



**Ministry of Health and  
Long-Term Care**

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

**Ministère de la Santé et des  
Soins de longue durée**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**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**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 6, 2014	2014_240506_0010	H-000245- 14/H-000360 -14	Complaint

**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**

BRIERWOOD GARDENS  
425 PARK ROAD NORTH, BRANTFORD, ON, N3R-7G5

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

LESLEY EDWARDS (506), GILLIAN TRACEY (130), LEAH CURLE (585), LISA VINK  
(168)

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



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

**This inspection was conducted on the following date(s): April 1,2,3,4,8,9,10,12,14  
and 15, 2014**

**This inspection was conducted simultaneously with a follow-up inspection; log#  
2014\_240506\_0009/H-000320-14/H-000321-14. Areas of non compliance for  
s.6(7),s.6(10)(b),s.31(3)(a) will be issued in the follow-up inspection. Areas of non  
compliance were also completed by inspector Gillian Tracey inspector #130  
including s.8(1)(b), s.50(2)(b)(i),s. 52(2),s.51.(2)(g),s.26.(3)10. This inspection was  
also conducted with Alex McWilliam. This inspection included log numbers  
#H-000347-14 and H-000300-14 and H-000375-14.**

**During the course of the inspection, the inspector(s) spoke with Executive  
Director(ED),Director of Care(DOC),Associate Director of Care(ADOC),Corporate  
Staff,Registered Staff,Food Service Manager(FSM),Dietician,Program  
Manager,Restorative Care Aide,Personal Support Workers(PSW),dietary  
staff,activation staff,residents and families and former employee.**

**During the course of the inspection, the inspector(s) Toured the home, observed  
care and services,interviewed staff, residents and families,reviewed clinical  
records, business files and relevant policies and procedures**

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

**Accommodation Services - Housekeeping  
Contenance Care and Bowel Management  
Falls Prevention  
Food Quality  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Reporting and Complaints  
Skin and Wound Care**

**Findings of Non-Compliance were found during this inspection.**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care**



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

**s. 50. (2) Every licensee of a long-term care home shall ensure that,**  
**(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; O. Reg. 79/10, s. 50 (2).**

**s. 50. (2) Every licensee of a long-term care home shall ensure that,**  
**(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).**

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**Findings/Faits saillants :**



1. The licensee did not ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A) On an identified date in October, 2013, resident #001 had an identified open area; on an identified date in November, 2013, staff identified another open area; on an identified date in December, 2013, staff identified new open areas to another area of the skin and on an identified date in January, 2014 staff identified skin tears to an area of the body. Staff interviewed and documentation confirmed the resident's skin was not assessed on these dates, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.[s.50.(2)(b)(i)](506)

2. The licensee did not ensure that a resident who was dependent on staff for repositioning was repositioned every two hours or more frequently as required depending on the resident's condition and tolerance of tissue load.

A) Resident #003 was observed seated in the broda chair on an identified date in March, 2014 from 1040 hours until 1435 hours. Staff assigned to provide care to this resident were interviewed at 1440 hours and confirmed the resident was positioned in their chair at 0730 hours and had not been repositioned since that time. A skin assessment completed on an identified date in March, 2014, identified the resident had a stage two pressure wound to their coccyx.

B) Resident #004 was observed in their broda chair on an identified date in March, 2014, from 1040 hours until 1516 hours. The resident was not repositioned in their chair during the observation period. Staff interviewed confirmed the resident had not been repositioned in their chair since approximately 0810 hours. According to the minimum data set (MDS) quarterly assessment completed on an identified date in January, 2014, the resident's pressure ulcer rating (PURS) score was 5, which indicated the resident was at risk for impaired skin integrity. This information was verified by staff.

