short 118.5 PSW hours and 32 RPN hours, and from June 1 to 13, 2013, 80 PSW hours and 11 RN hours, due to non replacement of staff for identified absences.
B) The home had eight PSWs scheduled to work the day shift from 0645 to 1445 hours (day shift). On May 22, 2013 the home had six PSWs working this shift. The resident documentation on Point of Care (POC) identified not all residents received their scheduled baths and therefore did not have a bath till the next scheduled day. All resident identified were scheduled for two baths per week. The residents also did not receive required hygiene care including morning oral care.
C) On June 1, 2013 six PSWs were scheduled for the day shift and on June 2, 2013 five PSWs were scheduled for day shift. Review of POC documentation indicated seven residents received baths out of 13 scheduled on June 1st and five residents received baths out of 14 scheduled on June 2nd. Documentation also identified residents did not receive hygiene care, oral care, toileting assistance during the day shift for June 1st and 2nd.
Staff confirmed that when there is not the full quota of staff working they are unable to complete all aspects of resident care needs including bathing, hygiene and toileting as required in individual plans of care.
D) On June 13, 2013, during the inspection period, the day shift was short two PSWs and the restorative care staff. Review of POC documentation indicated 10 of 14 residents received baths and residents did not have consistent documentation to indicate other care provisions were provided such as oral care, dressing, and toileting.
Observation in the dining room during the lunch meal on this date identified no other staff, including the registered staff, assisted residents with their meals. Residents #006, #0014,and #0022 were observed to not receive assistance required to complete their lunch meal and had to wait extended periods for assistance with meal courses placed in front of them prior to assistance being available. Residents #003, #006, #0014, #0019, #0022, and #0024 did not have their meal served course by course and were observed to have all three courses of their meal in front of them (soup, entree, desert) at one time.
The registered staff stated there was no back up plan for them to follow when they do not have all staff in attendance and were not able to articulate any change in work routines except for the HCAs in attendance to care for additional residents.
The ADOC confirmed that there was no back up plan in the home when nursing and personal care staff cannot come to work

The Administrator confirmed there was not a back up plan in place for staff to follow when not all staff are in attendance on the dates identified. (141)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Aug 30, 2013

Order # / Ordre no : 005

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 53. (2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,
(a) integrated into the care that is provided to all residents;
(b) based on the assessed needs of residents with responsive behaviours; and
(c) co-ordinated and implemented on an interdisciplinary basis. O. Reg. 79/10, s. 53 (2).

Order / Ordre :

The licensee shall prepare, implement and submit a plan that ensures the needs of the resident with responsive behaviours have been integrated into the plan of care that is provided to all residents; is based on the assessed needs of residents; and co-ordinated and implemented on an interdisciplinary basis including residents #002, #005, #007, and #0023.
The plan shall be submitted September 3, 2013 to Long Term Care Inspector Sharlee McNally at: Sharlee.McNally@ontario.ca

Grounds / Motifs :

1. This order was previously issued as a Voluntary Plan of Corrective Action for Inspection #2012-027192-0050 issued October 25, 2012.
Residents' identified by inspectors during the inspection period as demonstrating responsive behaviours plans of care did not identify the behaviours, triggers identified for the behaviours, or strategies in place to minimize the behaviour. Assessments by the licensee or outside resources were not in place consistently.

Resident #005 was identified as having a responsive behaviour related to continence.
Staff confirmed the resident exhibited this behaviour daily. Staff were able to identify triggers and strategies related to the responsive behaviour.
The resident's most current quarterly RAPs did not identify this responsive behaviour, triggers that may have caused the behaviour or strategies to

minimize the behaviour. The BSO consultant confirmed there had been no referral to the BSO team for this resident.
The responsive behaviour was not identified in the resident's plan of care.. (141)

2. Resident #007 was identified as having a responsive behaviour related to continence. Staff stated the resident exhibited this behaviour at least two times per week. Staff were able to identify triggers and strategies to minimize behaviour on some occasions. The resident's most current quarterly assessment dated May, 2013 and plan of care did not identify the responsive behaviour, triggers that may have caused the behaviour or strategies to minimize the behaviour. The BSO consultant confirmed there had been no referral to the BSO team for this resident.
The resident's current plan of care does not include the responsive behaviour related to continence. (141)

