Ontario

Ministry of Health and Long-Term Care

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

Ministére 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

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
May 28, Jun 1, 5, 6, 7, 10, 11, 12, 13, 14, 15, 18, 19, 21, 22, 25, 26, 27, 28, Jul 3, 6, 2012	2012_043157_0017	Resident Quality Inspection

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

THORNTONVIEW
186 THORNTON ROAD SOUTH, OSHAWA, ON, L1J-5Y2

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

PATRICIA POWERS (157), CHANTAL LAFRENIERE (194), LYNDA BROWN (111)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, Assistant Director of Care, the Food Service Manager, Program Manager, Office Manager, Environmental Service Manager, Registered Dietitian, Staff Educator, RAI Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers(PSW), Housekeeping Aides, Dietary Aides, Resident Council President, Family Council Chairperson, residents and family members.

During the course of the inspection, the inspector(s) observed the provision of care and services to residents, observed meal service, reviewed residents' clinical health records, reviewed facility policies and procedures, reviewed resident business files, Resident and Family Council meeting minutes, Quality Assurance policies, procedures and audit activities, maintenance records, infection control records, storage and availability of medications, equipment and supplies and review of staff education program.

During the course of this inspection, the following Critical Incidents were inspected:
Log#O-000217-12, Log#O-000389-12, Log#O-000796-12, Log#O-000679-12.
During the course of this inspection, the following Follow Up Inspection was completed:
Log #O-000989-12.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management

Critical Incident Response

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

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

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.) 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. 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. The licensee failed to ensure that every resident's right to be cared for in a manner consistent with his or her needs, was fully respected and promoted.[s.3.(1)4.]

Resident #907:
- The resident's clinical health record indicates that the resident reported an injury and pain to staff. There is no evidence of assessment or monitoring of the resident until the resident complained of further pain one week later.
- Progress notes state that resident continued to exhibit verbal and non verbal signs of right hip pain as documented over the next month and indicate that pain medication was not effective in relieving pain.
- An xray was not completed until a week after it was ordered by the physician.
- Despite a diagnostic report recommending further follow up if symptoms persist and the resident's increasing frequency and severity of pain, no further follow up was done for a month, until the resident was transferred to hospital and diagnosed with a fracture.

The licensee failed to ensure that the resident was cared for in a manner consistent with the resident's needs related to a significant change in condition:
- there was no evidence that the resident's physical condition and pain were assessed to determine appropriate interventions when the resident reported an injury to staff.
- there was no evidence of investigation of the source of the resident's pain until an x-ray was ordered.
- the x-ray was not completed until a week after it was ordered
- despite the resident's continued complaints of pain and the recommendation that that the x-ray be repeated if symptoms persisted, a further x-ray was not completed until one month later.

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following subsections:

s. 52. (1) The pain management program must, at a minimum, provide for the following:
1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.
2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.
3. Comfort care measures.
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies. O. Reg. 79/10, s. 52 (1).

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that residents' responses and the effectiveness of pain management strategies were monitored.[r.52.(1)4.]
The results of analgesic medications administered are inconsistently recorded as evidenced by:

Resident #907:
- The resident's clinical health record indicates that an analgesic was administered for pain on 6 occasions in June 2012 and two occasions in July, 2012, with no indication of the effectiveness of the medication administered.

Resident #25891:
- The clinical health record indicates that the resident suffered an injury in August, 2011. There is no evidence that the resident's response to and the effectiveness of the pain management strategies were monitored. (194)

2. The licensee failed to ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. [r.52.(2)]

Resident #907:
- The clinical health record indicated that the resident complained of pain until the source of the pain was diagnosed two months later.
- The resident's analgesic medication was changed/increased in response to increased pain and there is no indication that a Pain Flow Sheet was completed.
- Despite evidence of persistent and increasing pain there is no evidence that this resident was monitored or assessed using a clinically appropriate assessment instrument specifically designed for this purpose.
- The plan of care does not reflect this resident's pain interventions, outcomes, goals and needs.(157)

Resident #25998:
- The resident clinical health record indicates that the resident sustained an injury.
- Inspector interview with resident and staff confirmed that the resident continues to experience pain related to the injury.
- Despite the resident's verbal complaints of continuing pain as documented in the progress notes, there is no evidence that this resident was monitored or assessed using a clinically appropriate assessment instrument specifically designed for this purpose.
- The plan of care does not reflect this resident's pain interventions, outcomes, goals and needs. (111)