C) Resident #007 was observed seated in the broda chair on an identified date in April, 2014 from 1300 hours until 1700 hours. Resident uses a personal assistance service device(PASD)and should be repositioned every two hours as confirmed by the ADOC. The staff assigned to provide care to the resident confirmed the resident was not repositioned in their chair during these times. [s. 50. (2) (d)]



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***Additional Required Actions:***

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

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

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

**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).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

A) According to the clinical record, resident #001 made verbal expressions of pain on identified dates in February and March, 2014, related to a pressure ulcer. The ADOC confirmed the resident's pain was not assessed using a clinically appropriate assessment instrument specifically designed for this purpose, when the resident's pain was not relieved. [s. 52. (2)]

***Additional Required Actions:***

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

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**WN #3: 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:

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**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. 2007, c. 8, s. 3 (1).**

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**Findings/Faits saillants :**

1. The licensee did not ensure the substitute decision maker was able to consent to services which were prescribed by the physician.

Resident #005 was seen by the physician on an identified date in November, 2013 at the home, the physician left an order for the home to complete a referral to see a specialist outside the home. There was no documentation in the resident's progress notes to indicate that the family were informed of the order or that consent was obtained prior to the referral being completed. The RN confirmed that the family was not notified of the referral to see a specialist. [s. 3. (1) 11. ii.]



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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all residents are given the right to refuse consent to any treatment, care or services for which their consent is required by law, to be implemented voluntarily.***

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**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:**

**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 O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

A) The home's policy: Revera Skin and Wound Program LTC-E-90 indicated the Nurse/WCC would complete a referral to a Nutritional Care/Registered Dietitian (RD) for all residents exhibiting altered skin integrity. According to the clinical records, registered staff did not complete a referral to the RD, for resident #001, until an identified date in December, 2013, despite assessments which identified open areas on an identified date in October, 2013. This information was confirmed by the Food Services Manager [s. 8. (1) (a),s. 8. (1) (b)]





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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home complies with their policy and procedures for their skin and wound program, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

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

**s. 51. (2) Every licensee of a long-term care home shall ensure that, (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and O. Reg. 79/10, s. 51 (2).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that the resident who required continence care products received sufficient changes to remain clean, dry and comfortable.

A) Resident #004 was observed in their broda chair on an identified date in March, 2014, from 1040 hours until 1516 hours. The resident did not have their incontinent product changed during the observation period. Staff interviewed confirmed the resident had not had their incontinent product checked or changed since approximately 0810 hours. The resident's incontinent product was changed at 1615 hours, at which time it was observed to be at least 80 percent saturated with urine. This was confirmed by staff present during the brief change. The minimum data set (MDS) quarterly assessment completed on an identified date in January, 2014, indicated the resident's pressure ulcer rating (PURS) score was 5, which indicated the resident was at risk for impaired skin integrity. This information was verified by staff. [s. 51. (2) (g)]



***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 residents who require continence care products receive sufficient changes to remain clean, dry and comfortable, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

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

**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:**

**6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that food and fluids were served at a temperature that was both safe and palatable to the residents.

A) On an identified date in April, 2014 during the breakfast meal service, regular texture cottage cheese was probed and measured at a temperature of 6.2 degrees Celsius, puree texture bread pudding was probed and measured at 8.6 degrees Celsius.

B) On an identified date in April, 2014 during the lunch meal service, deli meat was probed and measured at 13.1 degrees Celsius (regular), 7.5 degrees Celsius (minced), and 7.7 degrees Celsius (puree), respectively. Potato salad was probed and measured at 9.5 degrees Celsius (regular), 7.2 degrees Celsius (minced), and 7.5 degrees Celsius (puree). Temperatures between 4 and 40 degrees Celsius is a danger zone and would not be safe or palatable to the residents, [s. 73. (1) 6.]



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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that food and fluids were served at a temperature that are both safe and palatable to the residents, to be implemented voluntarily.***

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:  
10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that the plan of care was based on, at a minimum, interdisciplinary assessment of the following with respect to the resident's health conditions, including pain.

A) Documentation in the clinical record of resident #001 indicated the resident made verbal expressions of pain on identified dates in February and March, 2014, related to ulceration to an identified area and during wound cleansing. The ADOC confirmed there were no interventions and or strategies identified to manage pain until an identified date in March, 2014. [s. 26. (3) 10.]



