Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
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Date(s) of inspection/Date(s) de l'inspection	**Inspection No/ No de l'inspection**	**Type of Inspection/Genre d'inspection**
Jan 18, 19, 23, 24, 25, 27, 30, 31, Feb 1, 2, 6, 7, 2012	2012_035124_0005	Resident Quality Inspection

Licensee/Titulaire de permis

2109577 ONTARIO LIMITED
195 Forum Drive, Unit 617, MISSISSAUGA, ON, L4Z-3M5

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

2109577 ONTARIO LIMITED O/A ARBOUR HEIGHTS
564 Tanner Drive, KINGSTON, ON, K7M-0C3

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

LYNDA HAMILTON (124), DARLENE MURPHY (103), JESSICA PATTISON (197), PAUL MILLER (143)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Directors of Care, Environmental Services Manager, Nutrition and Hospitality Manager, Resident Support Services Manager, Registered Dietitian, Registered Nurses, Registered Practical Nurses, Personal Care Providers, Cook, Dietary Staff, President Residents' Council, Family Council Representative, Administrative Assistant, Family and Community Coordinator, maintenance, housekeeping and laundry staff, Nursing Clerk, Medical Advisor, pharmacist, family members and residents.

During the course of the inspection, the inspector(s) completed walking tours of the home, reviewed resident health records, home policies related to nutrition, abuse, medication, infection control, laundry, skin and wound care, observed resident dining, activities, therapy programs, medication administration and storage areas and meal preparation including food sampling.

Critical incident inspection log O-002788-11 was completed as part of the Resident Quality Inspection.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management

Critical Incident Response

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Food Quality

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

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Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 50. Skin and wound care

Specifically failed to comply with the following subsections:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours;
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. A resident has a pressure wound.

The resident's progress notes were reviewed from November 1, 2011-January 27, 2012.

The resident received wound assessments on the following dates:
November 3, 8, 30, 2011, December 8, 2011 and January 7 and 10, 2012.(s.50.(2)(b)(iv))

2. Another resident has been assessed as having a pressure wound.

During a review of this resident's progress notes from April 3, 2011 to June 30, 2011, the following wound assessments were documented:
April 3, April 7, 16, 30, May 9, 12, 13, 14, 19, 28, June 4, 10, 19, 27, 2011.

During a review of this resident's progress notes from December 27, 2011 to January 31, 2012, the following wound assessments were documented:
December 27, 29, 2011 January 4, 29, 2012.(s.50.(2)(b)(iv))

3. A third resident has been assessed as having a pressure wound.

The third resident's progress notes were reviewed from November 30, 2011 until January 31, 2012.

The third resident received a wound assessment on the following dates:
November 30, 2011, December 8, 2011, January 6, 2012; there were no further assessments up to and including January 31, 2012.

The licensee failed to ensure residents with altered skin integrity received a weekly assessment by a member of the registered nursing staff. (s.50.(2)(b)(iv))

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes
Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg 79/10 s. 69 in that they did not ensure that specified weight changes are assessed using an interdisciplinary approach, and that action are taken and outcomes are evaluated.
One Assistant Director of Care stated that the home's expectation is for all significant weight changes to be assessed and actions taken by the middle of the month in which the weight change is identified.

On August 2, 2011 one resident's weight triggered a weight gain of 7.5 per cent body weight over three months. On September 1, 2011 the resident's weight triggered a weight gain of 10 per cent body weight over six months. A review of the resident's health care record showed no progress notes with nutritional assessments related to weight gain and no interventions in the care plan related to weight gain. During an interview with Registered Dietitian (RD)on January 30, 2012 she stated that she had not assessed this resident related to weight gain.

On January 1, 2012 a second resident weight triggered a weight loss of 5 per cent body weight over one month. On January 19, 2012 the RD completed the Nutrition Priority Screen and Resident Assessment Protocol. The RD indicated that she would care plan for weight. A review of the resident's health care record showed no evidence in either the progress notes or in the newly revised care plan that actions had been taken in relation to weight loss. During an interview with the RD on January 30, 2012 she stated that she had not yet seen this resident in relation to recent weight loss.

