



**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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
Mar 12, 2015	2015_229213_0009	L-001970-15	Resident Quality Inspection

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

HILLSIDE MANOR
R. R. #5 STRATFORD ON N5A 6S6

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

RHONDA KUKOLY (213), MELANIE NORTHEY (563), REBECCA DEWITTE (521),
RUTH HILDEBRAND (128)

Inspection Summary/Résumé de l'inspection



**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**

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): March 2, 3, 4, 5, 6, 9, 2015

3 Critical Incidents were inspected concurrently within the Resident Quality Inspection:

002972-15

002976-15

003079-15

During the course of the inspection, the inspector(s) spoke with the Interim Executive Director, the Director of Care (DOC), the Associate Director of Care, the Nurse Manager/Resident Assessment Instrument (RAI) Coordinator, the Nutrition Manager, the Environmental Services Manager, the Program Manager, the Business Manager, the Ward Clerk, a Physiotherapist, a Physiotherapy Assistant, a Cook/Dietary Aide, 2 Registered Nurses, 4 Registered Practical Nurses, 12 Personal Support Workers, a Maintenance Assistant, a Restorative Care Aide, an Activation Aide, a Hairdresser, a Laundry Aide, a Housekeeping Aide, 4 Family Members, and 40+ Residents.

The inspector(s) also toured the home; observed meal service, medication passes, medication storage areas and care provided to Residents; reviewed health records and plans of care for identified Residents; reviewed policies and procedures of the home, education records, meeting minutes, the home's internal investigation records; and observed general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:



**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**

**Accommodation Services - Maintenance
Contenance Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care**

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

9 WN(s)

4 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 O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was equipped with a Resident-Staff communication and response system that is available in every area accessible by Residents.

Observations on March 4, 2015 revealed there is no call bell system in:

- the main lounge on the 2nd floor (3 Residents were sitting unattended in the lounge during the observation)
- the cafe lounge on the 2nd floor (3 Residents were sitting unattended in the lounge during the observation)
- the comfort room on the 1st floor (1 Resident was sitting unattended in the lounge during the observation)
- the lounge with the fireplace on 1st floor
- the lounge across from the laundry room on 1st floor

Interview with the Administrator, the Program Manager and the Nutrition Manager on March 2, 2015 confirmed that there are no call bells in these rooms and that there are supposed be metal 'front desk' type bells available for residents to use when they are unattended in these rooms. They confirmed that staff may not be able to hear these bells in case of emergency. [s. 17. (1) (e)]



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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was in compliance with and was implemented in accordance with all applicable requirements under the Act.

The Home's policy "Immunization of Residents" #IPC-I-10 with a revised date of March 2014 indicated "All Residents will be offered and encouraged to receive vaccinations as per provincial, regional health authority and Public Health Department recommendations unless contraindicated for medical reasons or previous allergic reaction. The types of vaccines offered to Residents are determined by provincial standards. Each Home will have an immunization program for Influenza and Pneumococcal vaccination for Residents".

Staff interview with the Director of Care confirmed that the Home's policy Immunization of Residents is a Revera policy and does not include direction related to pertussis, tetanus or diphtheria vaccination. She confirmed that the home provides the vaccine Adacel which is a vaccination for pertussis, tetanus and diphtheria for all Residents as appropriate. [s. 8. (1)]



2. The licensee has failed to ensure that the home's "Height Measurement and Weight Management" policy was complied with.

Record review of the home's policy Height Measurement and Weight Management #LTC-G-60 indicates that "1. On admission, the Nurse/designate will measure and document each Resident's height and weight by his/her first bath day. 2. Each Resident's height will be measured at a minimum annually thereafter."

Record review of electronic health records revealed:

Resident #51 had only one height recorded in 5 years.

Resident #53 had only one height recorded in 3 years.

Resident #54 no height recorded other than the baseline admission height.

Resident #55 had only one height recorded in 2 years.

Resident #56 had only one height recorded in 1.5 years.

