

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

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

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

Central West Service Area Office  
1st Floor, 609 Kumpf Drive  
WATERLOO ON N2V 1K8  
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Bureau régional de services de Centre  
Ouest  
1e étage, 609 rue Kumpf  
WATERLOO ON N2V 1K8  
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Télécopieur: (519) 885-2015

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Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Jul 22, 2019	2019_787640_0015 (A1)	014400-18, 014410-18, 017721-18, 021329-18, 021330-18, 021331-18, 030548-18, 008266-19	Critical Incident System

**Licensee/Titulaire de permis**

The Regional Municipality of Peel  
7120 Hurontario Street 6th Floor MISSISSAUGA ON L5W 1N4

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

Tall Pines Long Term Care Centre  
1001 Peter Robertson Blvd. BRAMPTON ON L6R 2Y3

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

Amended by HEATHER PRESTON (640) - (A1)

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

**Correction made to the legislative reference in CO #001. CDD extended at the request of the licensee.**

**Issued on this 23rd day of July, 2019 (A1)**

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

**Original report signed by the inspector.**

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

Amended by HEATHER PRESTON (640) - (A1)

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

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

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**This inspection was conducted on the following date(s): April 24, 25, 26, 29 and 30, 2019 and May 1, 2, 3, 6, 7, 8 and 9, 2019.**

**During the course of the inspection, the LTCH Inspector toured the home, observed the provision of care, reviewed clinical records, policy and procedure and conducted interviews.**

**The following Critical Incident (CI) reports were reviewed:**

**Log #014400-18, related to a fracture of unknown origin,**

**Log #017721-18 related to a fall resulting in a fracture,**

**Log #030548-18 related to a fall resulting in a fracture,**

**Log #008266-19 related to a fall resulting in a fracture and,**

**Log #014410-18 related to responsive behaviours.**

**The following follow-up (F/U) inspections were conducted:**

**Log #021329-18 related to CO #001 issued under inspection #2018\_787640\_0009 related to O. Reg. 79/10, s. 229 (4) with a compliance due date (CDD) of September 21, 2018,**

**Log #021330-18 related to CO #002 issued under inspection #2018\_787640\_0009 related to O. Reg. 79/10, s.50 (2) (b) (iv) with a CDD of August 24, 2018 and,**

**Log #021331-18 related to CO #003 issued under inspection #2018\_787640\_0009**

related to O. Reg. 79/10, s. 90 (2) with a CDD of July 20, 2018.

**NOTE: This inspection was conducted concurrently with Complaint Inspection #2019\_787640\_0016.**

**During the course of the inspection, the inspector(s) spoke with residents, families, Nursing Attendants (NA), Registered Practical Nurses (RPN), Resident Assessment Instrument (RAI) Specialist, Program Support Nurse, Registered Nurses (RN), Physiotherapist (PT), Supervisor of Care (SOC) and the Director of Care (DOC).**

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

**Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Critical Incident Response  
Falls Prevention  
Infection Prevention and Control  
Minimizing of Restraining  
Responsive Behaviours  
Skin and Wound Care**

**During the course of the original inspection, Non-Compliances were issued.**

**5 WN(s)  
3 VPC(s)  
1 CO(s)  
0 DR(s)  
0 WAO(s)**

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**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 229. (4)	CO #001	2018_724640_0009	640
O.Reg 79/10 s. 50. (2)	CO #002	2018_724640_0009	640
O.Reg 79/10 s. 90. (2)	CO #003	2018_724640_0009	640

**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>Légende</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. 51. Continence care and bowel management**

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

**s. 51. (2) Every licensee of a long-term care home shall ensure that, (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that a resident who was incontinent, had an individualized plan to promote and manage their continence based on an assessment.

The licensee's policy "Falls Prevention and Management Program", with a revised

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date of April 9, 2018, directed that one strategy in reducing and mitigating the risk of falls would include the management of continence by assessing the resident and developing an individualized toileting program. Their policy "Continence Care and Bowel Management Program", with a revised date of October 24, 2016, directed staff to initiate best practices, appropriate strategies and interventions, for example toileting programs. Offer to take residents to the washroom who are unable to toilet independently according to their individualized schedule. The check and change program included the intervention of determining voiding pattern.

