



**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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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 30, 2015	2015_210169_0010	H-002876-15	Resident Quality Inspection

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

DELHI NURSING HOME LTD  
750 GIBRALTAR STREET DELHI ON N4B 3B3

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

DELHI LONG TERM CARE CENTRE  
750 GIBRALTAR STREET DELHI ON N4B 3B3

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

YVONNE WALTON (169), BERNADETTE SUSNIK (120), JESSICA PALADINO (586),  
LESLEY EDWARDS (506)

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## **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): July 13, 14, 15, 16, 17, 2015**

**The following critical incidents were completed as part of this inspection:  
H-001788-14, H-002913-15, H-001627-14 and H-001826-15**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care, RAI co-ordinator, Registered Nursing staff, Personal Support Workers (PSW), Behaviour Support staff (BSO), Social Worker, Office Manager, Director of Quality Outcomes, Director of Programming, Director of Food Service (DFS), Maintenance staff, Residents and Families.**

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

**Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Dining Observation  
Falls Prevention  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Recreation and Social Activities  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
Trust Accounts**



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

8 WN(s)  
3 VPC(s)  
1 CO(s)  
0 DR(s)  
0 WAO(s)

### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19.  
Duty to protect**

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

**s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that resident #103 was protected from abuse by a co-resident.

Resident #103 was in co-resident #102's room. Resident #102 assaulted resident # 103. Resident #103 was sent to the hospital for assessment of injury and was later diagnosed with a fracture. A review of the clinical record for resident #102 confirmed that the resident was to have an intervention to prevent residents from entering their room. The RAI Co-ordinator confirmed that the intervention was not implemented until after the incident occurred and confirmed that if the intervention had been implemented as per the plan of care the incident may have been prevented. Resident #103 was not protected from abuse by co-resident. [s. 19. (1)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**



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

**s. 6. (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).**

**s. 6. (6) When a resident is admitted to a long-term care home, the licensee shall, within the times provided for in the regulations, ensure that the resident is assessed and an initial plan of care developed based on that assessment and on the assessment, reassessments and information provided by the placement co-ordinator under section 44. 2007, c. 8, s. 6 (6).**

**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. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that there was a written plan of care for resident #001 that set out the planned care for the resident.

Resident #001 had several broken and loose teeth.

i. Interview with the RAI Co-ordinator on July 15, 2015, confirmed that the resident had poor dental status. The resident had been assessed by a dentist who recommended that mouth swabs or a finger toothbrush be used for the resident.

iii. Interview with PSW staff on July 15, 2015, confirmed that the resident had sensitive teeth and gums; therefore, mouth swabs were used for the resident. Review of the resident's clinical record did not include any information regarding the use of mouth swabs for the resident to reduce their pain.

iv. The most recent Resident Assessment Protocol (RAP) from April 20, 2015, identified that "oral care will be care planned with the goal to stay pain free through review date". As confirmed by the RAI Co-ordinator on July 15, 2015, the planned care for resident #001 in relation to oral care was not included in the plan of care. [s. 6. (1) (a)]

2. The licensee failed to ensure that when a resident was admitted to a long-term care home, the licensee shall, within the times provided for in the regulations, ensure that the resident was assessed and an initial plan of care developed based on that assessment and on the assessment, reassessment and information provided by the placement co-ordinator under section 44. 2007, c.8, s. 6(6).

Resident #101 was admitted to the home with a specific illness, according to the placement co-ordinator's pre-admission assessment. The resident was receiving a medication to manage their illness. The initial plan of care did not include this information and a plan of care was not developed to ensure interventions related to their illness were developed. The plan of care was not developed until there was an incident resulting in a significant change in condition. This was confirmed by clinical documentation and by interview with the Director of Nursing and the RAI co-ordinator. [s. 6. (6)]

3. The licensee has failed to ensure that the plan of care for Resident #101 was provided as specified in the plan of care. The plan of care identified the resident to be at high risk for falls and the interventions included doing checks every thirty minutes to ensure resident safety. The clinical documentation did not support the thirty minute checks and identified hourly checks were completed. This was confirmed by the clinical documentation, the RAI co-ordinator and the Director of Care. [s. 6. (7)]



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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 that ensures 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). That ensures When a resident is admitted to a long-term care home, the licensee shall, within the times provided for in the regulations, ensure that the resident is assessed and an initial plan of care developed based on that assessment and on the assessment, reassessments and information provided by the placement co-ordinator under section 44. 2007, c. 8, s. 6 (6). That ensures that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7)., to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home**



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

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,**  
**i. kept closed and locked,**  
**ii. equipped with a door access control system that is kept on at all times, and**  
**iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**

**A. is connected to the resident-staff communication and response system, or**  
**B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.**

**O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).**

**3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency. O. Reg. 79/10, s. 9. (1).**

**4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).**

**Findings/Faits saillants :**





1. The licensee did not ensure that all doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to were equipped with an audible door alarm.

