



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

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

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

**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

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 13, 2015	2015_347197_0006	O-001589-15	Resident Quality Inspection

Licensee/Titulaire de permis

EXTENDICARE CENTRAL ONTARIO INC
82 Park Road North OSHAWA ON L1J 4L1

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

EXTENDICARE KINGSTON
309 QUEEN MARY ROAD KINGSTON ON K7M 6P4

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

JESSICA PATTISON (197), DARLENE MURPHY (103), KARYN WOOD (601), SUSAN
DONNAN (531)

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): February 3-6, 9, 10, 2015

Two critical incident inspections and one complaint inspection were also completed concurrently with the Resident Quality Inspection. No non-compliance was found related to these inspections.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Assistant Director of Care, RAI Co-ordinator, Registered Dietitian, Dietary Manager, Services Manager, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Dietary Aides, Receptionist, Office Co-ordinator, Housekeeping Aides, Activity Director, residents and family members of residents.

The inspectors also completed a tour of the home, observed dining, medication pass and general resident care, reviewed resident and family council meeting minutes, resident health care records and policies related to abuse, medication, weight changes, housekeeping and laundry services and maintenance.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care**



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

3 WN(s)
2 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. 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 has failed to comply with LTCHA 2007, s. 15.(2)(a) by not ensuring that the home is kept clean and sanitary.

The following was observed during the course of the inspection:

Rm. 124 - bathroom floor is heavily stained and back board is also stained (601)(103)

Rm. 201 – build-up of dirt around the outer edge of the floor in both bed and bathroom, floor tiles in front of the toilet have a dark build-up of dirt in the seams (531)

Rm. 203 - brown rust coloured stains on floor tiles, floor trim soiled (531)

Rm. 205 - build-up of dirt on bathroom floor in resident's bathroom and around toilet (197)

Rm. 208 – build-up of dirt around edge of floor by baseboards in bathroom (197)

Rm. 210 – build-up of dirt around baseboards in bathroom and bedroom (197)

Rm. 211 - build-up of dirt around baseboards in bathroom (197)

Rm. 223 - bathroom floor stained around toilet (103)



Rm. 222 - bedroom and bathroom floor tiles have grey stains/film, right side of the tile surrounding the base of the toilet has a build-up of rusty brown matter (531)

Rm. 225 - floor in bathroom is stained especially around toilet and at baseboard edge (103) 4 feet of right side of bathroom floor has brown stain, left side of toilet bowl large baseball size blue/grey stain on tile (531)

Rm. 226 - bathroom floor stained and dirty (103)

Rm. 228 - bedroom and bathroom floors are stained with brown/grey spots especially around the toilet, floor tiles between beds C&D have multiple slits in the tiles and are filled with dirt (531)(103)

Rm. 229 - floor around toilet is stained, dirt evident at baseboard edges (103)

Rm. 230 – brown spill marks at the base of toilet, dark grey stains on ceiling tile above toilet (531)

Rm. 231 - floor around toilet very discoloured/stained, dirt build-up around baseboards in bathroom (103)

Rm. 232 - bathroom floor tiles heavily stained, tiles surrounding the base of the toilet have dirty brown build-up (531)

Rm. 233 - crack in the bathroom tile floor filled with dirt, floor beneath the sink is grey and discolored (531)

Rm. 235 - tile floor surrounding base of the toilet has grey staining (531)

Rm. 238 - bathroom flooring is stained and dirt build-up at edges (531)(103)

Rm. 242 - staining around the base of the toilet bowl, dirt build-up along the left bathroom wall, large brown stains on the bathroom floor tiles (531)

South/Central lounge kitchenette area - dirt build-up along the left wall edge, brown wood cupboards with spill stains, flooring appears to have a dull film (531)

The Housekeeping (Services) manager was interviewed and stated that it is an old



building and confirms the flooring stains are permanent. [s. 15. (2) (a)]

2. The licensee has failed to comply with LTCHA 2007, s. 15.(2)(c) by not ensuring that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

During the course of the inspection the following was observed:

Rm. 124 - toilet rail on right side is loose, other is missing (601)(103)

Rm. 201 - floor tiles in front of the toilet are coming loose, wall area between the mirror and paper towel dispenser scarred, frame broken around small round mirror and outer edges are black/worn, wall in front of a resident's bed is gouged and heavily scarred (531)

Rm. 203 - floor surrounding the base of the toilet is cracked, floor tiles ill-fitting at seams, floor tiles below the sink are scarred, mirror edges worn, corrosion noted on the metal outlet drain, wall grab bar scarred/paint chipped, right corner at the entrance has chipped plaster and scarring, floor trim scarred (531)