On December 1, 2011, a third resident's weight triggered a loss of 7.5 per cent body weight over three months. On December 8, 2011 a quarterly Nutrition Priority Screen was done by the RD. The RD also noted that the resident had significant weight loss in the past 3 months and stated she would care plan for weight. During an interview with RD on January 30, 2012 she stated that she didn't have any ideas in December 2011 of what to offer this resident. The care plan for this resident dated December 12, 2011 did not identify changes to the current interventions to address the weight loss and there were no progress notes written related to the resident's weight loss until January 16, 2012 when the resident was seen by Nutrition and Hospitality Manager, Carolyn Harvey.

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 O.Reg 79/10, s. 48. Required programs
Specifically failed to comply with the following subsections:

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).

Findings/Faits saillants :

1. One Assistant Director of Care (ADOC) is the lead for the Skin and Wound Care program in the home. During an interview, the ADOC advised the goals and objectives for the Skin and Wound Care program are still in development and was unable to provide anything in writing to the inspector.

The inspector was provided with a binder which contained two skin and wound care committee meetings and three policies related to the staging of wounds, the utilization of skin/wound tool and information related to the role of the skin/wound care committee. The ADOC advised there were no additional policies, procedures or protocols developed at this time.

In addition, she was unable to demonstrate a process for monitoring outcomes or reducing risk related to skin breakdown.

The ADOC advised the home has initiated a skin and wound care committee which has met on two occasions over the past year. The members of the team at this time include only nursing. She advised dietary and physiotherapy has been invited but have not yet attended the meetings due to schedule conflicts.

The ADOC was interviewed in regards to the home's current program related to the promotion of skin integrity and the prevention of wound development. She stated the home is currently using a product (Cavillon) which she advised has been effective in the prevention of skin breakdown but could not provide any documentation to support the home's current practice in using this product or any related policies/procedures. The ADOC also advised the skin and wound care nurses and herself have been sent for additional wound care training and management.

Registered Practical Nurses (RPN) and Personal Care Providers (PCP's) were interviewed in regards to the training they have received in the area of skin and wound prevention. The RPN's advised all wounds are referred to the Skin and Wound nurse specialists. The notification is done by email. The RPN's stated no training in the area of wound and skin care prevention or promotion has been provided by the home since opening over one year ago.

The PCP's were interviewed in regards to the education they have received for to the prevention and promotion of skin integrity and turning and repositioning. They advised outside of the training they received during their Personal Support worker program, they have not received additional training by the home. They reported they advise the charge nurse of areas they identify as a potential problem. PCP's were unable to report strategies on how they could promote skin integrity or prevent skin breakdown.

Related non-compliances were identified during the course of this inspection in the areas of weekly skin and wound assessments (O. Reg. 79/10 s.50(2)(b)(iv), recording of supplements (O. Reg. 79/10 s. 68(2)(b)(c)(d)) and care not provided as specified in the plan (LTCHA 2007 s. 6(7)).

The licensee failed to ensure that the home's Skin and Wound Care program contains all required elements.(s.48.(1)(2))

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

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 subsections:

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;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The following issue demonstrates that the licensee has failed to comply with the LTCHA 2007, s. 6. (7) related to a resident receiving care as specified in the resident's plan of care.
A resident's plan of care dated November 3, 2011 and January 26, 2012 stated that staff were to provide a nutritional supplement twice each day.
Two registered practical nurses were interviewed and reported to the inspector that this resident has not received the nutritional supplement.
There is no record of this nutritional supplement being administered to the resident.

2. A resident has a cognitive impairment and resides on the Breakwater unit. The resident's Assessment Protocol (RAP) dated October 20, 2011 identifies that this resident presents with behaviours one to three days out of seven and this behavior is easily altered. The resident's RAP dated January 12, 2012 identifies the resident presents with behaviours one to three days out of seven and the behavior is not easily altered.

An interview with the Registered Practical Nurse (RPN) in charge of the unit advised that the resident presents with behaviours. The RPN stated staff need to respond to the resident's behaviours as quickly as possible. The interventions that have been in place have been ineffective, but are still in place.

