



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Table with 3 columns: Date(s) of Inspection, Inspection No, Type of Inspection. Row 1: Oct 3, 4, 5, 6, 7, 11, 12, 13, 14, 26, 28, 31, Nov 3, 23, 2011; 2011\_024137\_0042; Resident Quality Inspection

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

CHATEAU GARDENS ELMIRA LONG TERM CARE CENTRE
11 Herbert Street, Elmira, ON, N3B-2B8

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

MARIAN MACDONALD (137), DIANNE WILBEE (170), SHARON PERRY (155)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Administrator/Nutrition Manager, Corporate Nurse Consultant, Corporate Dietary Consultant, Nurse Manager, RAI Coordinator, Program Manager, Environmental Services Manager, Office Manager, 2 Registered Nurses, 4 Registered Practical Nurses, 8 Personal Support Workers, 2 Housekeepers, physiotherapist aide, program aide, restorative care aide, 2 dietary aides, 3 family members, 1 volunteer and 38 residents.

During the course of the inspection, the inspector(s) toured the Home Areas, reviewed residents' clinical records, observed residents, observed the lunch meal and snack service programs, reviewed relevant policies and procedures, observed a medication administration pass, reviewed staffing schedules, food temperature records and observed medication storage areas.

The following Inspection Protocols were used during this inspection:

- Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Admission Process



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Contenance Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Food Quality

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Skin and Wound Care

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

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

Legend

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

Legendé

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités

<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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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. 8. Policies, etc., to be followed, and records Specifically failed to comply with the following subsections:**

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

**Findings/Faits saillants :**

1. An identified resident sustained three falls. As per Policy Number NUR-V-66 Falls-Resident, it states that in the event of a fall the Nurse Manager will: #3 Notify physician of incident. This notification may be delayed until a reasonable hour of the morning, if there is no apparent injury. As of October 14, 2011, the physician had not been notified of these falls.
2. Restraint Policy #'s NUR-V-130 and 132 are not complied with as there was no documented evidence of a current physician's order and no documented evidence of consent obtained from POA for an identified resident.

[O. Reg. 79/10, s.8(1)(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 as the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, is complied with, to be implemented voluntarily.**

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**

Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
  2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
  3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
  4. Monitoring of all residents during meals.
  5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
  6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
  7. Sufficient time for every resident to eat at his or her own pace.
  8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
  9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
  10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
  11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).
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**Findings/Faits saillants :**

1. Policy # NUR-III-12 Eating Assistance - Tray, Assistive or Complete CORPORATE PROCEDURES
8. To feed a resident:  
(c) Sit beside and slightly in front of the resident at such an angle that good eye contact can be made. The person doing the feeding will be at or slightly below the resident's eye level.
2. A nursing staff member was observed standing while giving juice to an identified resident. The staff member was standing above the resident and to the back of the resident's wheelchair. The staff member was talking with other staff and a visitor while giving the juice to the resident. There was no conversation to the resident about taking a drink or what the drink was.
3. Administrator shared that there is not a formal process for reviewing the dining and snack process with residents. This has been discussed with the Dietary Consultant and, from this discussion, it was determined there should be a menu change and meal times should be discussed. There is a Long Term Care Dietary Meeting scheduled for October 19, 2011 to discuss this.
4. A nursing staff member was observed standing while feeding fluids and pudding to an identified resident in a TV lounge.
5. A nursing staff member was observed standing while giving juice to an identified resident. The resident was seated properly but the nursing staff member was standing above the resident's eye level.
6. A nursing staff member was observed standing while feeding lunch to an identified resident who was in bed.
7. A nursing staff member was observed standing while giving orange juice to an identified resident. The same nursing staff member was observed standing while giving juice to another identified resident and the juice was being given rather quickly.

[O. Reg. 79/10, s.73(1) 10]

***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 proper techniques are used to assist residents with eating, including safe positioning of residents who require assistance, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes**

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

**(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;**

**(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and**

**(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.**

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**Findings/Faits saillants :**

1. The Home's Restraint Policy indicates that the initial application and on-going use of a restraint must be in the form of a written order from the attending physician. There is no evidence of a current physician order for a restraint for an identified resident.

[O. Reg. 79/10, s.134(c)]

2. A record review for an identified resident was completed. There was no documented evidence that the effectiveness of a medication was evaluated on the back of the Medication Administration Record on nine occasions in October, 2011. There was no documented evidence that the effectiveness of the medication was evaluated in the progress notes on three occasions in October, 2011.

