



**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

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

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

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : LAUREN TENHUNEN (196)

Inspection No. /

No de l'inspection : 2012_104196_0047

Log No. /

Registre no: S-001300-12,S-001305-12

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : May 10, 2013

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 :**

EDITH BODNAR

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



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

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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

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. 21. Every licensee of a long-term care home shall ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints. 2007, c. 8, s. 21.

Order / Ordre :

The licensee shall ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints.

Grounds / Motifs :



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1. An interview was conducted with staff member #109 and it was reported that the home's written complaint procedure is in draft form and is awaiting approval. An interview was conducted with staff member #111 and it was reported that the home does not have a formal written complaint procedure in place and that it is in the process of being approved.

2. An interview was conducted with management staff member #111 and it was confirmed that resident #002 had brought forth a complaint and staff member #111 told the inspector that steps were taken to address the concerns. According to resident #002, at the time of inspection in November 2012, the home had not yet dealt with the complaint issue.

3. Inspection report #2012_104196_0020 from a Complaint Inspection conducted in July 2012 was reviewed by the inspector and it was identified that the licensee was issued a Written Notification (WN) with a Voluntary Plan of Correction (VPC) for this same legislation, [LTCHA 2007, S.O.2007,c. 8, s. 21.]

The licensee failed to ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints. [LTCHA 2007, S.O.2007,c. 8, s. 21.] (196)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 28, 2013



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Order # / Ordre no : 002	Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)
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Pursuant to / Aux termes de :

O.Reg 79/10, s. 74. (2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutrition care duties. O. Reg. 79/10, s. 74 (2).

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance that ensures that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

This plan is to be submitted in writing by June 14, 2013 in writing to Lauren Tenhunen, LTC Homes Inspector - Nursing, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 159 Cedar Street, Suite 603, Sudbury, Ontario, P3E 6A5 or by fax to 1-705-564-3133. This plan shall be fully implemented and complied with by September 30, 2013.

Grounds / Motifs :

1. Staff member #113 reported to the inspector that the "Registered Dietitian (RD) works a total of 37.5 hours per month and should be approximately 81.5 hours per month, based upon the 164 bed census" and stated the "RD schedule remains unchanged since the new legislation came into effect in July 2010, home is still non-compliant with the number of RD hours, not sure if the licensee is actively recruiting".
2. The Ministry of Health and Long-Term Care, Ontario regulations, requirement for a home of 164 beds would be 82 hours of clinical and nutrition care duties per month by a Registered Dietitian (RD).
3. Resident #001 was admitted to the home in June 2012 and a nutritional assessment was completed by the Registered Dietitian (RD) approximately



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three weeks later, in July 2012, which identified the resident as a moderate nutritional risk. The next nutritional assessment done by the RD was the RAI MDS quarterly assessment down in October 2012, as was confirmed through an interview with staff member #112.

4. Resident #001 developed some changes to their health status, first documented in August 2012. Staff member #112 reported to the inspector, that they were not made aware of these changes to the resident's health status in August 2012. Staff member #112 also reported that the registered staff or unit coordinator would ideally send an email to inform of a change in health status. The dietitian did not complete a nutritional assessment on resident #001 when there was a significant change in health condition in August 2012.

5. Resident #001's progress notes identified the specifics of a change in health status in August 2012. An interview was conducted with staff member #112 and it was reported that they were not notified of resident #001's change in health status in August 2012. As a result, the registered dietitian (RD) did not assess resident #001 until the quarterly assessment was completed in October 2012 and then changes to the the plan of care relating to nutrition and hydration were implemented.

6. An interview was conducted with staff member #112 and it was confirmed with the inspector that there were no recorded weights for resident #001 for the months of August or Sept. 2012. Also reported that the resident weights are to be done by the 7th of every month and that the RD doesn't have time to go and check and make sure they are done.

