

1. The Licensee did not ensure that all staff participate in the implementation of the infection prevention and control program with respect to the following:[s. 229(4)]

The home did have policies and procedures related to the Infection Control Program, however these policies have not been implemented by staff within the home.

- The Infection Control Lead had not been completing a monthly infection Control Report, Nosocomial Infections (Appendix C) of the home's policy [V6-290 dated May 2011] and had not presented a report to the Infection Control Committee as per the home's policy.

- The home has a policy [V6-131] related to immunization that reflects the current legislation related to residents being offered immunization against tetanus and diphtheria in accordance with the publicly funded immunization schedules but the policy is still in draft form and has not yet been implemented in the home

2. The licensee did not ensure that screening of all new staff for Tuberculosis was completed in accordance with prevailing practices and evidenced based practices in relation to:[s. 229(10)4]

- A review of the immunization records for five of the newer employees at the home revealed that one staff member did not have any record of Mantoux testing on file and the home was unable to verify that the testing had been done.

- A second staff member had a document from her physician indicating that Tuberculosis testing had been done but there were no results on file.

- A third employee was on leave until 2010, no current Mantoux testing was found after her return to work.

3. The licensee was unable to verify that every resident admitted to the home was screened for Tuberculosis within 14 days of admission in relation to:[s. 229(10)1]

a) An identified resident admitted to the home in 2010, received the first step of her Mantoux test and the result was negative. The clinical record indicated no second step of the Mantoux test was completed and recorded.

b) An identified resident was noted to have a positive Mantoux test in 2003 but no evidence of a chest x-ray being completed was found to rule out active disease.

4. The Licensee did not ensure that the interdisciplinary team that co-ordinates and implements the infection control programs meets at least quarterly. [s. 229(2)(b)]

The Infection Control Committee is a sub committee of the Professional Advisory Committee. There were no Professional Advisory Committee meetings and therefore no Infection Control Meetings held between September 8, 2010 and June 29, 2011, a period of more than nine months.

5. The home did not complete the Daily Infection Surveillance Line Listing form to identify all current infections within the home as per their Policy (Policy V6-290 dated May 2011) and in accordance with 229(5), O. Reg. 79/10,[s. 229(5)(a)]

- Staff at the home had not been using any process each shift to daily monitor and track infections within the home.

- Interviews with Registered staff revealed that they were not aware of any process for identification and tracking of infections every shift other than documentation in the residents' progress notes and passing on information at shift report.

6. The Licensee did not ensure that information gathered in relation to residents presenting with symptoms of infection was analyzed daily to detect the presence of infection and reviewed at least once a month to detect trends. [229(6)]

Infection control trends have not been monitored over time and opportunities for improvement identified, implemented and evaluated as per (Policy V6-290).

**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 with sections 229(4), 229(10)4, 229(10)1, 229(2)b, 229(5) and 229(6) of the Regulations., to be implemented voluntarily.***

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**WN #28: 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.**

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**Findings/Faits saillants :**

1. The licensee did not ensure that the home is a safe and secure environment for the residents with respect to the following:

a) It was noted on August 31, 2011 at 0943hrs that the door to the tub room on D Wing was open. Several residents were noted to be walking in the hall of this wing and had access to the tub room through the open door. Inside the tub room there was an overflowing bio hazard sharps container and an unlabeled "ECOLAB" bottle identified as "DO NOT DRINK". The Administrator confirmed that this door is to be locked at all times and proceeded to secure the door.

**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 by ensuring that the home is a safe and secure environment for the residents,, to be implemented voluntarily.***

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**WN #29: The Licensee has failed to comply with O.Reg 79/10, s. 43. Every licensee of a long-term care home shall ensure that strategies are developed and implemented to meet the needs of residents with compromised communication and verbalization skills, of residents with cognitive impairment and of residents who cannot communicate in the language or languages used in the home. O. Reg. 79/10, s. 43.**

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**Findings/Faits saillants :**

1. The Licensee did not ensure that strategies were developed and implemented to meet the needs of residents with compromised communication and verbalization skills and residents who cannot communicate in the language or languages used in the home for two of two residents reviewed with respect to:

- The home did not develop and implement strategies to meet the needs of an identified resident who cannot communicate in the language used in the home. Staff confirmed that it is difficult to communicate with the resident and that there are no strategies and interventions in place to assist with communication for this resident.

