



**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 prévue le Loi de 2007 les foyers de soins de longue**

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

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Mar 28, 29, 30, Apr 2, 3, 4, 5, 6, 10, 11, 12, 13, 17, 18, 19, 20, 23, 24, 25, 26, May 1, 2, 3, 4, 8, 9, 10, 11, 30, 31, Jun 1, 6, 2012	2012_090172_0026	Resident Quality Inspection

**Licensee/Titulaire de permis**

ST. JOSEPH'S HEALTH CARE, LONDON  
268 Grosvenor Street, P.O. Box 5777, LONDON, ON, N6A-4V2

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

ST. JOSEPH'S HEALTH CARE, LONDON - MOUNT HOPE CENTRE FOR LONG TERM CARE - MARIAN VILLA  
200 COLLEGE AVENUE, P.O. BOX 5777, LONDON, ON, N6A-1Y1

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

JOAN WOODLEY (172), BONNIE MACDONALD (135), JUNE OSBORN (105), RUTH HILDEBRAND (128)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with 110 individuals to obtain input into this RQI. The following individuals were interviewed: the Director of Long Term Care, 2 Resident Care Coordinators, the Staff Educator, the Infection Control and Prevention Designate, an Occupational Health and Safety Nurse, the Volunteer Coordinator, the Registered Dietitian, the Food and Nutrition Coordinator, the Occupational Therapist, the Director of Environmental Services, 2 Facilities Engineering Coordinators, the Coordinator of Environmental Services, the Housekeeping Supervisor, 12 Registered Nurses, 13 Registered Practical Nurses, 29 Primary Care Partners, the RAI-MDS Coordinator, 1 Electrician, 2 Therapeutic Recreational Aides, 2 Food Service Technicians, 5 Dietary Aides, 1 Central Supply Store Keeper, the Customer Service Representative, the Administrative Assistant, 2 Housekeeping Aides, 2 Physiotherapy Aides/ Kinesiologists, 1 Pharmacist, 1 Pharmacy Clerk, 1 Accounts' Manager, 1 Staffing Team Assistant, 14 residents and 5 families.

During the course of the inspection, the inspector(s) conducted a tour of all resident areas and common areas, observed residents and the care provided to them, meal service, medication administration, reviewed health care records, policies/ procedures, minutes of meetings and other relevant documents.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping



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**Accommodation Services - Laundry**

**Accommodation Services - Maintenance**

**Admission Process**

**Continence Care and Bowel Management**

**Dignity, Choice and Privacy**

**Dining Observation**

**Falls Prevention**

**Family Council**

**Food Quality**

**Hospitalization and Death**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Nutrition and Hydration**

**Pain**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Quality Improvement**

**Recreation and Social Activities**

**Resident Charges**

**Residents' Council**

**Responsive Behaviours**

**Safe and Secure Home**

**Skin and Wound Care**

**Sufficient Staffing**

**Findings of Non-Compliance were found during this inspection.**

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**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

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<b>Legend</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Legendé</b>  WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home  
Specifically failed to comply with the following subsections:**

**s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:**

**1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,**

- i. kept closed and locked,**
- ii. equipped with a door access control system that is kept on at all times, and**
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**
  - A. is connected to the resident-staff communication and response system, or**
  - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door**

**and has a manual reset switch at each door.**

**1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.**

**2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.**

**3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.**

**4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).**

**Findings/Faits saillants :**

1. Observations by inspectors revealed the doors leading to the outside of the home were not locked throughout the inspection.

Staff interview with Director of Long Term Care confirmed the front doors are not locked at all times. The home is looking to replace their current wanderguard system with a new one and at the same time install a new door alarm system that will allow the door to be locked at all times.

Staff interview with Resident Care Coordinator confirmed the doors leading to the outside of Marian Villa are not kept closed and locked; nor are they equipped with a door access control system that is kept on at all times.

[O.Reg.79/10,s.9.(1)1.i and ii.]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs  
Specifically failed to comply with the following subsections:**

**s. 129. (1) Every licensee of a long-term care home shall ensure that,**  
**(a) drugs are stored in an area or a medication cart,**  
**(i) that is used exclusively for drugs and drug-related supplies,**  
**(ii) that is secure and locked,**  
**(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**  
**(iv) that complies with manufacturer's instructions for the storage of the drugs; and**  
**(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

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**Findings/Faits saillants :**

1. Observations revealed the Emergency Drug Box containing narcotics was sitting on the counter in the designated medication room and was not double locked. Staff interview with a Registered Staff verified this.

