



**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 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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<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>
Oct 12, 2018	2018_615609_0021	025589-18	Resident Quality Inspection

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**Licensee/Titulaire de permis**

Smooth Rock Falls Hospital  
107 Kelly Road P.O. Box 219 SMOOTH ROCK FALLS ON P0L 2B0

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

Smooth Rock Falls Hospital  
107 Kelly Road P.O. Box 219 SMOOTH ROCK FALLS ON P0L 2B0

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

CHAD CAMPS (609), 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): October 1-5, 2018.**

**One Critical Incident System (CIS) intake submitted by the home to the Director was inspected during this Resident Quality Inspection related to allegations of staff to resident abuse.**

**During the course of the inspection, the inspector(s) spoke with the Long Term Care Home (LTCH) Manager, Chief of Human Resources (HR), Nutrition Manager, Activity Coordinator, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Physiotherapy staff, Information Technology (IT) staff, residents and family members.**

**The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed relevant health care records, internal investigation notes, as well as relevant policies and procedures.**

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

**Continance Care and Bowel Management**

**Family Council**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Nutrition and Hydration**

**Prevention of Abuse, Neglect and Retaliation**

**Residents' Council**

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

**7 WN(s)**

**4 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 O.Reg 79/10, s. 74. Registered dietitian**

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

**s. 74. (2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutrition care duties. O. Reg. 79/10, s. 74 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a registered dietitian who was a member of the staff of the home was on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutrition care duties.

a) Ontario Regulation (O.Reg) 79/10, s. 69, further specifies that residents 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;
3. A change of 10 per cent of body weight, or more, over 6 months; and
4. Any other weight change that compromises their health status.

i) During an interview with RPN #102, Inspector #609 identified resident #005 as having a significant weight change.

A review of resident #005's health care records found that their weight changed a total of six per cent within a particular two week review time frame.

A review of resident #005's Monthly Nutritional Record for the two week time frame, found that the resident consistently refused or poorly ate.

A review of the home's policy titled "NUR-LTC Nutritional Counseling" last reviewed April 2008 indicated that a Registered Dietitian would assess all residents for the Long Term Care Unit and provide follow-up care on a regular basis. The policy further required an admission nutritional screening be completed by the dietitian within seven days of the resident's admission with a complete nutritional assessment completed within 21 days post-admission.

A review of resident #005's entire electronic and paper health care record found no nutritional screening nor completed nutritional assessment for the resident.

ii) During an interview with the LTCH Manager, they indicated to Inspector #627 that resident #005 and resident #007 had been admitted to the home within a particular time frame.

A review of the health care records for residents #005 and #007 was unable to identify any nutritional assessment completed for either of the residents.



During an interview with the LTCH Manager, they acknowledged that resident #005 and #007 had not had a nutritional assessment completed.

iii) Inspector #627 reviewed resident #003's "Weight and Height History of Client", which indicated that the resident had significant weight changes in excess of 13 per cent within a particular review time frame.

During an interview with PSW #104, they stated that they were unsure if the resident's weight changes had been addressed.

During an interview with RPN #110, they stated that RPNs weighed the residents monthly and they had noticed that resident #003 had a change in weight.

During an interview with the LTCH Manager, they verified that resident #003 had not been assessed by the Dietitian for their significant weight changes.

b) During an interview with the LTCH Manager, they indicated to Inspector #609 that the last time the Dietitian had documented any clinical or nutritional care duties on any resident in the home was over seven months previously in February 2018.

During an interview with the LTCH Manager, they indicated to Inspector #627 that they were unsure if the Dietitian still came into the home.

During an interview with the Chief of Human Resources (HR), they stated to Inspector #627 that there had been a previous arrangement between a Dietitian and the home's former Chief Executive Officer (CEO) and provided the Inspector with copies of invoices that indicated Dietitian #108 had last billed the home six months previously in April 2018 for 16 hours. The Chief of HR stated that they could not tell the Inspector what the arrangement was as the HR department had not been involved. They were unsure if the hours reported had been worked on or off site or if the Dietitian had been paid for the invoiced hours.

The Chief of HR stated that there was currently no Dietitian on the payroll and they had no HR file for a Dietitian within the home.

c) i) Inspector #609 reviewed the home's policy titled "NUR-LTC Weight Change Notification" approved February 2009 (no revision date) which required weight loss or



gain be reported using the Weight Change Notification Form.

However, during interviews with RPN #106 and #110 both stated to Inspector #627 that if they noticed a significant weight change the LTCH Manager would be notified verbally or by email. Both RPNs failed to mention the completion of the Weight Change Notification Form.

ii) Inspector #609 reviewed the home's policy titled "NUR-LTC Guidelines for Management of Weight Changes" last revised in February 2008 or nine years ago, which indicated that a weight change of more or less than 2.2 kg in one month was to be reported to the LTCH Manager.

