



**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 durée**

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

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

**Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133**

**Bureau régional de services de
Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133**

Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection/ Genre d'inspection
May 29, 2013;	2012_138151_0019 (A2)	S-001251-12	Complaint

Licensee/Titulaire de permis

JARLETTE LTD.
689 YONGE STREET, MIDLAND, ON, L4R-2E1

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

TEMISKAMING LODGE
100 BRUCE STREET, P.O. BOX 1180, HAILEYBURY, ON, P0J-1K0

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

MONIQUE BERGER (151) - (A2)

Amended Inspection Summary/Résumé de l'inspection modifié

**Home encountering difficulty meeting original compliance date - extension
granted to June 27, 2013**



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Issued on this 29 day of May 2013 (A2)

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

Monique H. Berger



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Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
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2007, c. 8

Aux termes de l'article 153 et/ou de
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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MONIQUE BERGER (151) - (A2)

Inspection No. /

No de l'inspection : 2012_138151_0019 (A2)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : S-001251-12 (A2)

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : May 29, 2013;(A2)

Licensee /

Titulaire de permis : JARLETTE LTD.
689 YONGE STREET, MIDLAND, ON, L4R-2E1

LTC Home /

Foyer de SLD : TEMISKAMING LODGE
100 BRUCE STREET, P.O. BOX 1180,
HAILEYBURY, ON, P0J-1K0



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O. 2007, chap. 8

**Name of Administrator /
Nom de l'administratrice**

ou de l'administrateur : FRANCINE GOSSELIN

To JARLETTE LTD., you are hereby required to comply with the following order(s) by
the date(s) set out below:

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

LTCHA, 2007, 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).

Order / Ordre :

The licensee will ensure that the home is maintained in a safe and good
state of repair. Specifically roof repair is required to prevent the recurring
leaks.



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l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

Grounds / Motifs :

(A2)

1. The licensee has not ensured that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair[LTCHA 2007, S.O. 2007,c.8, s. 15. (2) (c)]

On December 4, 2012, Inspector noted that ceiling tiles were missing in the hallway by room 32 and that there was a bucket directly below these missing tiles to catch water. During this same walk-through of the home, Inspector noted that the ceiling tiles in the corridor by room 13 were stained with previous leaks. On December 4, 2012 Inspector 151 spoke with Administrator regarding resident family complaints of a leaking roof, and, subsequently, the Inspector's observations. Administrator confirmed that the home has been having repeated trouble with the roof for "some time" and that the service area was where it was worse. Administrator confirmed that the home has been doing temporary patches in resident rooms and common areas. Administrator stated that the corporation has plans to put in a brand new solar roof, however, it is not in this year's budget and doubtful that it will be in next year's. (151)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Jun 27, 2013(A2)



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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

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



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foyers de soins de longue durée, L.
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Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

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

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

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

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



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O. 2007, chap. 8

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
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
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 29 day of May 2013 (A2)

Signature of Inspector / *Monique G. Berger*
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : MONIQUE BERGER - (A2)

Service Area Office /
Bureau régional de services : Sudbury



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

MONIQUE BERGER (151) - (A2)

Amended Inspection Summary/Résumé de l'inspection modifié

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

This inspection was conducted on the following date(s): December 4 and 5, 2012

This complaint investigation is in reference to the following logs:

1. S-000099-12 related to IL:23464-SU



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- 2. S-001251-12 related to IL:25285-SU**
- 3. S-001185-12 related to IL:25286-SU**
S-001341-12 related to IL:25645-SU
S-TI-S-12-000004 related to 2 previous above
- 4. S-001894-12 related to IL:20520-SU**
S-000620-12 related to IL:20520-SU
S-000657-12 related to IL:20551-SU
- 5. S-001190-12 related to letter of complaint to the Ministry**
S-001181-12 related to letter of complaint to the Ministry
S-001153-12 related to letter of complaint to the Ministry
S-001127-12 related to letter of complaint to the Ministry
S-001130-12 related to letter of complaint to the Ministry
- 6. S-000633-12 related to IL:23071-SU**

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Registered Staff, Personal Support Workers (PSW), residents and family.

