



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

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 25, 2014 Jul 31, 2014	2014_286547_0018	O-000262- 14	Follow up

Licensee/Titulaire de permis
~~NEW ORCHARD LODGE LIMITED~~ *Extendicare (Canada) Inc.*
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

Long-Term Care Home/Foyer de soins de longue durée
EXTENDICARE WEST END VILLA
2179 ELMIRA DRIVE, OTTAWA, ON, K2C-3S1

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs
LISA KLUKE (547)

Inspection Summary/Résumé de l'inspection



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

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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): July 10-11-14-15-16-17-18-21-22-23, 2014

The following complaint inspections were completed concurrently by Inspector #117; Log O-000488-14, O-000442-14, O-000575-14, O-000632-14.

The following Critical Incident Inspections were completed concurrently by Inspector #547; Log O-000542-14, O-000634-14 and O-000705-14.

PLEASE NOTE: Findings of non-compliance from inspection #2014_198117_0019 by Inspector #117 regarding r.8 (1)(b) can be found in this report.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), a physiotherapist, a physiotherapy therapy assistant, a restorative care registered practical nurse, a supportive services manager, a service department technician from Shoppers Home Health, a housekeeping aide, a janitor, several registered and non-registered nursing staff, two ward clerks/ registered practical nurse's, several residents and a family member.

During the course of the inspection, the inspector(s) reviewed several resident health care records, the Long Term Care Home's Plan of Corrective Action, nursing staff census review, copies of internal communication between the Administrator with DOC/ADOC and between the Administrator with the Medical Pharmacies Clinical Consultant Pharmacist, ARJO Slings User Guide, ARJO Maxi Move Operating and Product Care instructions, a sling inventory list, a critical incident report and several policies related to critical incidents.

The following Inspection Protocols were used during this inspection:

Medication

Personal Support Services

Training and Orientation

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

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.)

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

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 O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :



1. A Compliance Order pursuant to O.Reg 79/10 s.36 was first issued as a result of a critical incident inspection #2014_230134_0007 on March 14, 2014 with a compliance date of June 16, 2014.

The licensee failed to complete re-education for all nursing staff including return demonstrations of all lifts and transfer slings used in the home as well as routine and spontaneous audits performed by registered nursing staff as indicated in the home's corrective action plan sections #5, #6 and #7. These areas were to be completed by June 16, 2014.

A follow-up inspection was conducted and the Administrator provided Inspector #547 information which indicated that all nursing staff had not completed the re-education and return demonstration regarding lifts and transfer used in the home. No information was provided regarding any audits performed by any registered nursing staff to date regarding lifts and transfers. The Administrator reported to Inspector #547 that staffing issues during May and June 2014 prevented the home from completing their education as indicated in their plan for corrective action.

Inspector #547 made several observations during this inspection of lifts and transfers of residents with nursing staff that were re-educated by the home. Lifts and transfers were conducted according to the plan of care for those residents with a demonstration of good understanding of the training that was provided by the home. Residents that were observed reported to Inspector #547 to be comforted during transfers and that lift transfers were done well with two staff members present at all times.

On July 15, 2014 the Administrator presented to Inspector #547 a copy of an e-mail communication to the DOC and the ADOC dated July 14, 2014 regarding fifty five nursing staff members who have not received the lift and transfers re-education to this date. Of the fifty five nursing staff members on this list, seven members were on leave of absence with remaining forty eight nursing staff members currently available to work in the home. [s. 36.]

Additional Required Actions:

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



WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

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

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

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

Findings/Faits saillants :

1. The licensee has failed to ensure that the policy and procedures regarding the Extencicare's -The Medication Pass,-Narcotics and Controlled Drugs or -the Medical Pharmacies Monitored Medications in that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, be complied with.

O.Reg 79/10 s. 114 (2) states that the licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

-The LTC home has a policy #3-6 "The Medication System: The Medication Pass", revised January 2014 provided by the Administrator, which states the following:
#10. Chart administration of PRN medications either on E-MAR, the resident progress note, on an "Individual PRN Administration Record" or on the reverse of the paper MAR, as per home policy.

Resident #4 medical records indicate that the resident has a PRN order for an analgesic medication to be given when required.