7. Inspection report #2011_099188_0008 from the Resident Quality Inspection (RQI) July 2011 was reviewed by the inspector and it identified that the licensee was issued a Written Notification (WN) with a Voluntary Plan of Correction (VPC) for O.Reg.79/10,s.74(2). (196)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2013



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

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



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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 and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

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

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



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

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



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 10th day of May, 2013

Signature of Inspector /

Signature de l'inspecteur :

Lauren Tenhunen #796

Name of Inspector /

Nom de l'inspecteur :

Lauren Tenhunen

Service Area Office /

Bureau régional de services : Sudbury Service Area Office



**Ministry of Health and
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**Inspection Report under
the Long-Term Care
Homes Act, 2007**

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

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

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

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

**Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133**

**Bureau régional de services de
Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 10, 2013	2012_104196_0047	S-001300- 12,S-001305 -12	Complaint

Licensee/Titulaire de permis

**RIVERSIDE HEALTH CARE FACILITIES, INC.
110 VICTORIA AVENUE, FORT FRANCES, ON, P9A-2B7**

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

**RAINYCREST
550 OSBORNE STREET, FORT FRANCES, ON, P9A-3T2**

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

LAUREN TENHUNEN (196)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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soins de longue durée**

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

This inspection was conducted on the following date(s): November 20, 21, 2012

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Registered Dietitian (RD), Environmental Services Manager, Housekeeping Aides, Food Services Supervisor, Residents and family members

During the course of the inspection, the inspector(s) conducted a walk through of all resident care areas, observed the provision of care and services to residents, reviewed the health care records of several residents, reviewed various home policies and procedures

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Continence Care and Bowel Management

Dignity, Choice and Privacy

Nutrition and Hydration

Personal Support Services

Reporting and Complaints

Responsive Behaviours

Skin and Wound Care

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

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. 21. Every licensee of a long-term care home shall ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints. 2007, c. 8, s. 21.

Findings/Faits saillants :



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1. Resident #002 reported to the inspector that they had brought forward a complaint, verbally, forward to management staff member #111 at the end of October 2012. According to resident #002, it was discussed again approximately ten days later with the same staff member #111 and it was reported to the inspector, at the time of the inspection, the issue was still not resolved.
2. Inspector conducted a walk through of resident care areas during the course of inspection. On November 20, 2012 at 0905hrs, Inspector observed resident #002's shared washroom and noted pink bubbly liquid in the toilet bowl and a large smear of feces on the toilet seat. The bed cover on the roommates bed, also had a large smear of feces on it.
3. An interview was conducted with staff member #111 and it was reported that the home does not have a formal written complaint procedure in place and that it is in the process of being approved. An interview was conducted with staff member #109 and it was reported that the home's written complaint procedure is in draft form and is awaiting approval.
4. An interview was conducted with management staff member #111 and it was confirmed that resident #002 had brought forth a complaint and staff member #111 told the inspector that steps were taken to address the concerns. According to resident #002, at the time of inspection in November 2012, the home had not yet dealt with the complaint issue.
5. In July 2012, a complaint inspection #2012_104196_0020 was conducted. A Written Notification (WN) with Voluntary Plan of Correction (VPC) was issued relating to LTCHA 2007,S.O.2007,c.8,s.21.

The licensee failed to ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints. [s. 21.]

Additional Required Actions:

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



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Loi de 2007 sur les foyers de
soins de longue durée**

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 74. Registered dietitian

Specifically failed to comply with the following:

s. 74. (2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutrition care duties. O. Reg. 79/10, s. 74 (2).

Findings/Faits saillants :



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Loi de 2007 sur les foyers de
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-
1. Staff member #113 reported to the inspector that the "Registered Dietitian (RD) works a total of 37.5 hours per month and should be approximately 81.5 hours per month, based upon the 164 bed census" and stated the "RD schedule remains unchanged since the new legislation came into effect in July 2010, home is still non-compliant with the number of RD hours, not sure if the licensee is actively recruiting".
 2. The Ministry of Health and Long-Term Care, Ontario regulations, requirement for a home of 164 beds would be 82 hours of clinical and nutrition care duties per month by a Registered Dietitian (RD).
 3. Resident #001 was admitted to the home in June 2012 and a nutritional assessment was completed by the Registered Dietitian (RD) approximately three weeks later, in July 2012, which identified the resident as a moderate nutritional risk. The next nutritional assessment done by the RD was the RAI MDS quarterly assessment done in October 2012, as was confirmed through an interview with staff member #112.
 4. Resident #001 developed some changes to their health status, first documented in August 2012. Staff member #112 reported to the inspector, that they were not made aware of these changes to the resident's health status in August 2012. Staff member #112 also reported that the registered staff or unit coordinator would ideally send an email to inform of a change in health status. The dietitian did not complete a nutritional assessment on resident #001 when there was a significant change in health condition in August 2012.
 5. Resident #001's progress notes identified the specifics of a change in health status in August 2012. An interview was conducted with staff member #112 and it was reported that they were not notified of resident #001's change in health status in August 2012. As a result, the registered dietitian (RD) did not assess resident #001 until the quarterly assessment was completed in October 2012 and then changes to the the plan of care relating to nutrition and hydration were implemented.
 6. An interview was conducted with staff member #112 and it was confirmed with the inspector that there were no recorded weights for resident #001 for the months of August or Sept. 2012. Also reported that the resident weights are to be done by the 7th of every month and that the RD doesn't have time to go and check and make sure they are done.