Three Personal Care Providers (PCP's) who work on this unit were interviewed. Only one of the three PCP's were able to identify this as a behavior requiring staff intervention for this resident. The care plan that is accessible by the PCP's does not identify the resident's behaviour and there is no direction in regard to the interventions required to manage this behavior.

The licensee failed to ensure there is a written plan of care for the resident that provides clear directions to staff and others who provide direct care to the resident. (s.6.(1)(c))

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 resident receives nutritional supplements in accordance with the resident's plan of care and that another resident has a plan of care to address responsive behaviours, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 126. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed. O. Reg. 79/10, s. 126.

Findings/Faits saillants :

1. On January 24, 2012, there was an unlabelled inhaler found on the medication cart of City Place. The Registered Practical Nurse stated that the inhaler was used on an as needed basis with a resident.
2. On January 30, 2012, during the inspection of the medication cart located on the Breakwater unit, the following medications were noted to be unlabelled:
- one resident had a tube of prescription cream in the resident's medication slot
- another resident had medication used to manage angina in the resident's medication slot

During the inspection of the medication cart located on the Portsmouth Place unit, the following medications were noted to be unlabelled:
- one resident's inhaler was in his/her medication slot
- another resident's inhaler was in his/her medication slot
-a partially empty, medication used to manage angina was located in the top drawer of the medication cart.

The licensee failed to ensure these drugs remained in original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed.

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 by ensuring all medications remain in the original labelled containers provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following subsections:

s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,
(a) shall provide that abuse and neglect are not to be tolerated;
(b) shall clearly set out what constitutes abuse and neglect;
(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;
(d) shall contain an explanation of the duty under section 24 to make mandatory reports;
(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
(f) shall set out the consequences for those who abuse or neglect residents;
(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and
(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

Findings/Faits saillants :

1. The licensee has failed to met the requirement by not ensuring that the home's abuse policy ADM-VI-06 contain an explanation of the duty under section 24 of the Act to make mandatory reports. (s.20.(2))

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance
Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,
(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;
(b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
(c) identifies measures and strategies to prevent abuse and neglect;
(d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and
(e) identifies the training and retraining requirements for all staff, including,
(i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
(ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

Findings/Faits saillants :

1. The licensee has failed to meet this requirement by not ensuring that the Abuse Policy ADM-VI-06, Review date September 2011 identify measures and strategies to prevent abuse and neglect. (s.96.(c))
2. The licensee has failed to meet this requirement as the home's abuse policy ADM-VI-06, Review date September 2011, did not address training and retraining requirements between power imbalances between staff and residents nor situations that may lead to abuse and neglect and how to avoid such situations.(s.96.(e))

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply
Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
i. persons who may dispense, prescribe or administer drugs in the home, and
ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :

1. On January 25, 2012 at approximately 1615 hours met with the Nursing Clerk and the Charge Nurse. A review of the access to the Nursing Supply room B46 indicated that the following staff have access to this area where drugs are stored: a Personal Care Provider, the Environmental Supervisor, a maintenance staff and the Nursing Clerk. None of these staff are able to dispense, prescribe or administer drugs in the home. The following types of medications were observed to be stored in this area, laxatives, cough suppressant, analgesics, vitamins including injectable Vitamin B12, ferrous gluconate, ferrous sulphate, gravol and allogel.
The licensee has failed to comply with this requirement by allowing staff who are not able to dispense, prescribe or administer drugs access to areas where drugs are stored.(s.130.(2))

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following subsections:

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:
1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
2. Residents must be offered immunization against influenza at the appropriate time each year.
3. Residents must be offered immunizations against pneumoccocus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. On January 31, 2012 at approximately 11:07, the Assistant Director of Care (ADOC)reported that she is the lead for infection control in the home. The ADOC reported the home has no tetanus and diphtheria vacinne available in the home. A review of three residents' health care records did not indicate how residents were screened for tetanus and diptheria and the immunization records within Point Click Care did not contain any information. The ADOC reported that no residents in the home have received immunization for tetanus and diphtheria since the home has opened. The home is licensed for 174 beds.
The licensee has not offered residents immunizations against tetanus and diphtheria.(229.(10)(3))

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure all residents are offered immunizations against tetanus and diphtheria in accordance with immunization schedules, to be implemented voluntarily.

