



**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**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 24, 2017	2016_262523_0038	032582-15, 027162-16, 027164-16	Follow up

Licensee/Titulaire de permis

CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED
264 NORWICH AVENUE WOODSTOCK ON N4S 3V9

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

CARESSANT CARE FERGUS NURSING HOME
450 QUEEN STREET EAST FERGUS ON N1M 2Y7

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

ALI NASSER (523)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): October 26, 27, 28, 31, November 1, 2, 3, 4, 7, 8 and 9, 2016.

This was a Follow Up inspection to

Compliance Order # 003, under Log # 015931-16 and inspection #
2016_325568_0015 related to housekeeping services.

Compliance Order # 003, under Log # 019819-15 and inspection #
2015_448155_0020 related to maintenance services.

Compliance Order # 001 and # 002, under Log # 015931-16 and inspection #



2016_325568_0015 related to responsive behaviours.

**The following inspections were completed concurrently during this inspection:
Log # 024797-16, CIS # 2603-000030-16, related to alleged resident to resident
abuse.**

Log # 015973-16, CIS # 2603-000004-16, related to a resident fall.

Log # 015983-16, CIS # 2603-000011-16, related to a resident fall.

Log # 030691-16, CIS # 2603-000037-16, related to a resident fall.

Log # 029715-16, CIS # 2603-000034-16, related to a resident fall.

**Log # 024046-16, CIS # 2603-000028-16, related to alleged resident to resident
abuse.**

Log # 027922-16, Complaint # IL-46787-LO related to wound care.

Log # 020794-16, Complaint # IL-45667-LO related to resident care concerns.

Log # 020460-16, Complaint # IL-45482-LO, related to resident's rights.

Log # 020595-16, Complaint # IL-45589-LO, related to resident's rights.

Log # 025345-16, CIS # 2603-000031-16, related to alleged staff to resident abuse.

Log # 030603-16, CIS # 2603-000036-16, related to alleged staff to resident abuse.

Log # 023090-16, CIS # 2603-000026-16, related to alleged staff to resident abuse.

Log # 028925-16, CIS # 2603-000033-16, related to alleged staff to resident abuse.

Log # 023736-16, CIS # 2603-000027-16, related to alleged staff to resident abuse.

Log # 027124-16, CIS # 2603-000032-16, related to alleged staff to resident abuse.

Log # 019885-16, CIS # 2603-000016-16, related to alleged staff to resident abuse.

**Log # 021962-16, CIS # 2603-000024-16, related to alleged resident to resident
abuse.**

Log # 020856-16, CIS # 2603-000021-16 related to resident's suicidal attempt.

**Log # 028686-16, Complaint # IL-46685-LO, related to duty to protect, dealing with
complaints, responsive behaviours, the plan of care, weight changes and bathing.**

**PLEASE NOTE: A Written Notification and Compliance Order related to O. Reg.
79/10, s. 53(4), identified in concurrent inspection # 2016_538144_0078 (Log
#028686-16) will be issued in this report.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,
Resident Care Coordinator(RCC)/Acting Director of Nursing (ADON), Physician, RAI
Coordinator, Activity Coordinator, nine Registered staff members, two Behavioural
Support Ontario-Personal Support Worker, 24 Personal Support Workers and a Hair
Dresser.**



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The inspector(s) also conducted a tour of the home, observed residents and care provided to them, observed resident to resident and staff to resident interactions, reviewed clinical records, relevant meeting minutes and policies and procedures of the home.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

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

4 WN(s)

1 VPC(s)

4 CO(s)

1 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
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).	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15.
Accommodation services**

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).



Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment were kept clean and sanitary.

This was a Follow Up inspection to compliance order # 003, under Log # 015931-16 and inspection # 2016_325568_0015 with a compliance date of October 17, 2016.