During an interview with the LTCH Manager, they acknowledged that a significant weight change defined as a loss or gain of 2.2 kg in one month did not comply with the Regulation's definition of a significant weight change. [s. 74. (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 O.Reg 79/10, s. 37. Personal items and personal aids**

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

**s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,**

**(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).**

**(b) cleaned as required. O. Reg. 79/10, s. 37 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that each resident of the home had his or her personal items, including personal aids such as dentures, glasses and hearing aids labelled within 48 hours of admission and of acquiring, in the case of new items.

On October 3, 2018, Inspector #609 observed the following:

In resident #008's shared bathroom, a used, unlabeled mouth wash, skin cream, toothbrush, hairspray, facial cleaner, brush with hair in it as well as three deodorants;

In resident #009's shared bathroom, a used unlabeled deodorant as well as two toothpastes; and

In resident #010's shared bathroom, two used unlabeled skin creams and a comb with white residue noted on it.

During an interview with PSW #113 they verified that all residents' personal items were to be labelled with the resident's name or bed number.

During an interview with the LTCH Manager, they were unable to provide any policy or procedure that directed staff to label residents' personal items.

The LTCH Manager verified the Inspector's observations of unlabeled personal items in shared bathrooms and that they should have been labelled. [s. 37. (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 each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids labelled within 48 hours of admission and of acquiring, in the case of new items, to be implemented voluntarily.***

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**WN #3: 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:**

**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).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a response in writing was provided within 10 days of receiving Residents' Council advice related to concerns or recommendations.

Inspector #609 reviewed the August and September 2018 Residents' Council meeting minutes. During the August 2, 2018, meeting, concerns were brought forward that the internet in the home was not working.

During an interview with the Residents' Council President, they could not recall to Inspector #609 ever receiving a written response from the home within 10 days of bringing forward concerns, which included the concerns brought forward about the internet not working.

A review of the home's policy titled "Resident Council" last revised July 2018 required the Administrator to respond in writing to the Resident Council within 10 days of being advised of concerns or recommendations.

During an interview with the Activity Coordinator, they outlined how, when concerns were brought forward in Residents' Council, they would send an email to the appropriate department head. Once a response was received, they would relay the information to Residents' Council during the next scheduled meeting.

The Activity Coordinator verified that the concerns about the internet not working that was brought forward in Residents' Council in August 2018 was not responded back in writing to the Residents' Council within 10 days but was verbally relayed at the following meeting on September 6, 2018. [s. 57. (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 a response in writing is provided within 10 days of receiving Residents' Council advice related to concerns or recommendations, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 116. Annual evaluation**

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

**s. 116. (3) The annual evaluation of the medication management system must,**  
**(a) include a review of the quarterly evaluations in the previous year as referred to in section 115; O. Reg. 79/10, s. 116 (3).**  
**(b) be undertaken using an assessment instrument designed specifically for this purpose; and O. Reg. 79/10, s. 116 (3).**  
**(c) identify changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 116 (3).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that an annual evaluation of the medication management system:

- (a) which included a review of the quarterly evaluations in the previous year as referred to in section 115;
- (b) used an assessment instrument designed specifically for this purpose; and
- (c) identified changes to improve the system in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices was conducted.

Inspector #627 conducted a document review of the home's medication management system. The inspector was unable to identify any document to support that an evaluation had been conducted. As well, Inspector #627 requested documents to support an evaluation; no evaluation documents were provided.

Inspector #627 interviewed the LTCH Manager who acknowledged that there had been no annual evaluation of the medication management system. [s. 116. (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 an annual evaluation of the medication management system is conducted and:***

- (a) includes a review of the quarterly evaluations in the previous year as referred to in section 115,***
- (b) uses an assessment instrument designed specifically for this purpose, and***
- (c) identifies changes to improve the system in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions**



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

**s. 135. (3) Every licensee shall ensure that,**

**(a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; O. Reg. 79/10, s. 135 (3).**

**(b) any changes and improvements identified in the review are implemented; and O. Reg. 79/10, s. 135 (3).**

**(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 79/10, s. 135 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that:

(a) a quarterly review was undertaken of all medication incidents and adverse drug reactions that had occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions,

(b) any changes and improvements identified in the review were implemented, and

(c) a written record was kept of everything provided for in clause (a) and (b).

Inspector #627 conducted a document review of the home's quarterly review of medication and adverse drug reactions. The inspector was unable to identify any document to support that a review had been conducted. As well, Inspector #627 requested documents to support a review; no documents were provided.

