

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

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

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

Central East Service Area Office
33 King Street West, 4th Floor
OSHAWA ON L1H 1A1
Telephone: (905) 440-4190
Facsimile: (905) 440-4111

Bureau régional de services de
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33, rue King Ouest, étage 4
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Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Apr 26, 2021	2021_814501_0006 (A2)	017465-20, 020196-20, 020197-20, 001803-21, 003338-21	Complaint

Licensee/Titulaire de permis

Regional Municipality of Durham
605 Rossland Road East Whitby ON L1N 6A3

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

Hillsdale Terraces
600 Oshawa Blvd. North Oshawa ON L1G 5T9

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

Amended by SUSAN SEMEREDY (501) - (A2)

Amended Inspection Summary/Résumé de l'inspection modifié

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An extension for the Compliance Due Date (CDD) has been granted for CO#001 and CO#002. New CDD for both orders is September 30, 2021.

Issued on this 26th day of April, 2021 (A2)

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

Original report signed by the inspector.

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

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Amended Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): February 19, 22, 23, 24, 25, March 9, 10, 11, 12, 15, 2021.

The following intakes were completed in this complaint inspection:

Log #017465-20, #020196-20, #020197-20 related to change in condition, nutrition and hydration and pain management; and,

Log #001803-21 and #003338-21 related to admissions.

This inspection was completed concurrently with inspection #2021_623626_0003.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Resident Care Coordinators (RCC), Registered Dietitian (RD), Nurse Practitioner (NP), Social Worker, registered nurses (RN), registered practical nurses (RPN), personal support workers (PSW), substitute decision-makers (SDM), and family members.

During the course of this inspection the inspector observed infection prevention and control practices, and reviewed resident clinical records and admission applications.

The following Inspection Protocols were used during this inspection:

Admission and Discharge
Dignity, Choice and Privacy
Hospitalization and Change in Condition
Infection Prevention and Control
Nutrition and Hydration
Pain

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

- 3 WN(s)
- 1 VPC(s)
- 2 CO(s)
- 0 DR(s)
- 0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités
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 O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when three residents were having pain that was not relieved by initial interventions, the residents were assessed using a clinically appropriate assessment instrument.

A resident had a fall and was noted to have a new onset of pain. The cause of the pain was not determined until approximately three weeks later. During that period of time, the resident was noted to be in pain almost daily. Interventions were implemented but relief from the pain was not always successful.

An interview with an RN indicated that although they had documented the resident's pain status in progress notes, they had not used the comprehensive pain assessment tool available in the electronic assessment section of the health record. An interview with an RCC acknowledged the expectation of the home is for the nursing staff to complete a pain assessment using a clinically appropriate assessment instrument when pain is not relieved. [s. 52. (2)]

2. It was reported to the RD that a resident was having pain that could have affected their nutritional intake. The RD completed an assessment and determined the pain may be attributed to a particular issue. The RD recommended that nursing monitor the pain and report to the physician as required. A few days later the RD followed up and the resident was still having pain. Nursing was also aware of this pain. A week later an intervention was implemented. A follow up progress note and an interview with an RCC were unclear whether this intervention was a successful.

The last comprehensive pain assessment for the resident was completed a few months prior. The RCC stated that the current practice in the home is not to assess a resident's pain using a clinically appropriate instrument when a resident's pain is not relieved by initial interventions. [s. 52. (2)]

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3. A resident was noted to be having indicators of pain daily for a period of a month. There were many instances where interventions were documented as being ineffective. A referral was made to the pain team and at that time registered staff were asked to complete a comprehensive pain assessment. This was the only such assessment completed during this time.

An interview with an RPN indicated they were aware the resident had pain that was not relieved but stated they only do comprehensive pain assessments when it is triggered in their electronic documentation system. An interview with an RN stated they were documenting the resident's pain status in the progress notes. An interview with the DOC acknowledged that when a resident's pain level changes or when interventions continue to be ineffective, it is expected that registered staff complete a comprehensive pain assessment.

The failure to assess a resident's pain when not relieved by initial interventions using a clinically appropriate assessment instrument presented a risk of overlooking aspects crucial to the management of pain.

Sources: Residents' medical records including progress notes, electronic medication administration records and care plans; interviews with the DOC and other staff. [s. 52. (2)]

Additional Required Actions:

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

(A1)

The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 001

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs

Specifically failed to comply with the following:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).**
- 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. O. Reg. 79/10, s. 48 (1).**
- 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).**
- 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

Findings/Faits saillants :

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1. The licensee has failed to ensure that the pain management program includes identifying and managing pain. Specifically, the licensee failed to include in their program that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The home's Pain Management policy states:

- that if pain is identified, registered staff are to collaborate with resident/SDM (if applicable) and interdisciplinary team to conduct a pain assessment utilizing a clinically appropriate tool, and;
- if interventions have not been effective in managing pain, initiate alternative approaches and update as necessary

The policy does not provide clear directions for registered staff to indicate that when a resident's pain is not relieved by initial interventions, the resident is to be assessed using a clinically appropriate assessment instrument specifically designed for this purpose. Interview with the DOC acknowledged that there is a gap in fulfilling this requirement as evidenced by the lack of comprehensive pain assessments completed for three residents reviewed in this inspection, each of whom had pain that went unrelieved.