The compliance order stated that the licensee shall ensure that the home's housekeeping policies and procedures include schedules for the following items; that these schedules/procedures are implemented; and that there is a process in place for monitoring the cleaning schedules to ensure that the home, furnishings and equipment are kept clean and sanitary. The compliance order included the cleaning of specified areas

1. Baseboards in all resident rooms, bathrooms and common areas
2. Floor stains in resident washrooms and tub rooms
3. Window screens in resident rooms and common areas
4. Cleaning/dusting of high level areas such as vents in common areas, resident rooms and washrooms; and skylights
5. High touch areas such as railings, door frames to resident rooms and washrooms
6. Washing and replacement of privacy curtains in resident rooms and tub rooms".

Observations on a certain date during the inspection showed specific residents' rooms and common areas to have stained flooring, heavy soiled areas, window screens were dirty with cobwebs, lights had what looked to be dead bugs inside on the light covers, one end of certain lights was black in colour, ceiling tiles were stained and privacy curtains were soiled.

In interviews staff acknowledged the above observations.

In an interview a staff member stated their acknowledgment that the compliance order was not complied with.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, the scope was widespread and there was a previous non-compliance in this area.

This non-compliance was previously issued as a:

Written Notification and a Compliance Order on August 4, 2016, inspection # 2016_325568_0015

Written Notification and a Compliance Order on August 18, 2015, inspection #



2015_448155_0020

Written Notification and a Voluntary Plan of Correction on November 24, 2014, inspection # 2014_202165_0029. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

This was a Follow Up inspection to Compliance Order # 003, under Log # 019819-15 and inspection # 2015_448155_0020 with a compliance date of June 30, 2016.

The Compliance Order instructed the home to develop a compliance plan. The plan was to include "what immediate and long term actions will be undertaken to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. The plan must also include who will be responsible to correct the areas of non-compliance and the dates for completion."

The licensee submitted the following plan:

- "a) The cracked and chipped flooring in the elevator will be replaced.
- b) The missing flooring in a common area will be replaced.
- c) The dry wall damage in common resident areas, resident rooms and bathrooms will be repaired.
- d) The tile wall in a common area will be repaired.
- e) Baseboards will be installed in certain residents' rooms.
- f) Baseboards in certain residents' rooms and common areas will be replaced.
- g) Wall protect in certain residents' rooms will be repaired.
- h) Corner protect on the door to a common area will be replaced.
- j) The maintenance person has a painting schedule that he follows each Tuesday. The common area doors and / or frames to certain rooms will be a priority.
- k) The flooring in certain rooms and common areas will be replaced/repared and caulked".

Observations on a certain date during the inspection with staff members showed that certain items from the above action plan were not completed.

In an interview staff members stated that the home's maintenance worker left the home earlier in the year and the home had worked hard on finding a replacement, this caused some delays in the maintenance work. The home recently hired a new maintenance



worker; in addition to that they have contracted workers to complete the pending work in the above plan.

Staff members acknowledged that some items in the plan were fixed but some were still being worked on and that the home did not comply with the Compliance order. They said that they plan to have work completed as per compliance plan in the next two to three weeks.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, the scope was widespread and there was previous noncompliance in this area.

This non-compliance was previously issued as a
Written Notification and a Compliance Order on November 6, 2015, inspection #
2015_448155_0020
Written Notification and a Compliance Order on November 24, 2014, inspection #
2014_202165_0029. [s. 15. (2) (c)]

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

DR # 001 – The above written notification is also being referred to the Director for further action by the Director.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

- s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,**
- (a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).**
 - (b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).**
 - (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).**

Findings/Faits saillants :

1. The licensee has failed to ensure that, for each resident demonstrating responsive behaviours, the behavioural triggers for the resident were identified, strategies were developed and implemented to respond to these behaviours and actions were taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions were documented.

