Ontario

**Inspection Report Under the**
**Fixing Long-Term Care Act, 2021**

**Ministry of Long-Term Care**
Long-Term Care Operations Division
Long-Term Care Inspections Branch

**Central West District**
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
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# Original Public Report

**Report Issue Date:** July 16, 2024

**Inspection Number:** 2024-1268-0004

**Inspection Type:**
Complaint
Critical Incident

**Licensee:** Eden House Care Facility Inc.

**Long Term Care Home and City:** Eden House Nursing Home, Guelph

| **Lead Inspector** | **Inspector Digital Signature** |
|---|---|
| Nuzhat Uddin (532) | Nuzhat J Uddin Digitally signed by Nuzhat J Uddin Date: 2024.07.18 15:27:19 -04'00' |

**Additional Inspector(s)**
Gurvarinder Brar (000687)
Daniela Lupu (758)
Karen Burke (000872)

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 10-14, 18-19, 2024.

The following intake(s) were inspected:
· Intake: #00113825 and Intake: #00118737 related to resident-to-resident abuse.
· Intake: #00114983 related to: plan of care, missing items and communication and response system.
· Intake: #00117623 Improper/incompetent care of resident.
· Intake: #00119081 related to cooling and air temperatures.

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

Resident Care and Support Services
Medication Management
Food, Nutrition and Hydration
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints

# INSPECTION RESULTS

## WRITTEN NOTIFICATION: Involvement of resident, etc.

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 6 (5)**
Plan of care
s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee has failed to ensure that a resident's Substitute Decision Maker (SDM) was given an opportunity to participate fully in the development of the resident's plan of care related to physiotherapy and mobility aide.

**Rationale and Summary**

A resident used an assistive device for locomotion. The resident had an increased number of falls and were placed on an active physiotherapy program for mobility.

Following the physiotherapist's recommendation and discussion with an RN, the assistive device was removed from the resident's room.

The resident's SDM was not notified of any of these changes. Despite multiple requests made by the resident's SDM to speak with the physiotherapist regarding the resident's multiple falls and physiotherapy goals, The SDM was not given an opportunity to participate in the resident's plan of care.

The DOC said the resident's SDM should have been notified about the above changes and given an opportunity to participate in the resident's care decisions related physiotherapy and assistive devices.

By not involving the resident's SDM in the development of the resident's plan of care related to physiotherapy and mobility aides limited their ability to make informed decisions about the resident's care.

**Sources:** Resident #001's progress notes, and interviews with the home's Laundry and Housekeeper Supervisor, and the DOC.

[758]

## WRITTEN NOTIFICATION: Complaints procedure -licensee

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 26 (1) (a)**
Complaints procedure — licensee
s. 26 (1) Every licensee of a long-term care home shall,
(a) ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints;

The licensee has failed to ensure that the home's policies related to complaints were complied with.
In accordance with O. Reg 246/22 s.11. (1) b, the licensee was required to ensure that written procedures for initiating complaints to the licensee, were complied with.

**Rationale and Summary**

A. The home's complaint procedure policy documented that the admission package provided to the resident and/or their legal representative should contain the home's procedure for initiating complaints to the home.

A resident was admitted to the home. The resident's Substitute Decision Maker (SDM) did not receive any information related to the home's complaints process.

The DOC acknowledged that the home's admission package did not include any information related to the home's complaints procedure, including initiating complaints.

By not including the information related to initiating complaints in the home's admission package, the resident's SDM was not aware of the home's complaints process.

**Sources**: the home's policy Complaints Procedure, #02-03-02 , titled last revised in May 2021, and an interview with the Director of Care (DOC)

B. The home's policy related to verbal complaints documented that any verbal concerns/complaints should be documented on a complaint/concern record form provided to each department. The Administrator and the DOC should be notified immediately when a complaint was received at the home.

A Registered Nurse (RN) received a complaint from the resident's SDM regarding the resident's medication administration. They did not document any information regarding the complaint and did not inform the Administrator or the DOC.

