



**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  
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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 14, 2015	2015_262523_0003	L-001856-15	Resident Quality Inspection

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

REVERA LONG TERM CARE INC.  
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

McGARRELL PLACE  
355 McGarrell Drive LONDON ON N6G 0B1

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

ALI NASSER (523), BONNIE MACDONALD (135), DONNA TIERNEY (569)

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

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

**This inspection was conducted on the following date(s): February 17, 18, 19, 20, 23, 24, and 25, 2015**

**The following Critical Incident and Complaint inspections were conducted concurrently during this inspection:**

**Log # 009939-14 / CI 2964-000037-14**

**Log # 001872-15 / CI 2964-000001-15**

**Log # 002435-15 / IL-37271-LO**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Associate Director of Care (ADOC), Director of Resident Care (DRC), Environmental Services Manager (ESM), Food Services Manager, Staff Scheduler, Quality Manager, Program Director, Physiotherapist, RAI Coordinator, Registered Dietitian, five Dietary Aide, a housekeeping staff, a Maintenance Staff, eight Personal Support Workers, 11 Registered Staff, Resident Council President, Family Council Representative, four family members and 40 residents.**

**The inspector(s) also toured the home, observed meal service, medication pass, medication storage areas and care provided to residents, reviewed health records and plans of care for identified residents, reviewed policies and procedures of the home and observed general maintenance, cleanliness and condition of the home.**

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



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**Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Reporting and Complaints  
Residents' Council  
Safe and Secure Home  
Sufficient Staffing**

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

**15 WN(s)**

**14 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 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 its residents.

a) Observations during the initial tour of the home revealed that the gate leading to the servery was unlocked, open and unattended. The servery contained a hot water machine which was in the on position. Further observation revealed a cognitively impaired and ambulatory resident sitting alone at a table in the dining area unattended.

This was confirmed by a Restorative Care Aide, who proceeded to secure the gate.

b) Observations on February 17, & 19, 2015 identified a tripping hazard in one of the common areas used by residents

This was confirmed by the Environmental Services Manager who stated that the home's expectation is to be a safe and secure environment for its residents. [s. 5.]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home is a safe and secure environment for its residents, to be implemented voluntarily.***

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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 has failed to ensure that the resident was reassessed and the plan of care reviewed and revised when the resident's care needs changed.

A review of a resident's clinical record with the Registered Nurse revealed that the resident had a change in condition and care needs but was not reassessed or the plan of care revised to provide staff with goals and interventions related to that change.

In an Interview the Associate Director of Care confirmed that the home's expectation is that residents are reassessed and the plan of care reviewed and revised when the resident's care needs change. [s. 6. (10) (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 to ensure that when the resident's care have changed, the resident will be reassessed and the plan of care reviewed and revised, 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 :**



1. The licensee has failed to ensure that the plan, policy, protocol, procedure, strategy or system, is complied with.

a) Observations and interviews during RQI revealed that the home did not comply with their policy 'Management of Concerns/Complaints/Compliments' by not completing the process as per policy.

b) An Interview with the Executive Director confirmed that the home does not follow its own policy, the Concern/Complaint Management policy with respect to resident personal missing items or laundry. [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 to ensure that any plan, policy, protocol, procedure, strategy or system 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. 15. Accommodation services**

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

**s. 15. (2) Every licensee of a long-term care home shall ensure that,**

**(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**

**(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**

**(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**



1. The Licensee failed to ensure that the home, furnishings and equipment were kept clean and sanitary.

Multiple observations made of the resident home areas from February 17, 2015 to February 19, 2015 revealed several housekeeping concerns that were confirmed with the Environmental Services Manager. ESM also confirmed that the expectation is that the home, furnishings and equipment are kept clean and sanitary. [s. 15. (2) (a)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home, furnishings and equipment were kept clean and sanitary, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the temperature in the home maintained at a minimum of 22 degrees Celsius.

Observations on February 18, 2015 revealed that the temperature in a resident's room was colder than the hallway. Resident expressed that the room was cold and uncomfortable; she was observed to be wearing multiple layers of clothes and covered by multiple blankets.

The thermostat in the room was set to 29 degrees but room temperature on thermostat was 20 degrees. Another air room temperature measurement was done and it measured 20 degrees on 2 different occasions from different areas of the room.

This was confirmed by the Environmental Services Manager and the Executive Director, they both confirmed that the expectation is that air room temperature will be maintained at a minimum of 22 degrees Celsius, [s. 21.]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the temperature in the home is maintained at a minimum of 22 degrees Celsius, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director**



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

**s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:**

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the person who had reasonable grounds to suspect that abuse of a resident by the staff that resulted in harm or risk of harm, immediately report the suspicion and the information upon which it was based to the Director.

A review of the internal investigation report for a critical incident revealed that the alleged incident of staff to resident abuse was reported by the witnessed staff 26 days after the incident.

An interview with the ED confirmed that the staff did not report the incident immediately.  
[s. 24. (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 to ensure that the person who has reasonable grounds to suspect that abuse of a resident by the staff that resulted in harm or risk of harm, immediately report the suspicion and the information upon which it was based to the Director, to be implemented voluntarily.***

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care  
Specifically failed to comply with the following:**

- s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,**
- (a) mouth care in the morning and evening, including the cleaning of dentures; O. Reg. 79/10, s. 34 (1).**
  - (b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and O. Reg. 79/10, s. 34 (1).**
  - (c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue.

An observation during the RQI revealed that a resident had an accumulation of food particles on the upper and lower parts of the dentures and between teeth. Resident stated that she did not get any oral care nor had her dentures cleaned on this day.

