



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

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

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

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

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

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

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** DIANA STENLUND (163), JENNIFER LAURICELLA  
(542)

**Inspection No. /**

**No de l'inspection :** 2013\_139163\_0032

**Log No. /**

**Registre no:** S-000352-13

**Type of Inspection /**

**Genre d'inspection:** Critical Incident System

**Report Date(s) /**

**Date(s) du Rapport :** Dec 9, 2013

**Licensee /**

**Titulaire de permis :** CORPORATION OF THE CITY OF TIMMINS  
481 Melrose Blvd., TIMMINS, ON, P4N-5H3

**LTC Home /**

**Foyer de SLD :** GOLDEN MANOR  
481 MELROSE BOULEVARD, TIMMINS, ON, P4N-5H3

**Name of Administrator /**

**Nom de l'administratrice  
ou de l'administrateur :** HEATHER BOZZER

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To CORPORATION OF THE CITY OF TIMMINS, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

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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**  
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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

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**Order # /**  
**Ordre no :** 001

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 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.

**Order / Ordre :**

The licensee shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions, specifically related to resident #352 and the correct use of a mechanical lifts and related devices when transferring the resident.

**Grounds / Motifs :**

1. An interview was held with the Director of Care (DOC) on November 13, 2013 regarding a Critical Incident, where resident #352 sustained injury as a result of a fall out of a mechanical lift when they were being transferred. The report written by the DOC outlines that staff involved did not ensure the equipment used for lifting and transferring the resident, was properly set-up prior to lifting and transferring the resident.

The inspector reviewed the Operating Manual related to the use of the mechanical lifts. The manual outlines the steps for staff to take prior to lifting and transferring a resident. The inspector also reviewed the home's policy titled "Applying a Mechanical Lift Sling". This document confirms the steps to take with mechanical equipment and devices prior to lifting and transferring a resident. The home's staff did not follow the manufacturers' directions for the correct use of mechanical equipment and devices related to lifting and transferring resident #352. The home has not ensured that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions. (542)



**Ministry of Health and  
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**Ministère de la Santé et  
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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

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

**Dec 20, 2013**



**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

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**Order # /**

**Ordre no :** 002

**Order Type /**

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

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O. 2007, c.8, s.76(4). The plan shall be submitted to Diana Stenlund, MOHLTC Inspector by December 20, 2013.

The licensee shall ensure that the persons who have received training under subsection (2), receive retraining in the areas mentioned in that subsection, specially related to the correct use of mechanical lifts, at times or at intervals provided for in the regulations.

**Grounds / Motifs :**



**Ministry of Health and  
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section 154 of the *Long-Term Care  
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**Ministère de la Santé et  
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**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

1. Inspectors reviewed a Critical Incident where resident #352 was injured as a result of a fall out of a mechanical lift during a transfer. Inspectors interviewed the DOC, who provided staff attendance sheets (between October 26, 2011 - September 26, 2013) for retraining on the correct use of mechanical lifts, and corresponding training slides for "Correct Selection of Lift, Transfer, and Repositioning Equipment". Upon review of the attendance documents provided, it was noted that approximately 50% of nursing staff did not receive retraining on the correct use of mechanical lifts. The DOC reported that the home has a contract with a company to provide the retraining, however it has been difficult to get all of the staff retrained on the correct use of mechanical lifts.

Inspector #542 interviewed 3 personal support workers (PSWs) about their training and retraining on the correct use of mechanical lifts. Staff #100 reported that they were unable to recall specific dates when they were trained, other than when they were first hired over 4 years ago. Staff #200 indicated that they did not remember when they received training on mechanical lifts other than when they were first hired years ago. Staff #300 reported they have not been retrained on mechanical lifts for a long time, perhaps over 2 years. The licensee has not ensured that all staff have received retraining in the areas mentioned in that subsection, specifically related to the correct use of mechanical lifts, at times or at intervals provided for in the regulations. (542)

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

**Vous devez vous conformer à cet ordre d'ici le : Feb 14, 2014**



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

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Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Ministère de la Santé et  
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**Ordre(s) de l'inspecteur**  
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### **REVIEW/APPEAL INFORMATION**

#### **TAKE NOTICE:**

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

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

The written request for review must include,

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

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

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



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

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

Health Services Appeal and Review Board and the Director

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

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

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



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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

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

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





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

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

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

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

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

**Issued on this 9th day of December, 2013**

**Signature of Inspector /**  
**Signature de l'inspecteur :** *Diana Stenlund, #163*

**Name of Inspector /**  
**Nom de l'inspecteur :** DIANA STENLUND

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



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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**

