



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

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

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

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

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

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

Sudbury Service Area Office  
159 Cedar Street Suite 403  
SUDBURY ON P3E 6A5  
Telephone: (705) 564-3130  
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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
May 25, 2018	2018_703625_0009	002670-18, 003208-18, 006173-18, 006277-18, 006750-18	Complaint

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**Licensee/Titulaire de permis**

Riverside Health Care Facilities Inc.  
110 Victoria Avenue FORT FRANCES ON P9A 2B7

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

Rainycrest  
550 Osborne Street FORT FRANCES ON P9A 3T2

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

KATHERINE BARCA (625), AMY GEAUVREAU (642), SHEILA CLARK (617)

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

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

This inspection was conducted on the following date(s): April 17 to 20 and 23 to 27, 2018.

This Complaint inspection was conducted to inspect on the following intakes:

- a log related to a complaint regarding alleged neglect, falls prevention and management, pain management and plan of care;
- a log related to a complaint regarding alleged abuse, bathing, menu planning, falls prevention and management, infection prevention and control, and nursing



and personal support services;

- a log related to a complaint regarding alleged neglect and toileting;
- a log related to a complaint regarding maintenance and the condition of the home; and
- a log related to a complaint regarding resident charges and a trust account.

Follow-up inspection #2018\_703625\_0007 and Critical Incident System inspection (CIS) #2018\_703625\_0008 were conducted concurrently with this Complaint inspection.

Findings of non-compliance related to the Long-Term Care Homes Act (LTCHA), 2007, s. 6 (7), and Ontario Regulation 79/10, s. 36, identified during this Complaint inspection were issued under Follow-up inspection report #2018\_703625\_0007.

A finding of non-compliance related to the LTCHA, 2007, s. 6 (4) (a), identified during the CIS inspection was issued in this Complaint inspection.

During the course of the inspection, the inspector(s) spoke with residents, families, Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), the Resident Assessment Instrument (RAI) Coordinator, an Infection Control Practitioner (ICP), a Public Health Inspector, representatives from the Ontario Nurses Association, an Administrative Assistant, a Ward Clerk, a Receptionist, a Financial Services employee, a Physiotherapy Assistant (PTA), Physiotherapists (PTs), the Activity Coordinator, the Assistant Director of Care (ADOC), the Director of Resident Care (DOC), the Manager of Maintenance, the Director of Engineering and the Administrator.

The Inspectors conducted daily tours of resident care areas, observed the provision of care and services to residents and observed staff and resident interactions. The Inspectors also reviewed residents' health care records, training records, staffing documents, and licensee policies, procedures and programs.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Maintenance  
Falls Prevention  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Resident Charges  
Trust Accounts**

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

**2 WN(s)  
1 VPC(s)  
1 CO(s)  
0 DR(s)  
0 WAO(s)**



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

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

- s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,**
- (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).**
- (b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the staff and others involved in the different aspects of care of the resident collaborated with each other, in the assessment of the resident so that their assessments were integrated and were consistent with and complemented each other.

A complaint was submitted to the Director in the winter of 2018, regarding concerns about the provision of care to resident #001, specifically related to post fall management.

During an interview with Inspector #617, complainant #140 reported that resident #001 fell in the winter of 2018, and had sustained an injury requiring medical intervention. The complainant was concerned that after the fall, the resident continued to fall and the staff did not assess the resident or provide interventions to mitigate injury.

A review of resident #001's health care records indicated that, in the winter of 2018, the resident had fallen resulting in injuries to the resident. Several days later, physician #141 indicated the resident had sustained a particular injury.

A review of the resident #001's care plan, post fall assessments and falls tracking forms indicated that the resident was at risk for falls, interventions were in place to prevent injury from falling, and the resident had subsequent falls in the winter of 2018. A review of resident #001's health care record indicated that, on a particular date in the winter of 2018, the resident had experienced a consequence related to the injury sustained during a fall.

