

**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**Central West Service Area Office
1st Floor, 609 Kumpf Drive
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 5, 2019	2019_723606_0016	000892-19, 009284- 19, 013874-19, 014160-19	Complaint

Licensee/Titulaire de permis2063415 Ontario Limited as General Partner of 2063415 Investment LP
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8**Long-Term Care Home/Foyer de soins de longue durée**Maple Grove Care Community
215 Sunny Meadow Boulevard BRAMPTON ON L6R 3B5**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

JANET GROUX (606)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): July 23, 24, 25, 26, 29, 30, 31, and August 1, 2019. Long Term Care Homes (LTCH) Inspector Lucia Kwok #752 took part in this inspection.

The following complaint intakes were inspected:

Log #000892-19 regarding the care of a resident after a fall; Log #013874-19 regarding maintenance services related to water temperature and Log #014160-19 regarding staffing shortages, continence care concerns, and availability of continence care products.

The following Follow Up (FU) intake was inspected:

Log #009284-19 Compliance Order (CO) #001 from inspection #2019_727695_008/023265-18, 029888-18, 030810-18, 003601-19, 003605-19 regarding O.Reg. 79/10 s. 51(2) with a Compliance Due Date (CDD) of July 21, 2019.

PLEASE NOTE: A Written Notification and Compliance Order related to O. Reg. 79/10, s. 8 (1)(b) was identified in Log # 014460-19 during a concurrent inspection of the Critical Incident System (CIS) inspection # 2019_723606_0017 and has been issued in this report.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Assistant Director of Care (ADOC), Director of Environmental Services (DES), Registered Dietitian (RD) Consultant, Physiotherapist (PT), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Substitute Decision Makers (SDM) and Residents.

During the course of the inspection, the inspector(s) conducted observations of resident care, residents and staff interactions, completed interviews and reviewed residents' clinical records such as progress notes, assessments, physician orders, written care plans, reviewed relevant home's investigation records, home's meeting minutes, and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Maintenance
Continence Care and Bowel Management
Falls Prevention
Medication
Safe and Secure Home
Sufficient Staffing**

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

2 WN(s)

0 VPC(s)

2 CO(s)

0 DR(s)

0 WAO(s)

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 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 failed to ensure that where the Act or Regulation required the licensee to have, institute or otherwise put in place any policy or procedure, the policy and procedure were complied with.

In accordance with O. Reg. 79/10, s. 30, the licensee was required to provide a written description of each of the interdisciplinary programs, including falls management. Section 49(1) of O. Reg. 79/10 required the licensee to ensure the falls prevention management program provided strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.

Specifically, the licensee failed to comply with its policy entitled, "Head Injury Routine" which directed the registered staff to complete the head injury routine (HIR) as per the schedule outlined or as ordered by the physician. The HIR was to be completed at specific time intervals and assessed as outlined until the physician was contacted and provided alternate orders. If no alternate orders were given by the physician, the policy directed the registered staff to monitor and document the resident's physical and mental status as specified in the policy. The HIR was completed for a specific time frame or until directed by the physician to cease monitoring.

A) A complaint submitted to the Ministry of Long Term Care (MLTC) reported that resident #001 had fallen and there were concerns about the assessment provided to the resident after the fall.

Resident #001's clinical records indicated they fell on an identified date. The resident was assessed with a head injury and a HIR was initiated. Resident #001's HIR on identified

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dates showed incomplete assessments and incorrect time intervals and did not follow the requirements as specifically outlined in the home's policy.

B) A CIS reported resident #014 fell and sustained a serious injury.

Resident #014's progress notes on an identified date stated that resident #014 fell and was witnessed by RN #110. A HIR was initiated. Resident #014's HIR record showed incomplete assessments that did not follow the requirements as specified in the home's policy. Further review of resident # 014's clinical records on identified dates stated the resident had fallen a number of times during the year and the HIRs initiated for those falls showed incorrect time intervals and incomplete assessments and did not follow the home's HIR policy.

RN #110 stated that they did not complete resident #014's HIR assessments as per HIR policy.

C) Resident #003's progress notes on identified dates stated that the resident had a number of falls and a HIR was initiated after each fall. Resident #003's HIR records showed incomplete assessments and incorrect time intervals.