WN #10: 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 subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
i. the Residents' Council,
ii. the Family Council,
iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
iv. staff members,
v. government officials,
vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. It was observed on January 21, 2011 that Registered Practical Nurse had placed multi-dose medication packages which identified resident personal health information inclusive of names and name of medications into a garbage bag attached to the medication cart. When staff was questioned about this reported that garbage was disposed of by maintenance staff. Interviewed Maintenance staff on January 30, 2012 while he was disposing of garbage. It was observed that clear garbage bags had contained multi-dose medication packs. Staff indicated that the garbage is disposed of in large dumpster bins and waste management company disposes of the garbage to landfill sites.
2. Interview with Environmental Services Manager. He advised the garbage that the multi-dose medication packs are placed into by staff is gathered by registered staff and placed down the chute. This garbage is packaged with regular garbage and picked up by Waste Management three times each week.
The licensee failed to comply with LTCHA 2007, s. 3. (1)11 (iv) in that the resident's personal health information was not protected.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes
Every licensee of a long-term care home shall ensure that,
(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;
(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and
(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

Findings/Faits saillants :

1. From June 4-20, 2011, a resident received fifteen doses of anti-emetic medication for complaints of nausea and the effectiveness of the medication was not documented for two of the fifteen doses administered.
From June 4-20, 2011, a resident received ten doses of analgesic and there was no documented effectiveness of the analgesic for three of the ten doses administered.
The licensee failed to comply with O. Reg. 79/10, s.134. (a) in that there was no documentation of the resident's response and the effectiveness of the drugs.(s.134.(a))

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following subsections:

s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(a) is a minimum of 21 days in duration;
(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
(c) includes alternative choices of entrees, vegetables and desserts at lunch and dinner;
(d) includes alternative beverage choices at meals and snacks;
(e) is approved by a registered dietitian who is a member of the staff of the home;
(f) is reviewed by the Residents' Council for the home; and
(g) is reviewed and updated at least annually. O. Reg. 79/10, s. 71 (1).

Findings/Faits saillants :

1. The following finding indicates that the licensee failed to comply with O. Reg. 79/10 s. 71(1)(f) in that they did not ensure that the Resident's Council reviewed the menu cycle.
During an interview with Nutrition and Hospitality Manager on January 30, 2012 she stated that although the food committee in the home had reviewed the menu cycle, she has not submitted it to the resident's council for review.

WN #13: 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 subsections:

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;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(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. There is a 3-4 inch depression in the floor on Portsmouth house that posed a potential trip hazard. This depression is located at the juncture of the hallway where room 234 is located and another hallway.
The Environmental Services Manager reported to the inspector that this area in the floor of Portsmouth House could pose a trip hazard for residents who shuffle.
The licensee has failed to comply with the LTCHA 2007, s. 15. (2) (c) in that the home was not maintained in a safe condition and not in a good state of repair.
2. A resident resides on the Breakwater unit and utilizes a walker for ambulating. Throughout the inspection period from January 19, 2012 to February 1, 2012, this resident's walker was observed to be consistently soiled on both the seat and frame of the walker.

The Registered Practical Nurse (RPN) in charge of the unit advised there is a schedule for the cleaning of resident equipment on the night shift by the direct care staff. The schedule indicated this resident's walker was to be cleaned every Sunday night. The RPN was unaware if additional cleanings could be requested outside of the scheduled cleaning. The cleanliness of this resident's walker was observed on the morning following the scheduled cleaning and was observed to be soiled.

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

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. Ont. Regs 79/10 s. 68 (2) (d) states: Every licensee of a long-term care home shall ensure that the programs include a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.

A resident had been assessed as having nutritional risk and has a pressure wound. The resident has been purchasing a supply of nutritional supplement despite the resident's knowledge the home does provide the supplements at no additional charge. The resident was interviewed and reported only taking the nutritional supplement occasionally.