Supervisor Of Care (SOC) #114 told the Long-Term Care Homes (LTCH) Inspector they were a recognized Registered Nurse's Association of Ontario (RNAO) Best Practice Guideline (BPG) site for Falls Prevention. The RNAO BPG Falls Prevention, recommended that one common intervention for the prevention of falls was: Incontinence precautions (safe and regular toileting).

Nursing Attendants (NA) #124, #119, #116, #111, #109 and #100, RN #113 and RPN #123 did not identify an individualized toileting plan as part of falls prevention interventions for the residents listed below.

1) Resident #005 was at high risk for falls. They had a history of falls.

Resident #005's plan of care directed registered staff to "assess continence and toileting schedule, readjust schedule according to resident need" and the NAs to use the "Check and Change Program.

2) Resident #001 fell and was transferred to a hospital and diagnosed with a fracture.

Resident #001's plan of care directed registered staff to "Assess continence and toileting schedule and readjust schedule according to resident need". The same plan of care directed the nursing attendants to "toilet at Q AM, PM, HS before and after meals and PRN.

3) Resident #003 fell and was transferred to hospital and diagnosed with a fracture.

The resident's plan of care directed the NA staff to "check for wetness QAM, PM, HS and PRN.



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4) Resident #006 fell and was transferred to the hospital and was diagnosed with a fracture.

The plan of care directed staff that the resident was dependent on staff to assist with toileting. RN #113 told the LTCH Inspector there was no focus related to the continence status of the resident and they did not have an individualized toileting plan included in their plan of care.

Supervisor of Care (SOC) #114 and the Director of Care (DOC) told the LTCH Inspector that the residents' toileting schedule should be more specific and include specific times to toilet each resident based on an individual assessment.

The licensee failed to ensure that residents #001, #003, #005 and #006 had an individualized toileting plan. [s. 51. (2) (b)]

***Additional Required Actions:***

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

**(A1)**

**The following order(s) have been amended: CO# 001**

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**WN #2: 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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**

**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**

**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**

**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that when a resident was reassessed that the plan of care was revised when the resident's care needs changed.

Resident #006 had a number of falls over an identified period of time.

Resident #006 was referred to physiotherapy. The physiotherapist (PT) completed the assessment and recommended the use of a wheelchair.

The DOC reviewed the resident's plan of care and stated there was no inclusion of the wheelchair on the resident's plan of care. They said it was the nurses who were responsible to revise the plan of care related to recommendations made by the PT and they had not done so.

The licensee failed to ensure that resident #006's plan of care was revised when their care needs changed to include the use of the wheelchair. [s. 6. (10) (b)]

***Additional Required Actions:***

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***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 the licensee must ensure that the resident is reassessed and their plan of care is revised when their care needs change, to be implemented voluntarily.***

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**WN #3: 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 :**

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1. The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy or protocol, the policy or protocol was complied with.

In accordance with O. Reg. 79/10, s. 30 (1), the licensee was required to ensure that the organized fall prevention program included relevant policies and protocols to monitor outcomes.

Specifically, staff did not comply with the licensee's policy "Fall Prevention and Management Program" with a revised date of April 9, 2018, that directed staff to complete head injury routine (HIR), for all unwitnessed falls with suspected head injury and as clinically indicated. The HIR included specific times for neurological assessment to be completed for 72 hours following the fall.

1) Resident #001 fell on an identified date. They informed staff they had hit their head in the process. The LTCH Inspector reviewed the HIR documentation form which was incomplete on nine required assessment times out of 11.

The Acting Supervisor of Care informed the LTCH Inspector that all required assessment times were expected to be completed.

2) Resident #005 fell on two identified dates and required staff to complete a HIR as per their policy on both occasions. Both individual HIR routines had two entries in each stating "sleeping". No assessment was documented as completed.

The Acting Supervisor of Care informed the LTCH Inspector that if the resident was asleep, it was expected they be wakened, and the neurological assessment be conducted.

