2

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

COUNTRY LANE LONG TERM CARE RESIDENCE
R. R. #3, 317079 HWY 6 & 10, CHATSWORTH, ON, N0H-1G0

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

DOROTHY GINTHER (568), SHARON PERRY (155)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): June 9, 10, 11, 12, 13, 16, 17, 18, 19, 2014.

During the course of the inspection, the inspector(s) spoke with the Executive Director/Director of Care, Program Manager, Office Manager, Environmental Services Manager, Cook, 2 Dietary Aides, 1 Registered Nurse, 2 Registered Practical Nurses, 5 Personal Support Workers, 1 Housekeeping/Laundry Aide, Resident Council representative, Family Council representative, Residents and Families.

During the course of the inspection, the inspector(s) conducted a tour of all resident areas and common areas; observed residents and care provided to them, observed meal service, medication passes, medication storage areas; reviewed health care records and plans of care for identified residents; reviewed policies and procedures of the home, minutes from meetings and observed the general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Family Council

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Minimizing of Restraining

Personal Support Services

Reporting and Complaints

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails Specifically failed to comply with the following:

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



Findings/Faits saillants :

1. The licensee failed to ensure that where bed rails are used, the resident has been assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there are none, in accordance with prevailing practices to minimize risk to the resident.

a) On June 10, 2014 two residents were observed with side rails.

b) On June 11, 2014 three residents were observed with side rails.

c) On June 17, 2014 five residents were observed with side rails up.

d) A resident was observed on June 10, 2014 and on June 17, 2014 in bed with side rails up. There was no documentation in the plan of care to identify that the resident had been assessed for the use of these bed rails. This was confirmed by registered staff.

The Environmental Services Manager was not able to provide evidence of bed assessments and confirmed that there were no ongoing or current assessments of the entrapment zones completed for any of the residents using side rails and the bed systems were not evaluated in accordance with prevailing practices. [s. 15. (1) (a)]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 45. 24-hour nursing care — exceptions

Specifically failed to comply with the following:

s. 45. (1) The following are the exceptions to the requirement that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, as required under subsection 8 (3) of the Act:

1. For homes with a licensed bed capacity of 64 beds or fewer,

i. a registered nurse who works at the home pursuant to a contract or agreement between the nurse and the licensee and who is a member of the



regular nursing staff may be used,

ii. in the case of an emergency where the back-up plan referred to in clause 31 (3) (d) of this Regulation fails to ensure that the requirement under subsection 8 (3) of the Act is met,

A. a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, or

B. a registered practical nurse who is a member of the regular nursing staff may be used if the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone. O. Reg. 79/10, s. 45 (1).

2. For homes with a licensed bed capacity of more than 64 beds and fewer than 129 beds,

i. in the case of a planned or extended leave of absence of an employee of the licensee who is a registered nurse and a member of the regular nursing staff, a registered nurse who works at the home pursuant to a contract or agreement with the licensee and who is a member of the regular nursing staff may be used,

ii. in the case of an emergency where the back-up plan referred to in clause 31 (3) (d) of this Regulation fails to ensure that the requirement under subsection 8 (3) of the Act is met, a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if,

A. the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, and

B. a registered practical nurse who is both an employee of the licensee and a member of the regular nursing staff is on duty and present in the home. O. Reg. 79/10, s. 45 (1).

Findings/Faits saillants :



1. The licensee failed to ensure that at least one Registered Nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

A review of the registered staff schedule for the period of June 2, 2014 to June 19, 2014 was conducted and revealed the following:

- a) there is only one registered nurse on staff,
- b) the registered nurse did not work any weekends,
- c) there were 9/18 (50%) day shifts, 17/17 (100%) evening shifts, and 17/17 (100%) night shifts where there was no Registered Nurse on duty and present in the home at all times.

This was confirmed by the Executive Director/Director of Care. [s. 45. (1) 1.]

Additional Required Actions:

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

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

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

Findings/Faits saillants :



1. The licensee failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident.

a) A Resident was observed using a safety device. The current care plan states that the Resident does not use this device. Staff confirmed that the Resident does use this device.

b) On June 10, 2014 and June 17, 2014 a Resident was observed with a specific intervention in place. Review of the Personal Support Worker documentation in the Daily Care Flow Sheet indicates that this intervention is used. Review of the plan of care does not provide for any direction on the use of this intervention. This was confirmed by the registered staff. [s. 6. (1) (c)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

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

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

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

Findings/Faits saillants :



1. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

a) Review of the Policy for Complaints, (#09-04-06), dated June 2010 states that the Home will respond to complaints whether they are written or verbal in a timely manner. A written investigation record of all written complaints will be retained by the Home. Verbal complaints that can be resolved within 24 hours do not require a written investigation report; however if the verbal complaint can not be resolved within 24 hours a written record of the complaint as well as the investigation and outcome will be retained by the Home.