Resident #57 had only two heights recorded in 10 years.

Resident #59 had only two heights recorded in 9 years.

Staff interview with the Nurse Manager and the Director of Care on March 4, 2015 confirmed that the home is not following the Height Measurement and Weight Management policy as they are not measuring heights annually. [s. 8. (1) (b)]

3. The licensee has failed to ensure that any policy or system instituted or otherwise put in place was complied with.

On March 3, 2015, observation of an identified Resident's bed system revealed two half side rails were raised. The bed was noted to have a 25 cm gap at the head of the bed which created a potential entrapment risk.

The Director of Care and Environmental Service Manager acknowledged the potential entrapment risk and had the length of the bed adjusted the same day.

The home's policy entitled Resident Bed Systems/Entrapment, # LTC-K-25, revised date November 2014, indicates:

- "5. Zones of Entrapment and Entrapment Risk Safety Checklist will be the shared responsibility of the Director of Care.

- 6. The Environmental Services Manager/Nurse will be responsible to alert the DOC of any modifications to the Bed System.

- 7. Records(Joerns excel audit) will be maintained by the ESM to track inventory of the



bed systems and any modifications, maintenance and service operations performed on the bed systems."

The Executive Director indicated that the assessment of this Resident's bed system with rails had "fallen through the cracks". There was ongoing confusion among the Director of Care, Executive Director and Environmental Services Manager as to who was responsible for bed system evaluation and whether the home had conducted assessments. He confirmed that the home's Bed systems/Entrapment policy had not been followed and that a spreadsheet had not been completed. [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 home's policy Height Measurement and Weight Management is complied with and Resident heights are measured annually. That the home's policy Resident Bed Systems/Entrapment is complied with to ensure that residents are assessed, bed systems are evaluated, and steps are taken to minimize the risk of entrapment, to be implemented voluntarily.

WN #3: 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. (1) Every licensee of a long-term care home shall ensure that,

(a) there is an organized program of housekeeping for the home; 2007, c. 8, s. 15 (1).

(b) there is an organized program of laundry services for the home to meet the linen and personal clothing needs of the residents; and 2007, c. 8, s. 15 (1).

(c) there is an organized program of maintenance services for the home. 2007, c. 8, s. 15 (1).

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 ensure that the home, furnishings and equipment were maintained in a safe condition and good state of repair.

During the course of the inspection, the following maintenance issues were observed on the 3rd floor:

- walls in the large and small dining rooms were scraped, paint chipped and/or gouged;
- doors to common areas, fire doors, utility and tub rooms as well as throughout the hallway had black marks on them and/or were scraped;
- the shower area of the third floor tub room had four walls damaged and the legs of the commode chair were rusted;
- both chairs in the tub room and shower area had the finish worn off and/or were scraped on the arms and legs.

The presence of the third floor tub/shower room observations were confirmed by the Ward Clerk. [s. 15. (1) (c)]

2. Resident room observations during the course of the inspection revealed the following:

- multiple Resident rooms with areas of wall damage
- multiple Resident bathrooms where paper towel holders had been moved and wall left with holes
- multiple Resident washroom doors damaged
- multiple radiators with paint scraped or chipped
- multiple walls mudded without being painted

Staff interview with the Environmental Supervisor on March 6, 2015 at 1300 hrs. confirmed there were multiple areas of disrepair in Resident rooms and bathrooms and that there is a process in place to audit Resident rooms for disrepair. [s. 15. (2) (c)]

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 home, furnishings and equipment are maintained in a safe condition and a good state of repair, to be implemented voluntarily.



WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

- 1. Falls prevention and management. O. Reg. 79/10, s. 221 (1).**
- 2. Skin and wound care. O. Reg. 79/10, s. 221 (1).**
- 3. Continence care and bowel management. O. Reg. 79/10, s. 221 (1).**
- 4. Pain management, including pain recognition of specific and non-specific signs of pain. O. Reg. 79/10, s. 221 (1).**
- 5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices. O. Reg. 79/10, s. 221 (1).**
- 6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs. O. Reg. 79/10, s. 221 (1).**

Findings/Faits saillants :



1. The licensee has failed to ensure that all staff who provide direct care to Residents receive additional training in the following areas:

1. Falls prevention and management.
2. Skin and wound care.
3. Contenance care and bowel management
4. Pain management, including pain recognition of specific and non-specific signs of pain.

