



**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 27, 2013	2013_196157_0016	O-000536- 13	Follow up

Licensee/Titulaire de permis

MARYCREST HOME FOR THE AGED
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

ST JOSEPH'S AT FLEMING
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

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

PATRICIA POWERS (157), CHANTAL LAFRENIERE (194)

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

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The purpose of this inspection was to conduct a Follow up inspection.

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

Inspection was completed for follow up of order #901 and #902.

During the course of the inspection, the inspector(s) spoke with Two Unit Managers, three Registered Practical Nurses, six Personal Support Workers, two residents.

During the course of the inspection, the inspector(s) reviewed the clinical health records of 12 residents, the 24 Hour Report for the Woodland Unit, reviewed and observed the Responsive Behaviour Program, observed processes for monitoring, reporting and managing responsive behaviours, observed staff:resident interactions, observed meal service, observed care and services provided to residents.

The following Inspection Protocols were used during this inspection: Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 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. The current written plan of care for resident #001, directs the following:
"Mobility - Supervision - 1 staff to walk to and from all areas of the home as gait unsteady"

The plan of care identifies that the resident's mobility aid was removed for safety reasons.

- The resident was observed by the inspector on June 21, 2013 in the lobby. The resident confirmed walking to the lobby without assistance and was observed to walk back to the unit without staff assistance.

The written plan of care for resident #001 was not provided to the resident as specified in the plan. [s. 6. (7)]

2. The current plan of care for resident #004, directs the following:

- Due to behaviours, the resident's whereabouts are to be monitored every hour
- Resident is to be redirected out of other resident rooms

June 21, 2013 - Interview of staff members #0021 and #0022 - staff members state that they monitor the whereabouts of the resident when they can and confirmed that there is no formal mechanism for monitoring or documenting hourly checks as directed in the care plan.

June 20, 21, 2013 - Resident was observed to be constantly wandering throughout the unit.

The resident was not monitored as specified in the plan of care. [s. 6. (7)]

3. Follow up of immediate order #902 with a compliance date of June 19, 2013, requiring the following action:

1. The licensee shall ensure that the care set out in the plan of care is communicated to all staff.

- staff interviewed confirm that daily report is provided at every shift change and is based on the 24 hour summary, printed from Point Click Care (PCC). This report is based on information that has been documented in PCC in the last 24 hours. The report process requires refinement to ensure that plan of care changes that have not yet been entered in PCC are communicated to the oncoming staff.

2. The licensee shall ensure that the care set out in the plan of care is provided to all residents as specified in the plan.



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soins de longue durée

-
- a review of five clinical health records identified that care is being provided as specified in the plan for residents #002, #003, #005
 - care was not provided as specified in the plan to residents #001 and #004.

3. The licensee shall ensure that an effective monitoring process is implemented and assigned to staff with supervisory responsibilities to ensure that the effectiveness of the monitoring program is evaluated every shift.

- Unit managers interviewed confirm that there has not yet been a monitoring process developed or put in place. [s. 6. (7)]

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. 53. Responsive behaviours

Specifically failed to comply with the following:

- s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,**
- (a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).**
 - (b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).**
 - (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).**

Findings/Faits saillants :



1. The licensee failed to comply with s. 53(4) when the plans for care for three residents demonstrating resistive, wandering or aggressive behaviours did not have strategies developed and implemented to respond to the identified behaviours.

Unit Managers, staff #128 and #129 were interviewed, and stated that responsive behaviours and applicable interventions are identified on the Behavioural Support Ontario (BSO) Program "White Board" located in the conference room of each nursing unit. Staff are responsible to view the Board for information related to planned interventions to manage resident responsive behaviours.

The following three residents were identified on the "White Board" as demonstrating responsive behaviours requiring interventions:

Resident #006:

Current plan of care for resident #006 was reviewed and directed that the resident may exhibit behaviours and may become verbally and physically responsive during care procedures.

Progress notes and medication administration records for resident #006 for the period of June 14, 2013 to June 24, 2013 indicated that the resident refused medications and became aggressive with staff when care was being provided.

The plan of care for resident #006 did not have strategies developed and implemented to respond to the resident's frequent refusal of medication.

Resident #007:

Current plan of care for resident #007 was reviewed and directed that the resident may exhibit unpredictable behaviours and may become verbally and physically responsive during care procedures, receives medication to manage behaviours and requires two staff to provide care due to behaviours.