The DOC said they were not aware of this complaint until, when the resident's SDM expressed the concerns to them.

When staff did not follow the home's policy related to complaints, there was a delay in initiating the investigation and implementation of appropriate actions if required.

**Sources:** progress notes, the home's policy responding to resident/family verbal concerns, #02-03-03, last revised on January 1, 2022, the home's complaints records, and interviews with RN #108 and the DOC.

[758]

## WRITTEN NOTIFICATION: Complaints procedure - licensee

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 26 (1) (c)**
Complaints procedure — licensee
s. 26 (1) Every licensee of a long-term care home shall,
(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to ensure that a written complaint regarding resident's care was immediately forwarded to the Director.

**Rationale and summary**

A written complaint related to a resident's care was received by the home's Administrator. The complaint was not reported to the Director.

By not reporting the written complaint as required, may limit the Director's ability to respond to the complaint in a timely manner.

**Sources:** The home's complaint records, and interviews with the DOC and the Administrator.

[758]

## WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 28 (1) 2.**
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee failed to ensure that when staff had reasonable grounds to suspect resident to resident abuse had occurred, that they immediately reported the suspicion and the information upon which it was based on to the Director. Pursuant to s. 154 (3), the licensee is vicariously liable for staff members failing to comply with subsection 28 (1).

**Rationale and Summary**

A staff member reported resident to resident physical abuse to the on-duty RPN.

The risk management documentation stated that the DOC was notified.

The DOC stated that they were not aware of the incident that took place. A critical incident (CI) report was submitted to the Director 70 days after the incident occurred.

The DOC acknowledged that the incident should have been reported to the Director on the day that it occurred.

Failure to immediately report concerns delayed the home's response and may have delayed the Director in responding to the incident.

**Sources:** progress notes, interviews PSW and the DOC .

[000872]

## WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 40**
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The Licensee has failed to ensure that Personal Support Workers (PSW) used a safe transferring and positioning techniques when assisting a resident.

**Rationale and Summary**

A resident required total assistance for all transfers with using a mechanical lift.

Personal Support Workers (PSW) did not use safe transferring and positioning techniques when assisting a resident with the mechanical lift. The resident had a fall, sustained injuries and was transferred to the hospital.

The Director of Care (DOC) stated safe transferring and positioning techniques were not utilized when assisting a resident.

Failure to follow safe transferring techniques when toileting a resident resulted in the resident sustaining injuries.

**Sources**: CI Report, clinical records, home's investigation notes, interviews with PSW, DOC and other staff.

[000687]

## WRITTEN NOTIFICATION: Personal items and personal aids

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 41 (1) (a)**
Personal items and personal aids
s. 41 (1) Every licensee of a long-term care home shall ensure that each resident of the home has their personal items, including personal aids such as dentures, glasses and hearing aids,
(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and

The licensee has failed to ensure that a resident's dentures and glasses were labelled within 48 hours of their admission.

**Rationale and Summary**

A resident's SDM brought in a new pair of glasses and suggested to the staff to have them labelled.

A resident's glasses were noted missing and could not be retrieved. The home's Laundry and Housekeeping Supervisor, Personal Support Worker (PSW) and Registered practical Nurse (RPN), indicated that the resident's glasses were not labelled as required.

The DOC said resident dentures and glasses should be labelled within 48 hours of admission or if new items were acquired.

By not ensuring that the resident's glasses were labelled as required, made it difficult to locate and retrieve these items in a timely manner and might have contributed to the permanent loss of the resident's dentures.

**Sources:** progress notes, the home's Resident Labelling of Personal Items, policy # 03-01-01, last revised in January 2024, the home's complaints records, and interviews with PSW, RPN, home's Laundry and Housekeeping Supervisor and the DOC.

[758]

## WRITTEN NOTIFICATION: Dining and snack service

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 79 (1) 4.**
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
4. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

The licensee has failed to ensure that the process through which staff were aware of the residents' diets, special needs and preferences were followed for a resident.

