



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

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

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

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

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

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

Sudbury Service Area Office  
159 Cedar Street Suite 403  
SUDBURY ON P3E 6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de  
Sudbury  
159 rue Cedar Bureau 403  
SUDBURY ON P3E 6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 16, 2018	2018_668543_0001	007610-17	Resident Quality Inspection

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**Licensee/Titulaire de permis**

Algoma Manor Nursing Home  
145 Dawson Street THESSALON ON P0R 1L0

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

Algoma Manor Nursing Home  
145 Dawson Street THESSALON ON P0R 1L0

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

TIFFANY BOUCHER (543), LISA MOORE (613), SHELLEY MURPHY (684)

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

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

**This inspection was conducted on the following date(s): January 8-12, 2018.**

**Additional intakes inspected during this Resident Quality Inspection (RQI) included:**

**One follow-up from inspection #2016\_395613\_0016; related to compliance order #001, regarding plan of care;**

**Two complaints, related to improper care;**

**One complaint, related to abuse, and;**

**One complaint, related to staffing;**

**Three critical incidents, related to falls;**

**Two critical incidents, related to abuse, and;**

**One critical incident, related to missing narcotics.**

**Throughout the inspection, the Inspectors observed the delivery of care and services to residents in all home areas, reviewed resident health care records and various home policies and procedures.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Interim Director of Care, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Environmental Services Manager, Human Resources Manager, Laundry and Housekeeping staff, residents and family members.**

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



Accommodation Services - Maintenance  
Contenance Care and Bowel Management  
Falls Prevention  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Sufficient Staffing

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

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

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2016_395613_0016		543

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

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

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 136. Drug destruction and disposal**
**Specifically failed to comply with the following:**

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

**2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs. O. Reg. 79/10, s. 136 (2).**

**Findings/Faits saillants :**

1. Inspector #613 reviewed a Critical Incident (CI) report, which identified that there were numerous missing and unaccounted for controlled substances from the controlled substance cupboard in the medication room from a specific home area. The CI report revealed that the Interim Director of Care (DOC) and the Pharmacist unlocked the controlled substance cupboard in preparation for drug destruction and observed that the Steri-cycle pail was not tightly secured and the tab around the secured strip appeared to have been altered. The CI report identified that the latch securing cupboard one to cupboard two of the locked destruction cupboard could be maneuvered manually to open the controlled cupboard without a key. An audit was conducted for a specific time period, of all controlled substances dispensed to the facility by the Pharmacist. After a review of all resident records, both active and deceased, over a specific time frame, it was determined that 166 controlled substances were unaccounted for.

A review of policy the titled, "Destruction and Disposal of Medications Related Supplies" last revised November 2017, identified that narcotic and controlled substances shall be stored in a double-locked storage area designated for surplus narcotic and controlled substances for destruction /disposal and shall be separate from any narcotic and controlled substance that was available for administration to a resident until the destruction and disposal occurred.

During an interview with Inspector #613, the Interim DOC indicated that the locked drug destruction cupboard had two doors that were connected with a latch between the doors. The interim DOC indicated that someone could put their hand or a device through the slot of the cupboard and manually lift the latch to open the cupboard door where the controlled substances were stored. The Interim DOC identified that one side of the cupboard contained the controlled substances for destruction and the other side of the cupboard contained the Steri-cycle pail. There was no divider in between the joining cupboard doors or the locked container. The Interim DOC indicated that the controlled substances and narcotic count sheets were dropped into an open cupboard through the slot in the cupboard door, and that there was no locked box. The Interim DOC verified that the drug destruction box was not double locked at the time of the incident.