[O.Reg.79/10,s.129.(1)(b)]

2. Observations revealed a Registered Staff member was at the far end of the dining room. The medication cart was unlocked and unattended in the hallway. The 3rd drawer was partly opened.

Observation revealed a Registered Staff member did not need to use a key to open a medication room door as it was closed but not completely.

Observations revealed a medication room door was closed, but not tightly. An employee delivered a "bag" and opened the door without using a key. Neither Registered Staff were on the floor.

[O.Reg.79/10,s.129.(1)(a)i]

3. Observations of a medication room revealed expired medications.

[O.Reg.79/10,s.129.(1)(a)iv]

4. Observations revealed a Registered Staff member walked away from the medication cart parked in the hall, outside the dining room, and walked into the dining room to give medication. The med cart was in the hallway, was not locked, and was not within sight of the Registered Staff. This happened 3 times while the Registered Staff member administered medication to 3 different residents.

Observations made by Inspector #128 revealed a medication cart unlocked and unattended with medications sitting on top of the cart in cellophane packages. The Registered Staff member who was giving medications and was not visible.

Staff interview with a Registered Staff member confirmed the expectation is that the medication cart is never left unattended if unlocked and especially with medication sitting on the top of it.

Observations by Inspector #135, during dinner revealed a Registered Staff member giving medications left the unlocked medication cart twice to go into the servery for water or to administer medications in a resident's room.

[O.Reg.79/10,s.129.(1)(a)(ii)] (128)

Observations of the emergency drug box, sitting on a counter in a medication room, containing narcotics was locked with a combination lock only. The home's policy related to storage of Narcotic Controlled Drugs (NCD) requires a double locked, secure cupboard or in a medication cart with key access. Combination locks and code keys are not acceptable locking mechanisms.

[O.Reg.79/10,s.129.(1)(b)] (105)

***Additional Required Actions:***

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

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**  
Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
  - i. persons who may dispense, prescribe or administer drugs in the home, and
  - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

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**Findings/Faits saillants :**

1. Observations of a medication room revealed the Registered Dietitian and a Dietary Intern working on a computer inside the medication room. During this time a Pharmacy Clerk also entered the medication room. Observations of a medication room revealed a Central Supply Stores Keeper, had keys to the medication room and went into room alone, to restock the treatment cart.

Staff interview with a Pharmacy clerk revealed pharmacy provides a key to the medication room. No registered staff were observed in the area at these times.

[O.Reg.79/10,s.130.2.i.](105)(172)

2. Staff interview with a Pharmacy Coordinator revealed that the pharmacy has a key for the medication rooms and when a pharmacy technician, clerk or porter come over to Marian Villa they bring that key with them to access the medication rooms.

[O.Reg.79/10,s.130.2.i.]

***Additional Required Actions:***

***CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

Specifically failed to comply with the following subsections:

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,
  - 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).

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**Findings/Faits saillants :**

1. Observations made during the inspection revealed multiple soiled, stained wheelchairs and walkers throughout the home.

[LTCHA, 2007 S.O. 2007, c.8, s.3.(1)5.]

2. Observations revealed a resident left the Dining room as not feeling well. When the resident returned to the dining room later the resident was not offered a hot meal or the reheating of a meal.

Staff interview with the Coordinator of Food and Nutrition Services confirmed a resident should have been offered a hot meal.

[LTCHA, 2007 S.O. 2007, c.8, s.3.(1)4.]

**Additional Required Actions:**

*VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure every resident is properly fed and cared for in a manner consistent with their care needs and lives in a clean environment, to be implemented voluntarily.*

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**WN #5:** 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. Observations by Inspectors #135 and #172 revealed numerous lift parts and boxes were strewn along a hallway.

Staff interview with the Director of Long Term Care confirmed the home's Site Rules for Contractors were not followed.

[LTCHA, 2007 S.O. 2007, c.8, s.5]

2. Observations were made on by inspectors #105 and #128 related to the operation of the wander guard alarm system. Staff from various departments demonstrated varying knowledge related to what they were to do in response to the alarm sounding.

Staff Interview with Resident Care Coordinator confirmed it is the expectation that staff are to check the # on the alarm and then go to the book at the information desk to see who it was. If the resident is not in the area, staff are to contact a Registered staff on the unit to ensure resident safety.