A) Clinical record review for a specific resident identified the following:

- A certain assessment stated that the resident resisted care.
- A certain assessment stated that the resident was totally dependent on staff for certain care items and that there were no indications of behavioural symptoms.
- Multiple entries by nursing personnel at a certain period of time stated that the resident was refusing care and nursing staffs' re-approaches were unsuccessful.
- A progress note on a certain date stated a family member reporting that the resident may have refused certain activity due to a presence of two new male residents had been assigned to be at the same table.
- A progress note on a certain date stated that staff advised the family member that a female resident sitting at the same table as the resident on an unidentified date the week previous, had yelled at the resident and that the female resident had been relocated to an alternate table.
- Resident's care plan directed staff to keep certain item at bed side.

Staff members said in an interview that the resident demonstrated responsive behaviours including the refusal to attend a certain activity in a common areas, frequent refusals for various provisions of care.

Resident was observed by an inspector to perform certain activity away from the common area. The inspector toured the resident's room and observed the certain item was not stored at the bed side table.

Staff members acknowledged in an interview the above identified resident's behaviours, some staff members were not aware of an incident involving the resident with other residents in the common area that caused the resident to avoid attending the specific activity in the common room.

Further clinical record review for the resident stated that from a certain date to the date of inspection there was no documented actions and responses taken to reassess the resident's behaviours and identify the triggers for those behaviors. Varied interventions and resources were not used to gain resident's participation for potential reintroduction to a certain activity in the common area, acceptance of the provision of personal care and to ensure the availability of and appropriate use of certain supplies to meet the needs of the resident .

B) This was a Follow Up inspection to Compliance Order # 002, under Log # 015931-16 and inspection # 2016_325568_0015 with a compliance date of September 19, 2016.

The Compliance Order instructed the home to develop a compliance plan. The plan was to include the following:

1. What immediate and long term interventions/strategies would be implemented for a certain resident and any other resident exhibiting a similar type of behaviour to ensure their safety. How these interventions will be tracked and audited.
2. What immediate and long term interventions/strategies would be implemented for a certain resident to prevent further incidents of resident to resident abuse from occurring.
3. What procedures would be implemented for residents with patterns of and escalating aggressive behaviours. The procedures should include all possible interventions including access to internal/external supports, triggers and timing for referral to external specialists, access to High Intensity Needs funding for one to one staffing and preferred accommodation.

i) The home's compliance plan submitted to the Ministry of Health and Long-Term Care stated that:

“-if a resident was on Behavioural Support Ontario (BSO) caseload. If no improvements



refer to psychogeriatric consultant for consultation and Implement recommendations.
-These interventions will be tracked and audited by the BSO team.”

In an interview a staff members that identified resident had been assessed by BSO and interventions were put in place to address exit certain behaviours. It was shared that these interventions were being implemented and monitored by certain staff members. Staff members were not able to present any evidence of tracking and auditing of the interventions.

A staff member said in an interview that the monthly audits they were supposed to complete were not yet initiated for a specific two months period of time.

In an interview specific staff members acknowledged that a specific resident’s responsive behaviours did not improve with the interventions implemented by the home, they also said that they did not complete a referral to the psychogeriatric consultant to assess this specific resident.

The Staff members stated that they would expect a referral to the psychogeriatric consultant had been completed.

A staff member said in an interview that the action plan submitted by the home differs from the home’s policy related to resident behaviour management procedures.

The licensee failed to ensure that for each resident demonstrating responsive behaviours, the behavioural triggers were identified and strategies were developed and implemented to respond to these behaviours and actions were taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident’s responses to interventions were documented.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, the scope was a pattern and there was a previous history of noncompliance.

This non-compliance was previously issued as a:

Written Notification and a Compliance Order on August 4, 2016, inspection #
2016_325568_0015

Written Notification and a Compliance Order on November 24, 2014, inspection #
2014_202165_0029. [s. 53. (4)]



Additional Required Actions:

CO # - 003 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. 55. Behaviours and altercations

Every licensee of a long-term care home shall ensure that,

(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

(b) all direct care staff are advised at the beginning of every shift of each resident whose behaviours, including responsive behaviours, require heightened monitoring because those behaviours pose a potential risk to the resident or others. O. Reg. 79/10, s. 55.

