



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

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

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

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 16, 2015	2015_347197_0024	O-002290-15	Complaint

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### **Licensee/Titulaire de permis**

COUNTY OF PRINCE EDWARD  
603 Highway 49 R R 2 PICTON ON K0K 2T0

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

H.J. MCFARLAND MEMORIAL HOME  
R.R. #2, 603 HIGHWAY 49 HALLOWELL TOWNSHIP PICTON ON K0K 2T0

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

JESSICA PATTISON (197), SUSAN DONNAN (531)

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

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

**Ministère de la Santé et des  
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**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

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

**This inspection was conducted on the following date(s): June 22, 23 and 26, 2015 (on-site) and July 2, 2015 (off-site)**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Director of Resident Services, the Financial Officer, the Environmental Manager, the RAI Co-ordinator, the Physiotherapist, Registered Nurses, Registered Practical Nurses, Personal Support Workers, maintenance staff a Resident and the Resident's Power of Attorney.**

**Inspectors also reviewed a resident's health care record, notes provided by the Administrator and Director of Care, manufacturer's instructions for a ceiling lift and observed a resident's room.**

**The following Inspection Protocols were used during this inspection:  
Dignity, Choice and Privacy**

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

**2 WN(s)**

**1 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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

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

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

**s. 6. (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).**

**Findings/Faits saillants :**

1. The licensee has failed to comply with LTCHA 2007, s. 6(2) in that the care set out in a Resident's plan of care was not based on an assessment of the Resident and the needs



of that resident with respect to the layout of a new room.

Resident #1's most recent Minimum Data Set (MDS) assessment states that the Resident is alert and functional capacity to remember both current and past events is excellent. It also indicates that the Resident's decision making is consistent and reasonable and communication skills are excellent.

Resident #1 was moved to a new room on a specified date.

During interviews, Resident #1 stated the room was shown to him/her on the day of the move and staff did not ask for the resident's opinion of the room's layout in relation to care needs.

In discussion with the Resident and through observation of the new room, the current layout does not meet the Resident's needs as follows:

- Resident #1 cannot access the clothes closet to pick out clothing or get toiletries, as the door will not fully open.
- Resident #1 cannot access the other side of the bed so he/she cannot retrieve books, photo albums or the telephone. The Resident also stated that reading glasses are not always left within reach.
- Resident #1 would like to have a comfortable easy chair to sit in but this has not been offered as an option and there is no room in the current space. The wooden chair that was in the room has been removed.

Resident #1 informed Inspectors that any independence that he/she once had is now gone. The Resident indicated that the former room provided enough room that the clothes closet could be accessed, as well as toiletries and the desk. The Resident states there is no longer access to these things in the current room without calling staff for assistance.

Resident #1's health care record was reviewed.

Progress notes indicate that on the day of the move, the resident was not happy with the move.

Approximately 1 week later, Resident #1's quarterly MDS assessment was completed. The Mood State RAP was newly triggered and indicates that the Resident "has shown some signs of being withdrawn from activities that were previously of interest to him/her;



this change in status is likely related to most recent room change, in which the resident was displeased with". The assessment further states that the Resident is "generally very outgoing and pleasant with all staff and fellow residents; he/she presents a very pleasant demeanor; as for being assessed as resistive to care, it is not so much the fact he/she is resistive, but upset with change in room". The Behavioural Symptoms RAP was also newly triggered and the assessment states the Resident "has been assessed by staff and coded as not always being receptive to care provision during the assessment period; this is likely related to the fact that the Resident was recently moved to a new room, he/she was very displeased with the move, therefore it is not so much the fact he/she is resisting care itself, but rather is very upset and annoyed with change of room". The Activities RAP indicates that the resident "does spend most of his/her time in room watching television and using computer". It goes on to say that "the care plan is being reviewed with goals and interventions to optimize level of well-being".

Five days after the quarterly MDS assessment, the progress notes indicate that the Resident's POA stated that Resident #1 is depressed and upset with the move.

The Resident's current care plan was reviewed and there are no new goals or interventions listed in relation to the resident's recent change in room and how staff can support the resident through this transition.

Multiple staff interviews were conducted during the inspection period of June 22, 23 and 26, 2015, including six Personal Support Workers, three Registered Practical Nurses, three Registered Nurses, Maintenance/Environmental staff, the Director of Resident Services, the Director of Care and the Administrator.

During an interview with the Administrator on June 23, 2015, she indicated to Inspectors that when the resident was shown the current room the Resident looked around and seemed fine. She stated that she did not ask the resident what he/she thought of the room. When asked if she felt the current room meets Resident #1's needs she said yes. The Administrator further indicated that she has not been back up to see the room since Resident #1 moved because the Resident was so upset during and after the move. The Administrator was unable to speak to the current arrangement of the room.