**Rationale and Summary**

The home's process through which dietary and nursing staff were aware of the residents' diet was to refer to the residents' plan of care and the home's Kardex Companion. When changes were made to the residents' diet, the Dietician and the Food Service Manager were to ensure that nutrition interventions were communicated with the team and all nutritional records, including the Kardex Companion were updated to reflect these changes.

A resident was at nutritional risk and was placed on special diet. The resident expressed displeasure with the special diet and their diet was changed. However the resident's diet order, care plan and the home's Kardex Companion were not updated to reflect this change.

The resident continued to receive the special diet until the resident's SDM expressed concerns to the home.

The home's Registered Dietician and Food Service Manager said all the nutritional records should have been updated to reflect the change in the resident's diet texture.

By staff not following the home's process related to resident's diet changes, The resident did not receive the prescribed diet texture and their preference was not respected.

**Sources:** care plan, progress notes, diet orders, the home's Nutrition Care Assessment/Reassessment Process (January 2024), BOH House Kardex Companion, Registered Dietician report (April 22, 2024) and interviews with RPN, the Registered Dietician, the Food Service Manager, and the DOC.

[758]

## WRITTEN NOTIFICATION: Laundry service

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 95 (1) (a) (ii)**
Laundry service
s. 95 (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,
(a) procedures are developed and implemented to ensure that,
(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,

The licensee has failed to develop and implement procedures to ensure that residents' personal items and clothing were labelled within 48 hours of admission and of acquiring, in the case of new clothing.

**Rationale and Summary**

The home's policy related to labelling of resident personal items, documented that all personal items, except for eyeglasses, dentures and hearing aids, must be labeled by day seven from admission date and upon new items received by the resident.

The home's Laundry and Housekeeping Supervisor said that resident's personal items and clothing were not always labelled within 48 hours of the admission or acquiring of new items. The DOC acknowledged gaps in the home's procedures related to labelling of resident personal items and clothing.

Not developing and implementing procedures to ensure that residents' personal items and clothing were labelled within 48 hours of admission and of acquiring of

new clothing, increased the risk of misplacing or losing these resident items and delayed the process of their retrieval.

**Sources**: the home's policy Resident Labelling of Personal Items, #03-01-01 (January 2024), the home's policy Resident Personal Clothing, # 03-01-02 (January 2024) and interviews with the home's Laundry and Housekeeping Supervisor and the DOC.

[758]

## WRITTEN NOTIFICATION: Dealing with complaints

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.**
Dealing with complaints
s. 108 (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:
3. The response provided to a person who made a complaint shall include,
i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee has failed to ensure that the response to the person who made complaints related to resident's care included the Ministry's toll-free telephone number for making complaints about homes and its hours of service and the contact information for the patient ombudsman under the Excellent Care for All Act, 2010.

**Rationale and Summary**

Three verbal complaints related to a resident's care were received by the home on two different occasions. On a different date a written complaint related to the same resident's care was received by the home. The response provided to the person who made these complaints did not include the Ministry's toll-free telephone number for making complaints about homes and its hours of service and the contact information for the patient ombudsman.

The DOC and the Administrator said that the response to the person who made these complaints did not include the above information as required.

By not providing the Ministry's toll-free telephone number for making complaints about homes and its hours of service and the contact information for the patient ombudsman to the person who made the complaints, limited their ability to know their options.

**Sources**: the home's complaint records, and interviews with the DOC and the Administrator.

[758]

## WRITTEN NOTIFICATION: Dealing with complaints

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. ii. A.**
Dealing with complaints
s. 108 (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:

3. The response provided to a person who made a complaint shall include,
ii. an explanation of,
A. what the licensee has done to resolve the complaint, or

The licensee failed to ensure that a response, to include an explanation of what was done to solve the complaint was provided to the person who made the complaint related to resident's care.

**Rationale and Summary**

A written complaint related to several concerns regarding a resident's care was received by the home.