During an interview with Inspector #613, the Interim DOC indicated that the locked drug destruction cupboard had two doors that were connected with a latch between the doors. The interim DOC indicated that someone could put their hand or a device through the slot of the cupboard and manually lift the latch to open the cupboard door where the



controlled substances were stored. The Interim DOC identified that one side of the cupboard contained the controlled substances for destruction and the other side of the cupboard contained the Steri-cycle pail. There was no divider in between the joining cupboard doors or the locked container. The Interim DOC indicated that the controlled substances and narcotic count sheets were dropped into an open cupboard through the slot in the cupboard door, and that there was no locked box. The Interim DOC verified that the drug destruction box was not double locked at the time of the incident. [s. 136. (2) 2.]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance**

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

**s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home's "Prevention of Abuse and Neglect of a Resident" policy was complied with.

A CI report was submitted to the Director on a specific date in 2017, related to staff to resident abuse.

According to the CI report, two PSWs were providing care to resident #008, when the resident began displaying a specific responsive behaviour towards staff. The report identified that the resident's care was being provided by one staff member, while the other staff member restrained resident #008.

Inspector #543 reviewed the home's internal investigation notes from the incident which identified the following:



Email communication to staff in the home, indicated that anytime an incident occurred an appropriate incident report needed to be completed, and all incidents must be reported to the charge RN. The email indicated that a recent incident of alleged abuse had occurred and was not reported to the charge RN; and as a result, the incident was not followed up on until the next day. This email identified that the incident was a reportable incident, and a call should have been placed to the Ministry of Health and Long-Term Care (MOHLTC) after-hours line.

The Inspector reviewed the home's "Prevention of Abuse and Neglect of a Resident" (VII-G-10.000) policy, revised in January 2015, which identified the organization had a Zero Tolerance policy for resident abuse and neglect. The policy indicated that any employee who witnessed, had knowledge of an incident, that constituted resident abuse or neglect were required to take the following steps:

- 1- Stop the abusive situation and intervene immediately if safe them to do so while ensuring the safety of the resident,
- 2- Remove the resident from the abuser, or if that was not possible, remove the abuser from the resident if safe for them to do so while ensuring the safety of the resident, and
- 3- Immediately inform the Executive Director/Administrator and/or charge Nurse in the home.

The policy identified that all employees were required to immediately report any suspected or known incident of abuse or neglect to the Director of MOHLTC and the Executive Director/Administrator or designate in charge of the home.

The Inspector interviewed the Interim DOC regarding the incident, who verified that staff should have reported this incident to the charge RN so that either they or the Administrator could have immediately reported the incident to the MOHLTC. They indicated as a result, the incident was not reported until the following day.

The Inspector interviewed the Administrator who indicated that the incident was not reported to the MOHLTC until the following day, as a result of not finding out about the incident until they reviewed the 24 hour shift report the next morning.

[s. 20. (1)]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home's "Prevention of Abuse and Neglect of a Resident" policy is complied with, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

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

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

**Findings/Faits saillants :**

1. The licensee has failed to ensure that procedures were developed and implemented to ensure that all equipment, devices, assistive aids and positioning aids in the home were kept in good repair.

Inspector #684 reviewed a CI report which was submitted to the Director on a specific date in 2017. The CI report indicated that, resident #009 was injured as a result of an assistive device not being properly secured.

During an interview with Inspector #684, the Environmental Services Manager, verified that the home did not have any preventative maintenance program in place, or a check sheet to indicate that assistive devices had been checked and were in good working order.

[s. 90. (2) (b)]





***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that procedures are developed and implemented to ensure that all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, to be implemented voluntarily.***

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

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

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

**s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**  
**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**  
**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**  
**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the plan of care set out clear directions to staff and others who provide direct care to the resident.

On January 9, 2018, Inspector #684 observed resident #002 sitting in a chair with an assistive device applied.

Inspector #543 reviewed the resident's most recent care plan, which did not identify the use of the assistive device.

The Inspector interviewed RN #110 who verified that resident #002's care plan should have indicated the resident's preference to use the assistive device.[s. 6. (1) (c)]

2. The licensee has failed to ensure that the plan of care was reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan was no longer necessary.

Inspector #684 reviewed resident #003's most recent care plan which identified that the resident had specific needs related to continence care.