[LTCHA, 2007 S.O. 2007, c.8, s.5]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure the home is a safe and secure environment for all residents, to be implemented voluntarily.***

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**WN #6: 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 subsections:**

**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).**

**s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).**

**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).**

**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).**

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**Findings/Faits saillants :**



1. Plan of care for a specific resident was reviewed. An identified therapy had not been documented recently. Thus there is no evidence to support that the care is being provided as per the plan of care.

Staff interview with a Kinesiologist, revealed that refusals was the reason that the care was not being provided.

Record review revealed that the care plan was reviewed recently but no revisions were made.  
[LTCHA, 2007 S.O. 2007, c.8, s.6.(7)]

2. Plan of care for another resident was reviewed and showed that revisions had not been made.

Staff interview with a Kinesiologist confirmed that plan of care should have been reviewed and revised.  
[LTCHA, 2007 S.O. 2007, c.8, s.6.(2)]

3. A plan of care review and observations revealed a supplement was available for a resident, on the snack cart but was not offered to the resident.

Staff interview with a Primary Care Partner, confirmed that a certain resident did not receive a supplement as the Label Servicer Report was not referenced.  
[LTCHA, 2007 S.O. 2007, c.8, s.6.(7)]

4. Care plan review revealed no documentation of a front fastening lapbelt being used for a specific resident.

Staff interview with Resident Care Coordinator confirmed the use of a lapbelt should have been identified on the care plan.

[LTCHA, 2007 S.O. 2007, c.8, s.6.(1)(c)]

5. Care plan review, for another resident revealed one staff, extensive physical assistance was needed for an activity of daily living, as well the resident was independent with this activity.

Staff interview with one Primary Care Partner revealed that at least 70 % of the time a specific resident required staff assistance with an activity of daily living. Another Staff interview with a different Primary Care Partner revealed the specific resident was capable of performing this task independently.

[LTCHA, 2007 S.O. 2007, c.8, s.6.(1)(c)]

6. Resident interview revealed that the activities in the home did not meet a resident's interests.

Record review revealed that the specific resident was not reassessed, nor was the plan of care reviewed or revised at least every six months or on admission.

Staff interview with the Therapeutic Recreation Specialist confirmed a specific resident had not been reassessed when the resident's care needs changed.

[LTCHA, 2007 S.O. 2007, c.8, s.6.(10)(b)]

7. Staff interview with Registered Dietitian confirmed the care plan for a specific resident, which she reviewed was not accurate.

[LTCHA, 2007 S.O. 2007, c.8, s.6.(1)(c)]

8. Staff interview with a Registered Staff member revealed the residents' bedtime preference are not included on their care plan.

[LTCHA, 2007 S.O. 2007, c.8, s.6.(1)(c)]

9. Record review on a specific resident revealed that a reassessment was not completed related to a change in condition.

Staff interview with a Registered Staff member confirmed that the plan of care had not been updated.

[LTCHA, 2007 S.O. 2007, c.8, s.6.(10)(b)]

10. Staff interview with a Registered Staff member confirmed a resident did have a bed alarm but it was not referenced on the care plan.

Staff interview with a Primary Care Partner revealed a resident had a bed alarm. It is not referenced on the Primary Care Partner's "Kardex" derived from the care plan.

[LTCHA, 2007 S.O. 2007, c.8, s.6.(1)(c)]

**Additional Required Actions:**

*VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure all plans of care provide clear direction to staff and others who provide care, that the care set out in the plan of care is provided to the resident and that the resident is reassessed and the plan of care is reviewed and revised at least every six months and at any other time when the resident's care needs change or the care set out in the plan is no longer necessary, to be implemented voluntarily.*

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**WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services Specifically failed to comply with the following subsections:**

s. 15. (2) Every licensee of a long-term care home shall ensure that,  
(a) the home, furnishings and equipment are kept clean and sanitary;  
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and  
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

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**Findings/Faits saillants :**

1. Observations made during the inspection revealed multiple wheelchairs and walkers with dried spills and soilage.
2. Staff interview with the Housekeeping Supervisor, the Coordinator Environmental Services and the Resident Care Coordinator confirmed wheelchairs and walkers are cleaned on a quarterly basis.
3. Observations made during lunch in one of the Dining rooms revealed furniture and equipment were not clean and sanitary eg. food spills spattered on wall surfaces; wooden dining table can no longer be sanitized properly as the finish has worn off; and baseboards around perimeter of the dining room had a build up of dirt/dust.  
[LTCHA, 2007 S.O. 2007, c.8, s.15.(2)(a)]

