



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

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

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

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

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

London Service Area Office  
130 Dufferin Avenue, 4th floor  
LONDON, ON, N6A-5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130, avenue Dufferin, 4ème étage  
LONDON, ON, N6A-5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**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**

<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>
Jun 12, 2014	2014_261522_0011	L-000535-14	Resident Quality Inspection

#### **Licensee/Titulaire de permis**

WILDWOOD CARE CENTRE INC.  
100 Ann Street, Box 2200, ST. MARYS, ON, N4X-1A1

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

WILDWOOD CARE CENTRE INC.  
100 ANN STREET, P.O. BOX 2200, ST. MARYS, ON, N4X-1A1

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

JULIE LAMPMAN (522), INA REYNOLDS (524), NANCY JOHNSON (538)

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



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

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

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

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

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

**This inspection was conducted on the following date(s): May 6, 7, 8, 9, 12, 13, 14, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, RAI Coordinator, Charge Nurse, Life Enrichment Coordinator, Environmental Services Manager, a Registered Nurse, 2 Registered Practical Nurses, 4 Nurses Aides, 4 Personal Support Workers, a Housekeeping Aide, a Dietary Aide, 3 Family Members and 17 Residents.**

**During the course of the inspection, the inspector(s) toured all resident home areas, the medication room, observed dining service, medication pass, provision of resident care, recreational activities, staff/resident interactions, infection prevention and control practices, reviewed resident clinical records, posting of required information and relevant policies and procedures.**

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

**Contenance Care and Bowel Management**

**Dining Observation**

**Family Council**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Nutrition and Hydration**

**Residents' Council**

**Responsive Behaviours**

**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. 15. Bed rails Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
  - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
  - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**



---

**Findings/Faits saillants :**

1. The licensee failed to ensure that where bed rails are used, the resident has been assessed and his or her bed system evaluated in accordance with evidence-based practices, and if there are none, in accordance with prevailing practices to minimize risk to the resident.

On May 13, 2014 Resident #536 was observed lying in bed with raised bilateral half side rails.

Review of the resident's clinical record revealed the resident had not been assessed for the use of bed rails.

Interview with the Director of Care (DOC) confirmed that the resident had not been assessed for the use of bed rails. Further interview revealed that bed side rails are used for all residents; half side rails are used for residents utilizing high-low beds and 3/4 side rails are used for all other resident beds within the home.

The DOC confirmed that resident assessments have not been completed for the use of bed side rails for all residents of the home. [s. 15. (1) (a)]

***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. 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).**

---

**Findings/Faits saillants :**



1. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

On May 12, 2014 Inspector #538 along with a Registered staff observed the medication storage room. The observation revealed a small brown bag labelled "spare keys" on a shelf in a top cupboard in the medication room.

The Registered staff opened the bag and two sets of keys (4 keys in total) were identified. The Registered staff shared that the one set of keys opened one medication cart and narcotic bin, and the other set opened the other medication cart and narcotic bin. The Registered staff shared that she was unaware that the keys were in the cupboard.

A review of the Pharmacy Policy and Procedure Manual for LTC Homes, Section 3: The Medication System; The Medication Cart and Maintenance Policy dated: 01/04 under Procedure states,  
"Keep keys in possession of a designated nurse at all times. If keys locked in cart, contact DOC for spare keys."

Interview with the Director of Care (DOC) confirmed the keys unlocked both medication carts and narcotic bins. The DOC confirmed that the keys should not be stored in the medication storage room. [s. 8. (1)]

***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 ensuring that The Medication System; The Medication Cart and Maintenance Policy is complied with, to be implemented voluntarily.***

---

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 29. Policy to minimize restraining of residents, etc.**



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

- s. 29. (1) Every licensee of a long-term care home,**  
**(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and 2007, c. 8, s. 29 (1).**  
**(b) shall ensure that the policy is complied with. 2007, c. 8, s. 29 (1).**
- 

**Findings/Faits saillants :**

1. The licensee failed to ensure that the home's Least Restraint, Last Resort policy is complied with.

Review of the home's Least Restraint, Last Resort policy #CS-5.1 Minimizing of Restraints states, "The interdisciplinary team shall discuss and consider the use of a Personal Assistive Safety Device (PASD) prior to the application of a physical restraint. The registered staff shall document each assessment and the outcome in the resident's clinical record.

The following information shall be included in the documentation:

- The resident's condition;
- Type of assessment completed;
- All interventions or restraint alternatives considered or attempted and the resident's response to each;
- If a PASD is deemed necessary, the type of device and the reason for it's use;
- If a physical restraint is deemed necessary, the type of device and the reason for it's use;
- Confirmation of resident or family consent;
- Confirmation of physician's order for physical restraint;
- When the PASD or restraint was applied and by whom."

