



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

**Rapport d'inspection  
prevue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de  
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Division de la responsabilité et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

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*MS*

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 18 2010	2010_109_2468_18Au g095018	complaint
Licensee/Titulaire		
The Royal Crest Lifecare Group Inc		
Long-Term Care Home/Foyer de soins de longue durée		
Highbourne Lifecare Centre		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Susan Squires (109) and Monica Klein (198)		

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspectors spoke with:  
Administrator, Director of Care, PSW staff, residents

The following Inspection Protocols were used in part or in whole during this inspection:

- Personal Support Services Inspection Protocol

4 Findings of Non-Compliance were found during this inspection. The following action was taken:

4 WN  
1 VPC  
1 CO: CO # 001



**NON-COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit  
 VPC – Voluntary Plan of Correction/Plan de redressement volontaire  
 DR – Director Referral/Régisseur envoyé  
 CO – Compliance Order/Ordre de conformité  
 WAO – Work and Activity Order/Ordre: travaux et activités

This following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le suivant constituer un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le Loi de 2007 les foyers de soins de longue durée a trouvé. (Une exigence dans la loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.)

**WN #1:** The Licensee has failed to comply with LTCHA, 2007, S. O. 2007, c. 8, 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, clear directions to staff and others who provide direct care to the resident.

**Findings:**

1. The plan of care lacked clear direction to the staff and other who provide care to an identified resident. There is conflicting information between the written plan of care and the kardex document.

Inspector ID #: 109 and 198

**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 be implemented voluntarily.  
 Inspector ID #: 140 and 198

**WN #2:** The Licensee has failed to comply with LTCHA, 2007, S. O. 2007, c. 8, s. 6 (7) :  
 Every licensee of a long-term care home shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

**Findings:**

1. A resident did not have the morning oral care provided as per plan of care, before and after meals.

Inspector ID #: 109 and 198

**WN #3:** The Licensee has failed to comply with O. Reg. 79/10,34 (1) (a), (b), (c):  
 Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,  
 a) mouth care in the morning and evening, including the cleaning of dentures;  
 b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and  
 c) an offer of an annual dental assessment and other preventive services, subject to payment being authorized by the resident or the resident's substitute decision maker, if payment is required.



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 Health System Accountability and Performance Division  
 Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée  
 Division de la responsabilisation et de la performance du système de santé  
 Direction de l'amélioration de la performance et de la conformité

**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 service for the Licensee.

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

Director  
 c/o Appeals Clerk  
 Performance Improvement and Compliance Branch  
 Ministry of Health and Long-Term Care  
 55 St. Clair Ave. West  
 Suite 800, 8<sup>th</sup> floor  
 Toronto, ON M4V 2Y2  
 Fax: 416-327-7603

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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the  
 Attention Registrar  
 161 Bloor Street West  
 9th Floor  
 Toronto, ON  
 M5S 2T5

Director  
 c/o Appeals Clerk  
 Performance Improvement and Compliance Branch  
 55 St. Claire Avenue, West  
 Suite 800, 8<sup>th</sup> Floor  
 Toronto, ON M4V 2Y2

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).

Issued on this	1	day of	Sept	, 2010.
Signature of Inspector:				
Name of Inspector:	Susan Squenno (109)			
Service Area Office:	Toronto			



## 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*

<b>Name of Inspector:</b>	Susan Squires and Monica Klein	<b>Inspector ID #</b>	109 and 198
<b>Inspection Report #:</b>	2010_109_2468_18Aug095018		
<b>Type of Inspection:</b>	Complaint		
<b>Licensee:</b>	The Royal Crest Lifecare Group Inc		
<b>LTC Home:</b>	Highbourne Lifecare Centre		
<b>Name of Administrator:</b>	Evelyn MacDonald		

To, The Royal Crest Lifecare Group Inc you are hereby required to comply with the following orders by the dates set out below:

<b>Order #:</b>	001	<b>Order Type:</b>	Compliance Order, Section 153 (1)(a)
<p><b>Pursuant to:</b> with O. Reg. 79/10, 34 (1) (a), (b), (c):          Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes</p> <ul style="list-style-type: none"> <li>a) mouth care in the morning and evening, including the cleaning of dentures;</li> <li>b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and</li> <li>c) an offer of an annual dental assessment and other preventive services, subject to payment being authorized by the resident or the resident's substitute decision maker, if payment is required.</li> </ul>			
<p><b>Order:</b>          The licensee shall ensure that the resident [REDACTED] and all other residents of the home receives oral care to maintain the integrity of the oral tissue that includes a) mouth care in the morning and evening, including the cleaning of dentures and b) physical assistance or cuing to help her and every other resident who cannot, for any reason, brush his or her teeth.</p>			
<p><b>Grounds:</b></p> <ol style="list-style-type: none"> <li>1. A resident did not have morning oral care completed; teeth observed and were not clean.</li> <li>2. A resident who was not able to complete oral care independently was not provided with assistance.</li> </ol>			
<b>This order must be complied with by:</b>		Immediate	



**Findings:**

- 1: A resident stated that the morning oral care was not provided on the inspection day; teeth observed and were not cleaned.
2. The resident was not provided with assistance for morning oral care when the resident was not able to complete it independently.

Inspector ID #: 109 and 189.

**Additional required actions:**

**Compliance Order**

CO # 001- will be served on the licensee.

**WN #4:** The Licensee has failed to comply with O. Reg. 79/10, 44

Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal needs of residents.

**Findings:**

1. There was no tooth brush readily available in a resident's room in order to meet the oral care needs.

Inspector ID #: 109 and 198

Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la  
responsabilisation et de la performance du système de santé.

Title:

Date:

Date of Report (if different from date(s) of inspection).

