



**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 prévue
sous la Loi de 2007 sur les
foyers de soins de longue
durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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
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Téléphone: (705) 564-3130
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Amended Public Copy/Copie modifiée du public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
May 14, 2019	2019_671684_0012 (A1)	000772-19, 000773-19, 000774-19, 000775-19, 000776-19	Follow up

Licensee/Titulaire de permis

Orillia Long Term Care Centre Inc.
c/o Jarlette Health Services 711 Yonge Street MIDLAND ON L4R 2E1

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

Leacock Care Centre
25 Museum Drive ORILLIA ON L3V 7T9

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

Amended by RYAN GOODMURPHY (638) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié



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durée***

The licensee has requested and been granted an extension to the compliance due dates to achieve sustainable compliance. The compliance due dates of CO #001 and CO #002 have been amended to June 17, 2019.

Issued on this 14th day of May, 2019 (A1)

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

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Leacock Care Centre
25 Museum Drive ORILLIA ON L3V 7T9

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

Amended by RYAN GOODMURPHY (638) - (A1)

Amended Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): March 18-22, 25-26, 2019.



The following intakes were inspected during this Follow Up inspection:

One log related to compliance order #001 that was issued during inspection #2018_657681_0025, s. 6 (9) (1) of the Long-Term Care Homes Act (LTCHA), 2007, specific to documenting plan of care;

One log related to compliance order #002 that was issued during inspection #2018_657681_0025, s. 8 (1)(b) of the LTCHA, 2007, specific to staffing;

One log related to compliance order #003 that was issued during inspection #2018_657681_0025, s. 53 (4)(b) of the LTCHA, 2007, specific to responsive behaviours;

One log related to compliance order #004 that was issued during inspection #2018_657681_0025, s. 36 of the LTCHA, 2007, specific to transferring, and;

One log related to compliance order #005 that was issued during inspection #2018_657681_0025, s. 6 (10)(b) of the LTCHA, 2007, specific to revising plan of care.

Other inspection #2019_671684_0014, Critical Incident (CI) inspection # 2019_671684_0011, and Complaint inspection #2019_671684_0013, were conducted concurrently with this inspection.



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durée***

The Inspectors also conducted daily tours of the resident care areas, observed the provision of care and services to residents, reviewed relevant policies, procedures, programs and resident health care records.

Please note: A Compliance Order related to s. 6 (9)(1), identified in a concurrent inspection CI #2019_671684_0011 inspection was issued in this report.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Co-Director of Cares (Co-DOCs), Environmental Services Manager (ESM), Restorative Care Coordinator, Volunteer Coordinator, Culinary Manager, Life Enrichment Coordinator, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeeper and residents.

The following Inspection Protocols were used during this inspection:

**Personal Support Services
Responsive Behaviours
Sufficient Staffing**

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

**1 WN(s)
0 VPC(s)
2 CO(s)
0 DR(s)
0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 36.	CO #004	2018_657681_0025	684
O.Reg 79/10 s. 53. (4)	CO #003	2018_657681_0025	722
LTCHA, 2007 S.O. 2007, c.8 s. 8. (1)	CO #002	2018_657681_0025	638

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.)</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>



**WN #1: 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. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the provision of care set out in the plan of care was documented.

Compliance order #001 was served on December 28, 2018, from inspection report #2018_657681_0025 related to section 6 subsection 9 of the Long-Term Care Home's Act (LTCHA) 2007, and had a compliance due date of February 15, 2019. The compliance order stated: "The licensee must be compliant with s.6 (9) (1) of the Long Term Care Homes Act (LTCHA). Specifically, the licensee must;
a) ensure that the provision of the care set out in the plan of care is documented.
b) develop and implement a process to ensure that staff are completing documentation as per the home's policies and procedures.
c) conduct audits to ensure that documentation is being completed as required, and maintain a record of the audits that are conducted."

A complaint was submitted to the Director which alleged skin integrity and treatment management concerns.

A) Inspector #638 reviewed resident #010's health care records and identified that they had multiple orders for multiple treatments which directed staff to provide



resident #010 with six different treatments at various time intervals.

Inspector #638 reviewed resident #010's electronic treatment administration record (eTAR) from a specified period of time in 2019, and identified;

- treatment one: no documentation to support the actions taken related to the scheduled care on a specified date in 2019;
- treatment two: no documentation to support the actions taken related to the scheduled care on three specific days in 2019;
- treatment three: no documentation to support the actions taken related to the scheduled care on three specific days in 2019;
- treatment four: no documentation to support the actions taken related to the scheduled care on three specific days in 2019;
- treatment five: no documentation to support the actions taken related to the scheduled care on three specific days in 2019; and
- treatment six: no documentation to support the actions taken related to the scheduled care at a specified time hours on nine specified days 2019; at a second specified time on eleven specified days in 2019; at a third specified time on one specified day in 2019; and at a fourth specified time on two specified days in 2019. There was no documented response to the resident's scheduled treatment 27 per cent of the time.