The Registered Practical Nurse was interviewed and advised the resident is ordered and is taking a nutritional supplement supplied by the home as well as two to three cans of nutritional supplement supplied by the resident. The RPN stated the staff do not record the number of bottles of nutritional supplement the resident takes each day.

The Resident Assessment Protocols (RAPS) for Nutritional Status dated May 11, 2011 and August 29, 2011 both acknowledge the resident has a supply of nutritional supplement.

The home's policy V9-040, Dietary Intake-Nutritional Intake Record indicates, "the supplement will be recorded by the registered staff separately from the fluids and will be counted towards the fifteen hundred milliliters per twenty four hour period."

The licensee has failed to ensure the above policy is being complied with.

2. This non-compliance relates to O.Reg. 79/10, s. 89. (1) (a) (iv), where as part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that, (a) procedures are developed and implemented to ensure that, (iv) there is a process to report and locate residents' lost clothing and personal items.
A resident reported to the inspector that a number of items of clothing were missing and this had been reported to the staff.
Another resident reported to the inspector that clothing has been lost and there have been other residents' slacks in the closet and that this had been reported to staff.
The home's policy, "Lost Personal Laundry, ENV-VII-28" states:
When a resident or family member reports to any staff member that an article of clothing is missing, the staff member will initiate the "Personal Laundry Tracking Form".
No Personal Laundry Tracking Forms could be found for either of these two residents.
The Environmental Services Manager reported to the inspector that the Personal Laundry Tracking Forms were not implemented until August 2011.
The licensee failed to comply with O. Reg. 79/10, s. 8. (1) (b) in that where the Act or this Regulation requires the licensee of a long term care home to have, institute or otherwise put in place a procedure, the licensee is required to ensure that the procedure (b) is complied with.

3. Ont. Regs 79/10, 114 (1) states that every licensee of a long term care home shall develop an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents.

During the lunch medication pass on January 30, 2012 on City Park, the Registered Practical Nurse (RPN) was observed to leave the medications for two residents on their dining table. The RPN returned to the medication cart in both instances which was positioned out of sight from either resident. The RPN failed to watch the identified residents take their oral medications.

On City Park, an RPN was observed to have left a resident's puffers at the resident's bedside. The RPN was observed asking the resident if he/she was done with the puffers. When the resident replied No, the RPN stated she would return later to collect the puffers. This resident does not have a physician order to have his/her medications left at the bedside.

The Registered staff failed to follow policy 04-02-20 Medication Pass-Procedure. The Procedure states; "Administer medications to the resident ensuring that oral medications have been swallowed. Do not leave medications at bedside

(unless there is a physician order to do so)."

The licensee failed to ensure the policy and procedure for medication pass was complied with.

4. The following findings indicate that the licensee did not comply with LTCHA 2007 s. 8 in that they did not comply with their written instructions for the use of policy V9-185 - Dietitian Referral Form.
O. Reg 79/10 s. 68(2)(b)(c) states that every licensee of a long-term care home shall ensure that the nutrition care and hydration programs include, (b) the identification of any risks related to nutrition care and dietary services and hydration and (c) the implementation of interventions to mitigate and manage those risks;
The written instructions for the use of policy V9-185 - Dietitian Referral Form states "Nutritional supplement initiated - the Dietitian needs to know if a supplement has been requested and initiated for any resident. The Dietitian will assess for appropriateness, and will document any changes to the care plan accordingly".
The progress notes on January 27 and 28, 2012 and on December 15, 2011 in Point Click Care indicate that a resident is being given the nutritional supplement, Glucerna, at times when the resident does not consume his/her meals.
During an interview with Registered Dietitian on January 30, 2012 she stated that she was not aware that this resident was receiving Glucerna.