**Additional Required Actions:**

*VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure the home, furnishings and equipment are kept clean and sanitary, to be implemented voluntarily.*

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**WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.**

Specifically failed to comply with the following subsections:

s. 78. (2) The package of information shall include, at a minimum,

- (a) the Residents' Bill of Rights;
- (b) the long-term care home's mission statement;
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
- (d) an explanation of the duty under section 24 to make mandatory reports;
- (e) the long-term care home's procedure for initiating complaints to the licensee;
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
- (g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;
- (h) the name and telephone number of the licensee;
- (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home;
- (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;
- (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;
- (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;
- (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;
- (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;
- (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;
- (p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;
- (q) an explanation of the protections afforded by section 26; and
- (r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

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**Findings/Faits saillants :**

1. Review of the Admission Package provided to residents/families/Substitute Decision Makers upon admission to the home, revealed that there is not an explanation of whistle-blowing protections related to retaliation.

Staff interview with the Admissions Nurse and Administrative Assistant confirmed that whistle blowing protection information was not provided upon admission.

[LTCHA, 2007 S.O. 2007, c.8, s.78.(2)(q)]

**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 ensure the package provided to residents contains the required information, to be implemented voluntarily.**

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**WN #9: 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 subsections:

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).

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**Findings/Faits saillants :**

Policy reviews revealed staff were not compliant with the following policies:

1. Residents Returning From Emergency Room/Hospital Stay/Mental Health.
2. Surplus or Discontinued Medications
3. Narcotics and Controlled Drug Management

Staff interview with the Coordinator of Resident Care confirmed this. (105)

**Additional Required Actions:**

*VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure home's policies are complied with, to be implemented voluntarily.*

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**WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs**

Specifically failed to comply with the following subsections:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,  
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;  
(b) the identification of any risks related to nutrition care and dietary services and hydration;  
(c) the implementation of interventions to mitigate and manage those risks;  
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and  
(e) a weight monitoring system to measure and record with respect to each resident,  
(i) weight on admission and monthly thereafter, and  
(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

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**Findings/Faits saillants :**

1. Chart review of a specific resident revealed that a resident requires a supplement at morning snack. The Meal and Snack Flow Sheets revealed that the supplement has only been recorded as taken 3 out of 23 days.(13% of the time).

Staff interview with a Primary Care Partner, revealed that the specific resident consistently refuses the supplement. However, the Meal and Snack Flow Sheets only record the supplement as being refused 2/20 days.

Chart review revealed there has been no evaluation of the food and fluid intake and ongoing reported refusal of the supplement for this resident.

Staff interview, with a Food Service Technician revealed that nursing staff are to let her know, by way of a requisition, if a resident continues to refuse a supplement. She confirmed nursing has not notified the Food Service Technicians that this resident was not taking the supplement.

[O. Reg. 79/10, s.68.(2)(d)]

2. Record reviews revealed that body mass index (BMI) and heights are not measured and recorded annually for each resident.

Staff interview with the Registered Dietitian (RD) confirmed the home does not measure heights annually and that BMI's are only calculated annually by the RD for high risk residents.

[O. Reg. 79/10, s.68.(2)(a)]and [s.68.(2)(e)ii]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure the Nutrition care and hydration program includes a system to monitor and evaluate the food and fluid intake of residents with identified risks and to be done in consultation with a registered dietitian who is a member of the staff of the home, to be implemented voluntarily.***

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**WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

s. 73. (2) The licensee shall ensure that,

(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

---

**Findings/Faits saillants :**

1. Observations revealed a Primary Care Partner was assisting two residents with eating and drinking at one table while turning around to feed a third resident at another table.

Staff Interview with the home's Coordinator of Resident Care confirmed the expectation, is that staff assist only one or two residents with eating and drinking at meals.

[O.Reg. 79/10 s.73.(2)(a)]

2. Resident interview with home's Resident Council President revealed the dining and snack service times had not been reviewed with the Residents' Council in the last 2 years.

Staff interview with the home's Food and Nutrition Coordinator confirmed the dining and snack service times have not been reviewed with the Residents' Council.

[O.Reg.79/10,s.73(1)2.]

**Additional Required Actions:**

*VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that no person simultaneously assists more than two residents who need total assistance with eating and drinking, to be implemented voluntarily.*

---

**WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

Specifically failed to comply with the following subsections:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

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**Findings/Faits saillants :**

1. Observations, of the home revealed:

a) Wall damaged throughout the home - in hallways, residents' rooms, lounge areas, between the elevators and mural areas on all floors

b) Public elevators' walls, marked, chipped and need painting

c) Radiators marked, and rad cover missing or bent

d) Bottom of closet door damaged

e) Carpets stained/soiled

This is a limited listing of items that are reflective of a lack of routine, preventative and remedial maintenance.

