



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
Feb 1, 2, 7, 8, 9, 10, 13, 21, 27, 28, 29, Mar 1, 2, 5, 2012	2012_021111_0003	Resident Quality Inspection

Licensee/Titulaire de permis

PROVINCIAL NURSING HOME LIMITED PARTNERSHIP
 1090 MORAND STREET, WINDSOR, ON, N9G-1J6

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

REGENCY MANOR NURSING HOME, DIVISION OF PROVINCIAL NURSING HOME LIMITED PARTNERSHIP
 66 DORSET STREET EAST, PORT HOPE, ON, L1A-1E3

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

LYNDA BROWN (111), BRENDA THOMPSON (175), CAROLINE TOMPKINS (166)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Administrator (Adm), the Director of Care(DOC), Registered Dietitian (RD), Environmental Services Manager, Maintenance staff, Food Services Manager, Dietary aides, Cook, Housekeeping staff, Registered Nurses (RNs),RAI Coordinator, PSW Care Coordinator Registered Practical Nurses(RPNs), Personal Support Workers (PSWs), residents, resident family members, Resident Council President.

During the course of the inspection, the inspector(s) reviewed residents health records,employee files, the home manuals:Resident Care, Infection Control, Pharmacy Services,Maintenance and Housekeeping, Administration,Quality Management,Resident Council Meeting Minutes, and the Quality Monitoring Minutes, Infection Control tracking records, maintenance schedules and logs.

The following Inspection Protocols were used during this inspection:

- Accommodation Services - Housekeeping
- Accommodation Services - Maintenance
- Admission Process
- Contenance Care and Bowel Management



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Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

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

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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 LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect
Specifically failed to comply with the following subsections:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

An identified resident at risk for verbal/physical abuse from another resident did not have a plan of care that included interventions related to risk of harm or potential harm.

Additional Required Actions:

CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".

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 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).

Findings/Faits saillants :

1. On February 1, 2012 @ 12:48 hrs the stainless steel servery cart on the second floor was observed to have scratched metal on the front edge rendering it unable to be cleaned.(175)
2. On February 1, 2012 @ 11:45 hrs on the second floor, the servery steam cart glass (sneeze guard) and the outside stainless steel area on the cart were heavily soiled prior to staff serving the lunch meal.
On February 1, 2012 @ 11:45 hrs the pink plastic railings just outside the dining room were heavily soiled with dirt.
3. On February 7, 2012 @ 10:11 hrs the whirlpool tub on second floor west wing is cracked on the inside and painted over & on the 1st floor whirlpool tub chair is cracked.
4. On February 1, 2, 3, 6, & 7, 2012 @ 10:00 hrs 4 green upholstered chairs in the resident TV lounge on the second floor were heavily stained and food soiling was noted on patterned love seats.
-One burgundy chair with wooden armrests had the wood finish worn off.
5. On February 1, 2, 3, 6, & 7, 2012 @ 10:30 hrs. noted stained vinyl floor tiles:
-inside the elevator
-outside the elevator on both the first and second floors
-in 6 identified resident bathrooms
-floors around the fridge in the servery on the first floor
-floor around cabinet in dining room on the first floor
6. On February 1, 2012 @ 10:40 hrs noted heavily soiled white cupboards in the activity lounge on the second floor.

The licensee failed to ensure the home, furnishings, and equipment are kept clean and sanitary and are maintained in a safe condition and in a good state of repair (ref. s.15(2)(a)(c)).



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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 the home, furnishings and equipment are kept clean and sanitary and are maintained in a safe condition and in a good state of repair., to be implemented voluntarily.

WN #3: 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).

Findings/Faits saillants :

1. Under LTCHA, 2007, s.84 Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home.

Review of policy G-35 "Continuous Quality Improvement-Objectives" (reviewed Feb.2009) indicates:

- To monitor and evaluate programs through audit of department to ensure high standards of care.
- To ensure effective housekeeping and maintenance program

Review of G-36 "Continuous Quality Improvement-Goals" (reviewed Feb. 2009) indicates:

- To correct deficiencies in delivery of care and the environment to attain and maintain standards
- To ensure methods of audit/investigations are effectively utilized

Review of the Continuous Quality Improvement Committee Meeting minutes indicates that there was no audit results for maintenance and housekeeping.

The licensee failed to implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation according to their policies.

2. Under O.Reg. 79/10, s.229 (10) The licensee shall ensure that the following immunization and screening measure are in place: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.

