



**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
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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
Jan 31, 2013	2013_184124_0001	O-000009- 13	Resident Quality Inspection

Licensee/Titulaire de permis

**CARVETH NURSING HOME LIMITED
375 JAMES STREET, GANANOQUE, ON, K7G-2Z1**

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

**CARVETH CARE CENTRE
375 JAMES STREET, GANANOQUE, ON, K7G-2Z1**

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

LYNDA HAMILTON (124), JANET MCPARLAND (142), PAUL MILLER (143)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 14th-18th and 21st-25th, 2013.

During the course of the inspection, the inspector(s) spoke with Residents, the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Office Manager, Food Services Supervisor, Environmental Services Manager, Business Manager, Office Assistant, RAI Co-ordinator, dietary staff, housekeeping staff and families.

During the course of the inspection, the inspector(s) completed walking tour of the home, observed resident dining, staff-resident interactions, residents receiving programs and services, medication administration, reviewed resident health records and home's policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Food Quality

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining



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Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Resident Charges

Residents' Council

Responsive Behaviours

Skin and Wound Care

Sufficient Staffing

Trust Accounts

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3.
Residents' Bill of Rights**



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Specifically failed to comply with the following:

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. 2007, c. 8, s. 3 (1).

2. Every resident has the right to be protected from abuse. 2007, c. 8, s. 3 (1).

3. Every resident has the right not to be neglected by the licensee or staff. 2007, c. 8, s. 3 (1).

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. 2007, c. 8, s. 3 (1).

5. Every resident has the right to live in a safe and clean environment. 2007, c. 8, s. 3 (1).

6. Every resident has the right to exercise the rights of a citizen. 2007, c. 8, s. 3 (1).

7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care. 2007, c. 8, s. 3 (1).

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).

9. Every resident has the right to have his or her participation in decision-making respected. 2007, c. 8, s. 3 (1).

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. 2007, c. 8, s. 3 (1).

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



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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. 2007, c. 8, s. 3 (1).

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. 2007, c. 8, s. 3 (1).

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. 2007, c. 8, s. 3 (1).

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. 2007, c. 8, s. 3 (1).

15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day. 2007, c. 8, s. 3 (1).

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. 2007, c. 8, s. 3 (1).

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. 2007, c. 8, s. 3 (1).

18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home. 2007, c. 8, s. 3 (1).

19. Every resident has the right to have his or her lifestyle and choices respected. 2007, c. 8, s. 3 (1).

20. Every resident has the right to participate in the Residents' Council. 2007, c. 8, s. 3 (1).



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21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy. 2007, c. 8, s. 3 (1).
22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available. 2007, c. 8, s. 3 (1).
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. 2007, c. 8, s. 3 (1).
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. 2007, c. 8, s. 3 (1).
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so. 2007, c. 8, s. 3 (1).
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. 2007, c. 8, s. 3 (1).
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).

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

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :



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1. The licensee failed to comply with the LTCHA 2007, s.3.(1)(21) in that the resident's right to meet privately with a person was not respected.

On January 15th 2013, while conducting an interview with resident #30, four PSWs entered the resident's closed bedroom door without obtaining the resident's permission to enter and proceeded to make the residents' beds.

On January 16th, 2013 while conducting an interview with resident #32, one PSW entered the resident's closed bedroom door without obtaining the resident's permission to enter and proceeded to make the residents' beds. [s. 3. (1)]

2. The licensee failed to comply with the LTCHA 2007, s.3.(1)8. in that the resident's right to be afforded privacy in treatment was not respected.

On January 22, 2013 from 1115 hours to 1530 hours residents were observed receiving dental care in the Rainforest Activation Room. It was noted that the door to the room was open which allowed visitors, family and staff to observe dental care being provided. Staff #100 provided inspector #143 with a list of ten residents scheduled for dental care on January 22, 2013. Staff #100 indicated that residents receive dental examinations, cleanings, extractions and fillings by the Multi-gen dentist.