3. Resident #002 progress notes multiple incidents of an identified responsive behaviour. The Resident Assessment Protocol for April 2013 identified this responsive behaviour and staff confirmed the behaviour was still exhibited. The resident had been previously seen by the Behaviour Support Ontario (BSO) team who had closed the case as behaviour had resolved or reduced. The BSO representative confirmed there had been no new referral and they were unaware of the new behaviour.
The new responsive behaviour was not included in the resident's written plan of care or strategies identified to minimize the risk.

(141)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Sep 20, 2013

Order # / Ordre no : 006

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,
(a) three meals daily;
(b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and
(c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).

Order / Ordre :

The licensee must prepare, submit and implement a plan that outlines how the home will ensure that all residents are offered a minimum of three meals daily, specifically how the home will ensure that all residents including residents #007 and #017 receive breakfast daily. The plan should be submitted via email by September3, 2013 to Carol Polcz at the Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119 King St. W, 11th floor, Hamilton, ON L8P 4Y7 HamiltonSAO.MOH@ontario.ca

Grounds / Motifs :

1. This order was previously issued as a Voluntary Plan of Corrective Action for Inspection #2013_105130_0005 issued March 15, 2013.
The licensee failed to ensure that each resident was offered a minimum of three meals daily. On June 13, 2013, a resident was not offered breakfast.
A) Resident #007 was not offered breakfast on June 13, 2013. Staff indicated that they did not waken them and when asked if it was typical to let the resident sleep over breakfast, staff replied that they didn't wake the resident as they were short staffed so made the decision to leave the resident in bed. Staff indicated that they knew the resident would be OK, that the resident eats a good lunch, sometimes double portions. The plan of care for the resident indicated that the resident was at moderate nutritional risk and was diabetic. It did not indicate that staff were not to offer breakfast.
B) Resident #017 was not offered breakfast on June 13, 2013. Staff indicated that the resident did not have breakfast, that this was typical and that they provide the resident with a snack at 10:00 hrs. Staff indicated that on this day, they got the resident up at approximately 1120am and gave the resident a beverage but no snack. Documentation in POC did not indicate that the resident refused breakfast and the resident's plan of care indicated that the resident was at moderate nutritional risk and was on a required nutritional supplementation to prevent further weight loss. It did not indicate that staff were not to offer breakfast.
(156)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Sep 20, 2013

Order # / Ordre no : 007

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Order / Ordre :

The licensee must prepare, submit and implement a plan that outlines how the home will ensure that all residents including resident #010 are provided with assistance and encouragement with eating. The plan should be submitted via email by September 3, 2013 to Carol Polcz at the Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119 King St. W, 11th floor, Hamilton, ON L8P 4Y7 HamiltonSAO.MOH@ontario.ca

Grounds / Motifs :

1. This order was previously issued as a Voluntary Plan of Corrective Action for Inspection #2013_105130_0005 issued March 15, 2013.
Residents #006, and #0022 were not provided with personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible on June 13, 2013 at the lunch meal.
A) Resident #006 plan of care stated resident required assistance to maintain function to maximum self sufficiency for eating with support provided for set up, encouragement for resident to eat slowly, assistance when eating when showing signs of fatigue.
On June 13, 2013 the resident was observed during the lunch meal. At 1222 hours the resident was served their texture modified entree while the soup remained in front of her and eating had not initiated. The resident was observed to pour all their coffee liquids into the soup and then their entree into the soup. The resident only ate enough soup to have room to add further entree items. The resident was observed from 1215 hours until 1230 hours and their was no action taken as a result of the resident's behaviour of food mixing, or staff encouragement provided to consume the food.
B) Resident #0022 plan of care stated required assistance for eating. with supervision and/or cuing at times. On June 13, 2013 the resident was observed during the lunch meal. At 1215 hours soup was at their setting but not yet consumed and the entree was served. At 1220 hours verbal encouragement was provided once. At 1222 hours the resident commenced to eat a sandwich without consuming any of the soup. At 1230 hours 1 bite of the sandwich was taken and one quarter of the soup consumed. There was no further encouragement or cuing provided. (141)

2. Resident #010 was not provided assistance or encouragement during several consecutive meals during the inspection although the resident was found to be at high nutritional risk and required extensive assistance with eating. The resident sat with food on the table for an extended period of time and there we few attempts to assist or encourage the resident to consume food or fluids.