Review of policy B-21 "Fitness Certificate for New Employees" (reviewed Dec 2010) indicates under procedure:

- Before commencing employment, each employee must submit to their department manager the completed fitness certificate, which is to include the results of the Tuberculin skin Test in accordance with the LTCHA, 2007, Reg. 229(10).

Review of the employee records for screening of tuberculosis indicated 29 staff did not have test results on file.

3. Under O.Reg.79/10, s.49(2)Every licensee of a long-term care home shall ensure that when a resident has fallen,the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Review of Policy D-122 "Falls Prevention and Management Program" (reviewed May 2011) indicates under Part B- Fall and Post fall assessment:

- #7.complete new fall risk assessment in Point Click Care(PCC) and conduct post-fall investigation using post fall team meeting form.

Review of a health record for an identified resident indicated the resident sustained a fall and no fall assessment tool was completed or a post-fall team meeting was completed as per the homes policy.

4. Under O.Reg.79/10, s.69 Every licensee of a long-term care home shall ensure that resident with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

- 1.A change of 5 per cent of body weight, or more, over one month.
- 2.A change of 7.5 per cent of body weight, or more, over three months.

Review of policy # D-62 "Unplanned Weight loss/gain" (reviewed June 2011) indicates:

- weights are to be completed on the first bath day of each month
- weight changes of 2.5kg requires re-weigh within 2 days.
- notify the Food Service Supervisor and Dietitian by completing a Nutritional Referral for follow-up action.
- update the Resident care plan
- will discuss weight loss/gain and the plan of action with the resident/family

There was no evidence in the plan of care related to risk of weight loss or specific interventions related to weight loss for two identified residents.

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

Review of policy B-12 Handling Contaminated/soiled linen"(reviewed Apr.2010) indicates under procedure:

- all soiled linen is handled in the same way for all residents.
- sorting of linen into color-coded compartment soiled linen bag carts.

On Feb.8/12 a linen bag was found in an identified bathroom with soiled linen sitting on a commode chair and a soiled resident linen (gown) was found on the floor outside the spa room door.

6. The licensee failed to ensure that the homes policies related to falls prevention and management, unplanned weight loss/gain, fitness certificate for new employees, infection control and continuous quality improvement are complied with. (ref.s.8(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 that the licensee's policy for falls prevention,unplanned weight loss, infection control,are complied with., to be implemented voluntarily.

WN #4: 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).

Findings/Faits saillants :

1. Wall damage was noted with plaster but not painted in the second floor handicap access washroom, the second floor hallway leading to the elevator and in nine identified resident rooms.

2. The doors were noted to have damage in four identified resident bathrooms and in the tub room on the second floor west spa on the inside.

3. 6 identified resident bathrooms were noted to have cracked caulking around the base of the toilets.

-The second floor south wing spa, had no caulking around the taps and the second floor west spa,had cracked caulking around the sink & faucet.

-The second floor handicap access washroom had rust soiled caulking at base of toilet.

-An identified residents toilet bowl was stained with iron.

-Two identified residents bathrooms had cracked caulking around the sinks.

Interview of Environmental Services Manager and the maintenance staff confirmed there was no painting schedule in place or preventive maintenance for caulking.

The licensee failed to ensure that the organized program of maintenance services in the home is available seven days per week to ensure that the building, including interior areas are maintained in good repair (ref.s.90(1)(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 that the organized program of maintenance services in the home is available seven days per week to ensure that the building, including interior areas are maintained in good repair, to be implemented voluntarily.

WN #5: 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. (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).

Findings/Faits saillants :

1. Review of a health record for an identified resident indicated the 2 step TB screen was not completed within 14 days of admission.
2. Review of health records for three identified resident indicated there was no evidence to support that the residents were offered tetanus, diphtheria or pneumovax.
3. The licensee failed to ensure each resident admitted to the home is screened for tuberculosis within 14 days of admission, that residents are offered immunizations against pneumococcus, tetanus & diphtheria and that staff are screened for tuberculosis and other infectious diseases (ref. 229(10)1, 3, 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 that all residents are screened for tuberculosis within 14 days of admission, offered immunizations against pneumococcus, tetanus and diphtheria and that staff are screened for tuberculosis and other infectious diseases according to prevailing practices., to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following subsections:

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

1. The circumstances precipitating the application of the physical device.
 2. What alternatives were considered and why those alternatives were inappropriate.
 3. The person who made the order, what device was ordered, and any instructions relating to the order.
 4. Consent.
 5. The person who applied the device and the time of application.
 6. All assessment, reassessment and monitoring, including the resident's response.
 7. Every release of the device and all repositioning.
 8. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care. O. Reg. 79/10, s. 110 (7).
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Findings/Faits saillants :

1. Observation of an identified resident confirmed two full padded side rails were in use. Interview of PSWs indicated that the identified resident with full side rails in use are considered a restraint.(175) Review of the health record for the identified resident indicated:
 - the circumstances precipitating the application of the physical device
 - there was no evidence of a monitoring tool in place while the side rails were in use to indicate who applied the device and the time of application, any assessment or reassessment, including the residents response, and every release of the device and all repositioning .
 - there was no consent for the use of 2 padded,full side rails.
 - there was no order for the use of 2 padded, full side rails
 - there was no evidence to support alternatives were tried prior to the application of full side-rails.