Findings/Faits saillants :

1. The licensee has failed to ensure that procedures and interventions were developed and implemented to assist residents and staff who were at risk of harm or who were harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents.

This was a Follow Up inspection to Compliance Order # 001, under Log # 015931-16 and inspection # 2016_325568_0015 with a compliance date of September 19, 2016. The Compliance Order stated that "The licensee shall ensure that for certain residents and any other resident exhibiting behaviours that:

1. The behaviours, including responsive behaviours, are identified and there is a process in place to alert staff of those residents that pose a potential risk to themselves or others.
2. Procedures, strategies and interventions are developed and implemented to minimize the risk of altercations and potentially harmful interactions between and among residents.
3. The Behavioural Support team observations, identification of triggers, and suggested strategies/interventions to manage a resident's responsive behaviours are included in the resident's plan of care which is accessible to staff.

4. A monitoring process is in place to ensure that staff are aware of what resident's are high risk and whether interventions are being implemented.”

Certain staff members said in an interview that they were not able to present to the inspector procedures that were developed to minimize the risk of altercations and potentially harmful interactions between and among residents.

Staff interviews and clinical record review for a specific resident stated that resident had responsive behaviours, plan of care directed staff to complete checks on the resident at identified time intervals.

Clinical record review at a certain period of time showed that the checks were missed at certain times.

In an interview a staff member acknowledged the responsibility for monitoring the implementation of interventions through the monthly audits. On this day the staff member told inspector that the audits for certain 2 months had not been initiated.

The staff member acknowledged that the monitoring process for the implementation of interventions was not completed.

A staff member reviewed home's policy Resident Behaviour Management and said in an interview that they were unaware of any procedures, strategies and interventions that were developed to minimize the risk of altercations and potentially harmful interactions between and among residents.

The staff member said that they were not aware that the monthly audits were not completed and acknowledged that the Compliance Order was not fully complied with.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, the scope was a pattern and the home had a previous history of non-compliance.

This non-compliance was previously issued as a Written Notification and a Compliance Order on August 4, 2016, inspection # 2016_325568_0015. [s. 55.]



Additional Required Actions:

CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping
Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that procedures were developed and implemented for addressing incidents of lingering offensive odours.

Observations throughout the inspection and family interview acknowledged the presence of lingering offensive odours in resident's rooms and hallways.

A staff member said in an interview that they were unaware of a procedure in the home to address lingering offensive odours

During this inspection this non-compliance was found to have a severity level of minimal harm, the scope was a pattern and there was a previous noncompliance issued in a similar area. [s. 87. (2) (d)]

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 for addressing incidents of lingering offensive odours, to be implemented voluntarily.



**Ministry of Health and
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**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**

Issued on this 24th day of February, 2017

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

Original report signed by the inspector.



**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

**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

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : ALI NASSER (523)

Inspection No. /

No de l'inspection : 2016_262523_0038

Log No. /

Registre no: 032582-15, 027162-16, 027164-16

Type of Inspection /

Genre

d'inspection:

Follow up

Report Date(s) /

Date(s) du Rapport : Feb 24, 2017

Licensee /

Titulaire de permis :

CARESSANT-CARE NURSING AND RETIREMENT
HOMES LIMITED
264 NORWICH AVENUE, WOODSTOCK, ON, N4S-3V9

LTC Home /

Foyer de SLD :

CARESSANT CARE FERGUS NURSING HOME
450 QUEEN STREET EAST, FERGUS, ON, N1M-2Y7

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : CATHY COOK

To CARESSANT-CARE NURSING AND RETIREMENT HOMES LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # /
Ordre no : 001

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

Linked to Existing Order /
Lien vers ordre 2016_325568_0015, CO #003;
existant:

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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).

Order / Ordre :

The home shall ensure that there is a process developed and implemented for the scheduled cleaning of the home, furnishings and equipment including window screens, light covers, ceiling tiles, privacy curtains, flooring and baseboards in resident rooms, bathrooms and common areas.