Resident #25949:
- The clinical health record indicates that the resident's pain was not relieved by initial interventions evidenced by increasing verbal and non verbal indications of pain documented in the progress notes.
- There is no indication of an assessment of the source of the pain or the intensity of the pain experienced by the resident and there is no evidence that the resident was assessed using a clinically appropriate assessment instrument.
- The plan of care does not reflect this resident's pain interventions, outcomes, goals and needs. (111)

Resident #981:
- Despite this resident's complaints of pain on two occasions as noted in the progress notes, there is no evidence that a clinically appropriate assessment instrument specifically designed for this purpose.
- The plan of care does not reflect this resident's pain interventions, outcomes, goals and needs.(157)

Resident #25891:
- The resident clinical health record indicates that the resident sustained an injury.
- Inspector interview with resident and staff confirmed that the resident continues to experience pain related to the injury.
- Progress notes indicate frequent occasions when the resident verbalized pain
- There is no evidence that a clinically appropriate assessment instrument specifically designed for this purpose.
- The plan of care does not reflect this resident's pain interventions, outcomes, goals and needs. (194)

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: 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 subsections:

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;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

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).

s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised,
(a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and
(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).

Findings/Faits saillants :

1. The licensee has failed to ensure that the written plan of care for each resident sets out clear direction to staff and others who provide direct care to the resident. [s.6.(1)(c)]

Resident #26030: (Log #O-000389-12)
An inspection of Critical Incident #2534-000012-12 submitted for injury from a fall resulting in transfer to hospital:
- The written plan of care does not provide clear direction to staff related to the resident's need for two 3/4 bed rails and a bed alarm.(157)

Resident #25943:
- The written plan of care does not provide clear direction to staff related this resident's knee pain, back pain and headache or interventions currently used to manage the pain. (194)

Resident #25998:
- The written plan of care does not provide clear direction to staff related to required interventions to manage the resident's shoulder pain (111)

Resident #907:
- The written plan of care did not provide clear direction to staff for the management of a new diagnosis for a fracture and for the management of pain related to an injury and a chronic health condition. (157)

Resident #25949:
- The written plan of care did not provide clear direction to staff related the management of the resident's pain. (157)

Resident #25953:
- The written plan of care does not provide clear direction to staff related to the use of two 3/4 side rails when the resident is in bed.
(194)

Resident #25891:
- The written plan of care did not provide clear direction to staff related the management of the resident's pain following an injury.(194)

Resident #981:
- The resident progress notes indicate that the resident reported to staff that he had been experiencing intermittent pain for several months.
- The written plan of care does not provide clear direction to staff related to the resident's complaints of the management of the resident's pain.

2. The licensee has failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. [s.6.(7)]

Resident #0032 (Log #O-000697-12)
An inspection of Critical Incident #2534-000027-12 submitted indicated that the plan of care for the resident clearly identified triggers and interventions related to the resident's behaviours.
A staff member involved in this incident failed to provide care according to the interventions in the plan of care. (194)

Resident #26030:
- Plan of care for the resident directed staff related to the resident's positioning requirements.
- Observation of the resident indicated that the interventions in the plan of care were not in place. (111)

3. The licensee has failed to ensure that the care set out in the plan of care is based on the assessment of the resident and the needs and preferences of that resident. [s.6.(2)]

Resident #26030:

Observation of resident indicated treatment for pressure ulcers and the use of two, three quarter side rails in the up position when the resident was in bed. Staff confirmed the use of side rails and a bed alarm.
The plan of care was not based on an assessment of the resident needs related to the use of side rails and bed alarm and the location and treatment of pressure ulcers (157)

4. The licensee has failed to ensure that the resident is reassessed and the plan of care reviewed at least every six months and at any other time when, the resident's care needs change or the care set out in the plan is no longer necessary.[s.6.(10)(b)]

Resident #907:
There is no evidence that the resident was reassessed or that the plan of care was reviewed and revised when the resident's care needs changed related an injury and increased pain. (157)

Resident #25891:
There is no evidence that the resident was reassessed or that the plan of care was reviewed and revised when the resident's care needs changed related an injury and increased pain.(194)

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 that the plan of care for each resident:
- provides clear direction to staff and others who provide direct care to the resident
- is based on an assessment of the resident and the needs and preferences of the resident
- is provided to the resident as specified in the plan
- is reviewed and revised when the resident's care needs change or the care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #4: 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. As required by O.Reg. 79/10 s.48(1), every licensee of a long term care home shall ensure that a falls prevention and management program is developed and implemented in the home to reduce the incidence of falls and the risk of injury.