On several occasions a resident was observed using a PASD.

Review of the Resident's clinical record revealed the absence of documentation regarding an assessment and consent for the use of a PASD.

Interview with the Director of Care (DOC) confirmed the resident had not been assessed nor had consent been obtained for the use of a PASD.

Further interview with the Director of Care revealed that bed rails are used for all



residents. The DOC confirmed that assessments had not been completed nor consent obtained for use of the bed rails.

The Director of Care confirmed the expectation that the Least Restraint, Last Resort policy is complied with. [s. 29. (1) (b)]

2. Review of the Physician Orders upon admission and quarterly revealed that Resident #519 requires a restraint.

An interview with Registered staff revealed that there was no order or consent for a restraint for resident #519.

An interview with the Director of Care (DOC) confirmed that it is the home's expectation that an order is obtained for a restraint. [s. 29. (1) (b)]

3. A review of Resident #519's clinical record revealed the absence of documentation in the resident's plan of care regarding the discontinued use of a restraint.

The progress quarterly review notes revealed documentation that reflects that the restraint is still being used and registered staff are to document on every shift the need for continuance of the restraint.

An interview with the Director of Care confirmed that it is the expectation of the home that the use of restraints be kept current in the resident's plan of care [s. 29. (1) (b)]

***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 ensuring that the home's Least Restraint, Last Resort policy is complied with, to be implemented voluntarily.***

---

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 33. PASDs that limit or inhibit movement**



Specifically failed to comply with the following:

**s. 33. (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:**

- 1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 2. The use of the PASD is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).**
- 3. The use of the PASD has been approved by,**
  - i. a physician,**
  - ii. a registered nurse,**
  - iii. a registered practical nurse,**
  - iv. a member of the College of Occupational Therapists of Ontario,**
  - v. a member of the College of Physiotherapists of Ontario, or**
  - vi. any other person provided for in the regulations. 2007, c. 8, s. 33 (4).**
- 4. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 33 (4).**
- 5. The plan of care provides for everything required under subsection (5). 2007, c. 8, s. 33 (4).**

---

**Findings/Faits saillants :**



1. The licensee failed to ensure that the use of a Personal Assistive Safety Device (PASD) has been approved prior to use in a resident's plan of care.

LTCHA, 2007 S.O. 2007, c.8, s.33(4) states, "The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied...The use of a PASD has been approved by, i. a physician, ii. a registered nurse, iii. a registered practical nurse, iv. a member of the College of Occupational Therapists of Ontario, v. a member of the College of Physiotherapists of Ontario, or vi. any other person provided for in the regulations."

Review of the home's Least Restraint, Last Resort policy #CS-5.1 Minimizing of Restraints revealed the policy does not include that the PASD must be approved prior to use in a resident's plan of care.

Interview with the Director of Care confirmed that approval for PASD's is not sought prior to implementing a PASD. [s. 33. (4) 3.]

***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 ensuring the use of a PASD has been approved by, i. a physician, ii. a registered nurse, iii. a registered practical nurse, iv. a member of the College of Occupational Therapists of Ontario, v. a member of the College of Physiotherapists of Ontario, or vi. any other person provided for in the regulations, to be implemented voluntarily.***

---

**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs**



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

**s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,**

**(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**

**(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**

**(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).**

**(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).**

**(e) a weight monitoring system to measure and record with respect to each resident,**

**(i) weight on admission and monthly thereafter, and**

**(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).**

---

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the height with respect to each Resident is measured and recorded annually as part of the weight monitoring system.

A review of 14 Residents' clinical records revealed the Resident's heights had not been measured since 2012.

This was confirmed by the Director of Care and the RAI Co-ordinator. During an interview with the Director of Care it was confirmed that the home's expectation is to have Residents' heights measured and recorded annually. [s. 68. (2) (e) (ii)]



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

***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 ensuring that the height with respect to each Resident is measured and recorded annually as part of the weight monitoring system, to be implemented voluntarily.***

---

**WN #6: 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:**

**s. 229. (2) The licensee shall ensure,  
(b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly; O. Reg. 79/10, s. 229 (2).**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

---

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the interdisciplinary team that co-ordinates and implements the infection prevention and control program meets at least quarterly.

There is no documented evidence that the licensee ensures that the interdisciplinary team that co-ordinates and implements the infection and control program meets at least quarterly. A review of the Infection Control minutes revealed that no data has been documented since September 10, 2012.

On May 12, 2014 the Director of Care confirmed that the Infection Prevention and Control interdisciplinary team does not meet at least quarterly and the next team meeting is scheduled for the end of the month. [s. 229. (2) (b)]

2. The licensee has failed to ensure that all staff participate in the implementation of the infection prevention and control program.

On May 7, 2014, observations of the call bell cords in resident washrooms revealed the cords were fabric and the cords in three resident rooms were found to be soiled.