Staff interviews with Coordinator of Environmental Services and Facilities Engineering Coordinator confirmed their current reporting system of repairs for maintenance was not effective.

[O.Reg.79/10,s.90.(1)(b)]

**Additional Required Actions:**

*VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure there are schedules and procedures in place for routine, preventative and remedial maintenance, to be implemented voluntarily.*

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**WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.**

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**Findings/Faits saillants :**

1. Observations revealed a housekeeping cart left unattended and unlocked. The cart contained cleaning products.

Staff Interview with housekeeping aide, confirmed a housekeeping cart is to be locked when unattended.

2. Observations of a kitchen servery revealed the door was open, unlocked and unattended. Hazardous cleaning products / chemicals were found under the sink in the unlocked cupboard and accessible to residents.

Staff interview with Registered Staff confirmed the Kitchen servery door was to be closed and locked at all times.

[O.Reg.79/10,s.91.]

**Additional Required Actions:**

*VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure all hazardous substances are labeled properly and kept inaccessible to residents at all times, to be implemented voluntarily.*

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**WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal**

Specifically failed to comply with the following subsections:

s. 136. (2) The drug destruction and disposal policy must also provide for the following:

1. That drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.
2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.
3. That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
4. That drugs that are to be destroyed are destroyed in accordance with subsection (3). O. Reg. 79/10, s. 136 (2).

---

**Findings/Faits saillants :**

1. Policy review revealed that the Policy "Surplus or Discontinued Medications" does not include requirements for any controlled substance being destroyed, disposed of, and stored in a double-locked, storage area within the home be separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

Staff interview with Coordinator Resident Care confirmed this.

[O.Reg.79/10,s.136.(2)2.]

2. Policy review revealed that the Policy "Surplus or Discontinued Medications" does not include requirements for any drugs that are to be destroyed and disposed of to be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.

Staff interview with Coordinator Resident Care confirmed this.

[O.Reg.79/10,s.136.(2)1.]

**Additional Required Actions:**

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure drug destruction and disposal policies provide for safety and security until the destruction or disposal occurs, to be implemented voluntarily.***

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**WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care**



Specifically failed to comply with the following subsections:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

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**Findings/Faits saillants :**

1. Staff interview with Registered Staff confirmed there is no reference to the resident's preference around what time they wish to go to bed, on the care plan any more.

Staff interviews with 4 Primary Care Partners revealed their Kardex's, generated from the residents' care plans do not have any information on it related to residents' bed time preference.

5/5 resident care plans were reviewed and there was no reference to residents' bed time preference on any.  
[O.Reg.79/10,s.26(3)21.]

2. Chart review revealed no plan of care related to recreation and social activity patterns or pursuits for a specific resident.

Staff Interview with Therapeutic Recreation Specialist confirmed since admission this specific resident has not had a recreation and social activity plan of care developed.

[O.Reg.79/10,s.26(3)16.]

**Additional Required Actions:**

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure all plans of care include residents' sleep patterns and preferences and activity patterns and pursuits, to be implemented voluntarily.***

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**WN #16: 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. Staff interview with the home's Director of Long Term Care confirmed there has not been an annual evaluation of the staffing plan or a summary of any changes made to the staffing plan.  
[O. Reg. 79/10,s.31.(4)]

**Additional Required Actions:**

*VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure a written record of the staffing plan evaluation including a summary of changes and the date the changes were implemented, to be implemented voluntarily.*

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WN #17: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program  
Specifically failed to comply with the following subsections:

s. 229. (2) The licensee shall ensure,  
(a) that there is an interdisciplinary team approach in the co-ordination and implementation of the program;  
(b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly;  
(c) that the local medical officer of health is invited to the meetings;  
(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and  
(e) that a written record is kept relating to each evaluation under clause (d) 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. 229 (2).

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

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:  
1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.  
2. Residents must be offered immunization against influenza at the appropriate time each year.  
3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.  
4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.  
5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

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**Findings/Faits saillants :**

1. Observations made in resident rooms/bathrooms and the tub rooms revealed unlabeled and improperly stored personal care items including hair and tooth brushes, denture cups, razor, bed pans, urinal, deodorant, hand soap, Staff interview with the Care Coordinator confirmed personal care items are to be labeled and not shared between residents. (172)

[O.Reg.79/10,s.229.(4)]

2. Staff interviews with Resident Care Coordinator and a Registered Staff member confirmed Diphtheria immunization is not offered to residents .