Record review of the Revera Worksheet for Tracking Staff Completion of Mandatory Training printed March 2, 2015 revealed no staff were recorded as receiving education related to Skin & Wound Care, Pain Management, Contenance Management, or Falls Management.

Staff interview with Nurse Manager/Educator on March 9, 2015 confirmed that the tracking sheet for mandatory education is documentation of education completed in 2014. She confirmed that no staff have received education related to Pain Management, Skin & Wound Care Management, Contenance Care and Bowel Management or Falls Prevention and Management in 2014. She shared that she is aware that this needs to be done and that the home has a plan to complete it this year.

Staff interview with the Director of Care on March 10, 2015 confirmed that direct care staff have not received education related to Pain Management, Skin & Wound Care, Contenance Care and Bowel Management or Falls Prevention and Management and that there is a plan in place to have that completed this year. [s. 221. (1)]



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 staff who provide direct care to Residents receive additional training in the following areas:

- 1. Falls prevention and management.***
- 2. Skin and wound care.***
- 3. Continence care and bowel management***
- 4. Pain management, including pain recognition of specific and non-specific signs of pain, to be implemented voluntarily.***

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :



1. The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control program.

Observations on March 3, 2015 revealed unlabeled personal care items, including unlabeled toothbrushes, toothpaste, denture brush, denture cup, and a comb were observed in 3 of 6 shared washrooms (50%) on the 3rd floor.

A Personal Support Worker confirmed the presence of the unlabeled personal care items and indicated the expectation was that they should have been labeled.

The RAI Coordinator and Director of Care both confirmed the expectation was that personal care items were to be labeled and kept in individual care caddies for each Resident. [s. 229. (4)]

2. Improperly stored and unlabeled personal care items, including a urine collection container sitting on the back of a toilet, a urinal sitting on the floor beside a toilet and a bed pan sitting on the back of another toilet were observed in 2 of 6 shared washrooms (33%), on the 3rd floor.

A Housekeeping Aide and a Personal Support Worker confirmed the presence of the improperly stored personal care items.

A Personal Support Worker indicated that the expectation was that bed pans, urinals and urine collection containers were to be stored in the utility room and not on the backs of the toilet or the floor.

The Director of Care acknowledged that improperly stored and unlabeled personal care items were a potential infection control risk. [s. 229. (4)]

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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee failed ensure that every Resident was afforded privacy in treatment and in caring for his or her personal needs.

An identified Resident was observed receiving an injection in the dining room in front of other Residents eating breakfast.

An interview after the medication round with a Registered Staff Member confirmed the medication was given by injection to this Resident in the dining room in front of other Residents.

An interview with the Director of Care revealed it was the home's expectation that injections are not given in a common area and that all Residents are afforded privacy in treatment. [s. 3. (1) 8.]

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :



1. The licensee has failed to ensure that the home was a safe and secure environment for its Residents.

The third floor Rehabilitation/Physiotherapy Room was found open and unattended on. The room contained a Thermolator, used to heat hot packs, which was noted to be very hot.

A Personal Support Worker and a Physiotherapy Aide confirmed the room was open and unattended and they acknowledged the potential risk to Residents who had fragile skin.

The Executive Director and Director of Care acknowledged the potential risk to Residents and indicated the expectation was that the door to the room should be locked when unattended.

The third floor Rehabilitation/Physiotherapy Room was found open and unattended again the following day. The Thermolator was observed to be too hot to touch.

A Personal Support Worker and a Physiotherapy Aide confirmed that the room was open and unattended.