Resident #001's physiotherapy assessment dated several months prior to their fall in the winter of 2018, indicated that the resident used a mobility aid and required the assistance of staff to transfer. The assessment evaluated the resident's physical status and the plan was to continue the enrollment of the resident in the therapy program.

A review of physiotherapy assessments on the electronic documentation system for resident #001, between dates in the summer of 2017, and winter of 2018, a period of multiple months, identified that a quarterly physiotherapy assessment was missing.

A review of the contract between the physiotherapy services provider and the licensee, identified that the Physiotherapist (PT) was responsible to complete resident assessments including initial, quarterly and periodic reassessments. The PT was to



document their assessment finding in the home's electronic health care record and update the resident's care plan in order to have the physiotherapy documentation accessible to the home's interdisciplinary team.

During an interview with PT #142, they reported to the Inspector that they had been responsible for providing PT services to the residents since a time in the spring of 2018. The PT reported that when a resident was enrolled in the exercise program, the PT was required to conduct quarterly assessments which included the assessment of Tinetti scores, flexibility, strength, balance, transfer status, and review the mobility for the exercise program. PT #142 reported that this quarterly PT assessment was to be documented in GoldCare.

During an interview with PT #143 they reported to the Inspector that they had been responsible for providing physiotherapy services to the residents from dates in the fall of 2017 to the spring of 2018. The PT confirmed that they were required to document their assessments in GoldCare; however, they experienced accessibility issues with the system.

During an interview with Physiotherapy Assistant (PTA) #116, they confirmed that resident #001 had been enrolled in the physiotherapy program since a month in the fall of 2017, and that the PT was required to complete a quarterly assessment for the resident and document the assessment on GoldCare. The PTA further explained that twice a week for two hours a day, (for a total of four hours a week for 164 residents), the PT Skyped over a mobile screen to conduct resident assessments. The PT had not been present on site.

During an interview with the Resident Assessment Instrument (RAI) Coordinator, they reviewed resident #001's chart on GoldCare and confirmed to the Inspector that between two dates in the summer of 2017 and the winter of 2018, a total of multiple months, no physiotherapy assessments could be found.

During an interview with the Administrator, they confirmed that the physiotherapy services provider had provided physiotherapy services to the home and that they had a meeting in the spring with the physiotherapy service provider's CEO #145 regarding several concerns related to the physiotherapy services. One of the home's concerns confirmed that the physiotherapy assessments for the residents were not being documented in GoldCare and shared with the interdisciplinary team. The Administrator confirmed that it was the home's expectation that the Physiotherapist was to assess the



resident's level of mobility, complete the quarterly assessments as required, and maintain interdisciplinary communication. [s. 6. (4) (a)]

2. A CIS report was submitted to the Director regarding the fall of resident #007 that resulted in injury. The report indicated that in the winter of 2017, resident #007 fell and sustained an injury requiring medical intervention.

Inspector #617 reviewed resident #007's health care record, which indicated the resident had a history of falls in the summer of 2017, prior to their fall in the winter of 2017; was assessed to have been at risk for falls; and interventions were in place to prevent injury from falling in their care plan.

A review of resident #007's physiotherapy assessments dated the summer of 2017, several months prior to their fall in the winter of 2017, indicated that the resident used a mobility aid, and required the assistance of staff to transfer. The physiotherapy assessment evaluated the resident's physical status. The plan identified that the resident was to continue with their enrollment in the therapy program.

A review of the physiotherapy assessments on the electronic documentation system, GoldCare, for resident #007 between dates in the summer of 2017 and the spring of 2018, a period of multiple months, identified that a quarterly physiotherapy assessment was missing.

In an interview with PTA #116 they confirmed that resident #007 was enrolled in the physiotherapy program dated back to the summer of 2017, and that the PT was required to complete a quarterly assessment for the resident and document the assessment on GoldCare.