The licensee failed to ensure that the HIR policy and protocol for residents #001 and #005 was complied with. [s. 8. (1) (a),s. 8. (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 the licensee must ensure that the licensee's policy "Falls Prevention and Management", specifically the directions regarding the implementation of head injury routine is complied with, to be implemented voluntarily.***

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**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. (3) Every licensee of a long-term care home shall ensure that a PASD described in subsection (1) is used to assist a resident with a routine activity of living only if the use of the PASD is included in the resident's plan of care. 2007, c. 8, s. 33. (3).**

**Findings/Faits saillants :**

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1. The licensee failed to ensure that a PASD was included in the resident's plan of care.

Resident #003 fell on an identified date in November 2018. They were transferred to the hospital and diagnosed with a fracture that required surgical repair. The resident returned to the home on an identified date in November 2018.

PT assessed the resident and recommended the use of specialized equipment to assist the resident with activities of daily living (ADL) and to prevent another fall. The PT informed the nursing staff via email and provided the equipment.

The LTCH Inspector reviewed the plan of care and was unable to locate a focus or entry related to the use of the equipment. The clinical record was reviewed and a consent for the use of the equipment as a PASD was located. The date the consent was obtained was three months after the implementation of the PASD.

The LTCH Inspector observed resident #003 throughout the inspection period and the resident was not cognitively or physically able to release themselves from the equipment. NAs #112 and #117 and RN #118 told the LTCH Inspector that when the equipment was upright, the resident would try to get up. When the equipment was altered, they were not able to get up.

RNs #101 and #105 and RPN #120 told the LTCH Inspector that when the PT implemented equipment, they would update the plan of care.

The PT said they would recommend the implementation of the equipment via email to the nursing staff of the home area only. The nurses were responsible to update the plan of care.

SOC #114 reviewed resident #003's consent and stated that the consent was signed three months after the implementation of the PASD. They reviewed the resident's plan of care and confirmed the use the of the equipment had not been included in the plan of care.

The licensee failed to ensure that the use of the tilt wheelchair, as a PASD, was included in resident #003's plan of care. [s. 33. (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 the licensee must ensure that consent is obtained and the plan of care revised to include the personal assistance safety device (PASD) prior to it's implementation, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents**

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

**s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):**

**1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition. O. Reg. 79/10, s. 107 (3).**

**2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including,**

**i. a breakdown or failure of the security system,**

**ii. a breakdown of major equipment or a system in the home,**

**iii. a loss of essential services, or**

**iv. flooding.**

**O. Reg. 79/10, s. 107 (3).**

**3. A missing or unaccounted for controlled substance. O. Reg. 79/10, s. 107 (3).**

**4. An injury in respect of which a person is taken to hospital. O. Reg. 79/10, s. 107 (3).**

**5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital. O. Reg. 79/10, s. 107 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the Director was informed within one business day of resident #001's incident that caused injury, transfer to hospital and significant change in condition.

On an identified date in July 2018, resident #001 fell and was transferred to the hospital for assessment. On a second date in July 2018, the home was informed the resident had surgical repair of their fracture the previous day.

The Critical Incident (CI) Report was submitted to the Director two business days following knowledge of the significant change in condition of the resident.

SOC #114 told the LTCH Inspector the CI Report was submitted late to the Director. [s. 107. (3)]

**Issued on this 23rd day of July, 2019 (A1)**

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

**Original report signed by the inspector.**



**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  
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Long-Term Care Inspections Branch  
Division des foyers de soins de  
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**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by HEATHER PRESTON (640) - (A1)

**Inspection No. /  
No de l'inspection :** 2019\_787640\_0015 (A1)

**Appeal/Dir# /  
Appel/Dir#:**

**Log No. /  
No de registre :** 014400-18, 014410-18, 017721-18, 021329-18,  
021330-18, 021331-18, 030548-18, 008266-19 (A1)

**Type of Inspection /  
Genre d'inspection :** Critical Incident System

**Report Date(s) /  
Date(s) du Rapport :** Jul 22, 2019(A1)

**Licensee /  
Titulaire de permis :** The Regional Municipality of Peel  
7120 Hurontario Street, 6th Floor, MISSISSAUGA,  
ON, L5W-1N4

**LTC Home /  
Foyer de SLD :** Tall Pines Long Term Care Centre  
1001 Peter Robertson Blvd., BRAMPTON, ON,  
L6R-2Y3

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Dwayne Greene

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

**Ordre(s) de l'inspecteur**

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l'article 154 de la *Loi de 2007 sur les  
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L. O. 2007, chap. 8

To The Regional Municipality of Peel, you are hereby required to comply with the following order(s) by the      date(s) set out below:

**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) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 51. (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

**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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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 :**

(A1)

The licensee must be compliant with O. Reg. 79/10, s. 51 (2).