On June 26, 2015, an interview was conducted with the Director of Care. She indicated that she and the Administrator took the Resident to the new room the morning of the move and spent about 20 minutes with the resident discussing the layout of the room. She indicated the Resident seemed fine. Later that day the resident stated he/she was



not moving. When they asked the Resident why, he/she wasn't able to explain, which the DOC felt was unlike the Resident. The DOC stated that Resident #1 appeared very stressed and pressured, so they left.

The Director of Care stated that Resident #1 has not expressed any concerns with the new room to her.

The care set out in Resident #1's plan of care is not based on an assessment of Resident #1 and the Resident's current needs in relation to the layout of the new room. A compliance order is being issued because of the emotional distress suffered by Resident #1 since being moved and due to the fact that LTCHA 2007, s. 6 related to plan of care has been issued three times over the past three years in this home. [s. 6. (2)]

***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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

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

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

**Findings/Faits saillants :**



1. The licensee has failed to comply with LTCHA 2007, s. 15(2)(c) in that a Resident's room was not maintained in a safe condition and a good state of repair.

Upon observing Resident #1's room, inspectors found the following:

- Chunks out of drywall and chipped paint on the wall by the light switch
- A missing faceplate on the light switch which the Resident indicates was broken shortly after moving into the room
- Two long cords running across the floor at the foot of the Resident's bed and six long cords running across the floor on the left side of the Resident's bed creating a tripping hazard for staff and visitors
- Two long cords hanging down from the tv and two other long cords running across the floor to the right of the bed that could potentially become a safety hazard for the Resident
- In the shared hallway of the Resident's room, the wooden baseboard is coming away from the wall and could be a safety hazard for Resident #1 and the other resident living in the room [s. 15. (2) (c)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that Resident #1's room is maintained in a safe condition and a good state of repair, to be implemented voluntarily.***

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Issued on this 27th day of July, 2015

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

**Original report signed by the inspector.**



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

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

**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

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

**Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch**

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

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** JESSICA PATTISON (197), SUSAN DONNAN (531)

**Inspection No. /**

**No de l'inspection :** 2015\_347197\_0024

**Log No. /**

**Registre no:** O-002290-15

**Type of Inspection /**

**Genre**

Complaint

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Jul 16, 2015

**Licensee /**

**Titulaire de permis :** COUNTY OF PRINCE EDWARD  
603 Highway 49, R R 2, PICTON, ON, K0K-2T0

**LTC Home /**

**Foyer de SLD :** H.J. MCFARLAND MEMORIAL HOME  
R.R. #2, 603 HIGHWAY 49, HALLOWELL TOWNSHIP,  
PICTON, ON, K0K-2T0

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Michelle Ferguson

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To COUNTY OF PRINCE EDWARD, you are hereby required to comply with the following order(s) by the date(s) set out below:



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**Order # /**  
**Ordre no :** 001      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, 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).

**Order / Ordre :**

The licensee shall ensure that the care set out in Resident #1's plan of care is based on an assessment of the Resident's needs with respect to the new room environment. This assessment shall include the Resident's needs:

- to access personal belongings within the room to promote and support independence
- to have access to a chair, whether for the resident or a visitor
- to have sufficient privacy during transfers
- for emotional support in relation to the Resident's new room

**Grounds / Motifs :**

1. The licensee has failed to comply with LTCHA 2007, s. 6(2) in that the care set out in a Resident's plan of care was not based on an assessment of the Resident and the needs of that resident with respect to the layout of the new room.

Resident #1's most recent Minimum Data Set (MDS) assessment states that the Resident is alert and functional capacity to remember both current and past events is excellent. It also indicates that the Resident's decision making is consistent and reasonable and communication skills are excellent.

Resident #1 was moved to a new room on a specified date.

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**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*

Five days after the quarterly MDS assessment, the progress notes indicate that the Resident's POA stated that Resident #1 is depressed and upset with the move.

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The care set out in Resident #1's plan of care is not based on an assessment of Resident #1 and the Resident's current needs in relation to the layout of the new room. A compliance order is being issued because of the emotional distress suffered by Resident #1 since being moved and due to the fact that LTCHA



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des Soins de longue durée**

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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*

2007, s. 6 related to plan of care has been issued three times over the past three years in this home. [s. 6. (2)] (197)

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

**Vous devez vous conformer à cet ordre d'ici le : Jul 31, 2015**



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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

### **REVIEW/APPEAL INFORMATION**

#### **TAKE NOTICE:**

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

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

The written request for review must include,

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

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

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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des Soins de longue durée**

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

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

Health Services Appeal and Review Board and the Director

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

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance  
Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

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



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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  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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Aux termes de l'article 153 et/ou  
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de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

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

**Issued on this 16th day of July, 2015**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Jessica Pattison

**Service Area Office /**

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