In an interview with Inspector #638, RPN #134 indicated that treatments and assessments were documented in the eTAR. The RPN also described the process for such treatments and indicated that PSWs complete these treatments after receiving direction from registered staff. The registered staff member would ensure that the care was completed and documented to indicate that the care was completed by a PSW. The RPN indicated that they were the RPN caring for resident #010 on three specified days in 2019, and after reviewing the eTAR record for resident #010, they stated that they completed all care and forgot to go back and document. The RPN indicated that they should have documented the care provided.

During an interview with Inspector #638, Co-DOC #122 indicated that treatments were tracked on an electronic treatment administration record (eTAR). Upon reviewing the aforementioned care dates, the Co-DOC indicated that for two specified dates in 2019, they were unable to locate any documentation to support the completion of the treatments and that on another specified date in 2019, there was a completed assessment therefore they believed the care was completed and not documented. In a follow up interview with Co-DOC #122, they indicated



that they spoke to RPN #134 and resident #010, who both stated that the RPN had completed the scheduled treatment and the RPN indicated that they forgot to document the care completed. The Co-DOC indicated that due to the corroborated accounts, they believed this was a documentation concern.

B) The Inspector reviewed resident #023's health care records and identified that they had orders for treatment interventions, which included three specific treatments at various time intervals.

Inspector #638 reviewed resident #023's eTAR from a specified period of time in 2019, and identified that in two treatment orders, the initial scheduled treatment and assessment had no documentation. In regards to treatment three, there was no documentation to support the actions taken related to the treatment being completed at a specified time on nine specified days in 2019; at a second specified time on eleven specified days in 2019; at a third specified time on a specified day in 2019; and a fourth specified time on two specified days in 2019. There was no documented response to the resident's scheduled treatment 27 per cent of the time.

C) The Inspector reviewed resident #024's health care records and identified that they had four orders related to treatment interventions which were to occur at various time intervals.

Inspector #638 reviewed resident #024's eTAR from a specified period of time in 2019, and identified that;

- treatment one and two, the initial scheduled treatment and assessment had no documentation related to the scheduled care;
- treatment three, no documentation to support the actions taken related to the scheduled care on a specified date in 2019, prior to being discontinued five days later; and
- treatment four, no documentation to support the actions taken related to the scheduled care at; a specified time on eleven specified days in 2019; at a second specified time on one specified day in 2019; and at a third specified time on two specified dates in 2019. There was no documented response to the resident's scheduled treatment 22 per cent of the time.

During an interview with Inspector #638, the Administrator indicated that PSWs typically completed the identified treatments, but it remained the responsibility of registered staff to ensure that it was completed. The Administrator also indicated



that the completed treatments and assessments were documented by registered staff and Co-DOC #122 was in charge of ensuring the completion of the treatments. They stated that these treatments were documented in the eTAR and it was expected to be documented at the time the care was scheduled. The Inspector reviewed the aforementioned records with the Administrator, who indicated that they were frustrated due to the significant amount of work they put into the order, but that they expected documentation to be completed to demonstrate resident care. [s. 6. (9) 1.]

2. Inspector #684 reviewed a CIS report that was submitted to the Director on a specified date in 2019, related to resident #012's responsive behaviour.

Inspector #684 reviewed the resident's plan of care which stated a specific assessment was to be completed daily related to their responsive behaviour risk.

Upon review of the specific assessment documentation, Inspector #684 noted there was no documentation completed for a period of eight hours on three specified days in 2019.

Inspector #684 reviewed the home's policy titled, "Responsive Behaviour-Program" last revised February 16, 2018. The policy stated "PSW will ensure that they participated in and completed documentation as required for any assessment of the resident.

During an interview with the DOC, Inspector #684 reviewed the missing documentation for resident #012, they stated that documentation was to be completed as indicated on the assessment record. [s. 6. (9) 1.]

3. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan was no longer necessary.

Compliance order #005 was served on December 28, 2018, from inspection report #2018_657681_0025 related to section 6, subsection 10, of the Long-Term Care Home's Act (LTCHA) 2007, and had a compliance due date of February 15, 2019. The compliance order stated: "The licensee must be compliant with s.6 (10) (b) of the Long Term Care Homes Act (LTCHA). Specifically, the licensee must



- a) ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan was no longer necessary.
- b) review the care plans for all residents who were at high risk of falls to ensure the care plans reflect the falls prevention interventions that were being implemented."