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Issued on this 15th day of May, 2014

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

*Shane McCall for Lesley Edwards*



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**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  
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Direction de l'amélioration de la performance et de la conformité**

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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** LESLEY EDWARDS (506), GILLIAN TRACEY (130),  
LEAH CURLE (585), LISA VINK (168)

**Inspection No. /  
No de l'inspection :** 2014\_240506\_0010

**Log No. /  
Registre no:** H-000245-14/H-000360-14

**Type of Inspection /  
Genre  
d'inspection:** Complaint

**Report Date(s) /  
Date(s) du Rapport :** May 6, 2014

**Licensee /  
Titulaire de permis :** REVERA LONG TERM CARE INC.  
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA,  
ON, L5R-4B2

**LTC Home /  
Foyer de SLD :** BRIERWOOD GARDENS  
425 PARK ROAD NORTH, BRANTFORD, ON,  
N3R-7G5

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** CATHERINE DONAHUE

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**Ministry of Health and  
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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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de soins de longue durée*, L.O. 2007, chap. 8

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



**Ministry of Health and  
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**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Order # /**  
**Ordre no :** 001

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 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).

**Order / Ordre :**



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Pursuant to section 153 and/or  
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The licensee shall ensure that resident # 001 receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument as required.

The licensee shall ensure that resident #003, #004 and #007 who are dependent on staff for repositioning are repositioned every two hours as required depending on their condition.

**Grounds / Motifs :**

1. Previously issued as a VPC on October 2012.

The licensee did not ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A) On an identified date in October, 2013, resident #001 had an identified open area; on an identified date in November, 2013, staff identified another open area; on an identified date in December, 2013, staff identified new open areas to another area of the skin and on an identified date in January, 2014 staff identified skin tears to an area of the body. Staff interviewed and documentation confirmed the resident's skin was not assessed on these dates, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment. (506)

2. The licensee did not ensure that a resident who was dependent on staff for repositioning was repositioned every two hours or more frequently as required depending on the resident's condition and tolerance of tissue load.

A) Resident #003 was observed seated in the broda chair on an identified date in March, 2014 from 1040 hours until 1435 hours. Staff assigned to provide care to this resident were interviewed at 1440 hours and confirmed the resident was positioned in their chair at 0730 hours and had not been repositioned since that time. A skin assessment completed on an identified date in March, 2014, identified the resident had a stage two pressure wound.

B) Resident #004 was observed in their broda chair on an identified date in March, 2014, from 1040 hours until 1516 hours. The resident was not repositioned in their chair during the observation period. Staff interviewed confirmed the resident had not been repositioned in their chair since approximately 0810 hours. According to the minimum data set (MDS) quarterly





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assessment completed on an identified date in January, 2014, the resident's pressure ulcer rating (PURS) score was 5, which indicated the resident was at risk for impaired skin integrity. This information was verified by staff.

C) Resident #007 was observed seated in the broda chair on an identified date in April, 2014 from 1300 hours until 1700 hours resident uses a personal assistance device(PASD) and should be repositioned every two hours. The staff assigned to provide care to this resident confirmed that the resident was not repositioned in their chair during these times. (506)

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

**Vous devez vous conformer à cet ordre d'ici le : May 26, 2014**



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section 154 of the *Long-Term Care  
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**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 ensure that when resident #001 pain is not relieved by initial interventions, the resident will be reassessed using a clinically appropriate assessment.

**Grounds / Motifs :**

1. Previously issued as a CO in October of 2012.

The licensee did not ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

A) According to the clinical record, resident #001 made verbal expressions of pain on identified dates in February and March, 2014, related to a pressure ulcer. The ADOC confirmed the resident's pain was not assessed using a clinically appropriate assessment instrument specifically designed for this purpose, when the resident's pain was not relieved. (506)

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

**Vous devez vous conformer à cet ordre d'ici le :** May 26, 2014



**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

### **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



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing 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](http://www.hsarb.on.ca).



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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  
1075, rue Bay, 11<sup>e</sup> 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.



**Ministry of Health and  
Long-Term Care**

**Order(s) of the Inspector**  
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section 154 of the *Long-Term Care  
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**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

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](http://www.hsarb.on.ca).

**Issued on this 6th day of May, 2014**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :**

Lesley Edwards

**Service Area Office /**

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