[O.Reg.79/10,s.229.(10)3.]

3. Staff interview with infection control designate revealed the home has held an outbreak review meeting, a Pre-Accreditation visit and developed an Infection Prevention and Control Workplan. However, no formal evaluation of the Infection Prevention and Control Program with a written record has been completed.

[O.Reg.79/10,s.229.(2)(d)]

**Additional Required Actions:**

*VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure all staff participate in the Infection Control and Prevention program, that the program is evaluated and updated at least annually and all residents are offered Diphtheria immunization, to be implemented voluntarily.*

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**WN #18: 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. Observations of the information posted in the home revealed:
  - a) The fundamental principle indicating that the LTC home is primarily the home of its residents
  - b) The home's license and
  - c) The most recent audited report are not posted in the home.

Staff interview with the Director of Long Term Care and the Administrative Assistant confirmed that this information was not posted in the home.

[O.Reg.79/10,s.225.(1)1., S.225.(1)2., and S.225(3)]

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**WN #19: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**

Specifically failed to comply with the following subsections:

**s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**

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**Findings/Faits saillants :**

1. Staff interview with the Director of Long Term Care revealed the advice of neither the Residents' Council or the Family Council is sought in the developing or carrying out of the satisfaction survey.

Interview with the Chairperson of the Family Council confirmed the Family council is not consulted on the Satisfaction survey's development.

2. Resident interview with the chair of the Residents' Council revealed the home has not sought the advice of the Residents' Council in developing and carrying out of a satisfaction survey, and in acting on its results.

3. Family interview with the President of the Family Council revealed families are asked to participate in answering the satisfaction survey and the social worker brings the results of the survey to the council. The Family Council is given the opportunity to have input into the action plan but on the development of the survey.

[LTCHA, 2007 S.O. 2007, c.8, s.85.(3)]

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**WN #20: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council**

Specifically failed to comply with the following subsections:

**s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).**

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**Findings/Faits saillants :**

1. Staff interview with Director of Long Term Care, by Inspector # 135, confirmed she does not respond in writing within 10 days to Family Council

2. Resident interview with the Chair of the Family Council revealed the Social Worker or Director of Long Term Care deals with any issue directly with the people that have a concern and does not respond in writing to the Family Council within 10 days of receiving a concern.

The Chair of the Family council shared that they hear back at the next meeting any outcomes from concerns. To the Chair's knowledge, there has never been a concern that was not dealt with prior to the following meeting.

[LTCHA, 2007 S.O. 2007, c.8, s.60.(2)]

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**WN #21: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information**

Specifically failed to comply with the following subsections:

s. 79. (1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations. 2007, c. 8, s. 79. (1).

s. 79. (2) Every licensee of a long-term care home shall ensure that the required information is communicated, in a manner that complies with any requirements that may be provided for in the regulations, to residents who cannot read the information. 2007, c. 8, s. 79. (2).

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,

- (a) the Residents' Bill of Rights;
  - (b) the long-term care home's mission statement;
  - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
  - (d) an explanation of the duty under section 24 to make mandatory reports;
  - (e) the long-term care home's procedure for initiating complaints to the licensee;
  - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
  - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;
  - (h) the name and telephone number of the licensee;
  - (i) an explanation of the measures to be taken in case of fire;
  - (j) an explanation of evacuation procedures;
  - (k) copies of the inspection reports from the past two years for the long-term care home;
  - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;
  - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;
  - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;
  - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;
  - (p) an explanation of the protections afforded under section 26; and
  - (q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)
- 

Findings/Faits saillants :

1. Observation revealed that the following required information was not posted:
  - a. The most recent minutes of the Family Council meeting
  - b. An explanation of the protection afforded under section 26, Whistle-blowing protection
  - c. Orders made by an inspector or the Director with respect to the long term care home that are in effect or that have been made within the last two years
  - d. An explanation of the evacuation procedures
  - e. An explanation of the measures to be taken in case of fire
  - f. The name and telephone number of the licensee
  - g. The notification of the long term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained
  - h. The written procedure, provided by the Director of the Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, for making complaints to the Director, together with the name and telephone number of the current Director, or the name and telephone number of a person designated by the Director to receive complaints
  - i. The long term care home's policy to promote zero tolerance of abuse and neglect of residents
  - j. The long term care home's mission statement
  - k. The Residents' Bill of Rights was not posted in French as required under O.Reg.79/10,s.225.(3).