**Sudbury Service Area Office  
159 Cedar Street, Suite 403  
SUDBURY, ON, P3E-6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133**

**Bureau régional de services de  
Sudbury  
159, rue Cedar, Bureau 403  
SUDBURY, ON, P3E-6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133**

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 9, 2013	2013_139163_0032	S-000352-13	Critical Incident System

**Licensee/Titulaire de permis**

**CORPORATION OF THE CITY OF TIMMINS  
481 Melrose Blvd., TIMMINS, ON, P4N-5H3**

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

**GOLDEN MANOR  
481 MELROSE BOULEVARD, TIMMINS, ON, P4N-5H3**

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

**DIANA STENLUND (163), JENNIFER LAURICELLA (542)**

**Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): November 12-14, 2013**

**During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care (DOC), registered nursing staff, personal support workers (PSWs), and residents.**

**During the course of the inspection, the inspector(s) walked through resident home areas, reviewed home policies, training documents and operating manuals related to mechanical lifts and slings, observed staff to resident care and interactions and reviewed resident health care records.**

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

**Personal Support Services**

**Safe and Secure Home**

**Training and Orientation**

**Findings of Non-Compliance were found during this inspection.**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>	<b>Legendé</b>
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 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 :**

An interview was held with the Director of Care (DOC) on November 13, 2013 regarding a Critical Incident, where resident #352 sustained injury as a result of a fall out of a mechanical lift when they were being transferred. The report written by the DOC outlines that staff involved did not ensure the equipment used for lifting and transferring the resident, was properly set-up prior to lifting and transferring the resident.

The inspector reviewed the Operating Manual related to the use of the mechanical lifts. The manual outlines the steps for staff to take prior to lifting and transferring a resident. The inspector also reviewed the home's policy titled "Applying a Mechanical Lift Sling". This document confirms the steps to take with mechanical equipment and devices prior to lifting and transferring a resident. The home's staff did not follow the manufacturers' directions for the correct use of mechanical equipment and devices related to lifting and transferring resident #352. The home has not ensured that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.



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***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training**

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

**s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).**

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**Findings/Faits saillants :**

1. Inspectors reviewed a Critical Incident where resident #352 was injured as a result of a fall out of a mechanical lift. Inspectors interviewed the DOC, who provided staff attendance sheets (between October 26, 2011 - September 26, 2013) for retraining on the correct use of mechanical lifts, and corresponding training slides for "Correct Selection of Lift, Transfer, and Repositioning Equipment". Upon review of the attendance documents provided, it was noted that approximately 50% of nursing staff did not receive retraining on the correct use of mechanical lifts. The DOC reported that the home has a contract with a company to provide the retraining, however it has been difficult to get all of the staff retrained on the correct use of mechanical lifts.

Inspector #542 interviewed 3 personal support workers (PSWs) about their training and retraining on the correct use of mechanical lifts. Staff #100 reported that they were unable to recall specific dates when they were trained, other than when they were first hired over 4 years ago. Staff #200 indicated that they did not remember when they received training on mechanical lifts other than when they were first hired years ago. Staff #300 reported they have not been retrained on mechanical lifts for a long time, perhaps over 2 years. The licensee has not ensured that all staff have received retraining in the areas mentioned in that subsection, specifically related to the correct use of mechanical lifts, at times or at intervals provided for in the regulations. [s. 76. (4)]



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soins de longue durée

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**Additional Required Actions:**

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

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

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

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

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**Findings/Faits saillants :**

1. Inspectors reviewed the plan of care for resident #352 who fell out of a mechanical lift, sustained injury and was transferred to hospital for assessment. Registered nursing staff #400 was interviewed and asked where a staff member would find information about the type of mechanical lift and sling to be used for a resident who requires a mechanical lift when they are being transferred. Staff #400 reported to the inspectors that the information would be in their Care Plan and Kardex documents.

The home's policy titled "Applying a Mechanical Lift Sling" (NRC-L-05), identifies that staff are to check the resident's Care Plan document for the designated mechanical lift. Inspectors reviewed the Care Plan and Kardex for resident #352 and noted that it did not contain clear directions on the type of mechanical lift and sling to be used for transferring.

The home has failed to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident s.6.(1) (c). [s. 6. (1) (c)]



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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 the written plan of care for each resident, sets out clear directions to staff and others who provide direct care to the resident, specifically for resident #352, and the type of sling and mechanical lift they require for transferring, to be implemented voluntarily.***

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Issued on this 13th day of December, 2013

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

*Diana Jenlund, #163*