Rm. 205 - scarring on door to residents room (197)

Rm. 210 - drywall/plaster disrepair around doorway of the bathroom (197)

Rm. 211 - drywall/plaster disrepair around resident's doorway into bathroom, paint chipped/scarring on bathroom sliding door (197)

Rm. 212 - linoleum floor cracked in resident's bathroom, wall/corners in disrepair around bathroom door, drywall/plaster and paint chipping off (197)

Rm. 222 - bedroom floor tiles scuffed and scarred, numerous small cuts on the floor between the two beds, numerous small cuts in the tile beside resident's bed at entrance, small 2x2 inch chip broken out of tile behind entrance door, bathroom floor worn, greyish scuffs, right side of the tile surrounding the base of the toilet cracked (531)

Rm. 223 - baseboard at end of bed has areas missing and sharp edges (103)

Rm. 225 - wall at end of bed is heavily scarred, drain in sink is rusty (103) tile cracked



and chipped surrounding toilet bowl (531)

Rm. 226 - numerous scrapes in wall finish at end of bed, part of one bathroom tile is missing, wall in bathroom is scraped, sink drain is rusted (103)(531)

Rm. 228 - floor tiles between bed C&D multiple cuts in tiles and two 3x3 inch areas of tiles there are pieces broken/missing, lower section of both bathroom and entrance door scarred (531)

Rm. 229 - floor under bed is heavily scarred/scraped, drain is rusty (103)

Rm. 230 - bathroom floor has numerous cracks, rust surrounding the base of the toilet, trim detached in areas of bathroom floor, sink drain rusted and metal peeling off, bedroom floor scuffed and worn (531)

Rm. 231 - drain in sink is rusty (103)

Rm. 232 - lower bathroom door frame scarred on both sides, bathroom floor tiles heavily stained/scarred, tiles surrounding the base of the toilet rusted and cracked, ceiling tiles in main entrance to the room have small tears, left wall first corner heavy scarring and trim has been broken off (531)

Rm. 233 – large crack in the bathroom floor, rust surrounding the sink drain (531)

Rm. 235 - rust surrounding the drain of sink, tile floor surrounding base of the toilet bowl cracked/chipped (531)

Rm. 238 - bathroom flooring is cracked (103)

South Spa room:
-sink drain corroded

South Central Dining Room/Lounge - gap noted under door leading to outside, in kitchenette finish coming off cupboards, entire floor tile missing under the right corner of the refrigerator, left lower wall in this area heavily scarred and chipped, a one inch wide and three feet long piece of flooring tile missing along this wall exposing wood (103)(531)

The Maintenance (Services) Manager was interviewed and recognized that there are

areas of disrepair.

On February 7th, 2015, Inspector #531 interviewed and observed some areas of disrepair with the Administrator. The Administrator recognized the disrepair, especially bathroom flooring, and stated that repair/replacement has been approved in the 2015 budget. [s. 15. (2) (c)]

3. The licensee has failed to comply with LTCHA s. 15 (2)(c) in that two automatic sliding doors were found to be in disrepair during the course of the inspection.

As per O. Reg. 79/10, s. 9 (1)1.i and 1.1 resident accessible doors that lead to the outside of the home must be kept closed and locked and doors that lead to secure outside areas that preclude exit by a resident must be equipped with a lock to restrict unsupervised access.

On February 3, 2015 at approximately 0920 hours, Inspector #103 noted that a gap was present around the automatic sliding door leading to an outside secure area from the south central lounge. The Inspector also noted that it was cold by this door and that there was snow and ice on the floor around the doorway with numerous towels on the floor. At this time, the Inspector was able to open the door by inserting a finger in the gap between the door and the door frame, as the door was not closing properly. When interviewed, staff member #S109 stated that a code is required to open the door. The Inspector then demonstrated to staff member #S109 that the door could be opened without inputting the code and he indicated that the door may have ice jammed into the mechanism causing it to malfunction.

On February 3, 2015 at approximately 1530 hours, Inspector #197 was able to pry open the same automatic sliding door approximately 5-7 inches. The code did not need to be entered and therefore, the door was not locked. This was reported to the Administrator who stated that she did not realize the door could be opened without inputting the code.