(156)

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 : Sep 20, 2013

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 : 008

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 73. (2) The licensee shall ensure that,
(a) no person simultaneously assists more than two residents who need total assistance with eating or drinking; and
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Order / Ordre :

The licensee failed to ensure to ensure that residents who required assistance with eating or drinking were only served a meal when someone was available to provide the assistance r. 73. (2) (b). Order: : c.8 s. 153 (1) (b) The licensee must prepare, submit and implement a plan that outlines how the home will ensure that all all residents including residents #010 and #009 are only provided the meal when someone is available to provide assistance to the residents. The plan should be submitted via email by September 3, 2013 to Carol Polcz at the Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119 King St. W, 11th floor, Hamilton, ON L8P 4Y7 HamiltonSAO.MOH@ontario.ca

Grounds / Motifs :

1. This order was previously issued as a Voluntary Plan of Corrective Action for Inspection #2013_105130_0005 issued March 15, 2013.
Residents who required assistance with eating or drinking were not served their meal when someone was available to provide the assistance. Residents who required assistance with eating waited 7- 34 minutes with food in front of them before receiving assistance during the inspection.
a) During the observed lunch meal in the dining room on June 10, 2013, food was on the table in front of resident #010 at 12:21 hrs. Assistance in eating was not provided to the resident until 12:30 hrs.
Resident #0010 and #009 required assistance with eating but had to wait 7- 34 minutes with food in front of them before receiving assistance on several observed meals during the inspection. The plan of care for both of these residents indicated that they were at high nutritional risk and were dependent on others for eating.

(156)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Sep 20, 2013

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 : 009

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 213. (1) Every licensee of a long-term care home shall ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week:
1. In a home with a licensed bed capacity of 19 beds or fewer, at least four hours per week.
2. In a home with a licensed bed capacity of more than 19 but fewer than 30 beds, at least eight hours per week.
3. In a home with a licensed bed capacity of more than 29 but fewer than 40 beds, at least 16 hours per week.
4. In a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week.
5. In a home with a licensed bed capacity of 65 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 213 (1).

Order / Ordre :

The licensee shall prepare, implement and submit a plan that ensures a Registered Nurse action in the role of Director of Nursing and Personal Care works in that position on site 35 hours per week. The plan shall be submitted by August 30, 2013 to Long Term Care Inspector Sharlee McNally at: Sharlee.McNally@ontario.ca

Grounds / Motifs :

1. The licensee did not ensure the home's Director of Nursing and Personal Care worked regularly in the position on site at the home for at least 35 hours per week.
The home has been without a DOC three times since October 2012. The home informed the inspector that the DOC of the home resigned on July 25, 2013. In response to the inspectors request the home submitted a staff plan for coverage of the DOC role for August 2013. The schedule identified four RNs of the home to provide coverage for the DOC position on various days throughout the time frame. The schedule identified the RN fulfilling the role was only on site in the home for two days of the 31days in August.
The Administrator of the home corrected the original submitted schedule to identify there were six days with coverage in the home. The Administrator confirmed the remaining 25 days the identified RN was not on site but on-call from outside the home. The ADOC, who has a classification of RPN, would be supervising the nursing department on site and a RN was on site at all times.
The home has not ensured a RN was assigned to the role of Director of Care was on site at the home for at least 35 hours per week. (141)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Aug 30, 2013

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

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
Ontario, ON
M5S-2B1
Fax: 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.

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

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
Ontario, ON
M5S-2B1
Fax: 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 23rd day of August, 2013

Signature of Inspector / Signature de l'inspecteur : Sharlee McNally / C Smith / Carol Parker, RD.

Name of Inspector / Nom de l'inspecteur : SHARLEE MCNALLY

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