The licensee has failed to comply with the Long Term Care Homes Act 2007 section 3.(1)8. by not affording privacy in treatments received. [s. 3. (1) 8.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the residents' rights to meet privately with a person and to be afforded privacy in treatment are respected, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



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Specifically failed to comply with the following:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



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1. The licensee failed to comply with O. Reg. 79/10, s. 8. (1) in that the licensee did not ensure that the policies regarding the medication management system, O Reg. 79/10 s.114 were complied with.

The home's Medication Policy, "B-10" revised on February 2010, stated that "Discontinued drugs are stored in medication room in "discontinued bucket".

The discontinued medication for three deceased residents, #27, #24 and #25 and one current resident #16 was found stored in the medication cupboard on one of the home areas. It was also observed that resident #26 had an expired narcotic located in the top drawer of the medication cart located on one of the home areas. [s. 8. (1)]

2. On January 24, 2013, a medication with an expiry date of November 2012 were found in the medication bin for Resident #10.

The Director of Care and the Assistant Director of Care advised the inspectors that the home considers discontinued medication and expired medication to be the same.

The home has not followed their medication policy and procedure related to discontinued medications by not removing them from the current resident inventory. [s. 8. (1)]

3. The licensee failed to comply with O. Reg. 79/10, s. 8. (1) in that the licensee did not ensure that the policy regarding the administration of medication was complied with.

The home's Medication Policy, Procedure 16, states that the nurse is to remain with the resident until all medication is taken.

On January 22, 2013, staff member #S107 was observed administering a narcotic to resident #17. This staff member gave the medication cup containing the narcotic to the resident. Staff member #S107 did not remain with the resident until all the medication was taken. Staff #S107 was observed documenting on the Medication Administration Record that the medication had been administered.

Resident #17 reported to the inspector that registered staff always leave the medication for the resident to take on his/her own. [s. 8. (1)]

4. The licensee failed to comply with O. Reg. 79/10, s. 8. (1) in that the licensee did



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not ensure that the policy regarding the discarding of the used strip packaging.

The home's "Discarding Used Strip Packaging" policy stated that the strip packaging waste should not be discarded in the general trash. To protect the privacy of the residents, it should be placed in an area for shredding at a later date."

On January 22, 2013, inspector 143 observed staff member #S107 dispose of strip packaging for resident #17 in the regular garbage. This strip pack contained personal health information identifying the resident as a resident of Carveth Nursing Home as well as the type of medication to be administered.

On January 24, 2013, inspector 143 observed staff member #S110 dispose of strip packaging for residents #28 and #29 in the garbage bin attached to the medication cart. This strip package contained resident personal health information and as per the policy this package should have been placed in area to be shredded. [s. 8. (1)]

5. On January 22, 2013, inspector 124 observed staff member #S121 dispose of strip packaging in the garbage bin attached to the medication cart.

Staff member #S121 reported to the inspector that the strip packaging goes into the regular garbage.

On January 23, inspector 142 observed staff member #S113 dispose of strip packaging for resident #21 and #22 in the garbage bin attached to the medication cart. Staff member reported that that the strip packaging goes into the regular garbage. (142) [s. 8. (1)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the policies related to the management of discontinued medication, administration of medication and the disposal of used strip packaging are complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services



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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. It was observed on Tuesday, January 15, 2013 that resident #4's front closing seatbelt was stained with a food/fluid like substance. On Thursday, January 17, 2013 resident #3's and #12's front closing seatbelts were also observed to be stained with a food/fluid like substance. On Thursday, January 24th, 2013 it was observed that these three residents' seatbelts remained stained with the same food/fluid like substance. A review of the PSW's night time routines indicated these three residents were to have their wheelchairs cleaned every Wednesday night.