- The home did not implement strategies to meet the communication needs of a second identified resident. The resident confirmed that an aid was initially used to assist in communication with staff, however, it is rarely used by staff as they indicate to the resident they are too busy to use the aid and the resident finds it difficult to communicate with staff. The resident indicated that some staff will use their hands to cover their lips making it difficult for her to understand what is being said. The resident indicated that this makes her feel isolated.

**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 by ensuring that strategies are developed and implemented to meet the needs of residents with compromised communication and verbalization skills, of residents with cognitive impairments and of residents who cannot communicate in the language or languages used in the home,, to be implemented voluntarily.***

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**WN #30: The Licensee has failed to comply with O.Reg 79/10, s. 217. The licensee shall ensure that there is a designated lead for the training and orientation program. O. Reg. 79/10, s. 217.**

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**Findings/Faits saillants :**

1. The licensee did not ensure there is a designated lead for the training and orientation program.[s.217]

The administrator of the home confirmed that currently there was no designated lead for the training and orientation program in the home.

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**WN #31: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services**

Specifically failed to comply with the following subsections:

s. 31. (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 31 (4).

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**Findings/Faits saillants :**

1. The licensee did not ensure a written record was kept of the evaluation of the staffing plan in accordance with section 31 (3) (e) of O. Reg. 79/10.[O. Reg. s 31(4)]  
- The administrator of the home confirmed that there was no written record of each annual evaluation of the staffing plan including the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

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**WN #32: The Licensee has failed to comply with O.Reg 79/10, s. 138. Absences**

Specifically failed to comply with the following subsections:

s. 138. (6) A licensee of a long-term care home shall ensure that before a resident of the home leaves for a medical absence or a psychiatric absence,  
(a) except in an emergency, a physician or a registered nurse in the extended class attending the resident authorizes the absence in writing; and  
(b) notice of the resident's medical absence or psychiatric absence is given to the resident's substitute decision-maker, if any, and to such other person as the resident or substitute decision-maker designates,  
(i) at least 24 hours before the resident leaves the home, or  
(ii) if circumstances do not permit 24 hours notice, as soon as possible. O. Reg. 79/10, s. 138 (6).

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**Findings/Faits saillants :**

1. The Licensee did not ensure that before a resident of the home leaves for a medical absence and except in an emergency, a physician or Registered Nurse in the extended class attending the resident authorized the absence in writing. [s. 138(6)(a)]  
a) An identified resident was transferred to hospital for a scheduled surgical procedure. There was no written authorization provided by the physician or a registered nurse in the extended class for this transfer.

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**WN #33: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents**

Specifically failed to comply with the following subsections:

s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
  2. An environmental hazard, including a breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours.
  3. A missing or unaccounted for controlled substance.
  4. An injury in respect of which a person is taken to hospital.
  5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).
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**Findings/Faits saillants :**

1. The licensee did not ensure that the Director was informed of a fall requiring transfer to hospital within one business day as required. [s.107(3)(4)]

An identified resident sustained a fall that resulted in transfer to hospital. No Critical Incident Report was submitted to the Ministry of Health related to this incident.

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**WN #34: The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information**

Specifically failed to comply with the following subsections:

s. 225. (1) For the purposes of clause 79 (3) (q) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 79 of the Act includes the following:

1. The fundamental principle set out in section 1 of the Act.
2. The home's licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 101 (3) of the Act.
3. The most recent audited report provided for in clause 243 (1) (a).
4. The Ministry's toll-free telephone number for making complaints about homes and its hours of service.
5. Together with the explanation required under clause 79 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 24 of the Act. O. Reg. 79/10, s. 225 (1).

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**Findings/Faits saillants :**

1. The Licensee has not ensured that information required to be posted in the home was posted. [s.225(1)3]

The most recent audited report was not posted in the home on September 14, 2011. This missing document was confirmed by the Administrator.

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**WN #35: The Licensee has failed to comply with O.Reg 79/10, s. 113. Evaluation**

Every licensee of a long-term care home shall ensure,

(a) that an analysis of the restraining of residents by use of a physical device under section 31 of the Act or pursuant to the common law duty referred to in section 36 of the Act is undertaken on a monthly basis;

(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 29 of the Act, and what changes and improvements are required to minimize restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation;

(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;

(d) that the changes or improvements under clause (b) are promptly implemented; and

(e) that a written record of everything provided for in clauses (a), (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes were implemented is promptly prepared. O. Reg. 79/10, s. 113.

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**Findings/Faits saillants :**

1. The licensee did not ensure that any changes or improvements recommended as a result of an annual review of the policy to minimize the restraining of residents are promptly implemented.[s. 113(d)].