On a specified date in June 2014, the unit's 24-hour nursing report documents that Resident #4 was given an analgesic at a specified time on this date for generalized pain. The administration of this medication was not documented in the resident's progress notes, E-MAR, nor on an "Individual PRN Administration Record" or on the reverse of the paper MAR, as per home policy.[Log # O-000632-14]



-The LTC home's policy regarding Narcotics and Controlled Drugs #11-20 with revised date December 2011 provided by the Administrator, indicates on page 2 of 6 :

#6. Following the administration of the narcotic, the Registered Staff will record the administration of the medication on the MAR record and also on the narcotic counting form as per the pharmacy policy and procedure.

On July 17, 2014 Inspector #547 reviewed the progress notes and Medication Administration Record (MAR) for Resident #001 regarding a critical incident reported by the home. Resident #001 had a fall on a specified date in July, 2014 whereby the resident was sent to hospital and returned to the home diagnosed with an injury.

It was noted in the progress notes for Resident #001 that the resident received a narcotic medication on four separate times on specified dates in July, 2014. The date and time was not stamped from the E-Mar system into the resident's progress notes in point click care. These same dates and times were also not recorded in the resident's MAR for the month of July 2014. A review and narcotic medication count of the Medical Pharmacies Combined Monitoring Medication Record with Shift Count regarding this specified prescription number indicated that the resident did receive a narcotic for pain on those identified days.

Interview on July 18, 2014 with the DOC confirmed that when a registered nursing staff member provides a resident with a PRN medication, that it is to be recorded within the E-MAR system and then a date and time stamp would appear in the resident's progress notes. The DOC also confirmed that the narcotic medication given on the specified dates in July, 2014 indicating 9:30 in the progress notes written at 21:55 was for a dose given at 21:30 as many staff still do not use the 24 hour clock in their progress notes.

On July 18, 2014 a review of Resident #001's Medical Pharmacies Controlled Monitored Medication Record with Shift Count sheets indicated that staff were not documenting each time a dose was administered to include the date, time, amount given, amount wasted, and new quantity remaining.

On July 22, 2014 the Administrator sent an e-mail to inspector #547 indicating this record is used to record all counts at shift change and all administered narcotics by entering under the column "amt.Given".



-The LTC Home's Medical Pharmacies - Pharmacy Policy and Procedure Manual for LTC Homes section 6, policy 6-7 Combined Individual Monitored Medication Record with Shift Count states in the Procedure:

1. Nurse must complete top right box on form including Resident name, room #, Prescription #, drug name and strength, directions and physicians name.

On July 18, 2014 in a review of Resident #001's Medical Pharmacies Controlled Monitored Medication Record with Shift Count for a specified prescription Number noted that the fields regarding resident room number, drug name and strength, directions and physician's name were not transcribed in the top right corner of the top page of this new form. Staff #100 scanned the prescription number in the E-Mar system utilized by the home to confirm this was for specified narcotic.

Further review of Resident #001's Medical Pharmacies Controlled Monitored Medication Record with Shift Count for another specified prescription number indicated the drug name and strength a specific narcotic name, but no strength, directions or physicians name were transcribed in the top right corner of the top page of this new form for this medication. Staff #100 scanned the prescription number in the E-Mar system utilized by the home to confirm this was for another specified narcotic.

On July 22, 2014 the Administrator gave inspector #547 a copy of an e-mail communication from a pharmacist which indicated that "a pharmacy sticker with name, drug info etc. is applied to one side, I don't see why it would have to be repeated on the same piece of paper. If a second sheet is required, the information needs to be transcribed to that sheet".

O.reg.79/10 s.136 (1)(a) states every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of all expired drugs.

On July 18, 2014 upon review of the narcotic medication card for a specified narcotic for pain with prescription number, that this medication had an expiry date of a specified date in June, 2014.

Inspector #547 then reviewed the Medical Pharmacies Combined Monitored



Medication Record with Shift Count for Resident #001 this specified narcotic with prescription number, and noted that this medication had been given to Resident #001 seven times on specified dates in July, 2014.

On July 18, 2014 Staff #100 confirmed that the narcotic with the specified prescription number would need to be destroyed and discarded appropriately as it had expiration date of a specified date in June, 2014. [s. 8. (1)]

2. The licensee has failed to ensure that Extendicare's policy put in place in the home, regarding Pain Management was complied with.

O.Reg 79/10 s. 52 (1)4 states that the licensee shall ensure that a pain management program must, at a minimum, provide monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

-The LTC Home Policy regarding Pain Management #RESI-10-03-01 version March 2014 provided by the ADOC on July 17, 2014:

On page 4 of 9 procedures for Registered Staff states:

1. Complete a pain assessment either electronically or paper version when a resident has experienced pain.

On July 17, 2014 Inspector #547 reviewed Resident #001's health records for the critical incident that occurred on a specified date in July, 2014. Resident #001 fell to the floor from a sling while being transferred from wheelchair to bed with a lift. Resident #001 was sent to hospital and diagnosed with an injury. The resident's progress notes indicated the resident required prn medication for pain eight times since the resident returned from hospital on a specified date in July, 2014 until day shift on a later specified date in July, 2014.