Policy (LTC-N-75) Fall Interventions Risk Management (FIRM) Program (revised Feb.2012) indicates:
- An Incident Tracking Form [CQI-F-70-15] must be completed post fall.
- All residents will be assessed upon admission, quarterly, annually and with any identified changes in the residents health status. Reg. staff will complete the Falls Risk Assessment Tool (FRAT).
- Post fall, a Resident Fall Incident Documentation Form, a Post Fall Skills Checklist will be completed and the plan of care will be updated.
- The logo "falling star" will be used for residents who have been assessed at immediate risk for falls. The use of this logo will assist staff in all departments to identify and monitor these residents. The logo can be placed on the resident's health record (chart spine),at the resident's bedside, on a resident name plate in the hall, on an assistive device or where appropriate for the resident to effectively communicate risk to all staff.
- A Resident Incident Internal Report Form [CQI-E-15-05] will be completed and submitted to the Director of Care.
2. The licensee failed to follow the policy for the Falls Intervention and Risk Management Program as evidenced by:[r.8. (1)(b)]

Resident #26030:
- Falls Risk Assessments completed quarterly identified the resident as high risk for falls and the "falling star" logo was not in place. (157)

Resident # 25998:
- The clinical health record indicates the resident sustained falls on five occasions in five months.
- A Resident Fall Incident Documentation Form was not completed
- The "falling star" logo was not in place.
- Post Fall Skills Checklist was not completed (111)

Resident # 25953:
- The clinical health record indicated that the resident sustained a fall.
- A Resident Fall Incident Documentation Form was not completed
- The "falling star" logo was not in place.
- Post Fall Skills Checklist was not completed (111)

Resident #25949:
- The clinical health record indicates that the resident sustained ten falls in a period of two months.
- There is no evidence that a quarterly FRAT was completed.
- A Resident Fall Incident Documentation Form was not completed.
- The "falling star" logo was not in place.
- Post Fall Skills Checklist was not completed. (111)

There is no evidence that a Resident Incident Internal Report Form was completed and submitted to the Director of Care.

3. As required by O.Reg.79/10 s.136(1)(a), every licensee of a long term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of all expired drugs.[r.136.(1)(a)]

Policy "Emergency Drug Box" (1.5) indicates:
- Under procedure #2 - check the expiry date to ensure medication is not expired.

Observation of Emergency Drug Box on Trillium:
- An expiry date was not provided for the following medications:
scopolamine, Vitamin K, Lasix, Torbrax eye ointment.(111)
Observation of Government stock on Trillium on June 13, 2012 the following drugs were found to be expired:

- Micro K, Biscodyl suppositories, Anuzinc suppositories, Isopto tears 1%, Potassium chloride solution and cyproheptadine.(111)
Observation of Government stock on Rose Garden on June 14,2012 the following drugs were found to be expired:
- metamucil, multivitamins.

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 policies, procedures for fall prevention and management, skin and wound care, and medication management are complied with, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following subsections:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours;
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds is reassessed at least weekly by a member of the registered nursing staff. [r.50.(2)(b)(iv)]

Resident #0032:
- The resident's clinical health record indicated that a treatment was being provided for a skin condition.
- The clinical health record indicated from May 7, 2012 to June 7, 2012 there was no weekly assessment by registered nursing staff.(194)

Resident #0042:
- The resident's clinical health record indicated that a treatment was being provided for a skin condition.
- The clinical health record indicated from May 7, 2012 to June 7, 2012 there was no weekly assessment by registered nursing staff.(194)

Resident #26030:
- The resident's clinical health record indicated that a treatment was being provided for a skin condition.
- The resident's clinical health record did not reflect a weekly assessment by the registered nursing staff for these skin conditions
- The clinical health record indicated that the resident was being treated for a second skin condition in February, 2012. There was no indication that a weekly assessment by the registered nursing staff was completed.(111)

Resident #0999:
- The resident's clinical health record indicated that a treatment was being provided for a skin condition.
- There was no evidence of a weekly assessment:
From Feb 17 to March 1, 2012
From March 1 to March 19, 2012
From April 25 to May 25, 2012 (157)

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 resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds is reassessed at least weekly by a member of the registered nursing staff, 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).