D) Resident #004's clinical records stated the resident had falls on identified dates and HIR was initiated after each fall. The HIRs showed the resident was not re-assessed as required and did not follow the correct time intervals of re-assessment as stated in the home's policy.

RPN #101 stated when a resident has been assessed with a head injury after a fall, HIR must be initiated according to the schedule on the HIR policy.

The ADOC acknowledged that staff did not follow the home's HIR policy.

The licensee has failed to ensure that the policy for head injury routine was implemented for resident #001, #003, #004, and #014. [s. 8. (1) (a), s. 8. (1) (b)]

2. A complaint submitted to the MLTC reported an allegation that there was no hot water in the home on an ongoing basis and concerns related to how residents were getting their baths when there was no hot water.

In accordance with O. Reg. 79/10 s. 90 (2) the licensee was required to ensure that

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procedures were developed and implemented to ensure that the temperature of the water serving all bathtubs, showers, and sinks used by residents was maintained at a temperature of at least 40 degrees Celcius.

Specifically, the licensee failed to comply with its procedure entitled, "Water Temperature Monitoring". It stated that the temperature of the hot water serving specified areas used by residents must be maintained at a temperature of 40 degrees Celcius and must not exceed 49 degrees Celcius. Staff were to monitor the hot water temperature at specified times and locations where residents have access to hot water. The staff were to record the water temperature obtained on a specified monitoring record and report a water temperature that was below 40 degrees Celcius and above 49 degrees Celcius to a Maintenance Personnel for follow up who then will document all reports and follow up in the "Comments" column of the monitoring form.

The Resident Care Area Water Temperature Records for the months of May, June and July 2019 were incomplete and the required hot water temperature records were missing for a number of shifts on different days.

The Resident Care Area Water Temperature Records further revealed that in May 2019, the hot water temperatures obtained on May 2, 3, 4, 5, 8, 10, 13, and 14, and 18, 2019, were below 40 degrees Celcius.

The Resident Care Area Water Temperature Record for May 2019 did not show documentation that the above mentioned temperatures were reported to the maintenance department and there was no documentation to indicate the home's follow up in the "Comments" column of the monitoring form.

RPN #105, and the Director of Environmental Services (DES) stated that the registered staff assigned were responsible to take hot water temperature readings in specified rooms according to the Resident Care Area Water Temperature Record on each shift. When a temperature reading was less than 40 or greater than 49 degrees Celcius, the maintenance department was supposed to be notified for follow up and the follow up should have been documented on the Resident Care Area Water Temperature Record.

The DES acknowledged that the staff did not comply with the home's policy.

The licensee failed to ensure the home's procedure for monitoring water temperatures was implemented. [s. 8. (1)]

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. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

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1. The licensee has failed to implement the individualized plans of care for residents #002, #007 and #010 that promoted and managed bowel and bladder continence.

A) Resident #002's plan of care identified the resident with continence care needs related to their medical conditions. Their plan of care directed staff to provide an identified level of assistance and specific interventions to manage their continence needs.

The Long Term Care Homes (LTCH) Inspectors completed several observations of resident #002 on an identified date. During the time of the observations, resident #002 was not provided the care specified in their continence plan of care. PSW #100 stated that they were assigned to resident #002 and acknowledged that they did not provide the resident the care according to the resident's plan of care.

B) Resident #007 was assessed with identified continence care needs. Resident #007's plan of care directed the staff to provide an identified level of assistance and specific interventions to manage the resident's continence care needs.

Several observations of resident #007 on an identified date showed they were not provided the care to manage the resident's continence care needs as specified in the plan of care. PSW #113 acknowledged that they did not provide resident #007's continence care needs as stated in the plan of care during the shift.

C) Resident #010 was assessed with continence care needs. Resident #010's plan of care identified the resident to have continence care needs and directed the staff to provide an identified level of assistance and specific interventions to manage their continence needs.

Several observations of resident #010 were completed on an identified date. During the time of the observations, the resident was not provided the care as specified in their continence plan of care. PSW #113 acknowledged that they did not provide the resident any continence care as specified in their plan of care because the resident was able to tell them when they needed the care and the resident did not indicate so.