Interview on July 18, 2014 with Staff #102 regarding pain assessment for this resident, and upon review of the resident's health care records, no pain assessment was located. Staff #102 reported to inspector #547 that any resident with a change in care needs with pain should have a pain assessment completed and on file.

Interview on July 17, 2014 with the ADOC regarding pain assessments utilized in the home, the ADOC confirmed that the home does have the electronic Pain Assessment Tool in their point click care documentation system for Registered staff to complete.



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The ADOC is aware that paper versions of the Pain Flow Record and Pain Assessment Tool are still in use on the floors, but they have asked Registered Staff to refer to the electronic versions and key boards have been provided to the medication carts to support the use of these tools for ease of accessibility.

During this inspection, no pain assessment in the resident's health care records was located.

This same policy states:
On page 1 of 9 policy statement:

The effectiveness of pain control strategies will be assessed pre and post intervention and documented in the structured progress notes.

Inspector #547 reviewed Resident #001's progress notes and noted the PRN medication for pain given on a specified date in July, 2014 at three different times, without any documented follow-up to effectiveness for the resident's pain intervention.

Interview on July 18, 2014 with the DOC indicated that the home's expectation for any PRN pain medication given to a resident to have a follow-up assessment in the resident's progress notes. [s. 8. (1) (a),s. 8. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the licensee policies related to:
1.Extendicare's Narcotics and Controlled Drugs, 2.Medical Pharmacies Monitored Medications, 3.Medical Pharmacies Combined Individual Monitored Medication Record with Shift Count,
4.Extendicare's Pain management,
5.Extendicare's The Medication system: The Medication Pass
to be implemented in accordance with all applicable requirements under the Act;
and complied with, to be implemented voluntarily.



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WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 23. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions. O. Reg. 79/10, s. 23.

Findings/Faits saillants :



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1. The licensee has failed to ensure that staff used equipment for lifts and transfers in accordance with manufacturers' instructions.

On July 17, 2014, the Administrator along with Inspector #547 viewed the sling used with the Maxi Move Lift for Resident #001 who fell from this sling to the floor while being transferred from wheelchair to bed on a specified date in July, 2014. Maxi move lift #003 and ARJO's blue sling with green trim were located in the maintenance room of the home and not in use since this critical incident occurred. The Administrator will keep these pieces of equipment out of use until the home's investigation is complete.

On July 22, 2014 the Administrator provided inspector #547 the ARJO Huntleigh sling user guide with manufacturer's instructions. Sling user guide Max 02360.INT Issue 1, March 2005 indicated on:

-Page 14-Regarding Care for your Slings: "if the sling label is missing or cannot be read, the sling should also be withdrawn from use."

-Page 40- Regarding warning and safety instructions: " The expected operational life for fabric slings is approximately 2 years from date of manufacture. This life expectancy only applies if the slings have been cleaned, maintained and inspected in accordance with the 'ARJO Sling Information' documents, the 'Operating and Product Care Instructions' and the 'Preventative Maintenance Schedule'.

On July 22, 2014, Inspector #547 noted this same sling no longer had a legible label.

On July 22, 2014 the Administrator provided a copy of the sling inventory done in April, 2014 for every resident floor in the home which indicated thirty one slings were found to have missing/illegible labels which were removed and replaced as per manufacturers' instructions.

As such, the sling used for Resident #001 on a specified date in July, 2014 with illegible label should have been identified and removed from use in the April 2014 inventory as per the manufacturers' instructions. [s. 23.]



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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 to ensure that staff use equipment regarding lifts and transfers in accordance with the manufacturers' instructions, to be implemented voluntarily.

WN #4: 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. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).**

Findings/Faits saillants :



1. The licensee did not ensure that their assessments were integrated regarding safe transferring techniques by staff when assisting resident #001 for lift transfers between two specified dates in July, 2014.

On July 17, 2014 Inspector #547 conducted an inspection regarding a critical incident that was reported by the home on a specified date in July, 2014 whereby resident #001 fell to the floor from a sling while being transferred with a lift from wheelchair to bed and then diagnosed with an injury.

