



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

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

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

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

**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) : MONIQUE BERGER (151)

Inspection No. /

No de l'inspection : 2013_138151_0009

Log No. /

Registre no: S-001263-12

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Apr 22, 2013

Licensee /

Titulaire de permis : THE LADY MINTO HOSPITAL AT COCHRANE
241 EIGHTH STREET, P.O. BOX 4000, COCHRANE,
ON, P0L-1C0

LTC Home /

Foyer de SLD : VILLA MINTO
241 EIGHTH STREET, P.O. BOX 280, COCHRANE,
ON, P0L-1C0

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** BRUCE PETERKIN

To THE LADY MINTO HOSPITAL AT COCHRANE, 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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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) (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, submit and implement a plan for achieving compliance ensuring a Responsive Behaviour Program is developed and implemented. The licensee will ensure the home's programs and services related to the management of responsive behaviours are:

- * integrated into the care that is provided to residents with responsive behaviours
- * based on the assessed needs of residents with responsive behaviours
- * co-ordinated and implemented on an interdisciplinary basis.

This plan must be submitted in writing to Inspector Monique Berger at 159 Cedar Street, Suite 603, Sudbury, ON P3E 6A5 or by fax at 1-705-564-3133 on or before April 30, 2013. Full compliance with this order shall be by May 31, 2013

Grounds / Motifs :



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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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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

1. On March 20, 2013, both the Director of Care (DOC) and the Assistant Director of Care (ADOC) confirmed that the program for the Management of Responsive Behaviours has not been fully developed and implemented, nor has staff education in it's regard been undertaken. Both the DOC and ADOC acknowledged that this program was to have been implemented by July 2010.
(151)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 31, 2013



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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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Ordre(s) de l'inspecteur
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de l'article 154 de la *Loi de 2007 sur les foyers
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Order # /	Order Type /
Ordre no : 002	Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :



**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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Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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The licensee shall prepare, submit and implement a plan for achieving compliance with O.Reg.79/10.s.110 (7). The licensee will ensure 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:

- the person who applied the device and the time of application.
- all assessment, reassessment and monitoring, including the resident's response.
- every release of the device and all repositioning.
- the removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care.

This plan must be submitted in writing to Inspector Monique Berger at 159 Cedar Street, Suite 603, Sudbury, ON P3E 6A5 or by fax at 1-705-564-3133 on or before April 30, 2013. Full compliance with this order shall be by May 15, 2013

Grounds / Motifs :



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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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1. Inspector reviewed the resident's health care record and noted the resident had physician orders and Substitute Decision Maker (SDM) consents for 2 types of restraints. Inspector interviewed the following staff: Assistant Director of Care and Staff #003 who both confirmed that type 1 restraint was used on a regular daily basis while type 2 restraint was used only occasionally when staff found it difficult to closely monitor the resident.

Inspector made multiple observations of the resident during March 20, and 21, 2013. Inspector noted that at all times when the resident was out of bed type 1 restraint was applied. Inspector noted no incident where the type 2 restraint was in use.

Inspector reviewed the home's policies on "Minimizing of Restraints": R-40". On page 6 of the policy, staff was directed to: "do minimum of hourly monitoring of the resident" and to use "Physical Restraint Monitoring Record".

Inspector audited the resident's health records for documentation indicating that the resident was monitored hourly while restrained and noted the following:

- For the month of January and February 2013, staff did not document any hourly monitoring, or any other staff actions such as repositioning of the resident every two hours while resident in restraints.
- For the month of March 2013 and to date of March 21, 2013, documentation was not found on the following days: 3,5,6,7,10,11,12,13,14,15,16,17,18,19,20, 2013.

Inspector reviewed the health care records of 2 other residents with restraints ordered. Inspector noted that for neither of these residents and for the month of March 2013 up to date, staff did not document the hourly monitoring of the residents while the restraints were in use.

(151)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 15, 2013



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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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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.



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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^e 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.



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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 22nd day of April, 2013

Signature of Inspector / *Monique S. Berger (151)*
Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : MONIQUE BERGER

Service Area Office /

Bureau régional de services : Sudbury Service Area Office



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

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

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

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 22, 2013	2013_138151_0009	S-001263-12	Complaint

Licensee/Titulaire de permis

**THE LADY MINTO HOSPITAL AT COCHRANE
241 EIGHTH STREET, P.O. BOX 4000, COCHRANE, ON, P0L-1C0**

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

**VILLA MINTO
241 EIGHTH STREET, P.O. BOX 280, COCHRANE, ON, P0L-1C0**

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

MONIQUE BERGER (151)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): March 20,21,22,2013

This inspection related to S-001263-12 and corresponding complaint: IL-25339-12

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

During the course of the inspection, the inspector(s) - observed resident care and service delivery,