Findings/Faits saillants :

1. The licensee failed to ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented.[r.110 (7)]

Review of the homes policy "Least Restraints"(LTC-P-115) (revised March 2012) indicates under types of restraints: side rails (3/4 or full length). RN and PSW's interviewed confirmed that they do not consider two 3/4 side rails to be a restraint.
2. Resident # 25953:
- Was observed on June 5, 2012 to have two 3/4 side rails in the up position.
- Interview of RPN and PSW on June 13, 2012 confirmed that this resident has two 3/4 side rails in use when in bed.
- Review of the clinical health record indicated that the use of two 3/4 side rails was not documented in the plan of care, there was no physician order, no consent, no indication of alternatives tried, no assessment prior to application or re-assessment related to use of side rails and no monitoring tool in place.
3. Resident # 26030:
- Was observed on June 13, 2012 to have two 3/4 side rails in the up position.
- Interview of RPN and PSW on June 13, 2012 confirmed that this resident has two 3/4 side rails in use when in bed.
- Review of the clinical health record indicated that the use of two 3/4 side rails was not documented in the plan of care, there was no physician order, no consent, no indication of alternatives tried, no assessment prior to application or re-assessment related to use of side rails and no monitoring tool in place.

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 every use of a three-quarter side rails to restrain a resident includes documentation of:
- circumstances precipitating the application of the physical device
- what alternatives were considered and why they were inappropriate
- the person who made the order, what device was ordered and instructions relating to the order
- consent
- the person who applies the device and time of application
- the assessment, reassessment and monitoring including the resident's response
- every release of the device and all repositioning, to be implemented voluntarily.

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 subsections:

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).

s. 131. (4) A member of the registered nursing staff may permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical, if,
(a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals;
(b) the member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and
(c) the staff member who administers the topical does so under the supervision of the member of the registered nursing staff. O. Reg. 79/10, s. 131 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that drugs are administered to resident in accordance with the directions for use as specified by the prescriber. [r.131(2)]

Resident #25998:
Review of the clinical health record indicated that the physician ordered Tylenol 650 mg four times daily and Tylenol #3 1 tab (maximum of 3/day) as needed for breakthrough pain management.
- A review of the Medication Administration Record (MAR) for June 2012 indicated that Tylenol 650 mg was held 17 times.
- A review of the progress notes indicated the Tylenol 650 mg was held when staff administered the Tylenol #3.
- There was no direction from the physician to hold the Tylenol 650mg when administering the Tylenol #3.(111)

Resident #104:
- Clinical health record indicated a physician's order for a medication to be kept at the bedside.
- Resident confirmed self administration of the medication 1 tablet twice daily and keeps the tablets the bedside.
- An RPN interviewed stated that she was not aware whether or not the resident was taking the medication.
- May, 2012 and June, 2012 Medication Administration Records do not provide any verification that that the medication was taken.(194)

The following was identified related to CI #2534-000007-12
(Log #O-000217-12):
- On January 23, 2012 a medication error occurred resulting in seven residents not receiving their 0800 medications as prescribed.
- The home confirmed that an agency RN had failed to administer the residents 0800 medication(194)

2. The licensee failed to ensure that staff members have been trained by a member of the registered nursing staff in the administration of topicals and a staff member who administers a topical does so under the supervision of the registered nursing staff. [r.131(4)(a)(c)]
- Staff confirmed that the PSW's apply prescribed medicated topical creams.
- There is no documentation to indicate that registered staff have reviewed the procedure for application of medicated topical treatment with PSW's during orientation, annually and as required.
- Registered nursing staff confirmed that they sign the TAR for treatments being applied by PSW's.(111, 194, 157)

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 drugs are administered to residents in accordance with the directions for use specified by the prescriber and to ensure that staff members have been trained by a member of the registered nursing staff in the administration of topicals, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 215. Criminal reference check

---

Findings/Faits saillants :

1. The following was identified related to CI #2534-000007-12
(Log #O-000217-12):
The licensee failed to ensure that a criminal reference check was conducted within six months before the staff member was hired. [r.215(2)(b)]
- The home provided a copy of a criminal reference check which was confirmed to have been received from the nursing agency for an agency employee working in the home.
- The criminal reference check was dated January 2011.
- The identified agency staff RN commenced work at the home on January 23, 2012.