Inspector #627 interviewed the LTCH Manager who stated that quarterly meetings to review the medication incidents were not held; they occurred yearly at the Risk Management meetings. The LTCH Manager stated that they had not taken part in the meetings. [s. 135. (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:***

- (a) a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions,***
- (b) any changes and improvements identified in the review are implemented, and***
- (c) a written record is kept of everything provided for in clause (a) and (b), to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

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

**s. 51. (2) Every licensee of a long-term care home shall ensure that,  
(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident who was incontinent had an individualized plan of care, based on the assessment to promote and manage bowel and bladder continence was implemented.

During an interview with RPN #102, they indicated to Inspector #609 that resident #005 had a specific continence intervention.

On a particular day, resident #005's specified continence intervention was observed with abnormal results.

A review of resident #005's Urinary Continence Evaluation, outlined that the resident was admitted to the home with the specified continence intervention.



A review of resident #005's admission orders found no mention of the resident's specified continence intervention or the care it required.

During an interview with the Activity Coordinator, a review of resident #005's plan of care was reviewed. They acknowledged that, without an order, they updated the resident's plan of care to include a specific task for the continence intervention.

A review of resident #005's health care records found under the Physician's Order Sheet that the resident had a specified continence condition that required the home to initiate treatment.

During an interview with RPN #106, they indicated that resident #005's task associated with the continence intervention should have been documented in the resident's paper Medication Administration Record (MAR).

A review of resident #005's MAR found no mention of the resident's need for the specified task.

During the same interview with RPN #106, they verified that resident #005's task associated with the continence intervention had not been completed.

During an interview with the LTCH Manager, they were unable to provide any policy or procedure related to resident care planning. The LTCH Manager went on to describe how they had decided in consultation with resident #005's physician changed the resident's plan of care related to the continence intervention.

The LTCH Manager acknowledged that they did not document any additional assessments or the care planning they conducted with the physician related to resident #005's plan of care changes, did not update the plan of care for the resident, nor provide any updated instructions to the staff on the care of the resident's continence intervention.  
[s. 51. (2) (b)]

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs**



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

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

**Findings/Faits saillants :**

1. The licensee has failed to ensure that drugs were administered to residents in accordance with the directions for use specified by the prescriber.

Inspector #627 reviewed a medication incident report; whereby, resident #005 received double the dose of a specified medication. A review of the medication incident report indicated that RPN #105 had not noticed that the medication had been added to the blister pack. As a result, RPN #105 administered one dose of the medication from stock medication along with the medication from the blister pack.

Inspector #627 reviewed the resident's paper chart which revealed a Physician's order to administer half the medication that was administered.

Inspector #627 interviewed the LTCH Manager who stated that when the medication was first ordered, it was taken from the stock medications. They stated that when the the pharmacy delivered the resident's weekly medication on the Wednesday, the pharmacy technician should have indicated on the MAR that the medication was now added to the pill pack which was not done.

The LTCH Manager further stated that the RPN had failed to verify the medications in the pill pack against the MAR; thereby, they had failed to notice that the medication had been added to the pill pack and had given a double dose of medication. The LTCH Manager acknowledged that the medication was not administered to resident #005 as prescribed by the Physician. [s. 131. (2)]



**Ministry of Health and  
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Soins de longue durée**

**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**

**Issued on this 26th day of October, 2018**

**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*

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

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

**Public Copy/Copie du public**

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

**Nom de l'inspecteur (No) :** CHAD CAMPS (609), SYLVIE BYRNES (627)

**Inspection No. /**

**No de l'inspection :** 2018\_615609\_0021

**Log No. /**

**No de registre :** 025589-18

**Type of Inspection /**

**Genre d'inspection:** Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Oct 12, 2018

**Licensee /**

**Titulaire de permis :** Smooth Rock Falls Hospital  
107 Kelly Road, P.O. Box 219, SMOOTH ROCK FALLS,  
ON, P0L-2B0

**LTC Home /**

**Foyer de SLD :** Smooth Rock Falls Hospital  
107 Kelly Road, P.O. Box 219, SMOOTH ROCK FALLS,  
ON, P0L-2B0

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Fabien Hebert

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To Smooth Rock Falls Hospital, 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  
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**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 74. (2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutrition care duties. O. Reg. 79/10, s. 74 (2).

**Order / Ordre :**

The Licensee must comply with O. Reg. 79/10, s. 74 (2).

Specifically the licensee must:

- a) Employ a registered Dietitian (documented with a signed contract) outlining their status as a member of the home's staff.
- b) Ensure that the Dietitian is on site performing their clinical and nutrition care duties for a minimum of 30 minutes per resident per month.
- c) Have the home's Dietitian complete a Nutritional Screening and Nutritional Assessment for every resident in the home.
- d) Ensure that the Dietitian is involved in the assessments, actions and outcomes of residents with significant weight changes.
- e) Ensure that the Dietitian documents all assessments, actions, outcomes and evaluations in the residents' health care records.
- f) Ensure that all nutritional policies and procedures are reviewed and revised with the participation of the Dietitian to ensure they are compliant with the Act and Regulation.
- g) Review and revise the home's policies and procedures with the participation of the Dietitian to ensure that the nutrition, dietary and weight concerns of residents are identified and promptly communicated to the Dietitian.
- h) Ensure that all direct care staff receive retraining in the home's revised nutritional policies and procedures.