The Inspector reviewed resident #003's progress notes, which identified that the specific needs related to continence care had been discontinued.

Inspector #684 interviewed resident #003, who verified that they no longer had those specific needs related to continence care.

During an interview with Inspector #684, RPN #108 verified that resident #003 had specific needs related to continence care which were not consistent with those mentioned in the care plan.

Inspector #684 interviewed RPN #114, who verified that the current plan of care for resident #003 was not correct and did not reflect resident #003's current continence care needs. RPN #114 indicated that the care plan was not updated to reflect the change.[s. 6. (10) (b)]



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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information**

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

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,**
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)**
  - (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)**
  - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)**
  - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)**
  - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)**
  - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)**
  - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)**
  - (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)**
  - (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)**
  - (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)**
  - (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)**
  - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)**
  - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)**
  - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)**
  - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)**
  - (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)**
  - (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)**



**Findings/Faits saillants :**

1. The licensee has failed to ensure that the copies of the inspection reports from the past two years for the long-term care home were posted in the home, in a conspicuous and easily accessible location in a manner that complied with the requirements.

On January 8, 2018, during a tour of the home, Inspector #613 observed that the home only had two full inspection reports and one inspection order report posted. The posted inspection reports included; #2016\_264609\_0008 and #2016\_332575\_0008 and the order report from inspection #2016\_395613\_0016.

A review of the inspection reports served to the home for the last two years identified that inspection report #2016\_264609\_0003 and #2016\_264609\_0010 were not posted.

On January 10, 2017, the Interim DOC and the Inspector reviewed the bulletin board and the DOC confirmed that certain copies of the inspection reports from the past two years for the long-term care home were not posted.[s. 79. (3) (k)]

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**

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

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
    - (i) that is used exclusively for drugs and drug-related supplies,**
    - (ii) that is secure and locked,**
    - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
    - (iv) that complies with manufacturer's instructions for the storage of the drugs;**
  - and O. Reg. 79/10, s. 129 (1).**
  - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that controlled substances were stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

On January 11, 2018, Inspector #613 observed in the medication room from a specific home area, a controlled substance in the locked box kept in the fridge. The box housing the controlled substance was not secured in the fridge and the fridge did not have a lock.

In an interview with Inspector #613, RPN #116 verified that the controlled substance was not double locked within the medication room.

On January 10, 2018, Inspector #613 had a conversation with the Interim DOC who identified that there was a controlled substance that was kept in the fridge in a locked box in the medication room from a specific home area.[s. 129. (1) (b)]

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**Issued on this 17th day of January, 2018**

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

**Original report signed by the inspector.**



**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*

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

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

**Public Copy/Copie du public**

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

**Nom de l'inspecteur (No) :** TIFFANY BOUCHER (543), LISA MOORE (613),  
SHELLEY MURPHY (684)

**Inspection No. /**

**No de l'inspection :** 2018\_668543\_0001

**Log No. /**

**No de registre :** 007610-17

**Type of Inspection /**

**Genre d'inspection:** Resident Quality Inspection

**Report Date(s) /**

**Date(s) du Rapport :** Jan 16, 2018

**Licensee /**

**Titulaire de permis :** Algoma Manor Nursing Home  
145 Dawson Street, THESSALON, ON, P0R-1L0

**LTC Home /**

**Foyer de SLD :** Algoma Manor Nursing Home  
145 Dawson Street, THESSALON, ON, P0R-1L0

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Pamela Ficociello

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To Algoma Manor Nursing Home, you are hereby required to comply with the following order(s) by the date(s) set out below:

**Order(s) of the Inspector**

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

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

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

**Order # /**

Ordre no : 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 136. (2) The drug destruction and disposal policy must also provide for the following:

1. That drugs that are to be destroyed and disposed of shall be stored safely and securely within the home, separate from drugs that are available for administration to a resident, until the destruction and disposal occurs.
2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.
3. That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
4. That drugs that are to be destroyed are destroyed in accordance with subsection (3). O. Reg. 79/10, s. 136 (2).