Inspector #684 reviewed a CIS report that was submitted to the Director on a specified date in 2018, related to improper/incompetent treatment for resident #005 related to a change in condition.

Inspector #684 reviewed the care plan on a specified date in 2019, for resident #005 for the change in condition and noted an intervention that was to be put in place for resident #005.

Inspector #684 observed on three separate days that resident #005's care plan interventions were not in place.

During an interview with resident #005 they stated that the staff had not offered the intervention to them.

Inspector #684 interviewed PSW #130 and asked why resident #005 did not have the intervention in place as it was identified in the care plan, to which they stated: Last they heard they could not find the equipment required for the intervention. PSW #108 was interviewed and stated that resident #005 had the intervention equipment but they had utilized this for a specified period of time. Inspector #684 interviewed Restorative Care Coordinator who stated the interventions was put in place related to the change in resident condition.

Inspector #684 reviewed the home's policy titled "Resident Rights Care and Services-- Plan of Care" last revised March 13, 2018, which stated "The plan of care shall be reviewed and revised when the resident's care needs change, the care set out in the plan is no longer necessary; or the care set out in the plan has not been effective".

During an interview with the DOC on a specified date in 2019, Inspector #684 reviewed the care plan for resident #005. The DOC confirmed that the care plan stated the resident was have the intervention in place. The DOC stated, if the intervention was no longer required the care plan should be edited and the



intervention removed.

Seven days later, Inspector #684 reviewed resident #005's care plan where the specific intervention remained in place and unchanged.

Inspector #684 interviewed the Restorative Care Coordinator on a specified date in 2019, at which time they reviewed the care plan for resident #005, and stated that the resident no longer required the intervention and their current care plan was not reflective of the care that they were to receive. [s. 6. (10) (b)]

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

(A1)

The following order(s) have been amended: CO# 002,001

Issued on this 14th day of May, 2019 (A1)

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

Ordre(s) de l'inspecteur

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

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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Long-Term Care Inspections Branch
Division des foyers de soins de
longue durée
Inspection de soins de longue durée

Amended Public Copy/Copie modifiée du public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by RYAN GOODMURPHY (638) - (A1)

**Inspection No. /
No de l'inspection :** 2019_671684_0012 (A1)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 000772-19, 000773-19, 000774-19, 000775-19,
000776-19 (A1)

**Type of Inspection /
Genre d'inspection :** Follow up

**Report Date(s) /
Date(s) du Rapport :** May 14, 2019(A1)

**Licensee /
Titulaire de permis :** Orillia Long Term Care Centre Inc.
c/o Jarlette Health Services, 711 Yonge Street,
MIDLAND, ON, L4R-2E1

**LTC Home /
Foyer de SLD :** Leacock Care Centre
25 Museum Drive, ORILLIA, ON, L3V-7T9

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Matt Lamb



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Order(s) of the Inspector

Ordre(s) de l'inspecteur

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2007, c. 8

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

To Orillia Long Term Care Centre Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
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L. O. 2007, chap. 8

Order # / **Order Type /**
Ordre no : 001 **Genre d'ordre :** Compliance Orders, s. 153. (1) (a)
Linked to Existing Order / 2018_657681_0025, CO #001;
Lien vers ordre existant:

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.
2. The outcomes of the care set out in the plan of care.
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Order / Ordre :

The licensee must be compliant with s. 6 (9) (1) of the Long Term Care Homes Act (LTCHA).

Specifically, the licensee must:

- a) ensure that the provision of the care set out in the plan of care is documented.
- b) develop and implement a process to ensure that staff are completing documentation as per the home's policies and procedures.
- c) conduct audits to ensure that specific documentation is being completed as required, and maintain a record of the audits that are conducted.

Grounds / Motifs :

1. The licensee has failed to ensure that the provision of care set out in the plan of care was documented.

Compliance order #001 was served on December 28, 2018, from inspection report #2018_657681_0025 related to section 6 subsection 9 of the Long-Term Care Home's Act (LTCHA) 2007, and had a compliance due date of February 15, 2019.



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The compliance order stated: "The licensee must be compliant with s.6 (9) (1) of the Long Term Care Homes Act (LTCHA). Specifically, the licensee must;

a) ensure that the provision of the care set out in the plan of care is documented.
b) develop and implement a process to ensure that staff are completing documentation as per the home's policies and procedures.

c) conduct audits to ensure that documentation is being completed as required, and maintain a record of the audits that are conducted."