The license has failed to comply with the Long Term Care Homes Act 2007 section 15.(2) by not ensuring that the home's equipment is kept clean and sanitary. [s. 15. (2) (a)]

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 through the following of work routines, all wheelchairs are kept clean, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

- s. 31. (2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b). O. Reg. 79/10, s. 31 (2).**
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Findings/Faits saillants :



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1. On January 22, 2013 the Administrator and the Director of Nursing reported to the inspector that the home does not have a written staffing plan for the nursing and personal support services. [s. 31. (2)]

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 a written staffing plan is in place that provides a staffing mix consistent with residents' care and safety needs, sets out the organization and scheduling of staff shifts, promotes continuity of care, includes a back-up plan and one that is evaluated and updated at least annually, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. On November 6, 2012 Resident's Council met. Residents identified that the Secret Garden and Starlight dining rooms were cold. A review of the Resident's Council minutes indicated that the licensee has not responded in writing within ten days. Met with the Administrator on January 22, 2013 at 0915 hours and reviewed the minutes. The administrator confirmed that the licensee has not responded in writing to the Resident Council concern of cold temperatures in the Secret Garden and Starlight dining rooms.

The licensee has failed to comply with the Long Term Care Homes Act, 2007, s. 57. (2) (1) by not responding in writing to the Resident Council within 10 days of receiving a concern related to air temperatures. [s. 57. (2)]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the licensee responds in writing within ten days to any concerns or recommendations from Residents' Council, to be implemented voluntarily.

WN #6: 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:

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

3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. O. Reg. 79/10, s. 229 (10).

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

5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :



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1. The licensee failed to comply with O.Reg. 79/10 s.229. (10) 3. as evidenced by the following findings.

The Director of Care reported that there would be a record of pneumococcal immunization on the health records of the residents who had received the immunization. The DOC also stated that the home did not have a program in place for tetanus and diphtheria immunization for residents.

There was no clinical documentation to indicate that Residents #1, #7, #10, #13, #14 and #15 were offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. [s. 229. (10) 3.]

2. The licensee failed to comply with O.Reg. 79/10, s. 229. (10) 5. as evidenced by the following finding.

The Director of Care and staff member #S100 reported to the inspector that there is no staff immunization program in place. [s. 229. (10) 5.]

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 residents are offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website and that there is a staff immunization program in accordance with evidence-based practices in place, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 27. Care conference



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Specifically failed to comply with the following:

- s. 27. (1) Every licensee of a long-term care home shall ensure that,**
- (a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, if any; O. Reg. 79/10, s. 27 (1).**
 - (b) the resident, the resident's substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and O. Reg. 79/10, s. 27 (1).**
 - (c) a record is kept of the date, the participants and the results of the conferences. O. Reg. 79/10, s. 27 (1).**
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Findings/Faits saillants :

1. Resident #2's Substitute Decision Maker (SDM) reported not being invited to the care conference held June 20, 2012. A review of Resident #2 progress notes did not indicate that the SDM was informed and invited to attend the conference.

The licensee failed to comply with O. Reg. 79/10, s. 27. (1) (b) in that the resident and Substitute Decision Maker were not given an opportunity to participate in the annual care conference of the interdisciplinary team. [s. 27. (1) (b), s. 27. (1) (c)]

2. The last annual care conference for Resident #8 was held November 3, 2011. There was no documentation to support that there was an annual care conference for Resident #8 in 2012. [s. 27. (1)]

3. There is no clinical documentation to indicate that there was an annual care conference of the interdisciplinary team and the SDM for Resident #6 in 2011 or 2012. Staff member #S113 confirmed with inspector 143 that Resident #6 had not had an annual care conference in 2011 or 2012.

The licensee failed to comply with O. Reg. 79/10, s. 27. (1) (a) in that an annual care conference of the interdisciplinary team was not held with the resident and the Substitute Decision Maker (SDM). [s. 27. (1) (a)]



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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:

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); 2007, c. 8, s. 85. (4).

(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; 2007, c. 8, s. 85. (4).

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and 2007, c. 8, s. 85. (4).

(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).

Findings/Faits saillants :



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1. The licensee failed to comply with the LTCHA 2007, s. 85. (3) in that the licensee did not seek the advice of Residents' Council or Family Council in developing, carrying out and acting on its results as demonstrated by the following findings:

On January 17, 2013, a resident reported to inspector 143 that the advice of Residents' Council was not sought in developing, carrying out and acting on the results of the satisfaction survey.