[ O. Reg. 79/10, s.134(a)]

3. The quarterly medication review, for an identified resident, was completed May 29, 2011 for the period April 1 -June 30, 2011. The quarterly med review for the period of July 1, 2011 to September 30, 2011 was on the resident's chart but had not been reviewed by physician. The quarterly medication review for Oct 1, 2011 to Dec 31, 2011 was on the chart but had not been reviewed by physician.

O. Reg. 79/10, s.134(c)]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement**  
Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:

1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
  - i. the matters referred to in paragraph 3,
  - ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
  - iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

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**Findings/Faits saillants :**

1. There is no documented evidence that the home maintains a record of communication to the Residents' Council regarding the quality of the accommodation, care, services, programs and goods provided to residents.

[O. Reg. 79/10, s.228(4)(iii)]

2. There is no documented evidence that the home maintains a record of improvement to the quality of the accommodation, care, services, programs and goods provided residents.

[O. Reg. 79/10, s.228(4)(ii)]

3. The Administrator confirmed that improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents are not communicated to the Residents' Council.

[O. Reg. 79/10, s.228(3)]

4. There is no documented evidence that the home maintains a record of improvement to the quality of the accommodation, care, services, programs and goods provided residents.

[O. Reg. 79/10, s.228(4)(i)]

5. There is no documented evidence, in the Residents' Council Meeting Minutes (August 23, 2010 - September 14, 2011) or in the Departmental Monthly Quality Reports, that improvements are communicated to the Residents' Council.

[O. Reg. 79/10, s.228(3)]

6. Administrator shared that there is no formal process for communicating this information to the Residents' Council. Administrator shared that this would be communicated on a monthly basis.

[O. Reg. 79/10, s.228(3)]

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

Specifically failed to comply with the following subsections:

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

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

1. A nursing inspector observed the inventory of the vaccine fridge and there was no tuberculosis solution available for completing step one or step two TB tests.
2. A nursing inspector observed the inventory of the vaccine fridge and there was no supply of pneumovax or Td vaccine on hand.
3. 3/5 resident immunization records were reviewed and found no documented evidence that pneumovax was administered.
- 4/5 resident immunization records were reviewed and found no documented evidence that tetanus and diphtheria were administered.
4. There is no documented evidence that 4/5 residents received tuberculosis screening prior to admission or within 14 days of being admitted to the home.

[O. Reg. 79/10, s.229(10) 1 and 3]

**Additional Required Actions:**

*VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure residents admitted to the home are screened for tuberculosis within 14 days and to ensure residents are offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website, to be implemented voluntarily.*

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**WN #6:** The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31. Restraining by physical devices

Specifically failed to comply with the following subsections:

s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:

1. There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained.
2. Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1.
3. The method of restraining is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable methods that would be effective to address the risk referred to in paragraph 1.
4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining.
5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.
6. The plan of care provides for everything required under subsection (3). 2007, c. 8, s. 31 (2).

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**Findings/Faits saillants :**

1. There is no documented evidence of a signed consent by the POA, as per the home's restraint policy. Two registered staff members were unable to locate a written consent for restraint use for an identified resident.

[LTCHA, 2007, S.O. 2007, c.8, s.31(2)5]

2. There is no current physician order for the application of a restraint for an identified resident.

[LTCHA, 2007, S.O. 2007, c.8, s.31(2)4]

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**WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.**



Specifically failed to comply with the following subsections:

s. 78. (2) The package of information shall include, at a minimum,

- (a) the Residents' Bill of Rights;
- (b) the long-term care home's mission statement;
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
- (d) an explanation of the duty under section 24 to make mandatory reports;
- (e) the long-term care home's procedure for initiating complaints to the licensee;
- (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;
- (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;
- (h) the name and telephone number of the licensee;
- (i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91
- (1) for each type of accommodation offered in the long-term care home;
- (j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;
- (k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;
- (l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;
- (m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;
- (n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;
- (o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;
- (p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;
- (q) an explanation of the protections afforded by section 26; and
- (r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

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**Findings/Faits saillants :**

1. On review of the admission package a disclosure of any non-arm's length relationships that exist between the licensee and other providers who offer care, services, programs or goods to residents. It was confirmed by the Administrator and the Business Manager that the admission package did not include a disclosure of any non-arms length relationships that exist between the licensee and other providers who offer care, services, programs or goods to residents.

[LTCHA, 2007, S.O. 2007, c.8, s.78(2)(n)]

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**WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**

Specifically failed to comply with the following subsections:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

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**Findings/Faits saillants :**

1. The Administrator confirmed that the results of the survey had not been made available to the Residents' Council, to seek their advice.

[LTCHA, 2007, S.O. 2007, c.8, s.85(4)(a)]

2. The survey is developed at a Corporate level, without seeking the advice of the Residents' Council, and the survey is distributed by the Home.