- toured the home several times per day,**
- reviewed the home's policies and procedures in regards to the management of resident responsive behaviours,**
- reviewed the home's policies and procedures in regards to the falls management program,**
- reviewed the resident's health care records**

**The following Inspection Protocols were used during this inspection:
Minimizing of Restraining**

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

**WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order**

Legendé

**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 O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

- 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; O. Reg. 79/10, s. 53 (2).**
 - (b) based on the assessed needs of residents with responsive behaviours; and O. Reg. 79/10, s. 53 (2).**
 - (c) co-ordinated and implemented on an interdisciplinary basis. O. Reg. 79/10, s. 53 (2).**

Findings/Faits saillants :



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1. On March 20, 2013, both the Director of Care (DOC) and the Assistant Director of Care (ADOC) confirmed that the program for the Management of Responsive Behaviours has not been fully developed and implemented, nor has staff education in it's regard been undertaken. Both the DOC and ADOC acknowledged that this program was to have been implemented by July 2010.

The home's programs and services are not:

- * integrated into the care that is provided to residents with responsive behaviours
- * based on the assessed needs of residents with responsive behaviours
- * co-ordinated and implemented on an interdisciplinary basis [s. 53. (2)]

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. 110.
Requirements relating to restraining by a physical device
Specifically failed to comply with the following:**

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:

6. All assessment, reassessment and monitoring, including the resident's response. O. Reg. 79/10, s. 110 (7).

Findings/Faits saillants :



Inspector reviewed the resident's health care record and noted the resident had physician orders and Substitute Decision Maker (SDM) consents for 2 types of restraints. Inspector interviewed the following staff: Assistant Director of Care and Staff #003 who both confirmed that type 1 restraint was used on a regular daily basis while type 2 restraint was used only occasionally when staff found it difficult to closely monitor the resident.

Inspector made multiple observations of the resident during March 20, and 21, 2013. Inspector noted that at all times when the resident was out of bed, the type 1 restraint was applied. Inspector noted no incident where the type 2 restraint was in use.

Inspector reviewed the home's policies on "Minimizing of Restraints": R-40". On page 6 of the policy, staff was directed to: "do minimum of hourly monitoring of the resident" and to use "Physical Restraint Monitoring Record".

Inspector audited the resident's health records for documentation indicating that the resident was monitored hourly while restrained and noted the following:

- For the month of January and February 2013, staff did not document any hourly monitoring, or any other staff actions such as repositioning of the resident every two hours while resident in restraints.
- For the month of March 2013 and to date of March 21, 2013, documentation was not found on the following days: 3,5,6,7,10,11,12,13,14,15,16,17,18,19,20, 2013.

Inspector reviewed the health care records of 2 other residents with restraints ordered. Inspector noted that for neither of these residents and for the month of March 2013 up to date, staff did not document the hourly monitoring of the residents while the restraints were in use.

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. 30. Protection from certain restraining



Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that no resident of the home is:

- 1. Restrained, in any way, for the convenience of the licensee or staff. 2007, c. 8, s. 30. (1).**
- 2. Restrained, in any way, as a disciplinary measure. 2007, c. 8, s. 30. (1).**
- 3. Restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**
- 4. Restrained by the administration of a drug to control the resident, other than under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**
- 5. Restrained, by the use of barriers, locks or other devices or controls, from leaving a room or any part of a home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than in accordance with section 32 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**

Findings/Faits saillants :

1. Inspector reviewed a resident's health care records. Inspector noted in the progress notes a reference where staff documented that the resident was locked in a sitting room/lounge while staff were busy after supper. Inspector reviewed this documentation with Director of Care who confirmed that locking the resident in a room should never have been.

The licensee has not ensured that the resident is not restrained by the use of barriers, locks or other devices or controls from leaving a room or any part of the home including the grounds or entering part of the home generally accessible to other residents, except under the common law duty described in section 36. [s. 30. (1) 5.]



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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 that will ensure residents are not restrained by the use of barriers, locks or other devices or controls from leaving a room or any part of the home including the grounds or entering part of the home generally accessible to other residents, except under the common law duty described in section 36., to be implemented voluntarily.

WN #4: 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:

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).

Findings/Faits saillants :

1. Inspector noted that on 2 of the 3 days of the inspection [March 20 and 21, 2013], resident #001 was not wearing eye glasses. Inspector reviewed the resident's plan of care and noted that the resident was dependent on eye glasses for vision and that staff were "to ensure that glasses are on and are clean each morning". On both of these days, Inspector observed that the resident's eye-glasses were available and located on the bedside table. [s. 6. (7)]



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Homes Act, 2007**

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

Issued on this 23rd day of April, 2013

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

Monique G. Berger (151)