7. Inspection report #2011_099188_0008 from the Resident Quality Inspection (RQI) July 2011 was reviewed by the inspector and it identified that the licensee was issued a Written Notification (WN) with a Voluntary Plan of Correction (VPC) for O.Reg.79/10,s.74(2).

The licensee failed to ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutrition care duties. [s. 74. (2)]

Additional Required Actions:

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

WN #3: 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:

5. Every resident has the right to live in a safe and clean environment. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



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1. Resident #002 brought forward concerns to the inspector regarding the cleanliness of their shared washroom. Inspector conducted a walk through of resident care areas during the course of inspection, and observed resident #002's same concerns regarding the cleanliness of the shared washroom. An interview was conducted with staff member #100, outside of this washroom, and it was reported to the inspector that they were told this morning that the toilet and bathroom in this room are to be checked every hour.

2. Resident #002 reported to the inspector that they had brought forward a complaint, verbally, forward to management staff member #111 at the end of October 2012. According to resident #002, it was discussed again approximately ten days later with the same staff member #111 and it was reported to the inspector, at the time of the inspection, the issue was still not resolved.

The licensee failed to ensure that the following rights of residents are fully respected and promoted: 5. Every resident has the right to live in a safe and clean environment. [s. 3. (1) 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 that ensures that resident #002's right to live in a safe and clean environment, is fully respected and promoted, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



Specifically failed to comply with the following:

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

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 :



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1. In June 2012, resident #001 was admitted to the home and a nutritional assessment, found online in the progress notes, was completed by the Registered Dietitian (RD) in July 2012. The assessment identified the resident to be at a moderate nutritional risk. An interview was conducted with staff member #112 and it was reported that the resident's nutritional care plan is to be done by staff members in the dietary department. An interview was conducted with staff member #113 and it was reported that the care plans for nutrition and hydration are completed by a few different staff, and it could be the registered staff, the dietary supervisor or the RD. The resident had a change in health status in August 2012. It was confirmed with staff member #113 that the care plan with the focus of "nutrition" dated August 23, 2012 was the first to be implemented for resident #001 and it was done by the nursing staff despite the resident being admitted to the home in June 2012. The health care record for resident #001 was reviewed by the inspector and it was determined that there was no written plan of care for resident #001 that set out the planned care, the goals or clear instructions to staff relating to nutrition and hydration until August 23, 2012.

The licensee failed to ensure that there is a written plan of care for each resident that sets out, (a) the planned care for the resident; (b) the goals the care is intended to achieve; and (c) clear directions to staff and others who provide direct care to the resident. [s. 6. (1) (c)]

2. Resident #003's care plan was reviewed by the inspector. Under a particular focus there was an intervention listed of "Frequent room checks (q hourly) throughout the day required to ensure residents safety and monitor..." and "Clip board in resident's room to sign off that room checks have been completed". An interview was conducted with staff member #110 and it was reported that "at one time there was a clip board with a spot for a staff signature to sign for q 1/2 hour checks, no longer doing this anymore" and "staff are constantly checking on (this resident), q 15 minutes". Resident #003's care plan was not revised when the care needs changed or when the care set out in the plan was no longer necessary.

The licensee failed to 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, (b) the resident's care needs change or care set out in the plan is no longer necessary; [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 that ensures there is a written plan of care for residents that sets out the planned care for the resident, the goals the care is intended to achieve, clear directions to staff and others who provide direct care to the residents and ensures that resident #003 is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:**

- s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,**
- (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).**
 - (b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).**

Findings/Faits saillants :



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1. Resident #001 was admitted to the home in June 2012 and a nutritional assessment was completed by the Registered Dietitian (RD) in July 2012 which identified the resident as a moderate nutritional risk. The next nutritional assessment done by the RD was the RAI MDS quarterly assessment in October 2012 as was confirmed through an interview with staff member #112.