The DOC confirmed that it was the home's expectation for staff to follow and provide the resident's continence care plan of care. [s. 51. (2) (b)]

Additional Required Actions:

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

Issued on this 10th day of September, 2019

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

Original report signed by the inspector.

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

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : JANET GROUX (606)

Inspection No. /

No de l'inspection : 2019_723606_0016

Log No. /

No de registre : 000892-19, 009284-19, 013874-19, 014160-19

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Sep 5, 2019

Licensee /

Titulaire de permis : 2063415 Ontario Limited as General Partner of 2063415
Investment LP
302 Town Centre Blvd., Suite 300, MARKHAM, ON,
L3R-0E8

LTC Home /

Foyer de SLD : Maple Grove Care Community
215 Sunny Meadow Boulevard, BRAMPTON, ON,
L6R-3B5

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Amy Wilkinson

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

To 2063415 Ontario Limited as General Partner of 2063415 Investment LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

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

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

Order / Ordre :

The Licensee must be compliant with s. 8(1)(b) of O. Reg. 79/10.

Specifically, the licensee must comply with the home's head injury routine policy and the procedures identified within the policy for initiating head injury routine.

Grounds / Motifs :

1. 1. The licensee failed to ensure that where the Act or Regulation required the licensee to have, institute or otherwise put in place any policy or procedure, the policy and procedure were complied with.

In accordance with O. Reg. 79/10, s. 30, the licensee was required to provide a written description of each of the interdisciplinary programs, including falls management. Section 49(1) of O. Reg. 79/10 required the licensee to ensure the falls prevention management program provided strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.

Specifically, the licensee failed to comply with its policy entitled, "Head Injury Routine" which directed the registered staff to complete the head injury routine (HIR) as per the schedule outlined or as ordered by the physician. The HIR was to be completed at specific time intervals and assessed as outlined until the physician was contacted and provided alternate orders. If no alternate orders

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

were given by the physician, the policy directed the registered staff to monitor and document the resident's physical and mental status as specified in the policy. The HIR was completed for a specific time frame or until directed by the physician to cease monitoring.

A) A complaint submitted to the Ministry of Long Term Care (MLTC) reported that resident #001 had fallen and there were concerns about the assessment provided to the resident after the fall.

Resident #001's clinical records indicated they fell on an identified date. The resident was assessed with a head injury and a HIR was initiated. Resident #001's HIR on identified dates showed incomplete assessments and incorrect time intervals and did not follow the requirements as specifically outlined in the home's policy.

B) A CIS reported resident #014 fell and sustained a serious injury.

Resident #014's progress notes on an identified date stated that resident #014 fell and was witnessed by RN #110. A HIR was initiated. Resident #014's HIR record on an identified date showed incomplete assessments that did not follow the requirements as specified in the home's policy. Further review of resident #014's clinical records on identified dates stated the resident had fallen a number of times during the year and the HIRs initiated for those falls showed incorrect time intervals and incomplete assessments and did not follow the home's HIR policy.

RN #110 stated that they did not complete resident #014's HIR assessment as per HIR policy.

C) Resident #003's progress notes on identified dates stated that the resident had a number of falls and a HIR was initiated after each fall. Resident #003's HIR records showed incomplete assessments and incorrect time intervals.

D) Resident #004's clinical records stated the resident had falls on identified dates and HIR was initiated after each fall. The HIRs showed the resident was not re-assessed as required and did not follow the correct time intervals of re-assessment as stated in the home's policy.

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

RPN #101 stated when a resident has been assessed with a head injury after a fall, HIR must be initiated according to the schedule on the HIR policy.

The ADOC acknowledged that staff did not follow the home's HIR policy.

The licensee has failed to ensure that the policy for head injury routine was implemented for resident #001, #003, #004, and #014. [s. 8. (1) (a), s. 8. (1) (b)]

The severity of non compliance was determined to be a level 2 as there was minimal harm or potential for actual harm to the residents. The scope of the issue was a level 3 widespread as it related to four out of four residents reviewed. The home had a level 3 history of a previous NC to the same subsection with a Voluntary Plan of Correction (VPC) during a Critical Incident System (CIS) Inspection #2019_727695_0009 issued on May 2, 2019.