Progress notes for resident #007 for the period June 14, 2013 to June 18, 2013 indicated the resident's refusal of care, refusal of medications and identified an altercation with another resident.

Staff #125 (BSO staff) was interviewed related to resident #007's responsive behaviours and stated that there has been an increase in the resident's behaviours in



the past week, the resident pushes into other people when agitated, directs behaviour towards staff but does have altercations with other residents.

- staff intervention is to "redirect her to sit in TV lounge or go back to her room."

Staff #127 (RPN) was interviewed related to resident #007's responsive behaviours and stated that the resident demonstrates unpredictable behaviour, has to be re-approached a number of times to have care provided and often refused medication.

Medication Administration Records for the period of June 14 to June 24, 2013 indicated that the resident has often refused medications.

The plan of care for resident #007 did not have strategies developed and implemented to respond to the following behaviours:

- Ongoing refusal of care
- Frequent refusal of medications
- Strategies for the management of specific aggressive behaviours

Resident #008:

Current plan of care for resident #008 was reviewed and directed that the resident demonstrates verbally and physically aggressive behaviours and 2 staff are required to provide care. Behavioural triggers and specific interventions for resistive behaviours were identified.

Progress notes for the period June 14, 2013 to June 20, 2013 for resident #008 indicated that the resident had an altercation with another resident.

Staff #125 (BSO) was interviewed related to resident #008's responsive behaviours and stated that the resident had not had any recent altercations with other residents.

Staff #126 (PSW) was interviewed related to resident #008's responsive behaviours and stated that the resident can become agitated and aggressive when others are in the resident's space.

The plan of care for resident #008 did not have strategies developed and implemented to respond to the following behaviours:

- aggressive behaviour towards other residents



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2. Follow up of immediate order #901 with a compliance date of June 19, 2013, requiring the following action:

The licensee shall ensure the following will be established for each resident demonstrating resistive, wandering or aggressive behaviours:

1. Behavioural triggers, where possible, will be clearly identified for each identified behaviour with special attention to those behaviours where there is risk of harm to the resident or others.

- five clinical health records were reviewed and behavioural triggers were clearly identified

2. Strategies are developed and implemented to respond to the identified behaviours.

- five clinical health records were reviewed: strategies were developed to respond to the identified behaviours of resident #05 and #09, strategies were not developed to respond to identified behaviours for resident #06, #07, #08

3. Ensure that staff are informed immediately when implemented strategies are not effective and the plan of care must be changed.

- interview of staff #126 and #127 confirmed that they were informed of changes to the plan of care for resident #05 related to bathing strategies

4. An effective monitoring process is implemented and assigned to staff with supervisory responsibilities to ensure that the effectiveness of the monitoring program is evaluated every shift.

- unit managers interviewed confirm that there has not been a monitoring process developed or put in place. [s. 53. (4)]

Additional Required Actions:

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



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Loi de 2007 sur les foyers de
soins de longue durée

Issued on this 28th day of June, 2013

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

Lynne Duchesne # 117 JGF.
Patricia Powers # 157 + Chantal Lafreniere # 194.



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
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

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Performance Improvement and Compliance Branch**

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : PATRICIA POWERS (157), CHANTAL LAFRENIERE
(194)

Inspection No. /

No de l'inspection : 2013_196157_0016

Log No. /

Registre no: O-000536-13

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Jun 27, 2013

Licensee /

Titulaire de permis : MARYCREST HOME FOR THE AGED
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

LTC Home /

Foyer de SLD : ST JOSEPH'S AT FLEMING
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** GARY SIMS

To MARYCREST HOME FOR THE AGED, 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

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de l'article 154 de la *Loi de 2007 sur les foyers
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Order # / Ordre no : 001	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)
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Pursuant to / Aux termes de :

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

Order / Ordre :

The licensee shall ensure that for residents with resistive, wandering and aggressive behaviours:

1. The system to communicate care set out in the plan of care to all staff is refined to capture changes that have not yet been entered into the Point Click Care (PCC) documentation system.
2. The care set out in the plan of care is provided to residents as specified in the plan.
3. An effective monitoring process is implemented and assigned to staff with supervisory responsibilities to ensure that the effectiveness of the monitoring program is evaluated every shift.