In an interview with RN #107, they reviewed resident #007's chart on GoldCare and confirmed to the Inspector that between dates in the summer of 2017 and the spring of 2018, over multiple months, there were no physiotherapy assessments found.

A review of resident #007's health care records indicated that after their fall in the winter of 2017, they sustained an injury and required medical intervention. The registered staff submitted a referral for assessment, to the PT, on a date in the winter of 2018, and the PT's assessment was completed and documented greater than six weeks later.

A review of the contract between the physiotherapy service provider and the licensee,





indicated that the PT was to respond to referrals submitted by the nursing department on the next scheduled work day.

During an interview with the Administrator, they confirmed that it was the home's expectation that the PT was to assess the resident's level of mobility, complete the quarterly assessments as required, follow up on their referrals in a timely manner, and maintain interdisciplinary communication. [s. 6. (4) (a)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 218. Orientation**  
**For the purposes of paragraph 11 of subsection 76 (2) of the Act, the following are**  
**additional areas in which training shall be provided:**

- 1. The licensee's written procedures for handling complaints and the role of staff in dealing with complaints.**
- 2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.**
- 3. Cleaning and sanitizing of equipment relevant to the staff member's responsibilities. O. Reg. 79/10, s. 218.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that for the purposes of paragraph 11 of subsection 76 (2) of the Act, training was provided in the safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that was relevant to the staff member's responsibilities.

On a date in the spring of 2018, Inspector #617 observed PSW #146 transfer resident #002 in an unsafe manner using a mechanical lift. Resident #002's family member was in the room visiting at the time.

During an interview with PSW #146, they reported that they had transferred the resident in an unsafe manner using a mechanical lift because the unit was short staffed.

In an interview with resident #002's family member, they confirmed that they were in the room when PSW #146 used the mechanical lift in an unsafe manner. The family member explained that they had usually seen the lift used differently.

A review of the home's policy titled, "Minimal Lift Procedures-#ORG-III-NGE-15.01", last updated on January 30, 2018, identified the use of a sit-to-stand mechanical lift required two persons to operate; all new clinical staff involved in resident care were to be trained during site orientation on safe resident transferring, lifting and use of the resident handling equipment; and appropriate staff involved in resident care were to be assessed annually with refresher training as needed.

A review of PSW #146's training records specific to minimal lift training indicated that, at the time of the incident, the employee had not completed their required training.

A review of the home's investigation notes into the incident identified that PSW #146 admitted that they had performed an unsafe lift for resident #002, they had not been trained in the minimal lift procedure prior to their first shift, and they had been informed by staff on the unit that they were to perform unsafe transfers using a mechanical lift when working short, but normally a different method was required. The file identified that PSW #146 was counseled to operate all lift equipment safely in any circumstance and they were sent for training later that day.

During an interview with Inspector #627, the Director of Care (DOC) confirmed that, at the time of the incident, PSW #146 had not been trained in the operation of the mechanical lift during the employee's orientation, prior to working on the unit. [s. 218. 2.]



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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance that ensures that, for the purposes of paragraph 11 of subsection 76 (2) of the Act, an additional area in which training shall be provided is the safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities, to be implemented voluntarily.***

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Issued on this 29th day of May, 2018

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

**Original report signed by the inspector.**



Ministry of Health and  
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Ministère de la Santé et  
des Soins de longue durée

**Order(s) of the Inspector**

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

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

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

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

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

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** KATHERINE BARCA (625), AMY GEAUVREAU (642),  
SHEILA CLARK (617)

**Inspection No. /**

**No de l'inspection :** 2018\_703625\_0009

**Log No. /**

**No de registre :** 002670-18, 003208-18, 006173-18, 006277-18, 006750-  
18

**Type of Inspection /**

**Genre d'inspection:** Complaint

**Report Date(s) /**

**Date(s) du Rapport :** May 25, 2018

**Licensee /**

**Titulaire de permis :** Riverside Health Care Facilities Inc.  
110 Victoria Avenue, FORT FRANCES, ON, P9A-2B7

**LTC Home /**

**Foyer de SLD :** Rainycrest  
550 Osborne Street, FORT FRANCES, ON, P9A-3T2

**Name of Administrator /**

**Nom de l'administratrice  
ou de l'administrateur :** Marva Griffiths

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To Riverside Health Care Facilities Inc., 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 :**

LTCHA, 2007 S.O. 2007, c.8, s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

**Order / Ordre :**

The licensee must be compliant with s. 6. (4) of the Long-Term Care Homes Act (LTCHA), 2007.

