



**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**

**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**

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 1, 2015	2015_298557_0005	T-9715-14	Complaint

Licensee/Titulaire de permis

Chartwell Master Care LP
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

AURORA RESTHAVEN
32 MILL STREET AURORA ON L4G 2R9

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

VALERIE PIMENTEL (557)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): March 31 and April 1, 2015

Inspection of complaint #9715-14

During the course of the inspection, the inspector(s) spoke with administrator, assistant director of care (ADOC), social service worker (SSW), environmental service manager (ESM), laundry aid, registered nursing staff, personal support workers (PSW), substitute decision maker (SDM) and receptionist

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Reporting and Complaints

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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. 101. Dealing with complaints
Specifically failed to comply with the following:

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

3. A response shall be made to the person who made the complaint, indicating,

- i. what the licensee has done to resolve the complaint, or**
- ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).**



Findings/Faits saillants :

1. The licensee failed to ensure that for every written complaint made to the licensee or a staff member concerning the care of a resident that a response has been made to the person who made the complaint, indicating: what the licensee has done to resolve the complaint.

On a specified date resident #1's family member submitted an email to the social service worker (SSW) identifying the loss of personal items while the resident was admitted to the home. The SSW initiated an email trail to the administrator, ADOC, housekeeping supervisor and ESM indicating the loss of items. A Resident or Family Feedback Form was initiated by the SSW identifying the housekeeping supervisor was to follow up and speak with the spouse, this report was signed off by SSW and administrator on December 10, 2014, indicating follow-up was completed.

Record review and an email from resident #1's family member confirmed that the resident had a specified adaptive aide. Upon admission a PSW completed an "Inventory On Admission" form identifying the items brought into the home. This form did not indicate the resident had a specified adaptive aide however there was other documentation to support the resident's use of his/her specified adaptive aide. After the resident was discharged from the home, staff found some of the missing items and the family member was contacted to pick the items up, the specified adaptive aide was not searched for according to the ESM.

Interviews with the ADOC, ESM and SSW confirmed the investigation was not completed and there was no follow through in regards to the missing specified adaptive aide. The home did not provide a response to the complainant indicating what has been done to resolve the complaint.



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Issued on this 3rd day of June, 2015

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

Original report signed by the inspector.