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/ LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

CORRECTED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	**TYPE OF ACTION/ GENRE DE MESURE**	**INSPECTION # / NO DE L'INSPECTION**	**INSPECTOR ID #/ NO DE L'INSPECTEUR**
O.Reg 79/10 r. 107.	CO #901	2011_035124_0001	124
O.Reg 79/10 r. 114.	CO #901	2011_035124_0011	124

Issued on this 8th day of February, 2012

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

L Hamilton

Ministry of Health and Long-Term Care

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

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) :	LYNDA HAMILTON (124), DARLENE MURPHY (103), JESSICA PATTISON (197), PAUL MILLER (143)
Inspection No. / No de l'inspection :	2012_035124_0005
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Date of Inspection / Date de l'inspection :	Jan 18, 19, 23, 24, 25, 27, 30, 31, Feb 1, 2, 6, 7, 2012
Licensee / Titulaire de permis :	2109577 ONTARIO LIMITED 195 Forum Drive, Unit 617, MISSISSAUGA, ON, L4Z-3M5
LTC Home / Foyer de SLD :	2109577 ONTARIO LIMITED O/A ARBOUR HEIGHTS 564 Tanner Drive, KINGSTON, ON, K7M-0C3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	DAVID CLEGG

To 2109577 ONTARIO LIMITED, 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

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

Order # / Ordre no : 001

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours;
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :

The licensee shall immediately ensure all residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, are reassessed at least weekly by a member of the registered nursing staff.

Grounds / Motifs :

1. A resident has a pressure wound.

The resident's progress notes were reviewed from November 1, 2011-January 27, 2012.

The resident received wound assessments on the following dates:
November 3, 8, 30, 2011, December 8, 2011 and January 7 and 10, 2012.(s.50.(2)(b)(iv)) (124)
2. Another resident has been assessed as having a pressure wound.

During a review of this resident's progress notes from April 3, 2011 to June 30, 2011, the following wound assessments were documented:
April 3, April 7, 16, 30, May 9, 12, 13, 14, 19, 28, June 4, 10, 19, 27, 2011.

During a review of this resident's progress notes from December 27, 2011 to January 31, 2012, the following wound assessments were documented:
December 27, 29, 2011 January 4, 29, 2012.(s.50.(2)(b)(iv)) (103)
3. A third resident has been assessed as having a pressure wound.

The resident's progress notes were reviewed from November 30, 2011 until January 31, 2012.

The resident received a wound assessment on the following dates:
November 30, 2011, December 8, 2011, January 6, 2012; there were no further assessments up to and including January 31, 2012. (103) (103)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Mar 06, 2012

Order # /
Ordre no : 002

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 69. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10 s. 69 to ensure that the specified weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated.
The plan shall include:
1. Clarification of the process by which the Registered Dietitian is to be notified of specified weight changes.
2. Clear timelines as to when the Registered Dietitian should complete the assessments of the residents with the specified weight changes.
3. A process to ensure monthly weights are accurate, including re-weighs when required.
4. Methods for completing and documenting actions taken in relation to specified weight changes, as well as ensuring that the outcomes of the actions taken are evaluated.

The plan is to be submitted in writing by February 15, 2012 to Inspector: Lynda Hamilton, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 347 Preston Street, 4th Floor, Ottawa ON K1S 3J4 or by fax at 613-569-9670.

Grounds / Motifs :

1. 1. The licensee has failed to comply with O. Reg 79/10 s. 69 in that they did not ensure that specified weight changes are assessed using an interdisciplinary approach, and that action are taken and outcomes are evaluated.
One Assistant Director of Care stated that the home's expectation is for all significant weight changes to be assessed and actions taken by the middle of the month in which the weight change is identified.

On August 2, 2011 one resident's weight triggered a weight gain of 7.5 per cent body weight over three months. On September 1, 2011 the resident's weight triggered a weight gain of 10 per cent body weight over six months. A review of the resident's health care record showed no progress notes with nutritional assessments related to weight gain and no interventions in the care plan related to weight gain. During an interview with Registered Dietitian (RD)on January 30, 2012 she stated that she had not assessed this resident related to weight gain.