Grounds / Motifs :

1. This order was issued on June 14, 2013 under report #2013_196157_0013 with a compliance date of June 19, 2013. This order will remain non-compliant related to the following evidence:

1. The current written plan of care for resident #001, directs the following:
"Mobility - Supervision - 1 staff to walk to and from all areas of the home as gait unsteady"
The plan of care identifies that the resident's mobility aid was removed for safety reasons.
- The resident was observed by the inspector on June 21, 2013 in the lobby. The resident confirmed walking to the lobby without assistance and was observed to walk back to the unit without staff assistance.



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The written plan of care for resident #001 was not provided to the resident as specified in the plan. [s. 6. (7)]

2. The current plan of care for resident #004, directs the following:
 - Due to behaviours, the resident's whereabouts are to be monitored every hour
 - Resident is to be redirected out of other resident rooms

June 21, 2013 - Interview of staff members #0021 and #0022 - staff members state that they monitor the whereabouts of the resident when they can and confirmed that there is no formal mechanism for monitoring or documenting hourly checks as directed in the care plan.

June 20, 21, 2013 - Resident was observed to be constantly wandering throughout the unit.

The resident was not monitored as specified in the plan of care. [s. 6. (7)]

3. Follow up of immediate order #902 with a compliance date of June 19, 2013, requiring the following action:

1. The licensee shall ensure that the care set out in the plan of care is communicated to all staff.
 - staff interviewed confirm that daily report is provided at every shift change and is based on the 24 hour summary, printed from Point Click Care (PCC). This report is based on information that has been documented in PCC in the last 24 hours. The report process requires refinement to ensure that plan of care changes that have not yet been entered in PCC are communicated to the oncoming staff.

2. The licensee shall ensure that the care set out in the plan of care is provided to all residents as specified in the plan.
 - a review of five clinical health records identified that care is being provided as specified in the plan for residents #002, #003, #005
 - care was not provided as specified in the plan to residents #001 and #004.

3. The licensee shall ensure that an effective monitoring process is implemented and assigned to staff with supervisory responsibilities to ensure that the effectiveness of the monitoring program is evaluated every shift.
 - Unit managers interviewed confirm that there has not yet been a monitoring process developed or put in place. [s. 6. (7)] (157)



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2.
(157)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :** Aug 05, 2013



Ministry of Health and
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Order(s) of the Inspector
Pursuant to section 153 and/or
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de l'article 154 de la *Loi de 2007 sur les foyers
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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. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

- (a) the behavioural triggers for the resident are identified, where possible;
- (b) strategies are developed and implemented to respond to these behaviours, where possible; and
- (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Order / Ordre :

The licensee shall ensure the following will be established for each resident demonstrating resistive, wandering or aggressive behaviours:

1. Strategies are developed and implemented to respond to the identified behaviours
2. An effective monitoring process is implemented and assigned to staff with supervisory responsibilities to ensure that the effectiveness of the monitoring program is evaluated every shift

Grounds / Motifs :

1. This order was issued on June 14, 2013 under report #2013_196157_0013 with a compliance date of June 19, 2013. This order will remain non-compliant related to the following evidence:

The licensee failed to comply with s. 53(4) when the plans of care for three residents demonstrating resistive, wandering or aggressive behaviours did not have strategies developed and implemented to respond to the identified behaviours.

Unit Managers, staff #128 and #129 were interviewed, and stated that responsive behaviours and applicable interventions are identified on the



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Behavioural Support Ontario (BSO) Program "White Board" located in the conference room of each nursing unit. Staff are responsible to view the Board for information related to planned interventions to manage resident responsive behaviours.

The following three residents were identified on the "White Board" as demonstrating responsive behaviours requiring interventions:

Resident #006:

Current plan of care for resident #006 was reviewed and directed that the resident may exhibit behaviours and may become verbally and physically responsive during care procedures.

Progress notes and medication administration records for resident #006 for the period of June 14, 2013 to June 24, 2013 indicated that the resident refused medications and became aggressive with staff when care was being provided. The plan of care for resident #006 did not have strategies developed and implemented to respond to the resident's frequent refusal of medication.

Resident #007:

Current plan of care for resident #007 was reviewed and directed that the resident may exhibit unpredictable behaviours and may become verbally and physically responsive during care procedures, receives medication to manage behaviours and requires two staff to provide care due to behaviours.