The annual evaluation was completed in January 2011. It was determined that the policy needed to be updated to align with the new Act and Regulations. In February 2011 it was noted that a working draft policy was sent to the home for trial and feedback. The Resident Care Policy binder has a policy [Restraints - Mechanical] revised December 2008 when reviewed on October 4, 2011 there were no draft policies available. The Administrator confirmed the policy in the binder was the working policy for the home.



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  
prévus le Loi de 2007 les  
foyers de soins de longue

Issued on this 15th day of May, 2012

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

A handwritten signature in cursive script, appearing to read "P. J. Bentley".



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

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

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

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

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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

Public Copy/Copie du public

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<b>Name of Inspector (ID #) / Nom de l'inspecteur (No) :</b>	PHYLLIS HILTZ-BONTJE (129), ELISA WILSON (171), MARILYN TONE (167), TAMMY SZYMANOWSKI (165)
<b>Inspection No. / No de l'inspection :</b>	2011_061129_0006
<b>Type of Inspection / Genre d'inspection:</b>	Resident Quality Inspection
<b>Date of Inspection / Date de l'inspection :</b>	Aug 30, 31, Sep 1, 6, 7, 8, 9, 13, 14, 16, 19, 20, 21, 22, 23, 26, 27, 28, 29, 30, Oct 3, 4, 5, 6, 7, 11, 14, 17, Nov 21, 22, 23, 24, 25, 28, Dec 7, 8, 16, 2011; Jan 10, 11, 12, 13, 18, 19, 20, 23, 30, 31, Feb 1, Mar 27, 2012
<b>Licensee / Titulaire de permis :</b>	2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP 302 Town Centre Blvd., Suite #200, TORONTO, ON, L3R-0E8
<b>LTC Home / Foyer de SLD :</b>	LEISUREWORLD CAREGIVING CENTRE - BRANTFORD 389 WEST STREET, BRANTFORD, ON, N3R-3V9
<b>Name of Administrator / Nom de l'administratrice ou de l'administrateur :</b>	LINDA PRINCE

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To 2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP, 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

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

LTCHA, 2007 S.O. 2007, c.8, s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
  - i. participate fully in the development, implementation, review and revision of his or her plan of care,
  - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
  - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
  - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
  - i. the Residents' Council,
  - ii. the Family Council,
  - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
  - iv. staff members,
  - v. government officials,



**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

vi. any other person inside or outside the long-term care home.

18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.

19. Every resident has the right to have his or her lifestyle and choices respected.

20. Every resident has the right to participate in the Residents' Council.

21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

**Order / Ordre :**

The Licensee shall ensure that staff provide privacy to all residents whenever treatments are being administered or care is being provided.

**Grounds / Motifs :**

1. Previous identified as non compliance on July 2010 and issued as a VPC. (129)

2. The home failed to provide residents with privacy in relation to:

a) An identified resident was having personal care provided in her room, the privacy curtains did not completely enclose the resident's bed, the resident was not fully clothed and was visible to others walking in the hall through a reflection in a mirror.

b) One resident was provided an eye treatment while sitting in the hall and visible to other residents, staff and visitors who were also in the hall.

c) One resident was provided a treatment related to diabetic monitoring while sitting in the hall and visible to other residents, staff and visitors who were also in the hall.

d) A foot care treatment was being provided to a resident by a foot care specialist in a resident lounge. This resident was visible to other residents and visitors who were also in the lounge.

e) A resident was being assisted to the washroom by a Personal Support Worker (PSW). The staff person lowered the residents pants, transferred the resident to the toilet and left the door to the washroom open throughout this process. This resulted in the resident being visible to other residents, staff and visitors who were walking in the hall past the washroom. (129)

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

**Vous devez vous conformer à cet ordre d'ici le :** Mar 28, 2012





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

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

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

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

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**Order # /**  
**Ordre no :** 002      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Pursuant to / Aux termes de :**

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 shall prepare, submit and implement a plan to ensure that where the Act or this Regulation requires the licensee to have, institute or otherwise put in place any policy, including the policies for missing clothing, falls prevention and management, staff orientation, enteral feeding, diabetic and hypoglycemia, hydration, medication administration and palliative care, that those policies are complied with. The plan shall be submitted by February 15, 2012 to Phyllis Hiltz-Bontje at Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119, King St., W., 11th floor, Hamilton, ON L89 4Y7.