On February 6, 2015 at 1450 hours, Inspector #197 tested the lock on two automatic sliding doors (one leading to the secure area from the south central lounge and the front door that leads outside to the parking lot of the home). At this time, the front door could be opened by either waving a hand in front of the sensor located on the door frame or by applying force and sliding the door open. The door leading to the outdoor secure area could be opened by applying force and sliding the door across. Neither door required the code to be entered and therefore, was not locked. The Administrator and Director of



Care were informed and immediately called for the doors to be repaired.

On February 9, 2015, repairs were made on both doors and the Administrator informed Inspector #197 that they were now locked and functional.

On February 10, 2015 at approximately 0915 hours, Inspector #197 tested both automatic sliding doors to ensure that they were operational and locked as required. The door leading to the outdoor secure area from the south central lounge was locked via mag lock and could only be opened by entering a code. The Inspector attempted to touch the motion sensors and to pry the door open but neither resulted in the door opening.

When testing the front automatic sliding door that leads outside to the parking lot, the Inspector was still able to pry the door open without entering the code. It appeared that the mag lock was not functioning properly. This was reported to the Services Manager and the Administrator, who called for the door to be repaired.

Inspectors exited the home at 1205 hours on February 10, 2015 and at this time the mag lock on the front door was not functional.

On February 11, 2015, the Administrator of the home called Inspector #197 to say that the mag lock on the front door is now fixed and the door can only be opened by entering a code. [s. 15. (2) (c)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector". VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home is kept clean and sanitary and that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.



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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes
Every licensee of a long-term care home shall ensure that residents with the
following weight changes are assessed using an interdisciplinary approach, and
that actions are taken and outcomes are evaluated:**

- 1. A change of 5 per cent of body weight, or more, over one month.**
- 2. A change of 7.5 per cent of body weight, or more, over three months.**
- 3. A change of 10 per cent of body weight, or more, over 6 months.**
- 4. Any other weight change that compromises the resident's health status. O.
Reg. 79/10, s. 69.**

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg. 79/10, s. 69(1) in that a change of 5 per cent of body weight, or more, over one month was not assessed for a resident.

Resident #1 is identified at moderate nutritional risk and receives a regular diet.

Over a specified month, Resident #1's weight decreased 8.5 kilograms, which triggered a weight warning of greater than 5 per cent weight loss over one month.

On February 9, 2015, Inspector #197 reviewed Resident #1's health care record and no assessment related to this weight loss could be found.

The home's Weight Change Program Policy # RESI-05-02-07 dated November 2013 states the following:

Review weights and determine whether weight change is significant:

a) a change of 5% or more over one month

For all significant weight changes as outlined above, a referral must be made to the Registered Dietitian/Dietary Manager/designate.

Discuss residents with significant, unplanned weight changes.

Based on the needs and preferences of the resident and/or substitute decision maker/family, develop or revise the plan of care including strategies or interventions as required.

Record summary of weight discussions in the resident progress notes.

On February 9, 2015, the Registered Dietitian (RD) and Dietary Manager were interviewed. They confirmed that neither of them had completed an assessment related to Resident #1's weight loss in the specified month. The RD stated that she was not concerned about this resident at the time, that staff had not indicated the resident was not eating well, and a referral had not been completed.



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 all weight changes specified in O. Reg. 79/10, s. 69 are assessed using an interdisciplinary approach, that actions are taken and outcomes are evaluated, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service
Specifically failed to comply with the following:**

s. 89. (1) As part of the organized program of laundry services under clause 15 (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,**
 - (i) residents' linens are changed at least once a week and more often as needed,**
 - (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,**
 - (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and**
 - (iv) there is a process to report and locate residents' lost clothing and personal items; O. Reg. 79/10, s. 89 (1).**

Findings/Faits saillants :



1. The licensee has failed to comply with O. Reg 79/10, s. 89(1)(a) in that they did not implement their procedures related to lost clothing for a particular resident.

On February 5th, 2015, Resident #20 reported to Inspector #197 that some specified clothing items had gone missing soon after admission to the home. Resident #20 indicated that the clothing was labeled and that it had been reported missing to staff.

The homes "Missing Clothing Process" states the following:

"The following steps are to be taken when a resident communicates that they are missing articles:

Step:

#1. If a complaint related to missing clothing is received, notify the Support Services Manager. Laundry will be notified immediately, along with the necessary information.

#4. The "Missing Clothing Search form" is to be completed by the person receiving the complaint.

#5. The form is to be sent to the Support Services Manager.

#7. The nursing staff will notify the resident/family of the results."

On February 9, 2015, when speaking with the Administrator and then reviewing the "Lost and Found" book at reception, it was confirmed that a "Missing Item form" had been completed by staff and then added to this book at reception.