A complaint was submitted to the Director which alleged skin integrity and treatment management concerns.

A) Inspector #638 reviewed resident #010's health care records and identified that they had multiple orders for multiple treatments which directed staff to provide resident #010 with six different treatments at various time intervals.

Inspector #638 reviewed resident #010's electronic treatment administration record (eTAR) from a specified period of time in 2019, and identified;

-treatment one: no documentation to support the actions taken related to the scheduled care on a specified date in 2019;
-treatment two: no documentation to support the actions taken related to the scheduled care on three specific days in 2019;
-treatment three: no documentation to support the actions taken related to the scheduled care on three specific days in 2019;
-treatment four: no documentation to support the actions taken related to the scheduled care on three specific days in 2019;
-treatment five: no documentation to support the actions taken related to the scheduled care on three specific days in 2019; and
-treatment six: no documentation to support the actions taken related to the scheduled care at a specified time hours on nine specified days 2019; at a second specified time on eleven specified days in 2019; at a third specified time on one specified day in 2019; and at a fourth specified time on two specified days in 2019. There was no documented response to the resident's scheduled treatment 27 per cent of the time.

In an interview with Inspector #638, RPN #134 indicated that treatments and assessments were documented in the eTAR. The RPN also described the process



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for such treatments and indicated that PSWs complete these treatments after receiving direction from registered staff. The registered staff member would ensure that the care was completed and documented to indicate that the care was completed by a PSW. The RPN indicated that they were the RPN caring for resident #010 on three specified days in 2019, and after reviewing the eTAR record for resident #010, they stated that they completed all care and forgot to go back and document. The RPN indicated that they should have documented the care provided.

During an interview with Inspector #638, Co-DOC #122 indicated that treatments were tracked on an electronic treatment administration record (eTAR). Upon reviewing the aforementioned care dates, the Co-DOC indicated that for two specified dates in 2019, they were unable to locate any documentation to support the completion of the treatments and that on another specified date in 2019, there was a completed assessment therefore they believed the care was completed and not documented. In a follow up interview with Co-DOC #122, they indicated that they spoke to RPN #134 and resident #010, who both stated that the RPN had completed the scheduled treatment and the RPN indicated that they forgot to document the care completed. The Co-DOC indicated that due to the corroborated accounts, they believed this was a documentation concern.

B) The Inspector reviewed resident #023's health care records and identified that they had orders for treatment interventions, which included three specific treatments at various time intervals.

Inspector #638 reviewed resident #023's eTAR from a specified period of time in 2019, and identified that in two treatment orders, the initial scheduled treatment and assessment had no documentation. In regards to treatment three, there was no documentation to support the actions taken related to the treatment being completed at a specified time on nine specified days in 2019; at a second specified time on eleven specified days in 2019; at a third specified time on a specified day in 2019; and a fourth specified time on two specified days in 2019. There was no documented response to the resident's scheduled treatment 27 per cent of the time.

C) The Inspector reviewed resident #024's health care records and identified that they had four orders related to treatment interventions which were to occur at various time intervals.



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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

Inspector #638 reviewed resident #024's eTAR from a specified period of time in 2019, and identified that;

-treatment one and two, the initial scheduled treatment and assessment had no documentation related to the scheduled care;

-treatment three, no documentation to support the actions taken related to the scheduled care on a specified date in 2019, prior to being discontinued five days later; and

-treatment four, no documentation to support the actions taken related to the scheduled care at; a specified time on eleven specified days in 2019; at a second specified time on one specified day in 2019; and at a third specified time on two specified dates in 2019. There was no documented response to the resident's scheduled treatment 22 per cent of the time.

During an interview with Inspector #638, the Administrator indicated that PSWs typically completed the identified treatments, but it remained the responsibility of registered staff to ensure that it was completed. The Administrator also indicated that the completed treatments and assessments were documented by registered staff and Co-DOC #122 was in charge of ensuring the completion of the treatments. They stated that these treatments were documented in the eTAR and it was expected to be documented at the time the care was scheduled. The Inspector reviewed the aforementioned records with the Administrator, who indicated that they were frustrated due to the significant amount of work they put into the order, but that they expected documentation to be completed to demonstrate resident care. [s. 6. (9) 1.] (638)



Order(s) of the Inspector

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2007, c. 8

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

2. Inspector #684 reviewed a CIS report that was submitted to the Director on a specified date in 2019, related to resident #012's responsive behaviour.