During the course of the inspection, the inspector(s)

- made direct observations of the delivery of care and services to residents.



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- **did daily environmental walk-through of the home**
- **reviewed resident health care records**
- **reviewed related policies and procedures,**
- **reviewed the home's programs in regards to falls prevention, management of responsive behaviour, provision of nutrition and hydration,**
- **reviewed the homes policies on abuse,**
- **audited meal service to residents**
- **reviewed staffing plan and schedules**
- **reviewed home's educational events for the last 12 months**

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Accommodation Services - Maintenance

Continence Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with LTCHA, 2007, s. 15. Accommodation services

Specifically failed to comply with the following:

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

Findings/Faits saillants :



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1. The licensee has not ensured that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair[LTCHA 2007, S.O. 2007,c.8, s. 15. (2) (c)]

On December 4, 2012, Inspector noted that ceiling tiles were missing in the hallway by room 32 and that there was a bucket directly below these missing tiles to catch water. During this same walk-through of the home, Inspector noted that the ceiling tiles in the corridor by room 13 were stained with previous leaks. On December 4, 2012 Inspector spoke with Administrator regarding resident/family complaints of a leaking roof, and, subsequently, the Inspector's observations. Administrator confirmed that the home has been having repeated trouble with the roof for "some time". Administrator confirmed that the home has been doing temporary patches in resident rooms and common areas. Administrator stated that the corporation has plans to put in a brand new solar roof, however, it is not in this year's budget and doubtful that it will be in next year's. [s. 15. (2) (c)]

Additional Required Actions:

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

(A2)The following order(s) have been amended:CO# 001

WN #2: The Licensee has failed to comply with LTCHA, 2007, s. 6. Plan of care



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Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :



1. The plan of care does not set out clear directions to staff and others who provide direct care to the resident

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

In regards to resident 0001, Inspector reviewed the resident's plan of care (POC) and noted the following:

- toileting program is described to be 4 times per day as follows: "effective toileting times are between 0300-0700 h, 1000-1200h, 1400-1700h., 2100-2200h." There is no reference to indicate that the staff should or are allowed to toilet the resident outside of these time or as requested by the resident.

- the plan of care indicates that the resident has the potential to be continent of both bladder and bowel. This is in conflict to the related intervention: "wears a regular brief at all times".

- the plan of care indicates that the resident is at risk of dehydration. One of the interventions in this section is confusing in reference to the issue of dehydration: "Positioning belt in place when resident in wheelchair, put footrest on to make arm propelling easier".

- the plan of care indicates that the resident is demonstrating decreased participation in recreational and social activities. The plan of care makes no mention of family participation with social and recreational programming and any related interventions : i.e. toileting prior to/readying/dressing the resident for these outings when scheduled. [s. 6. (1) (c)]

2. The plan of care does not set out clear directions to staff and others who provide direct care to the resident

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

In regards to resident 0002, Inspector reviewed the plan of care and noted the following:

- Health care record review identifies the resident has a need for restraint use. Use of restraints is not an identified focus for the resident in the POC,

- Health care record review identifies the resident to have back and knee pain. Pain Management is not an identified focus for the resident in the POC

- Health care record review identifies that the resident requires extensive assistance from 2 (two) staff for all mobility and transfer needs. Potential for skin and wound issues is not an identified focus for the resident in the POC and no where in the POC is identified the need to re-position the resident at least every 2 hours and as necessary,



- Oral care is an identified focus of the POC, however, the interventions do not reference the frequency of the needed care.
- Bathing is an identified focus of the POC, however, the interventions do not reference the frequency of the needed care.
- POC contains conflicting information: under the focus: TOILETING, staff are directed to "toilet once per shift. Under the focus: POTENTIAL TO RESTORE FUNCTION TO RESTORE BOWEL FUNCTION, staff are directed to "toilet once per day". [s. 6. (1) (c)]

3. The plan of care does not set out clear directions to staff and others who provide direct care to the resident
[LTCHA 2007, S.O. 2007, c.8, s. 6. (1) (c)]