**Grounds / Motifs :**

1. Previously identified as non compliant July 2011 and issued as a VPC. (129)
2. The licensee did not ensure that the following policies were complied with:
  - The lost/missing clothing policy with respect to following the established process when clothing is reported missing.
  - The falls prevention and management policies related to post falls assessments including post falls huddles and assessment every shift for three days after a fall, posting transfer directions for staff and completing quarterly falls risk assessments.
  - The orientation policies related to the documentation of the completed orientation program for staff.
  - The Enteral Feeding policy related to safe positioning of residents receiving enteral feeding.
  - The Diabetic and Hypoglycemia policy related to actions to be taken when a residents blood glucose falls below 4mmol/L or demonstrates symptoms of hypoglycemia
  - The Dietary Intake and Hydration Management program related to documentation of fluid intake and actions to take when a residents fluid intake falls below identified levels.
  - The medication policies in relation to monitoring of residents during medication administration
  - The palliative care policies in relation to ensuring that an individual palliative care plan is developed for residents identified as requiring palliative care. (129)

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

**Vous devez vous conformer à cet ordre d'ici le :** Mar 31, 2012



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

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

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

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

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**Order # /**  
**Ordre no :** 003      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

**Order / Ordre :**

The Licensee shall ensure that staff bath each resident at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. The Licensee shall ensure there are adequate staff available to meet the bathing needs of the residents.

**Grounds / Motifs :**

1. Records documenting the care provided to residents for August and September 2011 were reviewed and indicated that 49 of 49 residents reviewed did not consistently receive two baths per week. (165)
2. A family member interviewed confirmed that their family member is not receiving two baths a week because the home is always short staffed. (165)
3. A number of PSWs confirmed that if they worked short staffed resident's don't always get bathed twice a week. (165)
4. One resident interviewed confirmed she does not always receive two baths a week and when she only receives one bath staff tell her it is because they are short staffed. A second resident interviewed confirmed sometimes she only receives one bath/shower a week. (165)
5. Previously identified as non compliant April 2011 and issued as a CO. (165)

**This order must be complied with by /**  
**Vous devez vous conformer à cet ordre d'ici le :** Mar 28, 2012



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

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

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

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

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**Order # /**  
**Ordre no :** 004      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

**Order / Ordre :**

The Licensee shall ensure that staff provide three identified residents with drugs in accordance with the directions for use specified by their prescriber and the licensee shall monitor medication administration in the home to ensure that all residents receive medications in accordance with the directions from the prescribers.

**Grounds / Motifs :**

1. The Licensee did not ensure that drugs were administered to residents in accordance with the directions for use by the prescriber for three of seven residents reviewed.
  - a) A Physician's order for canestan cream to address skin breakdown for an identified resident was not administered in accordance with the directions in the order.
  - b) A Physician's order for Tylenol #2 to manage pain for an identified resident was not administered in accordance with the directions in the order.
  - c) Physician's orders for medications for an identified resident were not administered in accordance with the order when the resident did not receive the complete dose of multiple medications that were crushed together.
  - d) An identified resident had a physicians order for Pariet, which directs staff not to crush this medication. Staff crushed this medication prior to administering it to the resident. (129)
2. Previously identified as non compliant on July 2010 and issued as a WN, September 2010 and issued as a WN and April 2011 issued as a WN. (129)

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

**Vous devez vous conformer à cet ordre d'ici le :** Mar 28, 2012



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

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

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

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

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**Order # /**  
**Ordre no :** 005      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

**Order / Ordre :**

The Licensee shall prepare, submit and implement a plan to ensure that the care set out in the plan of care is provided to the resident as specified in the plan including, care related to treatments for skin breakdown, repositioning of resident who are unable to position themselves, nutritional interventions and interventions for pain management. The plan shall be submitted by February 15, 2012 to Phyllis Hiltz-Bontje at Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119 King St. W., 11th Floor, Hamilton, ON, L8P 4Y7.

**Grounds / Motifs :**

1. The Licensee has not ensured that care set out in the plan of care was provided to all residents as specified in the plan, in relation to the following:
  - a) An identified resident did not receive the care set out in the plan of care for wound care and positioning.
  - b) An identified resident did not receive care set out in the plan of care for nutritional care to manage albumin levels.
  - c) An identified resident did not receive care set out in the plan of care for pain management and continued to experience pain. (165)
2. Previously identified as non compliant July 2011 and issued as a VPC. (171)

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

**Vous devez vous conformer à cet ordre d'ici le :** Mar 31, 2012



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

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

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

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

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**Order # /**  
**Ordre no :** 006      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Pursuant to / Aux termes de :**

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

**Order / Ordre :**

The Licensee shall prepare, submit and implement a plan to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to residents, including care directions for bathing, continence care and retraining programs, pain management, rehabilitation programs, transfers and mobility, use of restraints and falls management. The plan shall be submitted by February 15, 2012 to Phyllis Hiltz-Bontje at Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119 King St. W., Hamilton, ON, L8P 4Y7.