The Physiotherapy Aide and the Assistant Director of Care acknowledged awareness that the room was expected to be locked when unattended. [s. 5.]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :



1. The licensee has failed to ensure that every window in the home that opened to the outdoors and was accessible to Residents could not be opened more than 15 centimetres.

Observation of the windows in the third floor lounge, on March 2, 2014 revealed that two of them opened 65 cm and two opened 66 cm. Additionally, two windows in the large third floor dining room were noted to open 63.5 cm and 64 cm.

A Housekeeping Aide confirmed the observations that the lounge windows opened greater than the allowable 15 cm and a Restorative Care Aide confirmed the observation that the dining room windows were not restricted.

The Environmental Services Manager was called by the Housekeeping Aide to restrict the window openings.

The Executive Director confirmed the expectation is that all window openings are restricted to ensure safety of the Residents. [s. 16.]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :



1. The licensee has failed to ensure that all hazardous substances were kept inaccessible to Residents at all times.

Observation in the 3rd floor dining room revealed that a hazardous chemical QC glass and surface cleaner which stated DO NOT DRINK was in the unlocked and unattended cupboard under the sink in the small dining room.

A Restorative Care Aide confirmed the presence of the hazardous chemical and indicated that the expectation was that it should have been locked and not accessible to Residents. She immediately removed the chemical.

The Executive Director indicated that the expectation is that hazardous chemicals are kept inaccessible to Residents at all times. [s. 91.]

Issued on this 12th day of March, 2015

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

Original report signed by the inspector.



**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

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : RHONDA KUKOLY (213), MELANIE NORTHEY (563),
REBECCA DEWITTE (521), RUTH HILDEBRAND (128)

Inspection No. /

No de l'inspection : 2015_229213_0009

Log No. /

Registre no: L-001970-15

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Mar 12, 2015

Licensee /

Titulaire de permis : REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,
ON, L5R-4B2

LTC Home /

Foyer de SLD : HILLSIDE MANOR
R. R. #5, STRATFORD, ON, N5A-6S6

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Ray Barrick

To REVERA LONG TERM CARE INC., 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**

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

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*

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (b)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

(b) is on at all times;

(c) allows calls to be cancelled only at the point of activation;

(d) is available at each bed, toilet, bath and shower location used by residents;

(e) is available in every area accessible by residents;

(f) clearly indicates when activated where the signal is coming from; and

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Order / Ordre :

The licensee must prepare, submit and implement a plan to ensure that the Resident-Staff communication and response system is available in every area accessible by Residents. The plan must include what immediate and long-term actions will be undertaken to correct the identified deficiencies, as well as identify who will be responsible to correct the deficiencies and the dates for completion.

Please submit the plan, in writing, to Rhonda Kukoly, Long-Term Care Homes Nursing Inspector, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 130 Dufferin Avenue, 4th Floor, London, Ontario, N6A 5R2, by email, at rhonda.kukoly@ontario.ca by March 27, 2015

Grounds / Motifs :



**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*

1. The licensee has failed to ensure that the home was equipped with a Resident-Staff communication and response system that is available in every area accessible by Residents.

Observations on March 4, 2015 revealed there is no call bell system in:

- the main lounge on the 2nd floor (3 Residents were sitting unattended in the lounge during the observation)
- the cafe lounge on the 2nd floor (3 Residents were sitting unattended in the lounge during the observation)
- the comfort room on the 1st floor (1 Resident was sitting unattended in the lounge during the observation)
- the lounge with the fireplace on 1st floor
- the lounge across from the laundry room on 1st floor

Interview with the Administrator, the Program Manager and the Nutrition Manager on March 2, 2015 confirmed that there are no call bells in these rooms and that there are supposed be metal 'front desk' type bells available for residents to use when they are unattended in these rooms. They confirmed that staff may not be able to hear these bells in case of emergency. (213)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 30, 2015



**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

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



**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*

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 12th day of March, 2015

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : RHONDA KUKOLY

Service Area Office /

Bureau régional de services : London Service Area Office