The Administrator acknowledged that the response to the person who made the complaint did not include an explanation of the actions the home took to solve the complaint.

By not providing a response to the complainant regarding the actions taken by the home regarding their concerns, the complainant was unaware what the home did to solve their concerns and was unsatisfied with the outcome.

Sources: the home's complaint records, and an interview with the Administrator.

[758]

## WRITTEN NOTIFICATION: Dealing with complaints

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 108 (2)**

Dealing with complaints
s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint;
(b) the date the complaint was received;
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
(d) the final resolution, if any;
(e) every date on which any response was provided to the complainant and a description of the response; and
(f) any response made in turn by the complainant.

The licensee failed to ensure that a documented record of a verbal complaint related to a resident's diet was kept at the home.

**Rationale and Summary**

A verbal complaint related to a resident's diet was received by the home.

There was no record of this complaint to include the nature of the complaint, the date when the complaint was received, the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required, the final resolution, every date on which any response was provided to the complainant and a description of the response; and any response made in turn by the complainant.

The DOC said the concerns related to the resident's diet were followed up on and resolved, but they did not complete a record of this compliant.

By not keeping a record to include details of the concerns related resident's diet, the complaint could not be reviewed and analyzed for trends to determine if improvements were required to be implemented in the home.

**Sources**: progress notes, the home's complaints records, and an interview with the DOC.

[758]

## WRITTEN NOTIFICATION: Dealing with complaints

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 108 (2) (c)**
Dealing with complaints
s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

The licensee failed to ensure that the record of a written complaint related to a resident's care included the date of the actions will be taken to solve the complaint , time frames for actions to be taken and any follow-up action required.

**Rationale and Summary**

A verbal complaint related to resident's diet was received by the home.

There was no record of this complaint to include the nature of the complaint, the date when the complaint was received, the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required, the final resolution, every date on which any response was provided to the complainant and a description of the response; and any response made in turn by the complainant.

The DOC said the concerns related to a resident's diet were followed up on and resolved, but they did not complete a record of this compliant.

By not keeping a record to include details of the concerns related resident's diet, the complaint could not be reviewed and analyzed for trends to determine if improvements were required to be implemented in the home.

**Sources**: progress notes, the home's complaints records, and an interview with the DOC.

[758]

## WRITTEN NOTIFICATION: Dealing with complaints

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 108 (2) (d)**
Dealing with complaints
s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,
(d) the final resolution, if any;

The licensee failed to ensure that the record of a written complaint related to a resident's care included the final resolution of the complaint.

**Rationale and Summary**

A written complaint related to a resident's care was received by the Administrator.

The Administrator acknowledged that the record of this complaint did not include the resolution of the complaint as required.

By not indicating the above information on the complainant record, there was a risk that this information may not be taken into consideration when reviewing and analyzing the complaint for trends.

**Sources**: progress notes, the home's complaint records and an interview with the Administrator.

[758]

## WRITTEN NOTIFICATION: Dealing with complaints

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 108 (2) (e)**
Dealing with complaints
s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,
(e) every date on which any response was provided to the complainant and a description of the response; and

The licensee failed to ensure that the record of a written complaint related to a resident's care included the date on which any response was provided to the complainant and a description of the response.

**Rationale and Summary**

A written complaint related to a resident's care was received by the Administrator.

The DOC stated they spoke with the complainant regarding this complaint, but they did not document the date and the details of the conversation as required.

By not documenting the above information on the complainant record, there was a risk that this information may not be taken into consideration when following up on the complaint.

Sources: The home's complaint records and an interview with the DOC.

[758]

## WRITTEN NOTIFICATION: Dealing with complaints

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 108 (2) (f)**
Dealing with complaints
s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,
(f) any response made in turn by the complainant.

The licensee failed to ensure that the record of a written complaint related to a

resident's care included the response made in turn by the complaint.

**Rationale and Summary**

A written complaint related to multiple care concerns involving a resident was received by the home's Administrator.

