



**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**

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

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

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 24, 2018	2018_465684_0001	005492-18	Resident Quality Inspection

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**Licensee/Titulaire de permis**

Bingham Memorial Hospital  
507 8th Avenue PO Box 70 Matheson ON P0K 1N0

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

Rosedale Centre  
507 - 8th Avenue P.O. Box 70 Matheson ON P0K 1N0

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

SHELLEY MURPHY (684), SYLVIE BYRNES (627)

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

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

**This inspection was conducted on the following date(s): April 17-20, 2018.**

**Additional intakes inspected during this Resident Quality Inspection (RQI) included:**

**Two Critical Incidents (CIs), related to resident to resident abuse, and;**

**One CI, related to a resident fall.**

**Inspector(s) also conducted daily tours of the resident care areas, observed the provision of care and services to residents, reviewed relevant licensee policies, procedures, programs and resident health care records.**

**During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer, Executive Leader of Long Term Care, Director of Care, Activity Director, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Family Council Representative, Foreman for a local contractor, Carpenter for a local contractor, residents and their families.**

**The following Inspection Protocols were used during this inspection:**

**Falls Prevention  
Family Council  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home**



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

3 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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



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**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. (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).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that care set out in the plan of care was provided to the resident as specified in the plan.

Resident #003 was identified as having a potential restraint. Inspector #684 observed resident #003 on two separate occasions, using a mobility device a specified way. In addition to the observation of resident #003, resident #010 was also observed to be using a mobility device in the same specified way in a resident area, and resident #001 was also observed to be using a mobility device in a specific way in their room.

Inspector #684 reviewed resident #003's care plan which stated the interventions to be followed while using the mobility device. During a document review inspector #684 reviewed a quarterly re-assessment, which did not indicate how resident #003's mobility device was to be used. Care plans for resident #001 and #010 were also reviewed by inspector #684 and did not indicate interventions on how either of the residents' mobility devices were to be used.

During an interview with Personal Support Worker (PSW) #102, they stated that resident #003's mobility status would be found in the resident's care plans. PSW #102 indicated to Inspector #684 that resident #003's mobility aid was to used for a specified reason.

Inspector #684 asked Registered Practical Nurse (RPN) #101 how staff would determine mobility needs for the residents. RPN #101 stated it would be found in their care plans under the mobility focus.

During an interview with the Director of Care (DOC) #110 they confirmed to inspector #684 that both the transfer, and falls prevention policies did not indicate the need to review or revise the care plan. DOC #110 also stated they did not have a specific mobility aid or care plan policy.

During an interview with the Executive Leader of Long Term Care they confirmed that information to indicate how a resident was to use a mobility aid would be found in the resident's care plan. After reviewing the care plans for resident #001, 003 and 010 with inspector #684, the Executive Leader of Long Term Care confirmed that the care plans did not indicate that the specific mobility aid interventions for resident #001, 003 and 010. [s. 6. (7)]



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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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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**WN #2: 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:**

**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).**

**Findings/Faits saillants :**



1. The licensee has failed to seek the advice of the Family Council in developing and carrying out the satisfaction survey, and in acting on its results.

Inspector #627 interviewed the Family Council representative who stated that the home had not sought the advice of the Family Council in developing and carrying out the satisfaction survey, and in acting on its results.

During separate interviews with the Director of Care (DOC) and the Executive Leader of Long Term Care, they stated that they would attempt to find the information indicating that they had sought the advice of the Family Council in developing and carrying out the satisfaction survey and provide it to Inspector #627.

Inspector #627 interviewed the Chief Executive Officer (CEO) who stated that they did not believe that this home had sought the advice of the Family Council in developing and carrying out the satisfaction survey, and in acting on its results, and that they would have the Executive Leader of Long Term Care follow up with the Inspector.

Inspector #627 interviewed the DOC who stated that they did not think that the family council was provided with the opportunity to have input into the survey and review the survey results, and that they could not find any documentation to support that it had occurred. [s. 85. (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 seek the advice of the Family Council in developing and carrying out the satisfaction survey, and in acting on its results, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 305. Construction, renovation, etc., of homes**

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

**s. 305. (3) A licensee may not commence any of the following work without first receiving the approval of the Director:**

- 1. Alterations, additions or renovations to the home. O. Reg. 79/10, s. 305 (3).**
- 2. Other work on the home or work on its equipment, if doing the work may significantly disturb or significantly inconvenience residents. O. Reg. 79/10, s. 305 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to apply for the Director's approval under subsection (3) for alterations, additions or renovations to the home.

During the initial tour of the home, Inspector #627 noted large sections of plastic over the walls and doors of the tub/shower room. The area to the left of the tub/shower room was covered with a three meter plastic sheet extending from the floor to the ceiling. The right side of the tub/shower room was covered with a five meter plastic sheet covering the wall and door extending from the floor to the ceiling. Signage indicating the area was "under construction", and "do not enter" was also noted.

Inspector #627 interviewed PSW #102 who informed the Inspector that the tub/shower room was being renovated. This had begun approximately three weeks earlier. The residents were brought to the hospital tub room for their baths, and the residents who were more independent could use the tub/shower home-like bathroom that was in the nursing home. There had been no concerns to the residents aside from the noise at times. When the noise level was elevated, the staff would close the doors to the residents' rooms if safe to do so. They further stated that the work was being completed from Monday to Thursday, during a specified time of day.

Inspector #627 interviewed a contractor who stated that the construction to renovate the bathroom had begun approximately three weeks earlier. It was anticipated that it would be completed in one month.

Inspector #627 interviewed the Chief Executive Officer (CEO) who stated that they had not received approval from the Director for the construction. The home was financing the project and they had not thought of submitting an application. [s. 305. (3) 1.]





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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 apply for the Director's approval under subsection (3) for alterations, additions or renovations to the home, to be implemented voluntarily.***

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**Issued on this 25th day of April, 2018**

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

**Original report signed by the inspector.**