Inspector #684 reviewed the resident's plan of care which stated a specific assessment was to be completed daily related to their responsive behaviour risk. Upon review of the specific assessment documentation, Inspector #684 noted there was no documentation completed for a period of eight hours on three specified days in 2019.

Inspector #684 reviewed the home's policy titled, "Responsive Behaviour-Program" last revised February 16, 2018. The policy stated "PSW will ensure that they participated in and completed documentation as required for any assessment of the resident.

During an interview with the DOC, Inspector #684 reviewed the missing documentation for resident #012, they stated that documentation was to be completed as indicated on the assessment record. [s. 6. (9) 1.]

The severity of this issue was determined to be a level two, as there was minimal harm or potential for actual harm to residents of the home. The scope of issues was a level three, as it was widespread with residents reviewed. The home had a level four compliance history, as despite Ministry of Health (MOH) action, non compliance continues with the original area of non-compliance which included;

- one voluntary plan of correction issued January 5, 2017 (#2017_393606_0001);
- one written notification issued April 24, 2017 (#2017_646618_0011), and;
- compliance order #001 issued December 28, 2018, with a compliance due date of February 15, 2019 (#2018_657681_0025). (684)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 17, 2019(A1)



Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

Aux termes de l'article 153 et/ou de
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Order # /
Ordre no : 002

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

Linked to Existing Order /
Lien vers ordre existant: 2018_657681_0025, CO #005;

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

- (a) a goal in the plan is met;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Order / Ordre :

The licensee must be compliant with s. 6 (10)(b) of the Long Term Care Homes Act (LTCHA).

Specifically, the licensee must ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary.

Grounds / Motifs :

1. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan was no longer necessary.

Compliance order #005 was served on December 28, 2018, from inspection report #2018_657681_0025 related to section 6, subsection 10, of the Long-Term Care Home's Act (LTCHA) 2007, and had a compliance due date of February 15, 2019. The compliance order stated: "The licensee must be compliant with s.6 (10) (b) of the Long Term Care Homes Act (LTCHA). Specifically, the licensee must



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- a) ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan was no longer necessary.
- b) review the care plans for all residents who were at high risk of falls to ensure the care plans reflect the falls prevention interventions that were being implemented."

Inspector #684 reviewed a CIS report that was submitted to the Director on a specified date in 2018, related to improper/incompetent treatment for resident #005 related to a change in condition.

Inspector #684 reviewed the care plan on a specified date in 2019, for resident #005 for the change in condition and noted an intervention that was to be put in place for resident #005.

Inspector #684 observed on three separate days that resident #005's care plan interventions were not in place.

During an interview with resident #005 they stated that the staff had not offered the intervention to them.

Inspector #684 interviewed PSW #130 and asked why resident #005 did not have the intervention in place as it was identified in the care plan, to which they stated: Last they heard they could not find the equipment required for the intervention. PSW #108 was interviewed and stated that resident #005 had the intervention equipment but they had utilized this for a specified period of time. Inspector #684 interviewed Restorative Care Coordinator who stated the interventions was put in place related to the change in resident condition.

Inspector #684 reviewed the home's policy titled "Resident Rights Care and Services-- Plan of Care" last revised March 13, 2018, which stated "The plan of care shall be reviewed and revised when the resident's care needs change, the care set out in the plan is no longer necessary; or the care set out in the plan has not been effective".

During an interview with the DOC on a specified date in 2019, Inspector #684 reviewed the care plan for resident #005. The DOC confirmed that the care plan stated the resident was have the intervention in place. The DOC stated, if the



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intervention was no longer required the care plan should be edited and the intervention removed.

Seven days later, Inspector #684 reviewed resident #005's care plan where the specific intervention remained in place and unchanged.

Inspector #684 interviewed the Restorative Care Coordinator on a specified date in 2019, at which time they reviewed the care plan for resident #005, and stated that the resident no longer required the intervention and their current care plan was not reflective of the care that they were to receive.

The severity of this issue was determined to be a level two, as there was a risk of minimal harm or potential for actual harm to residents of the home. The scope of the issues was a level one, as it related to one resident reviewed. The home had a level four compliance history, as they had ongoing non-compliance with this section of the Ontario Regulation 79/10 which included;

-one voluntary plan of correction October 16, 2018

-compliance order #005 issued December 28, 2018, with a compliance due date of February 15, 2019 (2018_657681_0025). (684)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Jun 17, 2019(A1)



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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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:



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Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections 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.



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L. O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 14th day of May, 2019 (A1)

**Signature of Inspector /
Signature de l'inspecteur :**

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

Amended by RYAN GOODMURPHY (638) - (A1)



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

Sudbury Service Area Office