WN #9: 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 pneumoccocus, 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. Interview with Director of Care confirmed that residents are not offered immunization against tetanus and diphtheria in accordance with the publicly funded immunization scheduled posted on the Ministry website. [r.229(10)3.]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following subsections:

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. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee failed to 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. [r.49.(2)]

Resident # 25998:
- The clinical health record indicates the resident sustained falls in
December, January, February, March and May,2012.
- There is no indication that a clinically appropriate assessment instrument specifically designed for falls was completed after each fall.

Resident # 25953:
- Clinical health record indicated that the resident sustained a fall in May, 2012.
- There is no indication that a clinically appropriate assessment instrument specifically designed for falls was completed after the fall.

Resident #25949:
- Clinical health record indicates that the resident sustained falls in April and May, 2012.
- there is no indication that a clinically appropriate assessment instrument specifically designed for falls was completed after each of these falls.

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 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, to be implemented voluntarily.

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. (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 failed to seek the advice of the Residents' Council and Family Council in developing and carrying out the satisfaction survey. [s.85.(3)]

Interview of the Resident Council President indicated the home does not consult with the Residents Council in the development of the Resident Satisfaction Survey.
Review of the Resident Council Committee meeting minutes from January-December 2011 did not indicate the Resident Councils advice was sought in developing the satisfaction survey.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 12. Furnishings

Specifically failed to comply with the following subsections:

s. 12. (1) Every licensee of a long-term care home shall ensure that the home has sufficient indoor and outdoor furnishings, including tables, sofas, chairs and lamps, to meet the needs of residents. O. Reg. 79/10, s. 12 (1).

s. 12. (2)The licensee shall ensure that,
(a) resident beds have a firm, comfortable mattress that is at least 10.16 centimetres thick unless contraindicated as set out in the resident's plan of care;
(b) resident beds are capable of being elevated at the head and have a headboard and a footboard;
(c) roll-away beds, day beds, double deck beds, or cots are not used as sleeping accommodation for a resident, except in an emergency;
(d) a bedside table is provided for every resident;
(e) a comfortable easy chair is provided for every resident in the resident's bedroom, or that a resident who wishes to provide their own comfortable easy chair is accommodated in doing so; and
(f) a clothes closet is provided for every resident in the resident's bedroom. O. Reg. 79/10, s. 12 (2).

Findings/Faits saillants :

1. Observation of resident rooms on Pine Grove indicated the following rooms failed to provide a comfortable easy chair for every resident in the resident's bedroom [r.12(2)(e)]:
Rms: 131, 132, 134, 135, 136, 137, 138, 139, 142, 145, 147, 148, 149,152, 156, 158
2. Observation of resident rooms on Rose Garden indicated the following rooms failed to provide a comfortable easy chair for every resident in the resident's bedroom [r.12(2)(e)]
Rms: 102, 110, 111, 120, 121, 124, 126, 128

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following subsections:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that controlled substances are stored in a separate, double locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. [r.129(1)(b)]:

On June 12, 2012, observation of the medication cart on Corbett Court indicated the following:
- A controlled substance, Ativan, was stored in the bin of the medication cart and was not stored in a separate locked area within the locked medication cart.

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:			
REQUIREMENT/ EXIGENCE	**TYPE OF ACTION/ GENRE DE MESURE**	**INSPECTION # / NO DE L'INSPECTION**	**INSPECTOR ID #/ NO DE L'INSPECTEUR**
O.Reg 79/10 r. 53.	CO #001	2012_031194_0014	194

Issued on this 13th day of July, 2012

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

Lynne Duchesne for
Pat Powers.

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	PATRICIA POWERS (157), CHANTAL LAFRENIERE (194), LYNDA BROWN (111)
Inspection No. / No de l'inspection :	2012_043157_0017
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Date of Inspection / Date de l'inspection :	May 28, Jun 1, 5, 6, 7, 10, 11, 12, 13, 14, 15, 18, 19, 21, 22, 25, 26, 27, 28, Jul 3, 6, 2012
Licensee / Titulaire de permis :	REVERA LONG TERM CARE INC. 55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2
LTC Home / Foyer de SLD :	THORNTONVIEW 186 THORNTON ROAD SOUTH, OSHAWA, ON, L1J-5Y2
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	HEATHER POWER

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

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

Ministére 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

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

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

Order / Ordre :

The licensee shall prepare, implement and submit a plan to ensure that the right of every resident who exhibits a significant change in condition to be cared for in a manner consistent with his or her needs is fully respected and promoted. [s.3.(1)4.]
The plan shall be submitted to MOHLTC, Attention: Pat Powers, Fax 613-569-9670 by July 11, 2012.