2. Resident #001 developed some changes to their health status, first documented in August 2012. Staff member #112 reported to the inspector, that they were not made aware of these changes in the resident's health status in August 2012 and also reported that the registered staff or unit coordinator would ideally send an email to inform of a change in health status. The dietitian did not complete a nutritional assessment on resident #001 when there was a significant change in health condition in August 2012.

The licensee failed to ensure that a registered dietitian who is a member of the staff of the home, (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; [s. 26. (4)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance that ensures that a registered dietitian who is a member of the staff of the home, completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids

Specifically failed to comply with the following:

s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,

(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).

(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits saillants :

1. The Inspector conducted a walk through of resident care areas and noted that a care cart had a cup with five unlabelled, soiled and used, hair combs. In addition, an unlabelled used deodorant and soiled comb were found in the cupboard in a tub room.

The licensee failed to ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids, (a) labelled within 48 hours of admission and of acquiring, in the case of new items; [s. 37. (1) (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 that ensures that each resident of the home has his or her personal items, labelled within 48 hours of admission and of acquiring, in the case of new items, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 59. Therapy services

Every licensee of a long-term care home shall ensure that therapy services for residents of the home are arranged or provided under section 9 of the Act that include,

(a) on-site physiotherapy provided to residents on an individualized basis or in a group setting based on residents' assessed care needs; and

(b) occupational therapy and speech-language therapy. O. Reg. 79/10, s. 59.

Findings/Faits saillants :



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1. Resident #001 received an initial physiotherapy assessment shortly after admission in June 2012 by staff member #103 and it was recorded in the progress notes that this resident was to "start activation program to increase lower extremity (LE) strength and endurance. Goal: 1) Improve weight bearing to standing pivot transfer with assist*1 in 6 wks. 2) Walking with 4arm 4ww 20 mtres with assist*2 in 4 weeks." According to the restorative care record for the month of June 2012, resident #001 participated in walking the parallel bars on 2 separate days. During the month of July 2012, the resident is noted as having participated in therapy on nine separate occasions and in August 2012 there is only one notation for one day, specifying the resident's mood and on another day, noting the resident's whereabouts. Resident was discharged from therapy on August 16, 2012 as noted on the restorative care record and in the progress notes "No longer weight bearing, unpredictable with behaviour, can be aggressive. D/C from therapy at this time." An interview was conducted with staff member #103 regarding the provision of therapy services to resident #001. Staff member #103 told the inspector that the activation program would include three to four days per week of therapy/restorative care, depending on the resident and "if there is nothing recorded on the restorative care record, then therapy was not provided to the resident for some reason" and "should have been noted if the resident was ill or refused therapy". Between June 26, 2012 and August 16, 2012, resident #001 received physiotherapy services a total of eleven times only.

Resident #001 did not receive physiotherapy services either in a group setting or individually, based upon the resident's assessed care needs.

The licensee failed to ensure that therapy services for residents of the home are arranged or provided under section 9 of the Act that include, (a) on-site physiotherapy provided to residents on an individualized basis or in a group setting based on residents' assessed care needs; [s. 59. (a)]

2. Resident #001 was admitted to the home in June 2012 and a referral was sent to the Community Care Access Centre (CCAC) within four days for a "Seating Assessment" with occupational therapy as this resident was a new admission requiring the use of a wheelchair. This same referral was re-faxed to CCAC, three and a half months later, in October 2012 with "High Priority" written on the fax. The progress notes with a focus of "seating", from the time of admission through to October 2012, were reviewed by the inspector and it was identified that the resident had several issues with the fit of the loaner wheelchair that had been utilized during



this time, while awaiting the seating assessment for a new chair. In addition, resident #001 had a change in health status in August 2012. Resident #001 waited over three months to receive a seating assessment, from occupational therapy, despite having continued documented issues with the loaner wheelchair, over this same time period.

Resident #001 did not receive occupational therapy based upon the resident's assessed care needs.