The DOC acknowledged that the record of the complaint did not include the response made by the complainant.

By not documenting the complainant's response, there was a risk that their feedback may not be taken into consideration when reviewing and analyzing the complaint record to determine the actions taken to improve the home's complaint process.

**Sources**: progress notes, the home's complaint records and an interview with the DOC.

[758]

## WRITTEN NOTIFICATION: Residents' drug regimes

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 146 (a)**
Residents' drug regimes
s. 146. Every licensee of a long-term care home shall ensure that,
(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's

response and the effectiveness of the drugs appropriate to the risk level of the drugs;

The licensee has failed to ensure that when a resident was administered a psychotropic medication, there was monitoring in place and documentation of the resident's response and the effectiveness of the drug.

**Rationale and Summary**

A resident was placed on a medication to manage concerns related to their mood.

There was no monitoring in place, no documentation of the resident's response and the effectiveness of the drug.

The resident's SDM reported signs and symptoms of a reaction to the medication.

The DOC said staff should have monitored and documented the resident's response to the changes in their psychotropic medications.

By staff not monitoring resident when they were administered a psychotropic medication and not documenting the resident's response and the effectiveness of the medication, it increased the risk that staff may not be able to identify the first signs of the medication side effects and take appropriate actions if needed.

**Sources**: Progress notes, physician's orders, and interviews with RN and the DOC.

[758]

## COMPLIANCE ORDER CO #001 Altercations and other

## interactions between residents

NC #017 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 59**

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and

(b) identifying and implementing interventions.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1) Develop and implement a plan to include an analysis of all referrals and assessments related to each incident for a resident with responsive behaviours and based on the analysis, triggers should be identified, and the plan of care revised to include interventions that addresses those triggers and to prevent further altercations.

2) Train BSO RPN on the licensee's responsive behaviour policy, specifically addressing the implementation of procedures/processes to minimize harm and risk of harm to residents related to responsive behaviours. The training should be documented and include the date the training was completed, the name of staff completing the training, the content of the training, as well as the name of the

person providing the training. The documentation of the training should be maintained at the home.

**Grounds**

The licensee has failed to ensure that steps were taken to minimize the risk of altercations and potentially harmful interactions between residents and that interventions were identified and implemented.

**Rational and Summary**

A review of a resident's plan of care indicated that there were no interventions identified or implemented to minimize the potential risk of altercations or harm between residents.

The Home's Policy titled Responsive Behaviour Management, 05-06-01, last review dated February 2021, stated that to meet the needs of residents with responsive behaviours the following would be in place: written approaches to care, including screening protocols, assessments, reassessments and identification of behavioral triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other and written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

(A) An altercation took place between two residents, where a resident with responsive behaviours became physically aggressive towards, reacted, and hit another resident. The co-resident was observed crying and emotionally upset.

A BSO referral for the incident between the residents was completed and the outcome of the referral was to help regulate behaviours for the resident with responsive behaviours.. However, the RPN stated that there were no interventions

placed in the resident 's plan of care to prevent the risk of harm to other residents.

The DOC acknowledged that the plan of care should have been updated by BSO RPN after receiving the referral.

(B) A second altercation occurred between a resident with responsive behaviours as identified in (A) and a co-resident. The co-resident involved in the incident sustained an injury and was very upset following the altercation.

A BSO referral was completed for the incident between the residents. BSO RPN revised the plan of care to identify that the resident was now physically responsive towards other residents. No interventions were implemented to minimize the risk of altercations between the resident and other residents.

There was risk to residents as there were two incidents that occurred in a short period of time and no interventions were identified and implemented to minimize the risk of altercations and potentially harmful interactions between the resident and co-residents.

**Sources:** The LTCH's investigation notes: progress notes, plan of care; and interviews with DOC, BSO and other staff.

[000872]

**This order must be complied with by** August 30, 2024

## REVIEW/APPEAL INFORMATION

**TAKE NOTICE**The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP 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, email or commercial courier upon:

**Director**
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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

**Director**
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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