The licensee shall ensure that the staff involved in the different aspects of care of the resident collaborate with each other, in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other.

The licensee shall specifically:

(a) Conduct an audit of the residents in the home to ensure that their physiotherapy assessments are current and have been completed as required, including initial assessments, quarterly assessments, reassessments following a change in resident status and assessments post-falls.

(b) For any residents identified that do not have a current physiotherapy assessment/reassessment, ensure that the assessment is completed.

(c) Develop and implement a tracking system that ensure that required physiotherapy assessments are completed and documented in GoldCare in a timely manner.

(d) Maintain records of the actions taken with respect to this order.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the staff and others involved in the

different aspects of care of the resident collaborated with each other, in the assessment of the resident so that their assessments were integrated and were consistent with and complemented each other.

A CIS report was submitted to the Director regarding the fall of resident #007 that resulted in injury. The report indicated that in the winter of 2017, resident #007 fell and sustained an injury requiring medical intervention.

Inspector #617 reviewed resident #007's health care record, which indicated the resident had a history of falls in the summer of 2017, prior to their fall in the winter of 2017; was assessed to have been at risk for falls; and interventions were in place to prevent injury from falling in their care plan.

A review of resident #007's physiotherapy assessments dated the summer of 2017, several months prior to their fall in the winter of 2017, indicated that the resident used a mobility aid, and required the assistance of staff to transfer. The physiotherapy assessment evaluated the resident's physical status. The plan identified that the resident was to continue with their enrollment in the therapy program.

A review of the physiotherapy assessments on the electronic documentation system, GoldCare, for resident #007 between dates in the summer of 2017 and the spring of 2018, a period of multiple months, identified that a quarterly physiotherapy assessment was missing.

In an interview with PTA #116 they confirmed that resident #007 was enrolled in the physiotherapy program dated back to the summer of 2017, and that the PT was required to complete a quarterly assessment for the resident and document the assessment on GoldCare.

In an interview with RN #107, they reviewed resident #007's chart on GoldCare and confirmed to the Inspector that between dates in the summer of 2017 and the spring of 2018, over multiple months, there were no physiotherapy assessments found.

A review of resident #007's health care records indicated that after their fall in the winter of 2017, they sustained an injury and required medical intervention. The registered staff submitted a referral for assessment, to the PT, on a date in the winter of 2018, and the PT's assessment was completed and documented

greater than six weeks later.

A review of the contract between the physiotherapy service provider and the licensee, indicated that the PT was to respond to referrals submitted by the nursing department on the next scheduled work day.

During an interview with the Administrator, they confirmed that it was the home's expectation that the PT was to assess the resident's level of mobility, complete the quarterly assessments as required, follow up on their referrals in a timely manner, and maintain interdisciplinary communication. (625)

2. A complaint was submitted to the Director in the winter of 2018, regarding concerns about the provision of care to resident #001, specifically related to post fall management.

During an interview with Inspector #617, complainant #140 reported that resident #001 fell in the winter of 2018, and had sustained an injury requiring medical intervention. The complainant was concerned that after the fall, the resident continued to fall and the staff did not assess the resident or provide interventions to mitigate injury.

A review of resident #001's health care records indicated that, in the winter of 2018, the resident had fallen resulting in injuries to the resident. Several days later, physician #141 indicated the resident had sustained a particular injury.