This was confirmed with the Executive Director who also confirmed that the home's expectation is to have oral care provided to resident to maintain the integrity of the oral tissues. [s. 34. (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 to ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue, to be implemented voluntarily.***

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**WN #8: 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 as part of the Nutrition Care and Hydration Program resident's body mass index and height are taken upon admission and annually thereafter.

A clinical record review in two home areas revealed that 7 out of 14 residents (50%) did not have their heights taken annually.

In an interview the Associate Director of Care confirmed his expectation that residents' heights are taken upon admission and annually thereafter. [s. 68. (2)]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that as part of the Nutrition Care and Hydration Program resident's body mass index and height are taken upon admission and annually thereafter, to be implemented voluntarily.***

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**WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 71. Director of Nursing and Personal Care**

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

**s. 71. (1) Every licensee of a long-term care home shall ensure that the long-term care home has a Director of Nursing and Personal Care. 2007, c. 8, s. 71. (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home has a Director of Nursing and Personal Care.

The home has been without a Director of Care since August 29, 2014.

As of February 25, 2015, the home has not found a replacement for the Director of Care. In an interview the Executive Director verified that the current staff providing coverage for the Director of Care do not have the appropriate qualifications as the Director of Care.

During an interview the Executive Director confirmed her expectation that the home should have a Director of Care. [s. 71. (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 to ensure that the home has a Director of Nursing and Personal Care, to be implemented voluntarily.***

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**WN #10: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**

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

**s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that advice is sought of the Family and Residents' Councils in developing and carrying out the home's annual satisfaction survey.

A record review of the Residents' and Family Council meeting minutes revealed no documented evidence of requested input of councils in the development and implementation of the satisfaction survey of 2014. (135)

Interview with the Executive Director revealed that the satisfaction survey for the home was developed and distributed by a third party. She confirmed that the satisfaction survey of 2014 was distributed without seeking the Family and the Residents' Councils advice in the development and implementation of the survey and that it should have been. [s. 85. (3)]



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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home will seek the advice of the Resident's and Family Councils in developing and carrying out the satisfaction surveys, to be implemented voluntarily.***

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**WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

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

**s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that there are schedules and procedures in place for routine, preventive and remedial maintenance.

Observations throughout the RQI revealed paint scrapes and minor wall damage to identified residents' rooms and throughout the hallways, damaged floors in certain common areas.

Interview with Environmental Services Manager (ESM) revealed that the home does not have a complete preventative maintenance program. A tour of sample residents' rooms completed with ESM to confirm noted damage and paint scrapes to walls in rooms, bathrooms and hallways.

This was also confirmed with the ED.

ED and ESM confirmed that the home's expectation is to have a completed Preventative Maintenance Program that will address remedial and preventative maintenance. [s. 90.

(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 to ensure that there are schedules and procedures in place for routine, preventative and remedial maintenance, to be implemented voluntarily.***

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**WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 104. Licensees who report investigations under s. 23 (2) of Act**



Specifically failed to comply with the following:

**s. 104. (1) In making a report to the Director under subsection 23 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:**

**2. A description of the individuals involved in the incident, including,**

- i. names of all residents involved in the incident,**
- ii. names of any staff members or other persons who were present at or discovered the incident, and**
- iii. names of staff members who responded or are responding to the incident. O. Reg. 79/10, s. 104 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the report to the Director included the names of any staff members or other persons who were present at or discovered the incident.

Review of a critical incident report revealed that the home did not respond within the reporting timelines to the ministry and did not provide the full names of the staff involved, who reported and who is alleged with the abuse, and cognitive level of the resident.

In an interview, the Executive Director confirmed the missing information on the form and delay in responding with Amended copy. ED stated that the homes expectation is to have all information completed on the form and/or updates sent as per reporting guidelines. [s. 104. (1) 2.]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the report to the Director included the names of any staff members or other persons who were present at or discovered the incident, to be implemented voluntarily.***



**WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
  - i. persons who may dispense, prescribe or administer drugs in the home, and
  - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all areas where drugs are stored shall be kept locked at all times, when not in use.

Observation on a specified date revealed that a medication room door was unlocked and unattended. Inspector waited in the room for the return of the Registered Staff member who confirmed this.

The Registered Staff stated that it is the home's expectation that all medication rooms be locked at all times. [s. 130. 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 to ensure all areas where drugs are stored shall be kept locked at all times, when not in use, to be implemented voluntarily.***

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**WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal**

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

**s. 136. (2) The drug destruction and disposal policy must also provide for the following:**

**1. That drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs. O. Reg. 79/10, s. 136 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that drugs that are to be destroyed and disposed of shall be stored safely and securely within the home.

Observation of a medication room on a specified date revealed that the safe drug box for disposed medications and narcotics was locked but medications were not kept secured.

This was confirmed with the ED and Associate Director of Care. They both stated that the expectation is to have those drugs stored safely and securely. They stated that they will be calling the contracted pharmacy to provide different and more secure type of boxes. [s. 136. (2) 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 to ensure that drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs, to be implemented voluntarily.***

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**WN #15: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**



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

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

**11. Every resident has the right to,**

**i. participate fully in the development, implementation, review and revision of his or her plan of care,**

**ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,**

**iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and**

**iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the residents' right to have his or her personal health information (PHI) kept confidential is fully respected and promoted.

Observations on a resident care area revealed that on 2 different occasions the nurse's room was left unlocked and unattended with the resident's paper records in the room and PHI was not kept confidential.

This was confirmed by a Registered Staff member.

Registered Staff confirmed that the home's expectation is to have all PHI kept confidential. [s. 3. (1) 11. iv.]



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

**Original report signed by the inspector.**