The home shall ensure a monitoring process is developed and implemented including the staff responsible for monitoring to ensure that the home, furnishings and equipment are kept clean and sanitary.

Grounds / Motifs :

1. The licensee has failed to ensure that the home, furnishings and equipment were kept clean and sanitary.

This was a Follow Up inspection to compliance order # 003, under Log # 015931-16 and inspection # 2016_325568_0015 with a compliance date of October 17, 2016.

The compliance order stated that "The licensee shall ensure that the home's housekeeping policies and procedures include schedules for the following items; that these schedules/procedures are implemented; and that there is a process in place for monitoring the cleaning schedules to ensure that the home, furnishings and equipment are kept clean and sanitary:

1. Baseboards in all resident rooms, bathrooms and common areas

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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

2. Floor stains in resident washrooms and tub rooms
3. Window screens in resident rooms and common areas
4. Cleaning/dusting of high level areas such as vents in common areas, resident rooms and washrooms; and skylights
5. High touch areas such as railings, door frames to resident rooms and washrooms
6. Washing and replacement of privacy curtains in resident rooms and tub rooms

”

Observations on a certain date during the inspection showed specific residents' rooms and common areas to have stained flooring, heavy soiled areas, window screens were dirty with cobwebs, lights had what looked to be dead bugs inside on the light covers, one end of certain lights was black in colour, ceiling tiles were stained and privacy curtains were soiled.

In interviews staff acknowledged the above observations.

In an interview a staff member stated their acknowledgment that the compliance order was not complied with.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, the scope was widespread and there was a previous non compliance in this area.

This non-compliance was previously issued as a:

Written Notification and a Compliance Order on August 4, 2016, inspection # 2016_325568_0015

Written Notification and a Compliance Order on August 18, 2015, inspection # 2015_448155_0020

Written Notification and a Voluntary Plan of Correction on November 24, 2014, inspection # 2014_202165_0029. [s. 15. (2) (a)]

(523)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2017

Order # /
Ordre no : 002 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre 2015_448155_0020, CO #003;
existant:

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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).

Order / Ordre :

The home shall ensure that a process is developed and implemented that identifies which staff are responsible for the monitoring and ensuring the home, furnishings and equipment are in a safe condition and in a good state of repair.

Grounds / Motifs :

1. The licensee has failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

This was a Follow Up inspection to Compliance Order # 003, under Log # 019819-15 and inspection # 2015_448155_0020 with a compliance date of June 30, 2016.

The Compliance Order instructed the home to develop a compliance plan. The plan was to include "what immediate and long term actions will be undertaken to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. The plan must also include who will be responsible to correct the areas of non-compliance and the dates for completion."

The licensee submitted the following plan:

- "a) The cracked and chipped flooring in the elevator will be replaced.
- b) The missing flooring in a common area will be replaced.

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

- c) The dry wall damage in common resident areas, resident rooms and bathrooms will be repaired.
- d) The tile wall in a common area will be repaired.
- e) Baseboards will be installed in certain residents' rooms.
- f) Baseboards in certain residents' rooms and common areas will be replaced.
- g) Wall protect in certain residents' rooms will be repaired.
- h) Corner protect on the door to a common area will be replaced.
- j) The maintenance person has a painting schedule that he follows each Tuesday. The common area doors and / or frames to certain rooms will be a priority.
- k) The flooring in certain rooms and common areas will be replaced/repared and caulked".

Observations on a certain date during the inspection with staff members showed that certain items from the above action plan were not completed.

In an interview staff members stated that the home's maintenance worker left the home earlier in the year and the home had worked hard on finding a replacement, this caused some delays in the maintenance work. The home recently hired a new maintenance worker; in addition to that they have contracted workers to complete the pending work in the above plan.

Staff members acknowledged that some items in the plan were fixed but some were still being worked on and that the home did not comply with the Compliance order. They said that they plan to have work completed as per compliance plan in the next two to three weeks.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, the scope was widespread and there was previous noncompliance in this area.