The licensee failed to ensure that every use of a physical device to restrain a resident under section 31 of the Act, is documented to indicate the circumstances precipitating the application of the physical device, what alternatives were considered and why the alternatives were inappropriate, the person who made the order, what device was ordered and any instructions relating to the order, consent, the person who applied the device and time of application, all assessment, reassessment and monitoring, including the residents response, every release of the device and all repositioning (ref. s.110(7)1,2,3,4,5,6,& 7).

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 all residents with the use of a physical device to restrain is documented, and includes what alternatives were considered, have a physician order, consent, is reassessed and monitored while the restraint is in use, to be implemented voluntarily.

WN #7: 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).

Findings/Faits saillants :

1. On February 8, 2012 two identified resident rooms were observed to have the privacy curtains interrupted by the ceiling lift track, which prevents full privacy.

-The privacy screens in an identified resident ward room indicated the right side has 1 screw embedded in the track preventing complete closure and one has a curtain with a piece of velcro but the receiving curtain does not have anything to attach the velcro to.

-Review of the routine preventative maintenance checklist indicated the privacy curtains were good working order for the months of January and February 2012.

-Review of the maintenance log binder at the second floor nursing station did not have any entries related to privacy screen issues.

The licensee failed to ensure that every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs (ref. s.3(1)8)

2. An identified resident was not offered a lunch tray service until staff were prompted by the inspector to provide the meal.

The licensee failed to ensure that every resident has the right to be properly fed, in a manner consistent with his or her needs (ref. 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 the following rights of residents are fully respected and promoted: the right to be afforded privacy in treatment and caring for his or her personal needs, and the right to be properly fed in a timely manner when receiving tray service consistent with his or her needs, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following subsections:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
 3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
 4. Misuse or misappropriation of a resident's money.
 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, ss. 24 (1), 195 (2).
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Findings/Faits saillants :

The licensee who had reasonable grounds to suspect abuse of a resident, that resulted in risk of harm, failed to immediately report the suspicion and the information upon which it is based to the Director (ref. s.24(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 when the licensee has reasonable grounds to suspect that abuse of a resident by anyone that resulted in harm or risk of harm has occurred, that the licensee or staff immediately report the information to the Director, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.
 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.
 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 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. 30 (1).
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Findings/Faits saillants :

1. Review of the Maintenance ,laundry,housekeeping manual indicated it has not been reviewed since 2009 and still contained old preventive maintenance checklists (dated 1989).

The licensee failed to ensure the maintenance, housekeeping, and laundry manual is evaluated and updated at least annually in accordance with evidenced-based practices (ref. s.30(1)3).

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
 - i. the matters referred to in paragraph 3,
 - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
 - iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

Findings/Faits saillants :

1. Review of the Quality Improvement Committee meeting minutes from March 10, 2011 to September 30, 2011, indicated:
 - there was no evidence of communication made to the Residents' Council regarding any improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents.
 - there is no evidence to indicate the dates any improvements were made.

Interview of Administrator and Resident Council Assistant confirmed information has never been brought forward regarding quality improvements to the Resident Council except for menus.(175)

The licensee failed to ensure that the quality improvement and utilization review system indicating that any improvements made, to the quality of the accommodation, care, services, programs and goods provided to the residents, including the dates they were implemented, are communicated to the Residents' Council (ref.s.228, 4)

WN #11: 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. (1) Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. 2007, c. 8, s. 85. (1).
- 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).
- s. 85. (4) The licensee shall ensure that,
 - (a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);
 - (b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;
 - (c) the documentation required by clauses (a) and (b) is made available to residents and their families; and
 - (d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. Review of the Resident Council Meeting minutes from July 2011 until present indicated there is no evidence of a Resident Satisfaction Survey.(175)

Interview of the Assistant to Residents' Council indicated they could not recall ever taking the Resident Satisfaction Survey or the results to the Resident's Council.(175)

Interview of Resident Council President confirmed they did not receive a copy of the satisfaction survey.(175)

Interview of the Administrator confirmed that there has been no resident satisfaction surveys completed since 2010, the past survey results and actions taken to improve have not been made available to residents, Residents Council or their families and the advice of the resident's council has not been sought in developing the survey.