A review of the resident #001's care plan, post fall assessments and falls tracking forms indicated that the resident was at risk for falls, interventions were in place to prevent injury from falling, and the resident had subsequent falls in the winter of 2018. A review of resident #001's health care record indicated that, on a particular date in the winter of 2018, the resident had experienced a consequence related to the injury sustained during a fall.

Resident #001's physiotherapy assessment dated several months prior to their fall in the winter of 2018, indicated that the resident used a mobility aid and required the assistance of staff to transfer. The assessment evaluated the resident's physical status and the plan was to continue the enrollment of the resident in the therapy program.

A review of physiotherapy assessments on the electronic documentation system



for resident #001, between dates in the summer of 2017, and winter of 2018, a period of multiple months, identified that a quarterly physiotherapy assessment was missing.

A review of the contract between the physiotherapy services provider and the licensee, identified that the Physiotherapist (PT) was responsible to complete resident assessments including initial, quarterly and periodic reassessments. The PT was to document their assessment finding in the home's electronic health care record and update the resident's care plan in order to have the physiotherapy documentation accessible to the home's interdisciplinary team.

During an interview with PT #142, they reported to the Inspector that they had been responsible for providing PT services to the residents since a time in the spring of 2018. The PT reported that when a resident was enrolled in the exercise program, the PT was required to conduct quarterly assessments which included the assessment of Tinetti scores, flexibility, strength, balance, transfer status, and review the mobility for the exercise program. PT #142 reported that this quarterly PT assessment was to be documented in GoldCare.

During an interview with PT #143 they reported to the Inspector that they had been responsible for providing physiotherapy services to the residents from dates in the fall of 2017 to the spring of 2018. The PT confirmed that they were required to document their assessments in GoldCare; however, they experienced accessibility issues with the system.

During an interview with Physiotherapy Assistant (PTA) #116, they confirmed that resident #001 had been enrolled in the physiotherapy program since a month in the fall of 2017, and that the PT was required to complete a quarterly assessment for the resident and document the assessment on GoldCare. The PTA further explained that twice a week for two hours a day, (for a total of four hours a week for 164 residents), the PT Skyped over a mobile screen to conduct resident assessments. The PT had not been present on site.

During an interview with the Resident Assessment Instrument (RAI) Coordinator, they reviewed resident #001's chart on GoldCare and confirmed to the Inspector that between two dates in the summer of 2017 and the winter of 2018, a total of multiple months, no physiotherapy assessments could be found.

During an interview with the Administrator, they confirmed that the physiotherapy





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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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**Ministère de la Santé et  
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Aux termes de l'article 153 et/ou  
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services provider had provided physiotherapy services to the home and that they had a meeting in the spring with the physiotherapy service provider's CEO #145 regarding several concerns related to the physiotherapy services. One of the home's concerns confirmed that the physiotherapy assessments for the residents were not being documented in GoldCare and shared with the interdisciplinary team. The Administrator confirmed that it was the home's expectation that the Physiotherapist was to assess the resident's level of mobility, complete the quarterly assessments as required, and maintain interdisciplinary communication.

During Resident Quality Inspection (RQI) #2016\_246196\_0001, commencing on January 4, 2016, one Voluntary Plan of Correction (VPC) was issued.

The decision to issue a compliance order was based on the severity which indicated the potential for actual harm or risk to occur and the scope which identified a pattern of occurrence. The home's compliance history identified a history of non-compliance specific to this area of the legislation. (617)

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

**Vous devez vous conformer à cet ordre d'ici le : Jul 15, 2018**



**Ministry of Health and  
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**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



**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  
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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, 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:

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  
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).



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

**Order(s) of the Inspector**

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

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

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

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

## **RENSEIGNEMENTS 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, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416 327-7603



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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)  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 2T5

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 25th day of May, 2018**

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



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de soins de longue durée, L.O. 2007, chap. 8*

**Name of Inspector /**

Katherine Barca

**Nom de l'inspecteur :**

**Service Area Office /**

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