On January 1, 2012 a second resident weight triggered a weight loss of 5 per cent body weight over one month. On January 19, 2012 the RD completed the Nutrition Priority Screen and Resident Assessment Protocol. The RD indicated that she would care plan for weight. A review of the resident's health care record showed no evidence in either the progress notes or in the newly revised care plan that actions had been taken in relation to weight loss. During an interview with the RD on January 30, 2012 she stated that she had not yet seen this resident in relation to recent weight loss.

On December 1, 2011, a third resident's weight triggered a loss of 7.5 per cent body weight over three months. On December 8, 2011 a quarterly Nutrition Priority Screen was done by the RD. The RD also noted that the resident had significant weight loss in the past 3 months and stated she would care plan for weight. During an interview with RD on January 30, 2012 she stated that she didn't have any ideas in December 2011 of what to offer this resident. The care plan for this resident dated December 12, 2011 did not identify changes to the current interventions to address the weight loss and there were no progress notes written related to the resident's weight loss until January 16, 2012 when the resident was seen by Nutrition and Hospitality Manager. (197)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Mar 12, 2012

Order # /
Ordre no : 003

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

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 shall prepare, submit and implement a plan for achieving compliance to ensure that the skin and wound care program includes:
-goals and objectives
-relevant policies, procedures and protocols
-methods to reduce risk
-methods to monitor outcomes
-education for all registered and non-registered nursing staff related to the prevention and promotion of skin integrity

The plan is to be submitted in writing by February 21, 2012 to Inspector: Lynda Hamilton, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 347 Preston Street, 4th Floor, Ottawa ON K1S 3J4 or by fax at 613-569-9670.

Grounds / Motifs :

1. One Assistant Director of Care (ADOC) is the lead for the Skin and Wound Care program in the home. During an interview, the ADOC advised the goals and objectives for the Skin and Wound Care program are still in development and was unable to provide anything in writing to the inspector.

The inspector was provided with a binder which contained two skin and wound care committee meetings and three policies related to the staging of wounds, the utilization of skin/wound tool and information related to the role of the skin/wound care committee. The ADOC advised there were no additional policies, procedures or protocols developed at this time.

In addition, she was unable to demonstrate a process for monitoring outcomes or reducing risk related to skin breakdown.

The ADOC advised the home has initiated a skin and wound care committee which has met on two occasions over the past year. The members of the team at this time include only nursing. She advised dietary and physiotherapy has been invited but have not yet attended the meetings due to schedule conflicts.

The ADOC was interviewed in regards to the home's current program related to the promotion of skin integrity and the prevention of wound development. She stated the home is currently using a product (Cavillon) which she advised has been effective in the prevention of skin breakdown but could not provide any documentation to support the home's current practice in using this product or any related policies/procedures. The ADOC also advised the skin and wound care nurses and herself have been sent for additional wound care training and management.

Registered Practical Nurses (RPN) and Personal Care Providers (PCP's) were interviewed in regards to the training they have received in the area of skin and wound prevention. The RPN's advised all wounds are referred to the Skin and Wound nurse specialists. The notification is done by email. The RPN's stated no training in the area of wound and skin care prevention or promotion has been provided by the home since opening over one year ago.

The PCP's were interviewed in regards to the education they have received for to the prevention and promotion of skin integrity and turning and repositioning. They advised outside of the training they received during their Personal Support worker program, they have not received additional training by the home. They reported they advise the charge nurse of areas they identify as a potential problem. PCP's were unable to report strategies on how they could promote skin integrity or prevent skin breakdown.

Related non-compliances were identified during the course of this inspection in the areas of weekly skin and wound assessments (O. Reg. 79/10 s.50(2)(b)(iv), recording of supplements (O. Reg. 79/10 s. 68(2)(b)(c)(d)) and care not provided as specified in the plan (LTCHA 2007 s. 6(7)).

The licensee failed to ensure that the home's Skin and Wound Care program contains all required elements. (s.48.(1)(2)) (103)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 10, 2012

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

Ministére 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

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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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 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
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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.

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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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.

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
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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 7th day of February, 2012

Signature of Inspector / Signature de l'inspecteur : Lynda Hamilton

Name of Inspector / Nom de l'inspecteur : LYNDA HAMILTON

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