During the inspection two Residents indicated that they had reported items missing from their room to the Home's staff. The Administrator confirmed that she was aware of these incidents but a complaint report was not filed and the home did not investigate.

b) Review of the policy for Bed Entrapment and Proper Use of Bed Rail Devices dated April 2011 indicates that Registered Staff will conduct a needs assessment for bed rail devices with every resident using the Bed Rail Decision Tree (Appendix II).

Registered staff revealed that they are not currently conducting Bed Rail assessments on every resident using the Bed Rail Decision Tree. The registered staff could not locate the assessment or the Bed Rail Decision Tree tool. [s. 8. (1)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 12. Furnishings



Specifically failed to comply with the following:

s. 12. (1) Every licensee of a long-term care home shall ensure that the home has sufficient indoor and outdoor furnishings, including tables, sofas, chairs and lamps, to meet the needs of residents. O. Reg. 79/10, s. 12 (1).

Findings/Faits saillants :

1. The licensee of the long-term care home failed to ensure that the home has sufficient indoor and outdoor furnishings including tables, sofas, chairs and lamps, to meet the needs of residents.

During the inspection a Resident was observed resting in bed and the bed did not meet the needs of the Resident. Registered staff confirmed that the bed did not meet the Residents' needs. [s. 12. (1)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home has sufficient indoor and outdoor furnishings including tables, sofas, chairs and lamps, to meet the needs of residents, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

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

Findings/Faits saillants :



1. The licensee failed to respond in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations.

Record review revealed that a concern was submitted in writing on April 9, 2014 by the Residents Council. On June 10, 2014 the Executive Director/Director of Care requested in writing to attend the Residents' Council meeting scheduled for June 11, 2014 to discuss the concern that had been raised.

A written response dated June 11, 2014 indicated that the Executive Director discussed the concern with residents and they voted on the issue. The staff liaison for the Residents' Council confirmed that the Executive Director/Director of Care attended the June 11, 2014 meeting following which a summary written response was provided to the Residents' Council. [s. 57. (2)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the licensee responds in writing within 10 days of receiving Resident's Council advice related to concerns or recommendations, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :



1. The licensee failed to ensure that as part of the organized program of maintenance services there are schedules and procedures in place for routine, preventive and remedial maintenance.

Observations made during the inspection revealed:

- a) Door frames were gauged and chipped in ten Resident rooms
- b) Gauges and scrapes along the bottom of entry doors to the living room, parlour, and two washrooms
- c) Wooden railing along the bottom of wall in hallways was badly gauged and scraped
- d) Floor worn under housekeeping room door extending out into hallway
- e) Edge of the door protect panel broken off on a door to a Resident room
- f) Wall repaired with plaster but not sanded or painted in one resident room and outside the office of the Office Manager
- g) Wall under the mirror near the bathroom door has paint chips in three Resident rooms
- h) New baseboard heater under the window in one Resident room - the wall has not been refinished
- i) Paint scraped off baseboard heaters in two Resident rooms
- j) Wall above the toilet in one of the Resident washrooms is in need of patching and painting

There was no evidence of a schedule or procedure for routine, preventive and remedial maintenance. This was confirmed by the Environmental Services Manager.
[s. 90. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that as part of the organized program of maintenance services there are schedules and procedures in place for routine, preventive and remedial maintenance, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints



Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

s. 101. (3) The licensee shall ensure that,

(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).

(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).

(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

Findings/Faits saillants :



1. The licensee failed to 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 has been investigated, resolved where possible, and a response provided within 10 business days of receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, has the investigation commenced immediately.

During the inspection two residents shared that items had gone missing from their rooms. Record review revealed that the residents had reported the items missing to staff at the Home. The Executive Director/Director of Care confirmed that she was aware of these two incidents but a complaint report was not filed and the home did not investigate. [s. 101. (1) 1.]

2. The licensee failed to ensure that the documented record (of complaints received) is reviewed and analyzed for trends at least quarterly; results of the review and analysis are taken into account in determining what improvements are required in the home; and a written record is kept of each review and of the improvements made in response

Record review did not provide evidence that written complaints were reviewed and analyzed for trends. The Executive Director/Director of Care confirmed that there was no written record kept of a review and the improvements made in response.



Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home has been investigated, resolved where possible, and a response provided within 10 business days of receipt of the complaint, and where the complaint alleges harm or risk of harm to one of more residents, has the investigation commenced immediately. The plan should ensure that the documented record is reviewed and analyzed for trends at least quarterly and results of the review and analysis are taken into account in determining what improvements are required in the home; and a written record is kept of each review and of the improvements made in response, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :



1. The licensee failed to ensure that that residents are offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

a) When a Resident was admitted orders and consent were obtained for pneumovax, tetanus and diphtheria vaccines. Registered staff confirmed that as of June 18, 2014 the Resident had not been given these vaccines.

b) Another Resident was admitted and orders were obtained for pneumovax, tetanus and diphtheria vaccines and consent for these vaccines was obtained at that time. As of June 18, 2014 the Resident had not been given these vaccines. This was confirmed by registered staff. [s. 229. (10) 3.]