The failure to provide guidance to staff as to when a comprehensive pain assessment is required puts residents with pain at risk for continued discomfort.

Sources: The home's Pain Management Policy INTERD-03-10-01 last revised November 2019, residents' medical records and interview with the DOC and other staff. [s. 48. (1) 4.]

Additional Required Actions:

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

(A2)

The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 002

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home

Specifically failed to comply with the following:

s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home approved two applicants admission to the home unless the home lacked the physical facilities necessary to meet the applicant's care requirements or the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements.

The Ministry of Long-Term Care (MLTC) received a complaint related to the home withholding approval for admission of an applicant. A review of records indicated that the applicant was denied by the home twice.

The applicant had a history of responsive behaviours and was currently living at a facility. Interventions had been implemented and behaviours became better managed. More recent behaviour notes were sent to the home indicating the applicant had no concerning behaviours and even when interventions were

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discontinued, the applicant continued to do well.

Interviews with a Behaviour Support Ontario (BSO) RPN and Social Worker indicated the home has a responsive behaviour program, staff are trained in the management of responsive behaviours and for residents that are difficult to manage, the home makes referrals to specialized resources. It was also indicated this applicant would require a specialized unit for safety of which the home did not have. The DOC indicated that this applicant's responsive behaviours could be a trigger for other residents of this unit.

The home failed to demonstrate how they lacked the physical facilities necessary to meet the applicant's care requirements or how the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements and therefore did not have grounds to refuse the applicant's admission.

The MLTC received a complaint related to the home withholding approval for admission of another applicant. A review of records indicated that the applicant was denied by the home twice.

The applicant was admitted to a facility due to poor functioning. A report from the facility indicated the applicant had a history of behaviours related to specific illnesses. An assessment indicated the applicant had responsive behaviours but was described as being compliant with interventions and easy to manage.

Interviews with a Social Worker and the DOC indicated they denied admission of this applicant based on the applicant's history and concern for the safety of their existing residents. An interview with a BSO RPN indicated that interventions for responsive behaviours such as what the applicant was known to have could be implemented.

The home failed to demonstrate how the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements and therefore did not have grounds to refuse the applicant's admission.

Sources: Applications made by Central East Local Health Integration Network (CELHIN) to the home and interviews with the DOC, Social Worker and BSO RPN.

[s. 44. (7)]

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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 approves an applicant's admission unless the home lacks the physical facilities necessary to meet the applicant's care requirements; the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or circumstances exist which are provided for in the regulations as being a ground for withholding approval, to be implemented voluntarily.

Issued on this 26th day of April, 2021 (A2)

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

Original report signed by the inspector.

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

Long-Term Care Operations Division
Long-Term Care Inspections Branch
Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée

Amended Public Copy/Copie modifiée du rapport public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by SUSAN SEMEREDY (501) - (A2)

**Inspection No. /
No de l'inspection :** 2021_814501_0006 (A2)

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

**Log No. /
No de registre :** 017465-20, 020196-20, 020197-20, 001803-21,
003338-21 (A2)

**Type of Inspection /
Genre d'inspection :** Complaint

**Report Date(s) /
Date(s) du Rapport :** Apr 26, 2021(A2)

**Licensee /
Titulaire de permis :** Regional Municipality of Durham
605 Rossland Road East, Whitby, ON, L1N-6A3

**LTC Home /
Foyer de SLD :** Hillsdale Terraces
600 Oshawa Blvd. North, Oshawa, ON, L1G-5T9

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Joanne Iacono

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

To Regional Municipality of Durham, 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 # /

No d'ordre: 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Order / Ordre :

The licensee must comply with s. 52(2) of O. Reg. 79/10.

Specifically, the licensee must ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Grounds / Motifs :

1. The licensee has failed to ensure that when three residents were having pain that was not relieved by initial interventions, the residents were assessed using a clinically appropriate assessment instrument.

A resident had a fall and was noted to have a new onset of pain. The cause of the pain was not determined until approximately three weeks later. During that period of time, the resident was noted to be in pain almost daily. Interventions were implemented but relief from the pain was not always successful.