**Order / Ordre :**

The licensee shall ensure the following:

- a) the cupboard door where controlled substances and narcotics are stored is repaired in a manner, as to prevent tampering,
- b) the drug destruction box is double locked and secure, and,
- c) develop and implement a system to ensure controlled substances and narcotics for destruction are accounted for.

**Grounds / Motifs :**

1. Inspector #613 reviewed a Critical Incident (CI) report, which identified that there were numerous missing and unaccounted for controlled substances from the controlled substance cupboard in the medication room from a specific home area. The CI report revealed that the Interim Director of Care (DOC) and the Pharmacist unlocked the controlled substance cupboard in preparation for drug

destruction and observed that the Steri-cycle pail was not tightly secured and the tab around the secured strip appeared to have been altered. The CI report identified that the latch securing cupboard one to cupboard two of the locked destruction cupboard could be maneuvered manually to open the controlled cupboard without a key. An audit was conducted for a specific time period, of all controlled substances dispensed to the facility by the Pharmacist. After a review of all resident records, both active and deceased, over a specific time frame, it was determined that 166 controlled substances were unaccounted for.

A review of policy the titled, "Destruction and Disposal of Medications Related Supplies" last revised November 2017, identified that narcotic and controlled substances shall be stored in a double-locked storage area designated for surplus narcotic and controlled substances for destruction /disposal and shall be separate from any narcotic and controlled substance that was available for administration to a resident until the destruction and disposal occurred.

During an interview with Inspector #613, the Interim DOC indicated that the locked drug destruction cupboard had two doors that were connected with a latch between the doors. The interim DOC indicated that someone could put their hand or a device through the slot of the cupboard and manually lift the latch to open the cupboard door where the controlled substances were stored. The Interim DOC identified that one side of the cupboard contained the controlled substances for destruction and the other side of the cupboard contained the Steri-cycle pail. There was no divider in between the joining cupboard doors or the locked container. The Interim DOC indicated that the controlled substances and narcotic count sheets were dropped into an open cupboard through the slot in the cupboard door, and that there was no locked box. The Interim DOC verified that the drug destruction box was not double locked at the time of the incident.

During an interview with Inspector #613, the Interim DOC indicated that the locked drug destruction cupboard had two doors that were connected with a latch between the doors. The interim DOC indicated that someone could put their hand or a device through the slot of the cupboard and manually lift the latch to open the cupboard door where the controlled substances were stored. The Interim DOC identified that one side of the cupboard contained the controlled substances for destruction and the other side of the cupboard contained the Steri-cycle pail. There was no divider in between the joining cupboard doors or the locked container. The Interim DOC indicated that the controlled substances





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

**Order(s) of the Inspector**

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

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

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

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

and narcotic count sheets were dropped into an open cupboard through the slot in the cupboard door, and that there was no locked box. The Interim DOC verified that the drug destruction box was not double locked at the time of the incident.

The decision to issue a non-compliance order was based on the risk, which was determined to be actual harm or risk of harm to residents' health and safety; the scope, which was determined to be isolated, and the compliance history, which was unrelated to this specific area or the legislation.

(613)

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

**Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2018**



**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

### **REVIEW/APPEAL INFORMATION**

#### **TAKE NOTICE:**

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

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

The written request for review must include,

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

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

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



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

**Order(s) of the Inspector**

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

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

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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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

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

Health Services Appeal and Review Board and the Director

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

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

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



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

**Order(s) of the Inspector**

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

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

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

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

## **RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416 327-7603



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

**Order(s) of the Inspector**

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

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

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

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

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

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

À l'attention du/de la registrateur(e)  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 2T5

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 16th day of January, 2018**

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



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

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

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

**Name of Inspector /**

Tiffany Boucher

**Nom de l'inspecteur :**

**Service Area Office /**

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