On January 24, 2013, a family member was interviewed by inspector #143. The family member reported that Family Council advice was not sought in the development and carrying out of the satisfaction survey. [s. 85. (3)]

2. The Director of Care confirmed that the home did not seek the advice of the Residents' Council and the Family Council in developing, carrying out and acting on the results of the satisfaction survey. [s. 85. (3)]

3. The licensee failed to comply with LTCHA 2007, s. 85. (4) (a) in that the documented results of the satisfaction survey were not made available to the Residents' Council and Family Council.

On January 24, 2013, a family member was interviewed by inspector #143. The family member reported to inspector #143 that the documented results of the annual satisfaction survey were not made available to the Council. [s. 85. (4) (a)]

4. The Administrator confirmed that the documented results of the satisfaction survey were not made available to the Residents' Council and Family Council. [s. 85. (4) (a)]

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service



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Specifically failed to comply with the following:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,
(a) procedures are developed and implemented to ensure that,

(i) residents' linens are changed at least once a week and more often as needed,

(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,

(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and

(iv) there is a process to report and locate residents' lost clothing and personal items; O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

1. On January 21, 2013 met with the Environmental Services Manager and reviewed policies and procedures related to the laundry services. On review of these services it was noted that procedures are not developed to report and locate resident's lost clothing and personal items. [s. 89. (1) (a) (iv)]



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WN #10: 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.****

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg. 79/10, s. 228. 3. as demonstrated by the following finding:

On January 22, 2013 at 0915 hours, the Administrator indicated that improvements made through quality improvement and utilization review system had not been communicated to the Residents' Council. [s. 228. 3.]

2. The Assistant Director of Care confirmed that the home's Quality Improvement Committee has not communicated to the Residents' Council or the Family Council the improvements made to the quality of the accommodation, care, services, programs and goods provided to residents. [s. 228. 3.]

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 241. Trust accounts



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Specifically failed to comply with the following:

s. 241. (5) Every licensee shall establish a written policy and procedures for the management of resident trust accounts and the petty cash trust money, which must include,

(a) a system to record the written authorizations required under subsection (8); and O. Reg. 79/10, s. 241 (5).

(b) the hours when the resident, or the person acting on behalf of the resident, can make deposits to or withdrawals from the resident's funds in a trust account and make withdrawals from the petty cash trust money. O. Reg. 79/10, s. 241 (5).

s. 241. (6) The licensee shall provide a copy of the written policy and procedures to every resident and person acting on behalf of a resident who asks to have money deposited into a trust account. O. Reg. 79/10, s. 241 (6).

s. 241. (10) The licensee shall have every trust account established under subsection (1) audited annually,

(a) by a public accountant licensed under the Public Accounting Act, 2004; or O. Reg. 79/10, s. 241 (10).

(b) in the case of a municipal home or a joint home approved under Part VIII of the Act, by the municipal auditor who audits the books of account and ledgers of the home. O. Reg. 79/10, s. 241 (10).

Findings/Faits saillants :



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1. On January 23, 2013 inspector 143 reviewed Trust Accounts with the Office Assistant and Business Manager. A review of the Trust Account policy indicated that the policy did not include the hours when a resident or person acting on behalf of the resident can make deposits to or withdrawals from the resident's funds in a trust account and make withdrawals from the petty cash trust money. [s. 241. (5)]

2. On January 24th, 2013 resident #20's Power of Attorney was interviewed concerning trust accounts. This family member reported to the inspector that they had not received a copy of the trust account policy and procedure. The Office Assistant reported that the trust account policy as per the Admission agreement is available but are not always provided to residents and/or to the person acting on behalf of the resident. [s. 241. (6)]

3. On January 24th, 2013 the Business Manager reported that a new process is in place for auditing the trust account. The Business Manager reported that in previous years the trust account has not been audited.

The licensee failed to comply with O.Reg. 79/10, s.241 (5) (6) (10) in that the Trust Account policy did not address hours of operation, was not provided to residents or persons acting on their behalf and the trust account were not audited. [s. 241. (10)]

Issued on this 31st day of January, 2013

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

A handwritten signature in cursive script that reads "Lynda Hamilton".