On July 15, 2014 the Administrator re-assessed the resident's transfers as part of the home's investigation into the resident's fall with injury that occurred on a previous date in July, 2014 as per the resident's progress notes. The Administrator requested a registered nursing staff member on this resident care unit to update the resident's care plan that evening to indicate three staff present at all times for transfers.

Interview on July 17, 2014 with Staff #103 working with resident #001 indicated that the resident is a two person transfer with a lift at all times. Staff #103 indicated no direction had been given to staff for resident #001 regarding any change to three person transfer requirements.

Record review on July 17, 2014 of the resident's care plan in both Point Click Care and the unit binder for the paper copy of the care plan, whereby neither copies were updated with this direction from the Administrator from this specified date in July, 2014 regarding transfers. The resident's care plan did not specify any change in transfers until this discrepancy was brought to the Administrators attention on July 17, 2014. [s. 6. (4) (a)]



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Issued on this 31st day of July, 2014

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

Lisa Kloke RN #547



Ministry of Health and
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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

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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) : LISA KLUKE (547)

Inspection No. /

No de l'inspection : 2014_286547_0018

Log No. /

Registre no: O-000262-14

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : ~~Jul 25, 2014~~ ^{RM} Jul. 31, 2014

Licensee /

Titulaire de permis : ~~NEW ORCHARD LODGE LIMITED~~ ^{pc} *Extendicare (Canada) Inc*
3000 STEELES AVENUE EAST, SUITE 700,
MARKHAM, ON, L3R-9W2

LTC Home /

Foyer de SLD : EXTENDICARE WEST END VILLA
2179 ELMIRA DRIVE, OTTAWA, ON, K2C-3S1

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : KELLY CLOUTIER

To NEW ORCHARD LODGE LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:



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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)

Linked to Existing Order /

**Lien vers ordre
existant:** 2014_230134_0007, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Order / Ordre :

The licensee shall provide re-education to the 55 nursing staff remaining from the list of 176 nursing staff in the home based on the Home's Plan for Corrective Action. This plan was submitted by the home for achieving compliance with section 36, to ensure actions are taken to protect residents from injury during transfers based on inspection number 2014_230134_0007 conducted March 2014.

The education and return demonstrations for safe transferring techniques as per the licensee's "Safe Lifting with Care Program" was to be provided to all nursing staff as indicated in section #5 and #6 in the plan.

The licensee shall also ensure that registered nursing staff have completed routine and spontaneous audits of the lifts and transfers being done on the units as indicated in section #7 of the same plan.

Grounds / Motifs :



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1. A Compliance Order pursuant to O.Reg 79/10 s.36 was first issued as a result of a critical incident inspection #2014_230134_0007 on March 14, 2014 with a compliance date of June 16, 2014.

The licensee failed to complete re-education for all nursing staff including return demonstrations of all lifts and transfer slings used in the home as well as routine and spontaneous audits performed by registered nursing staff as indicated in the home's corrective action plan sections #5, #6 and #7. These areas were to be completed by June 16, 2014.

A follow-up inspection was conducted, whereby the Administrator provided Inspector #547 information which indicated that all nursing staff had not completed the re-education and return demonstration regarding lifts and transfer used in the home. No information was provided regarding any audits performed by any registered nursing staff to date regarding lifts and transfers. The Administrator reported to Inspector #547 that staffing issues during May and June 2014 prevented the home from completing their education as indicated in their plan for corrective action.

Inspector #547 made several observations during this inspection of lifts and transfers of residents with nursing staff that were re-educated by the home. Lifts and transfers were conducted according to the plan of care for those residents with a demonstration of good understanding of the training that was provided by the home. Residents observed reported to Inspector #547 to be comforted during transfers and that lift transfers were done well with two staff members present at all times.

On July 15, 2014 the Administrator presented to Inspector #547 a copy of an e-mail to the DOC and the ADOC dated July 14, 2014 regarding fifty five nursing staff members who have not received the lift and transfers re-education to this date. Of the fifty five nursing staff members on this list, seven members were on leave of absence with remaining forty eight nursing staff members currently available to work in the home.

(547)



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de soins de longue durée*, L.O. 2007, chap. 8

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Sep 30, 2014



**Ministry of Health and
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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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 ^{31st} ~~25th~~ day of July, 2014

Signature of Inspector /

Signature de l'inspecteur :

Lisa Kluge RW #547

Name of Inspector /

Nom de l'inspecteur :

Lisa Kluge

Service Area Office /

Bureau régional de services : Ottawa Service Area Office