(606)

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

Oct 03, 2019

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

Order # /

Ordre no : 002

Order Type /

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

Linked to Existing Order / 2019_727695_0008, CO #001;
Lien vers ordre existant:

Pursuant to / Aux termes de :

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

O.Reg 79/10, s. 51. (2) Every licensee of a long-term care home shall ensure that,

- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
 - (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;
 - (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
 - (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
 - (e) continence care products are not used as an alternative to providing assistance to a person to toilet;
 - (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;
 - (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
 - (h) residents are provided with a range of continence care products that,
 - (i) are based on their individual assessed needs,
 - (ii) properly fit the residents,
 - (iii) promote resident comfort, ease of use, dignity and good skin integrity,
 - (iv) promote continued independence wherever possible, and
 - (v) are appropriate for the time of day, and for the individual resident's type of incontinence.
- O. Reg. 79/10, s. 51 (2).

Order / Ordre :

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
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O. 2007, chap. 8

The licensee must be compliant with s. 51 (2)(b) of O. Reg. 79/10.
Specifically, the licensee must:

Ensure that the individualized plans of care to promote and manage bowel and bladder continence are implemented for residents #002, #007, #010 and any other resident.

Grounds / Motifs :

1. A follow up (FU) inspection was completed regarding compliance order (CO) #001 from inspection #2019_727695_0008 / 023265-18, 029888- 18, 030810-18, 003601-19, 003605-19 regarding r. 51. (2), with a Compliance Due Date (CDD) of July 21, 2019.

The licensee was ordered to:

Ensure that resident #002, #007, and #010, and any other resident, who are incontinent:

- A) Have an individualized plan of care to promote and manage bowel and bladder continence based on the assessment;
- B) That the plan is implemented and;
- C) The individualized toileting plan should include but not limited to; direction to staff as to when to change, toilet or check the resident for continence care and that the interventions are communicated to staff providing care.

The licensee complied with parts A) and C).

The licensee has failed to implement the individualized plans of care for residents #002, #007 and #010 that promoted and managed bowel and bladder continence.

1. The licensee has failed to implement the individualized plans of care for residents #002, #007 and #010 that promoted and managed bowel and bladder continence.

A) Resident #002's plan of care identified the resident with continence care needs related to their medical conditions. Their plan of care directed staff to provide an identified level of assistance and specific interventions to manage

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

their continence needs.

The Long Term Care Homes (LTCH) Inspectors completed several observations of resident #002 on an identified date. During the time of the observations, resident #002 was not provided the care specified in their continence plan of care. PSW #100 stated that they were assigned to resident #002 and acknowledged that they did not provide the resident the care according to the resident's plan of care.

B) Resident #007 was assessed with identified continence care needs. Resident #007's plan of care directed the staff to provide an identified level of assistance and specific interventions to manage the resident's continence care needs.

Several observations of resident #007 on an identified date showed they were not provided the care to manage the resident's continence care needs as specified in the plan of care. PSW #113 acknowledged that they did not provide resident #007's continence care needs as stated in the plan of care during the shift.

C) Resident #010 was assessed with continence care needs. Resident #010's plan of care identified the resident to have continence care needs and directed the staff to provide an identified level of assistance and specific interventions to manage their continence needs.

Several observations of resident #010 were completed on an identified date. During the time of the observations, the resident was not provided the care as specified in their continence plan of care. PSW #113 acknowledged that they did not provide the resident any continence care as specified in their plan of care because the resident was able to tell them when they needed the care and the resident did not indicate so.

The DOC confirmed that it was the home's expectation for staff to follow and provide the resident's continence care plan of care. [s. 51. (2) (b)]

The severity of non-compliance was determined to be a level 2 as there was minimal harm or potential for actual harm to the residents. The scope of the issue was a level 3 widespread as it related to three out of three residents

Order(s) of the Inspector

Pursuant to section 153 and/or
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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

reviewed. The home had a level 4 history; a CO is being re-issued related to the same subsection issued during a Complaint Inspection #2019_727695_0008 served on May 2, 2019, with a Compliance Due Date of July 21, 2019. (752) (606)

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

Oct 03, 2019

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, 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:

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 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.

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

**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, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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

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 5th day of September, 2019

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Janet Groux

Service Area Office /

Bureau régional de services : Central West Service Area Office