Specifically the licensee must ensure that:

- a) Residents #001, #003, #005 and #006 and any other resident, have an individualized toileting plan based on an assessment,
- b) All direct care staff receive training related to the assessment for, and development of, an individualized toileting plan for residents who are incontinent, and
- c) Conduct an audit of residents who are incontinent to determine whether there are individualized toileting plans in place.

**Grounds / Motifs :**

1. The licensee failed to ensure that a resident who was incontinent, had an individualized plan to promote and manage their continence based on an assessment.

The licensee's policy "Falls Prevention and Management Program", with a revised date of April 9, 2018, directed that one strategy in reducing and mitigating the risk of falls would include the management of continence by assessing the resident and developing an individualized toileting program. Their policy "Continence Care and Bowel Management Program", with a revised date of October 24, 2016, directed staff to initiate best practices, appropriate strategies and interventions, for example toileting programs. Offer to take residents to the washroom who are unable to toilet independently according to their individualized schedule. The check and change program included the intervention of determining voiding pattern.

Supervisor Of Care (SOC) #114 told the Long-Term Care Homes (LTCH) Inspector they were a recognized Registered Nurse's Association of Ontario (RNAO) Best Practice Guideline (BPG) site for Falls Prevention. The RNAO BPG Falls Prevention, recommended that one common intervention for the prevention of falls was: Incontinence precautions (safe and regular toileting).

Nursing Attendants (NA) #124, #119, #116, #111, #109 and #100, RN #113 and

**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

RPN #123 did not identify an individualized toileting plan as part of falls prevention interventions for the residents listed below.

1) Resident #005 was at high risk for falls. They had a history of falls.

Resident #005's plan of care directed registered staff to "assess continence and toileting schedule, readjust schedule according to resident need" and the NAs to use the "Check and Change Program.

2) Resident #001 fell and was transferred to a hospital and diagnosed with a fracture.

Resident #001's plan of care directed registered staff to "Assess continence and toileting schedule and readjust schedule according to resident need". The same plan of care directed the nursing attendants to "toilet at Q AM, PM, HS before and after meals and PRN.

3) Resident #003 fell and was transferred to hospital and diagnosed with a fracture.

The resident's plan of care directed the NA staff to "check for wetness QAM, PM, HS and PRN.

4) Resident #006 fell and was transferred to the hospital and was diagnosed with a fracture.

The plan of care directed staff that the resident was dependent on staff to assist with toileting. RN #113 told the LTCH Inspector there was no focus related to the continence status of the resident and they did not have an individualized toileting plan included in their plan of care.

Supervisor of Care (SOC) #114 and the Director of Care (DOC) told the LTCH Inspector that the residents' toileting schedule should be more specific and include specific times to toilet each resident based on an individual assessment.

The licensee failed to ensure that residents #001, #003, #005 and #006 had an individualized toileting plan.

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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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

The severity of this issue was determined to be level 2, minimal harm or minimal risk.  
The scope of the issue was determined to be level 3, widespread with four of four  
residents inspected were affected. The compliance history was determined to be a  
level 2, previous non-compliance to another section of the LTCHA.

(640)

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

**Vous devez vous conformer à cet ordre d'ici le :**

Sep 27, 2019(A1)

**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, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

**Ordre(s) de l'inspecteur**

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*,  
L. O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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L. O. 2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

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section 154 of the *Long-Term  
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2007, c. 8

**Ordre(s) de l'inspecteur**

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L. O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 23rd day of July, 2019 (A1)**

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

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

Amended by HEATHER PRESTON (640) - (A1)

**Order(s) of the Inspector**

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foyers de soins de longue durée*,  
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**Service Area Office /  
Bureau régional de services :**

Central West Service Area Office