3. Administrator shared that the Satisfaction Survey is done nationally for all the Chartwell Homes across Canada and is done by an outside firm. For the year 2011, the residents did not have input into the survey.

4. The Nurse Manager was not aware of there being a resident satisfaction survey, commented and showed inspector the posted complaint procedure which is posted in the main hallway near the front reception desk.

[LTCHA, 2007, S.O. 2007, c.8, s.85(3)]

5. An identified resident has not seen results of a Satisfaction Survey. The same resident recalled filling out a survey.

[LTCHA, 2007, S.O. 2007, c.8, s.85(4)(a)]

6. An identified resident was not aware of any resident involvement with the Satisfaction Survey. The resident thinks the Program Manager may deal with this.

[LTCHA, 2007, S.O. 2007, c.8, s.85(3)]

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**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device**

Specifically failed to comply with the following subsections:

s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:

1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class.
  2. That staff apply the physical device in accordance with any instructions specified by the physician or registered nurse in the extended class.
  3. That the resident is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose.
  4. That the resident is released from the physical device and repositioned at least once every two hours. (This requirement does not apply when bed rails are being used if the resident is able to reposition himself or herself.)
  5. That the resident is released and repositioned any other time when necessary based on the resident's condition or circumstances.
  6. That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances. O. Reg. 79/10, s. 110 (2).
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**Findings/Faits saillants :**

1. A Registered Staff member confirmed that registered staff are to sign the restraint monitoring records at the end of each shift, indicating that restraint monitoring was completed.
2. There is evidence of incomplete monitoring documentation and missing entries on several occasions, by both Personal Support Workers and Registered Staff, on the Restraint Monitoring Records for an identified resident.

[O.Reg. 79/10, s.110(2)3]

3. The restraint order for an identified resident is not current.

[O. Reg. 79/10, s.110(2)1]

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

Specifically failed to comply with the following subsections:

- 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
  - (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).
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**Findings/Faits saillants :**

1. Benzodiazepines are kept in a container in each appropriate resident's compartment in the medication cart but are not double locked.
2. RPN shared that the locked bin on the medication cart is used mostly for Hydromorphone, Fentanyl and Tylenol #2. Benzodiazepines are not stored in this locked bin. Benzodiazepines were observed in containers in each of three resident's compartments in the First Floor medication cart.
3. An identified resident receives Oxazepam (Serax) 30 mg one tablet po at bedtime. Serax is in the regular strip package with other bedtime medications and is not stored in a separate locked area within the locked medication cart. An identified resident has an order for Ativan Sublingual 0.5 mg one tablet PRN. These pills were in a pill bottle in the medication cart in the resident's compartment with strip packages. The medication is not stored in a separate locked area within the locked medication cart.

[O. Reg. 79/10, s.129(1)(b)]

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**WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.
2. Access to these areas shall be restricted to,
  - i. persons who may dispense, prescribe or administer drugs in the home, and
  - ii. the Administrator.
3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

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**Findings/Faits saillants :**

1. Upon reviewing resident records at second floor nurses' desk, the nursing inspector observed a set of keys on the desk on October 14, 2011. One of the keys was clearly marked "MED KEY". There was no staff in attendance. It was brought to the attention of the Administrator who confirmed the key was to the medication room. Inspector and Administrator visited second floor medication room and the key did allow them access to the medication room.

[O. reg. 79/10, s.130(2)(l)]

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**WN #12: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

2. Every resident has the right to be protected from abuse.

3. Every resident has the right not to be neglected by the licensee or staff.

4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

5. Every resident has the right to live in a safe and clean environment.

6. Every resident has the right to exercise the rights of a citizen.

7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.

9. Every resident has the right to have his or her participation in decision-making respected.

10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.

11. Every resident has the right to,

i. participate fully in the development, implementation, review and revision of his or her plan of care,

ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,

iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and

iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.

12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.

13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.

16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.

17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,

i. the Residents' Council,

ii. the Family Council,

iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,

iv. staff members,

v. government officials,

vi. any other person inside or outside the long-term care home.

18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.

19. Every resident has the right to have his or her lifestyle and choices respected.

20. Every resident has the right to participate in the Residents' Council.

21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

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

**Findings/Faits saillants :**

1. A Registered Staff member was observed giving report at the desk to a Personal Support Worker and a Health Care Aide. The Registered Staff member was sharing personal health information of residents that could be overheard by others. There were 4 residents seated in the lounge and one resident near the desk. All three inspectors observed report being given in this same manner, at both nursing desks, during the inspection.

[LTCHA, 2007, S.O. 2007, c.8, s.3(1)11.iv]

Issued on this 23rd day of November, 2011

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

*Marian C. Donaldson*