The west and south wing exit doors leading directly to an unenclosed outdoor area were not equipped with a separate door alarm at the door when tested. The doors sounded only at the nurse's station which indicated they were connected to the resident staff communication and response system. [s. 9. (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 that ensures that the following rules are complied with: 1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be, i. kept closed and locked, ii.equipped with a door access control system that is kept on at all times, and iii.equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, A. is connected to the resident-staff communication and response system, or B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. 1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents, to be implemented voluntarily.***



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**WN #4: The Licensee has failed to comply with 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.**

**TABLE**

**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 215.28 lux**

**Each drug cabinet - Minimum levels of 1,076.39 lux**

**At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux**

**O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4**

**Findings/Faits saillants :**

1. The licensee did not ensure that the lighting requirements set out in the lighting table were maintained.

The home was built prior to 2009 and therefore the section of the lighting table that applied is titled "In all other areas of the home". A hand held light meter was used (Sekonic Handi Lumi) to measure the lux levels in one bedroom and several resident ensuite washrooms, corridors, tub room, shower room and a lounge space. The meter was held a standard 30-36 inches above and parallel to the floor. Window coverings were drawn in the resident bedroom tested and lights were turned on 5 minutes prior to measuring. Areas that could not be tested due to natural light infiltration were both dining rooms. Outdoor conditions were bright during the measuring procedure.

A) Resident bedrooms were not equipped with any general room light fixtures with the exception of an entry light. The level of light under the entry light fixtures ranged from 100-120 lux. Room N3 was evaluated for over bed light levels and was reflective of all of the other bedrooms. With all of the over bed lights on, the centre of the room was 20 lux. Each bed was equipped with a small wall mounted light over the head of each bed. When tested, the fixtures equipped with a compact fluorescent bulb exceeded the minimum expectation of 376.73 lux and those with an incandescent bulb were 210 lux. The minimum lux required in and around the bed, the path from the room door to the bed and in areas in front of the resident's closets or wardrobes is 215.28.

B) Resident ensuite washrooms were equipped with either a 3- bulb or a 2-bulb fixture positioned over the mirror. The fixture with 3 bulbs did not have any covers or lenses over the bulbs. The illumination levels at the vanity in all bathrooms, regardless of type of fixture were compliant with levels of 230-250 lux. However, neither type of fixture could provide adequate illumination over the toilet area which was measured between 110-125 lux. The minimum required lux level is 215.28 lux. [s. 18.]



***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 that ensures that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18. TABLE 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 215.28 lux Each drug cabinet - Minimum levels of 1,076.39 lux At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

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

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

**Findings/Faits saillants :**



1. The licensee did not ensure that furnishings were kept clean and sanitary, specifically wardrobes.

The licensee developed a procedure for housekeeping staff to dust wardrobe tops during their deep clean schedule, which was once every three months. A thick layer of dust was observed on many wardrobes during the inspection on June 15, 2015. According to the schedule, the rooms in the south corridor were last dusted in early May 2015. The procedures did not take into account that dusting frequency may need to be increased depending on level of dust seen and as environmental factors change (seasons, interior wall sanding or construction, exterior dust conditions etc.). [s. 15. (2) (a)]

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping  
Specifically failed to comply with the following:**

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,**

**(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:**

**(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,**

**(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and**

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

**Findings/Faits saillants :**



1. As part of the organized program of housekeeping under clause 15(1)(a) of the Act, the licensee did not ensure that;

A) Procedures were implemented for disinfection of resident care equipment such as tubs in accordance with evidence based practices using at a minimum a low level disinfectant.

On July 15, 2015, the home's only tub was observed to be equipped with a product labeled "tub cleanser" instead of a disinfectant as per both the tub manufacturer's guidelines and evidence based practices titled "Cleaning, Disinfection and Sterilization of Medical Equipment/Devices (May 2013)". The product label did not specify that it was a disinfectant and did not contain a Drug Identification Number which is required on any product that makes claims that it can kill bacteria, viruses and other disease causing organisms. According to staff, the product was being used regularly between resident baths to clean the surface of the tub.