This non-compliance was previously issued as a
Written Notification and a Compliance Order on November 6, 2015, inspection #
2015_448155_0020

Written Notification and a Compliance Order on November 24, 2014, inspection
2014_202165_0029. [s. 15. (2) (c)]
(523)



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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

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2017

Order(s) of the InspectorPursuant 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 :** 003**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre
existant:** 2016_325568_0015, CO #002;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

- (a) the behavioural triggers for the resident are identified, where possible;
- (b) strategies are developed and implemented to respond to these behaviours, where possible; and
- (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Order / Ordre :

The licensee shall ensure there is a process developed and implemented for certain residents and all residents demonstrating responsive behaviours to ensure that strategies have been developed and implemented to respond to the residents responsive behaviours.

The process shall include staff roles and responsibilities including which staff are responsible for monitoring the implementation of strategies.

Grounds / Motifs :

1. The licensee has failed to ensure that, for each resident demonstrating responsive behaviours, the behavioural triggers for the resident were identified, strategies were developed and implemented to respond to these behaviours and actions were taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions were documented.

A) Clinical record review for a specific resident identified the following:

- A certain assessment stated that the resident resisted care.
- A certain assessment stated that the resident was totally dependent on staff for certain care items and that there were no indications of behavioural symptoms.
- Multiple entries by nursing personnel at a certain period of time stated that the

resident was refusing care and nursing staffs' re-approaches were unsuccessful.

- A progress note on a certain date stated a family member reporting that the resident may have refused certain activity due to a presence of two new male residents had been assigned to be at the same table.
- A progress note on a certain date stated that staff advised the family member that a female resident sitting at the same table as the resident on an unidentified date the week previous, had yelled at the resident and that the female resident had been relocated to an alternate table.
- Resident's care plan directed staff to keep certain item at bed side.

Staff members said in an interview that the resident demonstrated responsive behaviours including the refusal to attend a certain activity in a common areas, frequent refusals for various provisions of care.

Resident was observed by an inspector to perform certain activity away from the common area. The inspector toured the resident's room and observed the certain item was not stored at the bed side table.

Staff members acknowledged in an interview the above identified resident's behaviours, some staff members were not aware of an incident involving the resident with other residents in the common area that caused the resident to avoid attending the specific activity in the common room.

Further clinical record review for the resident stated that from a certain date to the date of inspection there was no documented actions and responses taken to reassess the resident's behaviours and identify the triggers for those behaviors. Varied interventions and resources were not used to gain resident's participation for potential reintroduction to a certain activity in the common area, acceptance of the provision of personal care and to ensure the availability of and appropriate use of certain supplies to meet the needs of the resident .

B) This was a Follow Up inspection to Compliance Order # 002, under Log # 015931-16 and inspection # 2016_325568_0015 with a compliance date of September 19, 2016.

The Compliance Order instructed the home to develop a compliance plan. The plan was to include the following:

1. What immediate and long term interventions/strategies would be implemented for a certain resident and any other resident exhibiting a similar type of behaviour to ensure their safety. How these interventions will be tracked and audited.
2. What immediate and long term interventions/strategies would be implemented for a certain resident to prevent further incidents of resident to resident abuse from occurring.
3. What procedures would be implemented for residents with patterns of and escalating aggressive behaviours. The procedures should include all possible interventions including access to internal/external supports, triggers and timing for referral to external specialists, access to High Intensity Needs funding for one to one staffing and preferred accommodation.

i) The home's compliance plan submitted to the Ministry of Health and Long-Term Care stated that:

“-if a resident was on Behavioural Support Ontario (BSO) caseload. If no improvements refer to psychogeriatric consultant for consultation and Implement recommendations.

-These interventions will be tracked and audited by the BSO team.”

In an interview a staff members that identified resident had been assessed by BSO and interventions were put in place to address exit certain behaviours. It was shared that these interventions were being implemented and monitored by certain staff members. Staff members were not able to present any evidence of tracking and auditing of the interventions.