On May 12, 2014, interview with the Director of Care revealed that there should not be fabric call bell cords in resident washrooms. The Environmental Services Manager confirmed that the fabric cords will be replaced with vinyl cords. [s. 229. (4)]

3. The licensee failed to ensure that all staff participate in the implementation of the infection prevention and control program.

Tour of the home revealed three resident shared washrooms with unlabelled personal care equipment.

Interview with the Director of Care confirmed that resident personal care equipment should be labelled if it is used frequently by the resident or if it is not used frequently returned to the dirty utility room after use. [s. 229. (4)]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that all staff participate in the implementation of the infection prevention and control program and that the interdisciplinary team that co-ordinates and implements the infection prevention and control program meets at least quarterly, to be implemented voluntarily.***

---

**WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

---

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home is a safe and secure environment for residents.

On May 6, 2014 at 0940 tour observation of the home revealed access to the supply room and electrical panel was unlocked and unattended. The electrical panel was not enclosed and fully visible. Bottles of Barbicide and Aqua Velva were observed on a shelf in the supply room.

An interview with Registered staff confirmed that it is the home's expectation that the room is locked at all times. [s. 5.]

---

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

**Findings/Faits saillants :**

1. The licensee failed to ensure that the plan of care sets out clear direction to staff and others who provide direct care to the resident.

On several occasions a resident was observed using a Personal Assistive Safety Device (PASD).

Review of the resident's plan of care revealed no documentation regarding use of a PASD.

Interview with the Registered Nurse and Director of Care (DOC) confirmed that there was no documentation in the resident's clinical record regarding the use of a PASD.

The DOC confirmed the expectation that the use of the PASD's should be documented in the resident's plan of care. [s. 6. (1) (c)]

---

**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

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

- s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**
- 

**Findings/Faits saillants :**



1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

Review of the home's service agreement with ptHealth revealed that ptHealth staff will document, in electronic format, on the integrated progress notes and that every resident will be reviewed no less than once every 12 weeks.

Interview with the Director of Care confirmed the absence of documented quarterly physiotherapy assessments and weekly physiotherapy interventions.

Interview with the Administrator confirmed that interventions completed by ptHealth staff were not documented in Point Click Care. The type of intervention and the resident's response to the intervention are recorded in a documentation system accessible only by ptHealth staff.

The Administrator confirmed the expectation that all residents receive quarterly physiotherapy assessments and that all physiotherapy assessments, reassessments, interventions and the resident's responses to interventions are documented in the resident's electronic record which is accessible to all staff. [s. 30. (2)]

---

**Issued on this 13th day of June, 2014**

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



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) :** JULIE LAMPMAN (522), INA REYNOLDS (524),  
NANCY JOHNSON (538)

**Inspection No. /**

**No de l'inspection :** 2014\_261522\_0011

**Log No. /**

**Registre no:** L-000535-14

**Type of Inspection /**

**Genre**

**d'inspection:**

Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Jun 12, 2014

**Licensee /**

**Titulaire de permis :** WILDWOOD CARE CENTRE INC.  
100 Ann Street, Box 2200, ST. MARYS, ON, N4X-1A1

**LTC Home /**

**Foyer de SLD :** WILDWOOD CARE CENTRE INC.  
100 ANN STREET, P.O. BOX 2200, ST. MARYS, ON,  
N4X-1A1

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** SCOTT WALSH

---

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



**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



**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*

---

**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. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,  
(a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;  
(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and  
(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).

**Order / Ordre :**

The licensee must prepare, submit and implement a plan for achieving compliance with O.Reg. 79/10, s.15 (1)(a) to ensure that where bed rails are used the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident.

Please submit the plan in writing to Julie Lampman, Long Term Care Homes Inspector - Nursing, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 130 Dufferin Avenue, 4th floor, London, Ontario, N6A 5R2, by email, at [julie.lampman@ontario.ca](mailto:julie.lampman@ontario.ca) by June 27, 2014.

**Grounds / Motifs :**



**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*

1. On May 13, 2014 Resident #536 was observed lying in bed with raised bilateral half side rails.

Review of the resident's clinical record revealed the resident had not been assessed for the use of bed rails.

Interview with the Director of Care (DOC) confirmed that the resident had not been assessed for the use of bed rails. Further interview revealed that bed rails are used for all residents; half side rails are used for residents utilizing high-low beds and 3/4 side rails are used for all other beds within the home.

DOC confirmed that resident assessments have not been completed for the use of bed rails for all residents of the home.

(522)

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

**Vous devez vous conformer à cet ordre d'ici le : Jul 25, 2014**



**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

**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



**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*

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).



**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  
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**

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*

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 12th day of June, 2014**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Julie Lampman

**Service Area Office /**

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