Inspector reviewed resident 003's most current plan of care (POC) and noted the following:

- In reference to the identified focus "Sleep and Rest": the POC tells staff that the resident "prefers to wake after breakfast". The POC does not state what is to be done in lieu of the missed meal. Review of resident's health care records shows that the resident is experiencing weight loss.
- In reference to the identified focus "Eating": the POC of care directs staff to feed the resident "part of the meal". There is no further direction. The POC leaves it unclear as to when to do this or what part of the meal is to be fed to the resident.
- In reference to the identified focus "Restorative Care": the POC directs nursing staff to do restorative walking program with the resident "days, evenings and prn". The POC does not state what activity(ies) this entails: i.e. walking to and from the dining room. The POC does not identify what is meant by "prn".
- POC identifies that the resident has a hearing loss - only one intervention is found that addresses this: "Use short direct phrasing when talking to the resident".
- POC directs staff to provide "restorative communication". The POC does not describe the resident's restorative communication plan nor does it identify what activities this intervention requires. The POC does not identify the frequency of the intervention.
- POC identifies as a focus the resident's risk for skin and wound issues related to "prolonged inactivity and incontinence". There is only one intervention listed in this section: "report any new openings to the RN". [s. 6. (1) (c)]

4. The plan of care does not set out clear directions to staff and others who provide direct care to the resident. LTCHA 2007, S.O. 2007, c.8, s. 6. (1) (c)



In reference to resident 0004, Inspector reviewed the resident's most current plan of care (POC) and noted the following:

- In reference to the identified focus of "toileting" intervention states "effective toileting times are between 2:00-4:00, 8:00-11:00, 1400-1500 and 2100-2200 [h]" There is no reference to indicate that the staff should or are allowed to toilet the resident outside of these time or as requested by resident.
- in reference to the identified focus "Oral Care", the plan of care is found to have contradicting references in the same section. Staff are directed to " provide supplies for self oral care" and "to provide total assistance with oral hygiene". [s. 6. (1) (c)]

5. The resident, SDM, if any, and any other persons designated by the resident/SDM has not been given an opportunity to participate fully in the development and implementation of the plan of care LTCHA 2007, S.O. 2007, c.8, s. 6. (5)

Inspector spoke with a family member in regards to satisfaction of care and services for family resident. This family member stated the following:

- the home has not complied with repeated requests to increase the number of times the resident is toileted per day. The home has advised the family member that the home will be the one to assess for this need.
- in addition, the family member had requested to be in attendance for a discipline specific assessment for a change in the resident's care. Family member came into the home to find that the home had proceeded without family member and had made the changes.

Inspector reviewed resident's plan of care and confirmed that the resident's care plan had been altered to reflect the change contested by the Family Member. In regards to toileting regime, the plan of care had contradictory direction to staff; in one section, the staff are directed to toilet once a shift and, in another section, staff are directed to toilet once a day. [s. 6. (5)]

Additional Required Actions:



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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 resident's plan of care sets out clear directions to staff and others who provide care to the resident and that the resident, SDM, if any, and any other persons designated by the resident/SDM has been given an opportunity to participate fully in the development and implementation of the plan of care, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

s. 53. (3) The licensee shall ensure that,

(a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; O. Reg. 79/10, s. 53 (3).

(b) at least annually, the matters referred to in subsection (1) are evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 53 (3).

(c) a written record is kept relating to each evaluation under clause (b) 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. 53 (3).

Findings/Faits saillants :

1. The responsive behaviour program is not developed and implemented in accordance with evidence-based practices or, if there are none, prevailing practices. [O.Reg.79/10,s. 53. (3) (a)]

Inspector reviewed the home's Responsive Behaviour Management Program and noted that the policies do not have any effective and revision dates attached. Inspector interviewed the home's Administrator who confirmed that the document is in draft form, and that the program is still in process of being "rolled out". [s. 53. (3) (a)]

Additional Required Actions:



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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 responsive behaviour program is developed and implemented in accordance with evidence-based practices or, if there are none, prevailing practices, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :



1. Each resident is not offered planned menu items at each meal and snack.
[O.Reg.79/10,s. 71. (4)]

Inspector reviewed the supper meal on December 4, 2012. Inspector noted that the home's census was 83 residents, however, the seating plan accommodates only 78 residents. Inspector noted that not all residents were in their assigned seating for the supper meal. Inspector toured the resident rooms and found 3 residents in their beds. Inspector interviewed staff who confirmed that it does happen that residents are missed for meals because they are not brought to the dining room.