A staff member said in an interview that the monthly audits they were supposed to complete were not yet initiated for a specific two months period of time.

In an interview specific staff members acknowledged that a specific resident's responsive behaviours did not improve with the interventions implemented by the home, they also said that they did not complete a referral to the psychogeriatric consultant to assess this specific resident.

The Staff members stated that they would expect a referral to the psychogeriatric consultant had been completed.

A staff member said in an interview that the action plan submitted by the home differs from the home's policy related to resident behaviour management procedures.

The licensee failed to ensure that for each resident demonstrating responsive



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behaviours, the behavioural triggers were identified and strategies were developed and implemented to respond to these behaviours and actions were taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions were documented.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, the scope was a pattern and there was a previous history of noncompliance.

This non-compliance was previously issued as a:

Written Notification and a Compliance Order on August 4, 2016, inspection # 2016_325568_0015

Written Notification and a Compliance Order on November 24, 2014, inspection # 2014_202165_0029. [s. 53. (4)] (523)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Mar 31, 2017

Order(s) of the InspectorPursuant to section 153 and/or
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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 :** 004**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre
existant:** 2016_325568_0015, CO #001;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 55. Every licensee of a long-term care home shall ensure that,
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and
(b) all direct care staff are advised at the beginning of every shift of each resident whose behaviours, including responsive behaviours, require heightened monitoring because those behaviours pose a potential risk to the resident or others. O. Reg. 79/10, s. 55.

Order / Ordre :

The licensee shall ensure that procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents.

Grounds / Motifs :

1. The licensee has failed to ensure that procedures and interventions were developed and implemented to assist residents and staff who were at risk of harm or who were harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents.

This was a Follow Up inspection to Compliance Order # 001, under Log # 015931-16 and inspection # 2016_325568_0015 with a compliance date of September 19, 2016.

The Compliance Order stated that "The licensee shall ensure that for certain residents and any other resident exhibiting behaviours that:

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1. The behaviours, including responsive behaviours, are identified and there is a process in place to alert staff of those residents that pose a potential risk to themselves or others.
2. Procedures, strategies and interventions are developed and implemented to minimize the risk of altercations and potentially harmful interactions between and among residents.
3. The Behavioural Support team observations, identification of triggers, and suggested strategies/interventions to manage a resident's responsive behaviours are included in the resident's plan of care which is accessible to staff.
4. A monitoring process is in place to ensure that staff are aware of what resident's are high risk and whether interventions are being implemented.”

Certain staff members said in an interview that they were not able to present to the inspector procedures that were developed to minimize the risk of altercations and potentially harmful interactions between and among residents.

Staff interviews and clinical record review for a specific resident stated that resident had responsive behaviours, plan of care directed staff to complete checks on the resident at identified time intervals.

Clinical record review at a certain period of time showed that the checks were missed at certain times.

In an interview a staff member acknowledged the responsibility for monitoring the implementation of interventions through the monthly audits. On this day the staff member told inspector that the audits for certain 2 months had not been initiated.

The staff member acknowledged that the monitoring process for the implementation of interventions was not completed.

A staff member reviewed home's policy Resident Behaviour Management and said in an interview that they were unaware of any procedures, strategies and interventions that were developed to minimize the risk of altercations and potentially harmful interactions between and among residents.

The staff member said that they were not aware that the monthly audits were not completed and acknowledged that the Compliance Order was not fully complied with.



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

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, the scope was a pattern and the home had a previous history of non-compliance.

This non-compliance was previously issued as a
Written Notification and a Compliance Order on August 4, 2016, inspection #
2016_325568_0015. [s. 55.]
(523)

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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

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

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

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
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



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

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

Health Services Appeal and Review Board and the Director

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

Director
c/o Appeals Coordinator
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.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

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

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

La demande de réexamen doit contenir ce qui suit :

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

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

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

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



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

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

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

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

Issued on this 24th day of February, 2017

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Ali Nasser

Service Area Office /

Bureau régional de services : London Service Area Office