**Grounds / Motifs :**

1. Previously identified as non compliant July 2011 and issued as a VPC. (129)
2. The plan of care does not set out clear directions for staff providing care with respect to the following:
  - a) An identified resident's plan of care does not provide clear direction to staff with respect to bathing.
  - b) An identified resident's plan of care provides conflicting directions to staff with respect to participation in a bladder retraining program and continence care to be provided.
  - c) An identified resident's plan of care does not provide clear direction to staff with respect to care to be provided in order to manage the resident's pain.
  - d) An identified resident's plan of care provides conflicting directions to staff with respect to nursing rehabilitation care to be provided.
  - e) An identified resident's plan of care does not provide clear directions to staff with respect to mobility/transfers, urinary continence and catheter care, restraint and physiotherapy treatments.
  - f) An identified resident's plan of care does not provide clear direction to staff with respect to risk for falling and care to be provided to prevent/manage falls.
  - g) An identified resident's plan of care does not provide clear direction to staff with respect to continence care to be provided. (171)

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

**Vous devez vous conformer à cet ordre d'ici le :** Apr 15, 2012



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

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

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

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

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<b>Order # / Ordre no :</b>	007	<b>Order Type / Genre d'ordre :</b>	Compliance Orders, s. 153. (1) (b)
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**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 shall prepare, submit and implement a plan to ensure that residents are reassessed and the plan of care reviewed and revised when the resident's care needs change or the care set out in the plan is no longer necessary, including care needs related to nutrition and hydration, pain, skin and wound and changes in bowel function. The plan shall be submitted by February 15, 2012 to Phyllis Hiltz-Bontje at Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119 King St. W., 11th Floor, Hamilton, ON, L8P 4Y7.

**Grounds / Motifs :**

1. Previously identified as non compliant July 2010 and issued as a VPC. (171)
2. The Licensee did not ensure that residents were reassessed and the plan of care reviewed and revised when the resident's care needs change, in relation to the following:
  - a) An identified resident's plan of care was not revised when there was a change in the resident's skin condition and the physician discontinued an order for specialized dressing and also when there was a change in the resident's seating/positioning needs and the resident required a specialized chair.
  - b) An identified resident was not reassessed and her plan of care was not reviewed or revised when the resident's needs changed with respect to hydration.
  - c) An identified resident was not reassessed and her plan of care was not reviewed or revised when the resident's needs changed with respect to bowel elimination and constipation. (171)

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

**Vous devez vous conformer à cet ordre d'ici le :** Apr 15, 2012



**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

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**Order # /**  
**Ordre no :** 008      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

**Order / Ordre :**

The Licensee shall prepare, submit and implement a plan to ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times. The plan shall be submitted by February 8, 2012 to Phyllis Hiltz-Bontje at Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119 King St., W., 11th Floor, Hamilton, ON L8P 4Y7.

**Grounds / Motifs :**

1. The licensee of the long term care home did not ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home on seven occasions during the months of August and September 2011.  
According to staff schedules and payroll records provided by the home there was not at least one registered nurse on duty and present in the home Saturday August 6, 2011, 15:00-23:00; Sunday August 7, 2011 15:00-23:00; Saturday August 27, 2011 19:00-23:00; Monday August 29, 2011 11:00-19:00, Wednesday September 7, 2011 15:00-16:30; Friday September 9, 2011 15:00-23:00; and Friday September 23, 2011 15:00-23:00. The home was unable to confirm that agency staff were used for the above noted dates in September at the time of this inspection. (165)

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

**Vous devez vous conformer à cet ordre d'ici le :** Mar 28, 2012



**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/APEAL 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 Clerk  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11<sup>th</sup> 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 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 Clerk  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11<sup>th</sup> Floor  
Toronto ON M5S 2B1  
Fax: 416-327-7603**

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





Ministry of Health and  
Long-Term Care

Ministère de la Santé et  
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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 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  
55, avenue St. Clair Ouest  
8<sup>e</sup> étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 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.

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, 9<sup>e</sup> 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  
55, avenue St. Clair Ouest  
8<sup>e</sup> étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 416-327-7603

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

Issued on this 27th day of March, 2012

Signature of Inspector /  
Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : PHYLLIS HILTZ-BONTJE

Service Area Office /

Bureau régional de services : Hamilton Service Area Office