2. The licensee failed to ensure that at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home, and the care, services, programs and goods provided at the home. The licensee also failed to seek the advice of the Residents' Council in developing and carrying out the survey, and in acting on its results. (ref. s.85(1)(3))

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 the licensee ensures that at least once a year, a satisfaction survey is taken and seeks the advice of the Residents' Council in developing and carrying out the survey and acting on its results, to be implemented voluntarily.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 97. Notification re incidents

Specifically failed to comply with the following subsections:

s. 97. (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,

(a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and

(b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident. O. Reg. 79/10, s. 97 (1).

Findings/Faits saillants :

The licensee failed to ensure that the resident's substitute decision maker, or any other persons specified by the resident are notified within 12 hours upon the licensee becoming aware of any alleged, suspected or witnessed incident of abuse or neglect of the resident (ref. s.97(1)(b))

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 224. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:

1. The resident's ability under subsection 82 (2) of this Regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 82 (1).
 2. The resident's obligation to pay the basic accommodation charge as described in subsection 91 (3) of the Act.
 3. The obligation of the resident to pay accommodation charges during a medical, psychiatric, vacation or casual absence as set out in section 258 of this Regulation.
 4. The method to apply to the Director for a reduction in the charge for basic accommodation and the supporting documentation that may be required, including the resident's Notice of Assessment issued under the Income Tax Act (Canada) for the resident's most recent taxation year.
 5. A list of the charges that a licensee is prohibited from charging a resident under subsection 91 (1) of the Act.
 6. The list of goods and services permitted under paragraph 3 of subsection 91 (1) of the Act that a resident may purchase from the licensee and the charges for those goods and services.
 7. The resident's ability to have money deposited in a trust account under section 241 of this Regulation.
 8. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O.
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Findings/Faits saillants :

1. Review of the home's resident admission package indicated there was no evidence of specific information pertaining to charges associated with all unfunded services.

The licensee failed to ensure that information for residents included the list of goods and services permitted under paragraph 3 of subsection 91 (1) of the Act that a resident may purchase from the licensee, and the charges for those goods and services.(ref.s.224(1)6)

WN #14: 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 Resident Information package provided to residents indicated there is no evidence of 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.

The licensee failed to ensure that information for residents includes 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. (ref. 78 (2)n)

WN #15: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Specifically failed to comply with the following subsections:

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).

Findings/Faits saillants :

The licensee failed to ensure that the care set out in the plan of care was provided to three identified residents as specified in the plan. (ref.s.6(7)).

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/ LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

CORRECTED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:

Table with 4 columns: REQUIREMENT/ EXIGENCE, TYPE OF ACTION/ GENRE DE MESURE, INSPECTION # / NO DE L'INSPECTION, INSPECTOR ID #/ NO DE L'INSPECTEUR. Row 1: LTCHA, 2007 S.O. 2007, c.8 s. 19. (1), CO #901, 2012_021111_0003, 111

Issued on this 6th day of March, 2012

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

Handwritten signatures: Lynda Brewer (#111), B. Thompson (#175), and another signature (#166)



**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

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	LYNDA BROWN (111), BRENDA THOMPSON (175), CAROLINE TOMPKINS (166)
Inspection No. / No de l'inspection :	2012_021111_0003
Type of Inspection / Genre d'inspection :	Resident Quality Inspection
Date of Inspection / Date de l'inspection :	Feb 1, 2, 7, 8, 9, 10, 13, 21, 27, 28, 29, Mar 1, 2, 5, 2012
Licensee / Titulaire de permis :	PROVINCIAL NURSING HOME LIMITED PARTNERSHIP 1090 MORAND STREET, WINDSOR, ON, N9G-1J6
LTC Home / Foyer de SLD :	REGENCY MANOR NURSING HOME, DIVISION OF PROVINCIAL NURSING HOME LIMITED PARTNERSHIP 66 DORSET STREET EAST, PORT HOPE, ON, L1A-1E3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	MICHELLE ROSE ^{JB} JO HARRIS

To PROVINCIAL NURSING HOME LIMITED PARTNERSHIP, 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

Ministère de la Santé et des Soins de longue durée

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

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

REVIEW/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 *AB*
 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 *AB*
 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.

Director
c/o Appeals Clerk
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



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*

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 :

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

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

Issued on this 5th day of March, 2012

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

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

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