2. The licensee failed to ensure that staff are screened for tuberculosis.

Review of staff immunization records revealed:

a) A Registered Staff that had been working in the home had no record of being screened for tuberculosis.

b) A Personal Support Worker that had been working in the home had no record of being screened for tuberculosis.

The Office Manager confirmed that there was no record that these staff had been screened for tuberculosis. [s. 229. (10) 4.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that residents are offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website and that staff are screened for tuberculosis, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights



Specifically failed to comply with the following:

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

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. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the residents' right to have a designate person receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

A Resident's Power of Attorney (POA) revealed during an interview that they were not notified of their loved ones' room transfer.

Interview with the Executive Director/Director of Care revealed that it is the Home's practice to contact the POA by phone prior to the Resident transfer, and to document this notification in the progress notes. Review of the clinical record did not indicate that the POA was notified of the transfer.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care



Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
- (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
- (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
- (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).
-

Findings/Faits saillants :

1. The licensee failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A Resident returned from a leave of absence with altered skin integrity. Registered staff confirmed that the altered skin integrity was not reassessed weekly as the next assessment was not completed until one month later. [s. 50. (2) (b) (iv)]

Issued on this 3rd day of September, 2014

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



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

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

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**

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

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : DOROTHY GINTHER (568), SHARON PERRY (155)

Inspection No. /

No de l'inspection : 2014_325568_0008

Log No. /

Registre no: L-000668-14

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Aug 14, 2014

Licensee /

Titulaire de permis : GROSVENOR HEALTH CARE PARTNERSHIP (NO. 3)
150 WATER STREET SOUTH, CAMBRIDGE, ON,
N1R-3E2

LTC Home /

Foyer de SLD : COUNTRY LANE LONG TERM CARE RESIDENCE
R. R. #3, 317079 HWY 6 & 10, CHATSWORTH, ON,
N0H-1G0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : MARY-LYNNE KENNEDY-MCGREGOR

To GROSVENOR HEALTH CARE PARTNERSHIP (NO. 3), you are hereby required to comply with the following order(s) by the date(s) set out below:



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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

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) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and

(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

Order / Ordre :

The licensee shall ensure that each resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and if there are none, in accordance with prevailing practices, to minimize risk to the resident; (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability.

Grounds / Motifs :



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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

1. On June 10, 2014 two Residents were observed with side rails.

On June 11, 2014 three Residents were observed with side rails.

On June 17, 2014 five Residents were observed with side rails up.

On June 10, 2014 and June 17, 2014 a Resident was observed in bed with side rails up. There is no documentation in the plan of care to identify that the resident had been assessed for the use of these bed rails. This was confirmed by registered staff.

The Environmental Services Manager was not able to provide evidence of bed assessments and confirmed that there were no ongoing or current assessments of the entrapment zones completed for any of the residents using side rails and the bed systems were not evaluated in accordance with prevailing practices.

(568)

This order must be complied with by /

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

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Order # /**Ordre no :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre
existant:** 2012_171155_0008, CO #001;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 45. (1) The following are the exceptions to the requirement that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, as required under subsection 8 (3) of the Act:

1. For homes with a licensed bed capacity of 64 beds or fewer,
 - i. a registered nurse who works at the home pursuant to a contract or agreement between the nurse and the licensee and who is a member of the regular nursing staff may be used,
 - ii. in the case of an emergency where the back-up plan referred to in clause 31 (3) (d) of this Regulation fails to ensure that the requirement under subsection 8 (3) of the Act is met,
 - A. a registered nurse who works at the home pursuant to a contract or agreement between the licensee and an employment agency or other third party may be used if the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, or
 - B. a registered practical nurse who is a member of the regular nursing staff may be used if the Director of Nursing and Personal Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone. O. Reg. 79/10, s. 45 (1).

Order / Ordre :

The licensee shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

Grounds / Motifs :



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

Order(s) of the Inspector

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

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

Ordre(s) de l'inspecteur

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1. A review of the registered staff schedule for the period of June 2, 2014 to June 19, 2014 was conducted and revealed the following:
- a) there is only one registered nurse on staff,
 - b) the registered nurse did not work any weekends,
 - c) there were 9/18 (50%) day shifts, 17/17 (100%) evening shifts, and 17/17 (100%) night shifts that there was no Registered Nurse on duty and present in the home at all times.

This was confirmed by the Executive Director/Director of Care.

The Executive Director/Director of Care indicated that the home advertises for Registered Nurses on the Extendicare website and the Government of Canada Job Bank website. Review of these websites on June 19, 2014 revealed that there were currently no postings for Registered Nurses at Country Lane Long Term Care Residence.

This has been outstanding since June 2009 and subsequent compliance orders have been issued October 31, 2011, April 20, 2012, and November 14, 2012.
(155)

This order must be complied with by /

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



**Ministry of Health and
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**Ministère de la Santé et
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Pursuant to section 153 and/or
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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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

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

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

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



**Ministry of Health and
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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

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

Issued on this 14th day of August, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Dorothy Ginther

Service Area Office /

Bureau régional de services : London Service Area Office