The licensee failed to ensure that therapy services for residents of the home are arranged or provided under section 9 of the Act that include, (b) occupational therapy and speech-language therapy. [s. 59. (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 that ensures that therapy services, physio and occupational, for residents are arranged and provided, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs



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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. Resident #001 was admitted to the home in June 2012 and the admission weight was recorded to be 102.3 kg. According to staff member #101, this weight was "probably taken from the Community Care Access Centre (CCAC) papers and recorded as the admission weight. Staff member #112 told the inspector that there was some question regarding the admission weight as the weight taken in July 2012 was recorded as 80.2 kg. Inspector reviewed the admission paperwork as found in hard copy on the resident's chart and there was a recorded weight of 225 lbs or 102.3 kg in the month of March 2012, several months prior to admission to the home.

2. Staff member #113 and #101 could not locate any record of resident #001's weight for the months of August and Sept. 2012. An interview was conducted with staff member #112 and it was confirmed with the inspector that there was no recorded weights for August or Sept. 2012, that the resident weights are to be done by the 7th of every month and that the RD doesn't have time to go and check and make sure they are done.

Resident #001's weight was not measured and recorded on admission to the home and the monthly weights for August and September 2012 were not measured and recorded as is required.

The licensee failed to ensure that the programs include, (e) a weight monitoring system to measure and record with respect to each resident, (i) weight on admission and monthly thereafter [s. 68. (2) (e) (i)]

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 the nutrition and hydration programs include a weight monitoring system to measure and record weight on admission and monthly thereafter, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints



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Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :



1. Resident #002 reported to the inspector that they had brought forward a complaint, verbally, forward to management staff member #111 at the end of October 2012. According to resident #002, it was discussed again approximately ten days later with the same staff member #111 and it was reported to the inspector, at the time of the inspection, the issue was still not resolved.

2. During the course of inspection, the inspector observed resident #002's shared washroom and there was a large smear of feces on the toilet seat. According to staff member #100, there is feces on the toilet every day.

3. An interview was conducted with management staff member #111 and it was confirmed that resident #002 had brought forth a complaint at the end of October 2012 and staff member #111 told the inspector that steps were taken to address the concerns. In addition, staff member #111 told the inspector that "it is a process to have a room change for this resident and only one maintenance staff available and this move may take a little while as they have to move the bed etc.".

The home had not resolved resident #002's complaint concerning the shared washroom despite having been made aware of the matter in late October 2012. The licensee had received a verbal complaint regarding the operation of the home and the complaint was not investigated and resolved, nor a response provided within the required time line.

The licensee failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows: 1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. [s. 101. (1) 1.]



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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 every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with and investigated and resolved where possible and a response provided within ten business days of the receipt of the complaint and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately, to be implemented voluntarily.

WN #10: 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. Inspector observed the housekeeping cart with mop and bucket on November 20, 2012 at 0910hrs outside of a resident room. The bucket contained cleaning solution that was dark brown and dirty and it was observed to be used to mop resident rooms. An interview was conducted with staff member #100 and #105 and it was reported that the water and the mop is changed at every break or three times daily. Inspector conducted an interview with staff member #108 and it was identified that the cleaning solution in the mop bucket is to be changed approximately every three rooms, depending on what the housekeeping staff encounter. The housekeeping procedures for resident care areas were reviewed by the inspector and noted that the assigned staff member would be damp mopping a total of thirty-four resident rooms, which would mean, based on staff member #108's statement, the mop bucket cleaning solution should be changed, at minimum, ten times during the shift. Staff members were observed on November 21, 2012 to mop resident care area floors with dark brown and dirty cleaning solution.

The licensee failed to ensure that, (a) the home, furnishings and equipment are kept clean and sanitary; [s. 15. (2) (a)]

2. During a walk through of the resident care areas, the inspector observed the handrail between two resident rooms and another area between two other resident rooms, missing the end pieces and therefore was sharp at the edges. In addition, there were several areas on the wall in a tub room that had paint peeling, there were gouges in the flooring and there was duct tape affixing the flooring all around the perimeter of the floor drain.

The licensee failed to ensure that, (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. [s. 15. (2) (c)]

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



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Specifically failed to comply with the following:

**s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; O. Reg. 79/10, s. 90 (2).**

Findings/Faits saillants :

1. During the course of inspection, the Inspector observed the seat belt strap on the tub chair in a tub room, was severely worn and frayed.

The licensee failed to ensure that procedures are developed and implemented to ensure that, (b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment; [s. 90. (2) (b)]

Issued on this 10th day of May, 2013

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

Lauren Schuman #196.