On February 9, 2015, during an interview with the Support Services Manager, he confirmed that he had not been notified of the missing clothing items for Resident #20, nor had he been provided with a copy of the missing item form. It was also confirmed that the missing clothing items were not reported to laundry, as per the "Missing Clothing Process".



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Issued on this 13th day of February, 2015

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

Original report signed by the inspector.



Ministry of Health and
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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*

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Direction de l'amélioration de la performance et de la conformité**

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : JESSICA PATTISON (197), DARLENE MURPHY (103),
KARYN WOOD (601), SUSAN DONNAN (531)

Inspection No. /

No de l'inspection : 2015_347197_0006

Log No. /

Registre no: O-001589-15

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Feb 13, 2015

Licensee /

Titulaire de permis : EXTENDICARE CENTRAL ONTARIO INC
82 Park Road North, OSHAWA, ON, L1J-4L1

LTC Home /

Foyer de SLD : EXTENDICARE KINGSTON
309 QUEEN MARY ROAD, KINGSTON, ON, K7M-6P4

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Tawnia Pilgrim

To EXTENDICARE CENTRAL ONTARIO INC, you are hereby required to comply with the following order(s) by the date(s) set out below:

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

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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 :**

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,

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

Order / Ordre :

The licensee shall ensure that all automatic sliding doors leading to secure and non-secure areas outside of the long-term care home are maintained in a good state of repair and that locking mechanisms are functional.

The home shall put into place a monitoring system to ensure that these and all other resident accessible doors are fully functional at all times, including during inclement weather when there is potential for snow and ice to affect the operation of the doors.

Grounds / Motifs :

1. The licensee has failed to comply with LTCHA s. 15 (2)(c) in that two automatic sliding doors were found to be in disrepair during the course of the inspection.

As per O. Reg. 79/10, s. 9 (1)1.i and 1.1 resident accessible doors that lead to the outside of the home must be kept closed and locked and doors that lead to secure outside areas that preclude exit by a resident must be equipped with a lock to restrict unsupervised access.

On February 3, 2015 at approximately 0920 hours, Inspector #103 noted that a gap was present around the automatic sliding door leading to an outside secure area from the south central lounge. The Inspector also noted that it was cold by this door and that there was snow and ice on the floor around the doorway with

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numerous towels on the floor. At this time, the Inspector was able to open the door by inserting a finger in the gap between the door and the door frame, as the door was not closing properly. When interviewed, staff member #S109 stated that a code is required to open the door. The Inspector then demonstrated to staff member #S109 that the door could be opened without inputting the code and he indicated that the door may have ice jammed into the mechanism causing it to malfunction.

On February 3, 2015 at approximately 1530 hours, Inspector #197 was able to pry open the same automatic sliding door approximately 5-7 inches. The code did not need to be entered and therefore, the door was not locked. This was reported to the Administrator who stated that she did not realize the door could be opened without inputting the code.

On February 6, 2015 at 1450 hours, Inspector #197 tested the lock on two automatic sliding doors (one leading to the secure area from the south central lounge and the front door that leads outside to the parking lot of the home). At this time, the front door could be opened by either waving a hand in front of the sensor located on the door frame or by applying force and sliding the door open. The door leading to the outdoor secure area could be opened by applying force and sliding the door across. Neither door required the code to be entered and therefore, was not locked. The Administrator and Director of Care were informed and immediately called for the doors to be repaired.

On February 9, 2015, repairs were made on both doors and the Administrator informed Inspector #197 that they were now locked and functional.

On February 10, 2015 at approximately 0915 hours, Inspector #197 tested both automatic sliding doors to ensure that they were operational and locked as required. The door leading to the outdoor secure area from the south central lounge was locked via mag lock and could only be opened by entering a code. The Inspector attempted to touch the motion sensors and to pry the door open but neither resulted in the door opening.

When testing the front automatic sliding door that leads outside to the parking lot, the Inspector was still able to pry the door open without entering the code. It appeared that the mag lock was not functioning properly. This was reported to the Services Manager and the Administrator, who called for the door to be repaired.



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Inspectors exited the home at 1205 hours on February 10, 2015 and at this time the mag lock on the front door was not functional.

On February 11, 2015, the Administrator of the home called Inspector #197 to say that the mag lock on the front door is now fixed and the door can only be opened by entering a code. (197)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 23, 2015



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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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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

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
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*

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.



**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*

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 13th day of February, 2015

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Jessica Pattison

Service Area Office /

Bureau régional de services : Ottawa Service Area Office