Grounds / Motifs :

1. The licensee failed to ensure that every resident's right to be cared for in a manner consistent with his or her needs, was fully respected and promoted.[s.3.(1)4.]

Resident #907:
- The resident's clinical health record indicates that the resident reported an injury and pain to staff. There is no evidence of assessment or monitoring of the resident until the resident complained of further pain one week later.
- Progress notes state that resident continued to exhibit verbal and non verbal signs of right hip pain as documented over the next month and indicate that pain medication was not effective in relieving pain.
- An xray was not completed until a week after it was ordered by the physician.
- Despite a diagnostic report recommending further follow up if symptoms persist and the resident's increasing frequency and severity of pain, no further follow up was done for a month, until the resident was transferred to hospital and diagnosed with a fracture.

The licensee failed to ensure that the resident was cared for in a manner consistent with the resident's needs related to a significant change in condition:
- there was no evidence that the resident's physical condition and pain were assessed to determine appropriate interventions when the resident reported an injury to staff.
- there was no evidence of investigation of the source of the resident's pain until an x-ray was ordered.
- the x-ray was not completed until a week after it was ordered
- despite the resident's continued complaints of pain and the recommendation that that the x-ray be repeated if symptoms persisted, a further x-ray was not completed until one month later. (157)

Ontario

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

Ministére 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

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 27, 2012

Order # /
Ordre no : 002

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Order / Ordre :

The licensee shall prepare and implement a plan to ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed used a clinically appropriate assessment instrument designed for this purpose.

Grounds / Motifs :

1. The licensee failed to ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. [r.52.(2)]

Resident #907:
- The resident's clinical health record indicates that an analgesic was administered for pain on 6 occasions in June 2012 and two occasions in July 2012, with no indication of the effectiveness of the medication administered.

Resident #25891:
- The clinical health record indicates that the resident suffered an injury in August 2011. There is no evidence that the resident's response to and the effectiveness of the pain management strategies were monitored. (194)

2. The licensee failed to ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. [r.52.(2)]

Resident #907:
- The clinical health record indicated that the resident complained of pain until the source of the pain was diagnosed two months later.
- The resident's analgesic medication was changed/increased in response to increased pain and there is no indication that a Pain Flow Sheet was completed.
- Despite evidence of persistent and increasing pain there is no evidence that this resident was monitored or assessed using a clinically appropriate assessment instrument specifically designed for this purpose.
- The plan of care does not reflect this resident's pain interventions, outcomes, goals and needs.(157)

Resident #25998:
- The resident clinical health record indicates that the resident sustained an injury.
- Inspector interview with resident and staff confirmed that the resident continues to experience pain related to the injury.
- Despite the resident's verbal complaints of continuing pain as documented in the progress notes, there is no evidence that this resident was monitored or assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

- The plan of care does not reflect this resident's pain interventions, outcomes, goals and needs. (111)

Resident #25949:
- The clinical health record indicates that the resident's pain was not relieved by initial interventions evidenced by increasing verbal and non verbal indications of pain documented in the progress notes.
- There is no indication of an assessment of the source of the pain or the intensity of the pain experienced by the resident and there is no evidence that the resident was assessed using a clinically appropriate assessment instrument.
- The plan of care does not reflect this resident's pain interventions, outcomes, goals and needs. (111)

Resident #981:
- Despite this resident's complaints of pain on two occasions as noted in the progress notes, there is no evidence that a clinically appropriate assessment instrument specifically designed for this purpose.
- The plan of care does not reflect this resident's pain interventions, outcomes, goals and needs.(157)

Resident #25891:
- The resident clinical health record indicates that the resident sustained an injury.
- Inspector interview with resident and staff confirmed that the resident continues to experience pain related to the injury.
- Progress notes indicate frequent occasions when the resident verbalized pain
- There is no evidence that a clinically appropriate assessment instrument specifically designed for this purpose.
- The plan of care does not reflect this resident's pain interventions, outcomes, goals and needs. (194) (157)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jul 27, 2012

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
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

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

Director

Director
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.

Ontario

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

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 6th day of July, 2012

Signature of Inspector / Signature de l'inspecteur : Lyne Duchesne for

Name of Inspector / Nom de l'inspecteur : PATRICIA POWERS

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