B). Procedures were developed for the cleaning and disinfection of resident care equipment such as bed pans, urinals and wash basins. The home's procedure titled "Cleaning & Disinfecting Resident Care Equipment" does not provide any specific direction as to how to use the fixtures provided for in the soiled utility room, how to clean the articles and how to apply the disinfectant. No directions or procedures were posted in the soiled utility room. The Director of Care was recently hired and was not aware of the process. On July 15, 2015 the soiled utility room was observed to have a mop sink (on the floor with a 3-4 inch raised edge) with a large drain in the centre which was filled with soiled bed pans and wash basins. A tap or faucet was attached to the wall above the sink. The sink could not be filled with water for soaking and was situated right at the entrance to the room. Staff using the sink would be required to bend over the area or squat down beside the sink in order to clean the articles and would be located right in front of the door. Evidence based practices titled "Cleaning, Disinfection and Sterilization of Medical Equipment/Devices (May 2013) identifies that personal care articles be immersed for cleaning, rinsed and disinfected or immersed for cleaning and disinfection in one step. Other options were also available depending on the level of soiling and use of the articles. [s. 87. (2) (b)]

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**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 did not ensure that as part of the organized program of maintenance services under clause 15 (1) (c) of the Act, that there were schedules and procedures in place for preventive and remedial maintenance related to all interior surfaces. The following interior surfaces were observed to be in poor condition without any immediate or short term plans or schedules in place for repair;

A) The flooring material in the tub room was split in several locations along one wall and in the shower area. The licensee was aware of the issue. The flooring in several resident washrooms had small sections where the floor was split along the wall/floor junction which was filled in with silicone or a similar material. The home's maintenance procedures did not include any minimum written expectations for acceptable flooring conditions, how they would be maintained, by whom and how and how often they would be monitored.

B) Vanity counter tops in resident washrooms were observed with missing laminate and exposed particle board on corners. The tub room counter was rough along the edge where small sections chipped away. The home's maintenance procedures did not include their minimum acceptable written expectations for the condition of vanities or counter tops, how they would be maintained, by whom and how and how often they would be monitored.

The homes preventive maintenance program for interior surfaces included a check list completed by housekeeping staff on a quarterly basis but it did not include vanities. Flooring condition was included and the licensee was aware that flooring was not in good condition. No specific check list for common areas such as dining room, tub, shower, lounges or corridors were available. [s. 90. (1) (b)]



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**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.**

**Findings/Faits saillants :**

1. The licensee did not ensure that hazardous substances were labeled properly.

Unlabeled or inappropriately labeled spray bottles were observed located in the shower room, tub room and a soiled utility room on July 15, 2015. Neither of the two bottles in the soiled utility room had a label identifying the contents of the product inside. One bottle in the shower room and one in the tub room were labeled "tub cleanser". The housekeeping staff confirmed that they filled the bottles with a disinfectant called "SURE 5". The bottles in the soiled utility room appeared to have contained the same disinfectant based on smell and colour. The bottles were required to all have been labeled "SURE 5 – Disinfectant". The disinfectant, according to the manufacturer is considered a hazardous substance (corrosive to eyes) prior to dilution. [s. 91.]

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**Issued on this 30th day of July, 2015**

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

**Original report signed by the inspector.**





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) :** YVONNE WALTON (169), BERNADETTE SUSNIK  
(120), JESSICA PALADINO (586), LESLEY EDWARDS  
(506)

**Inspection No. /**

**No de l'inspection :** 2015\_210169\_0010

**Log No. /**

**Registre no:** H-002876-15

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Jul 30, 2015

**Licensee /**

**Titulaire de permis :** DELHI NURSING HOME LTD  
750 GIBRALTAR STREET, DELHI, ON, N4B-3B3

**LTC Home /**

**Foyer de SLD :** DELHI LONG TERM CARE CENTRE  
750 GIBRALTAR STREET, DELHI, ON, N4B-3B3

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Tanya King

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To DELHI NURSING HOME LTD, 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*

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

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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

**Order / Ordre :**

The licensee shall ensure all residents are protected from abuse by anyone and shall ensure all residents are not neglected by the licensee or staff.

1. Ensure Resident #102 receives all interventions specifically related to the behavioural plan of care.
2. All direct care staff implement all specific interventions, according to the plan of care for Resident #102.

**Grounds / Motifs :**

1. The licensee failed to ensure that resident #103 was protected from abuse by a co-resident.

Resident #103 was in co-resident #102's room. Resident #102 assaulted resident # 103. Resident #103 was sent to the hospital for assessment of injury and was later diagnosed with a fracture. A review of the clinical record for resident #102 confirmed that the resident was to have an intervention to prevent residents from entering their room. The RAI Co-ordinator confirmed that the intervention was not implemented until after the incident occurred and confirmed that if the intervention had been implemented as per the plan of care the incident may have been prevented. Resident #103 was not protected from abuse by co-resident. [s. 19. (1)] (506)

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

**Vous devez vous conformer à cet ordre d'ici le :** Aug 17, 2015



**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**

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Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
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**Ministry of Health and  
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Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**

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

### **REVIEW/APPEAL INFORMATION**

#### **TAKE NOTICE:**

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

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

The written request for review must include,

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

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

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



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

**Order(s) of the Inspector**

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

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

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



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**Ordre(s) de l'inspecteur**  
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de l'article 154 de la *Loi de 2007 sur les foyers  
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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, 11e 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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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

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

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

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

**Issued on this 30th day of July, 2015**

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

**Name of Inspector /  
Nom de l'inspecteur :** YVONNE WALTON

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