An interview with an RN indicated that although they had documented the resident's pain status in progress notes, they had not used the comprehensive pain assessment tool available in the electronic assessment section of the health record. An interview with an RCC acknowledged the expectation of the home is for the nursing staff to complete a pain assessment using a clinically appropriate assessment instrument when pain is not relieved. (501)

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

2. It was reported to the RD that a resident was having pain that could have affected their nutritional intake. The RD completed an assessment and determined the pain may be attributed to a particular issue. The RD recommended that nursing monitor the pain and report to the physician as required. A few days later the RD followed up and the resident was still having pain. Nursing was also aware of this pain. A week later an intervention was implemented. A follow up progress note and an interview with an RCC were unclear whether this intervention was a successful.

The last comprehensive pain assessment for the resident was completed a few months prior. The RCC stated that the current practice in the home is not to assess a resident's pain using a clinically appropriate instrument when a resident's pain is not relieved by initial interventions. (501)

Order(s) of the Inspector

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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

3. A resident was noted to be having indicators of pain daily for a period of a month. There were many instances where interventions were documented as being ineffective. A referral was made to the pain team and at that time registered staff were asked to complete a comprehensive pain assessment. This was the only such assessment completed during this time.

An interview with an RPN indicated they were aware the resident had pain that was not relieved but stated they only do comprehensive pain assessments when it is triggered in their electronic documentation system. An interview with an RN stated they were documenting the resident's pain status in the progress notes. An interview with the DOC acknowledged that when a resident's pain level changes or when interventions continue to be ineffective, it is expected that registered staff complete a comprehensive pain assessment.

The failure to assess a resident's pain when not relieved by initial interventions using a clinically appropriate assessment instrument presented a risk of overlooking aspects crucial to the management of pain.

Sources: Residents' medical records including progress notes, electronic medication administration records and care plans; interviews with the DOC and other staff

An order was made by taking the following factors into account:

Severity: There was minimal risk of harm to residents as components of their pain were being assessed and documented in different areas of the electronic record.

Scope: This non-compliance was widespread as three out of three residents were noted not to have been assessed using a clinically appropriate assessment instrument.

Compliance History: In the last 36 months, the licensee was found to be non-compliant with O.Reg 79/10 s. 52(2) and three Written Notifications (WNS) and three Voluntary Plans of Correction (VPCs) were issued to the home.

(501)

Sep 30, 2021(A1)

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

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

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 # /

No d'ordre: 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
 4. A pain management program to identify pain in residents and manage pain.
- O. Reg. 79/10, s. 48 (1).

Order / Ordre :

The licensee must comply with s. 48(1) of O. Reg. 79/10.

Specifically, the licensee must:

1. Ensure the pain management corporate program provides clear directions for registered staff to indicate that when a resident's pain is not relieved by initial interventions, the resident is to be assessed using a clinically appropriate assessment instrument specifically designed for this purpose.
2. Educate all registered staff in the home regarding any pain policy updates and keep a record of the content of this training, the date the training was provided, the person conducting the training and those that attended.

Grounds / Motifs :

1. The licensee has failed to ensure that the pain management program includes

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

identifying and managing pain. Specifically, the licensee failed to include in their program that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The home's Pain Management policy states:

- that if pain is identified, registered staff are to collaborate with resident/SDM (if applicable) and interdisciplinary team to conduct a pain assessment utilizing a clinically appropriate tool, and;
- if interventions have not been effective in managing pain, initiate alternative approaches and update as necessary

The policy does not provide clear directions for registered staff to indicate that when a resident's pain is not relieved by initial interventions, the resident is to be assessed using a clinically appropriate assessment instrument specifically designed for this purpose. Interview with the DOC acknowledged that there is a gap in fulfilling this requirement as evidenced by the lack of comprehensive pain assessments completed for three residents reviewed in this inspection, each of whom had pain that went unrelieved.

The failure to provide guidance to staff as to when a comprehensive pain assessment is required puts residents with pain at risk for continued discomfort.

Sources: The home's Pain Management Policy INTERD-03-10-01 last revised November 2019, residents' medical records and interview with the DOC and other staff.

An order was made by taking the following factors into account:

Severity: There was minimal risk of harm to residents as currently there are components of residents' pain being assessed and documented in different areas of the electronic record.

Scope: This non-compliance was widespread as this relates to the home's program.

Compliance History: In the last 36 months, the licensee was found to be non-compliant with different sections of the legislation.

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

(501)

This order must be complied with by /

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

Sep 30, 2021(A2)

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

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

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

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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
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

Health Services Appeal and Review Board and the Director

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of 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.

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

**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 des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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

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

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

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

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

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère 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.

Issued on this 26th day of April, 2021 (A2)

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

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

Amended by SUSAN SEMEREDY (501) - (A2)

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

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

Central East Service Area Office