Staff interviews with the Director of Long Term Care and the Administrative Assistant confirmed that the information required was not posted.

[LTCHA, 2007 S.O. 2007, c.8, s.79.(3)(a,b,c,f,g,h,i,j,l,o,p)]

2. Staff interview with the Director of Long Term Care acknowledged that there is not a process in place to communicate posted information to residents who cannot read.

[LTCHA, 2007 S.O. 2007, c.8, s.79.(2)]

3. Observations revealed that all the required information is not posted in a conspicuous and easily accessible location.

Staff interview with the Director of Long Term Care and the Administrative Assistant confirmed that all required information was not posted.

[LTCHA, 2007 S.O. 2007, c.8, s.79.(1)]

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**WN #22: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council**

**Specifically failed to comply with the following subsections:**

- s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).**

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**Findings/Faits saillants :**

1. Resident interview with the Residents' Council President confirmed the Council was unaware of the requirement that the licensee was to respond to Residents' Council in writing within 10 days related to Council's concerns or recommendations. The President confirmed this does not happen.

Staff interview with the home's Director of Long Term Care, confirmed she was unaware of the requirement and has not responded to Residents' Council in writing within 10 days related to council's concerns or recommendations.

[LTCHA, 2007 S.O. 2007, c.8, s.57(2)]



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 3rd day of July, 2012

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

*Jean L. Hodley*



**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

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>	JOAN WOODLEY (172), BONNIE MACDONALD (135), JUNE OSBORN (105), RUTH HILDEBRAND (128)
<b>Inspection No. / No de l'inspection :</b>	2012_090172_0026
<b>Type of Inspection / Genre d'inspection:</b>	Resident Quality Inspection
<b>Date of Inspection / Date de l'inspection :</b>	Mar 28, 29, 30, Apr 2, 3, 4, 5, 6, 10, 11, 12, 13, 17, 18, 19, 20, 23, 24, 25, 26, May 1, 2, 3, 4, 8, 9, 10, 11, 30, 31, Jun 1, 6, 2012
<b>Licensee / Titulaire de permis :</b>	ST. JOSEPH'S HEALTH CARE, LONDON 268 Grosvenor Street, P.O. Box 5777, LONDON, ON, N6A-4V2
<b>LTC Home / Foyer de SLD :</b>	ST. JOSEPH'S HEALTH CARE, LONDON - MOUNT HOPE CENTRE FOR LONG TERM CARE - MARIAN VILLA 200 COLLEGE AVENUE, P.O. BOX 5777, LONDON, ON, N6A-1Y1
<b>Name of Administrator / Nom de l'administratrice ou de l'administrateur :</b>	ANN WOUTERS

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To ST. JOSEPH'S HEALTH CARE, LONDON, 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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**Order # /**  
**Ordre no :** 001      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
  - i. kept closed and locked,
  - ii. equipped with a door access control system that is kept on at all times, and
  - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
    - A. is connected to the resident-staff communication and response system, or
    - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
- 1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.
3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan to ensure :

1. All doors leading to the outside of the home other than doors leading to secure outside areas that preclude exit by a resident are :
  - a) kept closed and locked
  - b) equipped with a door access control system that is kept on at all times, and
  - c) equipped with an audible door alarm that allows calls to be cancelled only at the point of activation.

The plan is to be submitted to Inspector Joan Woodley by email at joan.woodley@ontario.ca by June 27, 2012.

**Grounds / Motifs :**

1. Staff interview with Resident Care Coordinator confirmed the doors leading to the outside of Marian Villa are not kept closed and locked; nor are they equipped with a door access control system that is kept on at all times. [O.Reg.79/10,s.9.(1)1.i and ii.] (172)
2. Observations by Inspectors revealed the doors leading to the outside of the home were not locked throughout the inspection.