Progress notes for resident #007 for the period June 14, 2013 to June 18, 2013 indicated the resident's refusal of care, refusal of medications and identified an altercation with another resident.

Staff #125 (BSO staff) was interviewed related to resident #007's responsive behaviours and stated that there has been an increase in the resident's behaviours in the past week, the resident pushes into other people when agitated, directs behaviour towards staff but does have altercations with other residents.

- staff intervention is to redirect the resident to sit in TV lounge or go back to the resident's room.

Staff #127 (RPN) was interviewed related to resident #007's responsive behaviours and stated that the resident demonstrates unpredictable behaviour, has to be re-approached a number of times to have care provided and often refused medication.

Medication Administration Records for the period of June 14 to June 24, 2013 indicated that the resident has often refused medications.



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The plan of care for resident #007 did not have strategies developed and implemented to respond to the following behaviours:

- Ongoing refusal of care
- Frequent refusal of medications
- Strategies for the management of specific aggressive behaviours

Resident #008:

Current plan of care for resident #008 was reviewed and directed that the resident demonstrates verbally and physically aggressive behaviours and 2 staff are required to provide care. Behavioural triggers and specific interventions for resistive behaviours were identified.

Progress notes for the period June 14, 2013 to June 20, 2013 for resident #008 indicated that the resident had an altercation with another resident.

Staff #125 (BSO) was interviewed related to resident #008's responsive behaviours and stated that the resident had not had any recent altercations with other residents.

Staff #126 (PSW) was interviewed related to resident #008's responsive behaviours and stated that the resident can become agitated and aggressive when others are in the resident's space.

The plan of care for resident #008 did not have strategies developed and implemented to respond to the following behaviours:

- aggressive behaviour towards other residents

2. Follow up of immediate order #901 with a compliance date of June 19, 2013, requiring the following action:

The licensee shall ensure the following will be established for each resident demonstrating resistive, wandering or aggressive behaviours:

1. Behavioural triggers, where possible, will be clearly identified for each identified behaviour with special attention to those behaviours where there is risk of harm to the resident or others.

- five clinical health records were reviewed and behavioural triggers were clearly identified

2. Strategies are developed and implemented to respond to the identified behaviours.

- five clinical health records were reviewed: strategies were developed to



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respond to the identified behaviours of resident #05 and #09, strategies were not developed to respond to identified behaviours for resident #06, #07, #08

3. Ensure that staff are informed immediately when implemented strategies are not effective and the plan of care must be changed.

- interview of staff #126 and #127 confirmed that they were informed of changes to the plan of care for resident #05 related to bathing strategies

4. An effective monitoring process is implemented and assigned to staff with supervisory responsibilities to ensure that the effectiveness of the monitoring program is evaluated every shift.

- unit managers interviewed confirm that there has not been a monitoring process developed or put in place. [s. 53. (4)]

(157)

2. Follow up of immediate order #901 with a compliance date of June 19, 2013, requiring the following action:

The licensee shall ensure the following will be established for each resident demonstrating resistive, wandering or aggressive behaviours:

1. Behavioural triggers, where possible, will be clearly identified for each identified behaviour with special attention to those behaviours where there is risk of harm to the resident or others.

- five clinical health records were reviewed and behavioural triggers were clearly identified

2. Strategies are developed and implemented to respond to the identified behaviours.

- five clinical health records were reviewed: strategies were developed to respond to the identified behaviours of resident #05 and #09, strategies were not developed to respond to identified behaviours for resident #06, #07, #08

3. Ensure that staff are informed immediately when implemented strategies are not effective and the plan of care must be changed.

- interview of staff #126 and #127 confirmed that they were informed of changes to the plan of care for resident #05 related to bathing strategies

4. An effective monitoring process is implemented and assigned to staff with supervisory responsibilities to ensure that the effectiveness of the monitoring



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program is evaluated every shift.

- unit managers interviewed confirm that there has not been a monitoring process developed or put in place.

(194)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Aug 05, 2013



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Order(s) of the Inspector
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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

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.



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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, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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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 27th day of June, 2013

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

*Lyne Duchesne #117
for Patricia Powers #157*
PATRICIA POWERS

Service Area Office /

Bureau régional de services : Ottawa Service Area Office