### **Grounds / Motifs :**

1. The licensee has failed to ensure that a registered dietitian who was a member of the staff of the home was on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutrition care duties.

- a) Ontario Regulation (O.Reg) 79/10, s. 69, further specifies that residents 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;
3. A change of 10 per cent of body weight, or more, over 6 months; and
4. Any other weight change that compromises their health status.

i) During an interview with RPN #102, Inspector #609 identified resident #005 as having a significant weight change.

A review of resident #005's health care records found that their weight changed a total of six per cent within a particular two week review time frame.

A review of resident #005's Monthly Nutritional Record for the two week time frame, found that the resident consistently refused or poorly ate.

A review of the home's policy titled "NUR-LTC Nutritional Counseling" last reviewed April 2008 indicated that a Registered Dietitian would assess all residents for the Long Term Care Unit and provide follow-up care on a regular basis. The policy further required an admission nutritional screening be completed by the dietitian within seven days of the resident's admission with a complete nutritional assessment completed within 21 days post-admission.

A review of resident #005's entire electronic and paper health care record found no nutritional screening nor completed nutritional assessment for the resident.

ii) During an interview with the LTCH Manager, they indicated to Inspector #627 that resident #005 and resident #007 had been admitted to the home within a particular time frame.

A review of the health care records for residents #005 and #007 was unable to identify any nutritional assessment completed for either of the residents.

During an interview with the LTCH Manager, they acknowledged that resident #005 and #007 had not had a nutritional assessment completed.

iii) Inspector #627 reviewed resident #003's "Weight and Height History of Client", which indicated that the resident had significant weight changes in excess of 13 per cent within a particular review time frame.

During an interview with PSW #104, they stated that they were unsure if the

resident's weight changes had been addressed.

During an interview with RPN #110, they stated that RPNs weighed the residents monthly and they had noticed that resident #003 had a change in weight.

During an interview with the LTCH Manager, they verified that resident #003 had not been assessed by the Dietitian for their significant weight changes.

b) During an interview with the LTCH Manager, they indicated to Inspector #609 that the last time the Dietitian had documented any clinical or nutritional care duties on any resident in the home was over seven months previously in February 2018.

During an interview with the LTCH Manager, they indicated to Inspector #627 that they were unsure if the Dietitian still came into the home.

During an interview with the Chief of Human Resources (HR), they stated to Inspector #627 that there had been a previous arrangement between a Dietitian and the home's former Chief Executive Officer (CEO) and provided the Inspector with copies of invoices that indicated Dietitian #108 had last billed the home six months previously in April 2018 for 16 hours. The Chief of HR stated that they could not tell the Inspector what the arrangement was as the HR department had not been involved. They were unsure if the hours reported had been worked on or off site or if the Dietitian had been paid for the invoiced hours.

The Chief of HR stated that there was currently no Dietitian on the payroll and they had no HR file for a Dietitian within the home.

c) i) Inspector #609 reviewed the home's policy titled "NUR-LTC Weight Change Notification" approved February 2009 (no revision date) which required weight loss or gain be reported using the Weight Change Notification Form.

However, during interviews with RPN #106 and #110 both stated to Inspector #627 that if they noticed a significant weight change the LTCH Manager would be notified verbally or by email. Both RPNs failed to mention the completion of the Weight Change Notification Form.

ii) Inspector #609 reviewed the home's policy titled "NUR-LTC Guidelines for



**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*

Management of Weight Changes” last revised in February 2008 or nine years ago, which indicated that a weight change of more or less than 2.2 kg in one month was to be reported to the LTCH Manager.

During an interview with the LTCH Manager, they acknowledged that a significant weight change defined as a loss or gain of 2.2 kg in one month did not comply with the Regulation’s definition of a significant weight change.

The severity of this issue was determined to be a level three, actual harm or risk. The scope of this issue was a level three, widespread. The home had a level two history of one or more unrelated non-compliances in the last 36 months. (609)

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

**Vous devez vous conformer à cet ordre d'ici le : Nov 30, 2018**



**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, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections 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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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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  
Long-Term Care Inspections 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 RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416 327-7603



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

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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 2T5

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 12th day of October, 2018**

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



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de soins de longue durée, L.O. 2007, chap. 8*

**Name of Inspector /**

Chad Camps

**Nom de l'inspecteur :**

**Service Area Office /**

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