Staff interview with Director of Long Term Care confirmed the front doors are not locked at all times as required. The home is looking to replace their current wanderguard system with a new one and at the same time install a new door alarm system that will allow the door to be locked at all times. [O.Reg.79/10,s.9.(1)1.i and ii.] (172)



**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*

**This order must be complied with by /**  
**Vous devez vous conformer à cet ordre d'ici le :** Jul 31, 2012

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<b>Order # /</b> <b>Ordre no :</b>	002	<b>Order Type /</b> <b>Genre d'ordre :</b>	Compliance Orders, s. 153. (1) (b)
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**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 129. (1) Every licensee of a long-term care home shall ensure that,  
(a) drugs are stored in an area or a medication cart,  
(i) that is used exclusively for drugs and drug-related supplies,  
(ii) that is secure and locked,  
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and  
(iv) that complies with manufacturer's instructions for the storage of the drugs; and  
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan to ensure steps are taken to ensure security of drug supply, including the following:  
(a) drugs are stored in an area or a medication cart,  
(i) that is used exclusively for drugs and drug-related supplies,  
(ii) that is secure and locked,  
(iv) that expired medications are removed from active supply ; and  
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

The plan is to be submitted to Inspector Joan Woodley by email at [joan.woodley@ontario.ca](mailto:joan.woodley@ontario.ca) by June 27, 2012.

**Grounds / Motifs :**



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

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

**Ministère de la Santé et  
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**Ordre(s) de l'inspecteur**  
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1. Observations revealed the Registered staff member walked away from the medication cart parked in the hall, outside a dining room and walked into the dining room to give medication. The med cart was in the hallway, was not locked, and was not within sight of the Registered Staff. This happened 3 times while the Registered Staff member administered medications to 3 different residents.

Observations made by Inspector # 128 revealed a medication cart unlocked and unattended with medications sitting on top of the cart in cellophane packages. The Registered Staff member who was giving medications was not visible.

Staff interview with a Registered staff member confirmed the expectation is that the medication cart is never left unattended if unlocked and especially with medication sitting on the top of it.

Observations by Inspector # 135, during dinner revealed a Registered Staff member giving medications left the unlocked medication cart twice to go into the servery for water or to administer medications in a resident's room.  
[O.Reg.79/10,s.129(1)(a)iii] (172)

2. Observations of a medication room revealed expired medications.

[O.Reg.79/10,s.129(1)(a)iv] (172)

3. Observations revealed a Registered Staff member was at the far end of the dining room. The medication cart was unlocked and unattended in the hallway. The 3rd drawer was partly opened .

Observations revealed a Registered Staff member did not need to use a key to open a medication room door as it was closed but not completely.

Observations revealed a medication room door was closed, but not tightly. An employee delivered a " bag" and opened the door without using a key. Neither Registered Staff were on the floor.

[O.Reg.79/10,s.129(1)(a)iii] (172)

4. Observations revealed the Emergency Drug Box containing narcotics was sitting on the counter in the designated medication room and was not double locked.

Staff interview with the Registered Staff verified this.

[O.Reg.79/10,S.129.(1)(b)] (105)

Observations of the emergency drug box, sitting on a counter in a medication room, containing narcotics was locked with a combination lock only. The home's policy related to storage of Narcotic Controlled Drugs ( NCD) requires a double locked, secure cupboard or in a medication cart with key access. Combination locks and code keys are not acceptable locking mechanisms,

[O.Reg.79/10,s.129(1)(b)] (105)

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

**Vous devez vous conformer à cet ordre d'ici le :** Jul 13, 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**  
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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) (b)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 130. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
  - i. persons who may dispense, prescribe or administer drugs in the home, and
  - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan to ensure the following in the home:

- a) all areas where drugs are stored are restricted to persons who may dispense, prescribe or administer drugs in the home and
- b) the Administrator.

The plan is to be submitted to Inspector Joan Woodley by email at joan.woodley@ontario.ca by June 27, 2012.

**Grounds / Motifs :**

1. Staff interview with a Pharmacy Coordinator revealed that the pharmacy has a key for the medication rooms and when a pharmacy technician, clerk, or porter come over to Marian Villa they bring that key with them to access the medication rooms.  
[O.Reg.79/10,s.130.2.i] (105)
2. Observations of a medication room revealed the Registered Dietitian and a Dietary Intern working on a computer inside the medication room . During this time a Pharmacy Clerk also entered the medication room . Observations of a medication room revealed a Central Supply Stores Keeper, has keys to the medication room and went into the room alone, to restock the treatment cart.  
[O.Reg.79/10,s.130.2.i] ( 172) (105)
3. (172)

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

**Vous devez vous conformer à cet ordre d'ici le :** Jul 13, 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*

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

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

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

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

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

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



**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**  
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**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  
8e 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 :

A l'attention du registraire  
Commission d'appel et de révision des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) 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

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 6th day of June, 2012**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :**

JOAN WOODLEY

**Service Area Office /**

**Bureau régional de services :**

London Service Area Office