At this meal, Inspector observed a resident to receive the meal and not receive any assistance to eat it by any staff. Resident had chin on chest and appeared to be sleeping in the chair at table. No staff made attempt to wake the resident or assist with the meal.

Family to another resident sitting at this same table did present the resident with a few tablespoons of food and resident was observed to take it. Family member stated an onus to come in daily to feed family resident as there was a fear staff would not have time to feed the resident the meal.

On December 5, 2012, Inspector reviewed the noon meal. Once the meal was established to be in full process, Inspector toured the resident bedrooms and found 5 residents in their beds. Inspector asked staff in the dining room if there were any tray service for this meal and was told there was none. Inspector asked staff if all residents were present and accounted for in the dining room. Staff person stated that all were accounted for and that 3 residents had refused to come to the dining room. This left 2 residents unaccounted for by staff for the noon meal. [s. 71. (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 each resident is offered planned menu items at each meal and snack, to be implemented voluntarily.



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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation
Every licensee of a long-term care home shall ensure,**

- (a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;**
- (b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;**
- (c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;**
- (d) that the changes and improvements under clause (b) are promptly implemented; and**
- (e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.**

Findings/Faits saillants :



1. The licensee has not ensured that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences; [O.Reg.79/10,s. 99. (b)]

On December 12, 2012, Inspector spoke to the home's Administrator and asked her to fax the Inspector the most current abuse policies used by the home. Inspector reviewed the faxed policies and noted the following:

- Abuse Policy: issued April 2002, last revision date May 2007
- Action Plan to Deal with Abuse/Alleged Abuse Situation - Resident to Resident Abuse - Cognitively Impaired: issued April 2002, last revised March 2008
- Action Plan to Deal with Abuse/Alleged Abuse Situation - Resident to Resident Abuse - Mentally Capable; issued April 2002, last revised March 2008
- Action Plan to Deal with Abuse/Alleged Abuse Situation - Staff abuse by Resident; issued April 2002, last revised May 2007
- Action Plan to Deal with Abuse/Alleged Abuse Situation - Resident Abuse by Volunteer; issued April 2002, last May 2007
- Action Plan to Deal with Abuse/Alleged Abuse Situation - Resident Abuse by Paid Companion; issued April 2002, last revised May 2007
- Abuse Prevention: issued April 2002, last revised May 2007

Inspector notes that the policies are dated in reference: i.e. still referencing the reports to go to the "Regional Office" "Long Term Care Facilities Branch" and "within five (5) business days". There is no mention of whistle blowing protection. The policies reference LTC Inspectors as "Compliance Advisors". Inspectors have not been Compliance Advisors since July 2010. [s. 99. (b)]

Additional Required Actions:



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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 at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrence, to be implemented voluntarily.

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, (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence; O. Reg. 79/10, s. 51 (2).

s. 51. (2) Every licensee of a long-term care home shall ensure that, (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The resident who is unable to toilet independently some or all of the time does not receive assistance from staff to manage and maintain continence O.Reg. 79/10,s. 51. (2) (c)

Inspector spoke to a resident in regards to satisfaction with care. Resident stated:" the big thing is that they make me wait too long to go to the bathroom, it embarrasses me". Inspector spoke with family member who confirmed that, on occasion, the resident has had to wait up to 45 minutes after ringing for assistance to be toileted. Review of the resident's plan of care shows that the resident is to be toileted within the following time periods: between 0300-0700 h, 1000-1200h, 1400-1700h., 2100-2200h. There is no stated intervention for resident initiated requests for toileting. [s. 51. (2) (c)]



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Issued on this 29 day of May 2013 (A2)

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

Monique G. Berger