



**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

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	JESSICA LAPENSEE (133)
Inspection No. / No de l'inspection :	2011_054133_0029
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Nov 18, 21, 22, 23, 28, 29, 30, Dec 1, 2011
Licensee / Titulaire de permis :	BOARD OF MANAGEMENT OF THE DISTRICT OF NIPISSING EAST 400 Olive St., NORTH BAY, ON, P1B-6J4
LTC Home / Foyer de SLD :	CASSELLHOLME 400 OLIVE STREET, NORTH BAY, ON, P1B-6J4
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	BRENDA LOUBERT

To BOARD OF MANAGEMENT OF THE DISTRICT OF NIPISSING EAST, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
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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
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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Order # / Ordre no :	001	Order Type / Genre d'ordre :	Compliance Orders, s. 153. (1) (b)
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Pursuant to / Aux termes de :

O.Reg 79/10, 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:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

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).

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance with the requirement that responses to the person who has made a written or verbal complaint include what the licensee has done to resolve the complaint or that the licensee believes the complaint to be unfounded and the reasons for the belief. The plan is to be submitted in writing to Long Term Care Home Inspector Jessica Lapensee, Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 347 Preston, 4th floor, K1S-3J4 by December 8th 2011.

Grounds / Motifs :



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de l'article 154 de la *Loi de 2007 sur les foyers
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1. The inspector reviewed a letter authored by the Manager of Infection Control/Documentation dated January 14, 2011 addressed to a complainant. The letter reads in part "...I would like to inform you that the complaint has been investigated and concluded". The letter of response does not indicate what the licensee did to resolve the complaint or if the licensee believed the complaint to be unfounded and the reasons for the belief. [O. Reg 79/10, s.101 (1) 3 i, ii]

The inspector reviewed a letter authored by the Manager of Infection Control/Documentation dated September 19, 2011, addressed to a complainant. The letter reads in part "I would like to inform you that the complaints brought forward on August 12th and August 15th, 2011, have been investigated and the investigation is now completed". The letter of response does not indicate what the licensee did to resolve the complaint or if the licensee believed the complaint to be unfounded and the reasons for the belief. [O. Reg 79/10, s.101 (1) 3 i, ii]

The inspector reviewed a letter authored by the Director of Clinical Services dated February 16th, 2011, addressed to a complainant. The letter reads in part "I have investigated your complaint and have addressed your concerns with the staff involved and appropriate action has been taken". The letter of response does not indicate what the licensee did to resolve the complaint or if the licensee believed the complaint to be unfounded and the reasons for the belief. [O. Reg 79/10, s.101 (1) 3 i, ii]

The inspector reviewed a letter authored by the Director of Clinical Services dated February 25, 2011, addressed to a complainant. The letter reads in part "I have investigated your complaint and have addressed your valid concerns with all staff involved and appropriate action has been taken". The letter does not indicate what the licensee did to resolve the complaint. [O. Reg 79/10, s.101 (1) 3 i] (133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 08, 2011



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REVIEW/APEAL 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
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

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
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
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
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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.

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
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 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 1st day of December, 2011

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

Jessica Lapensee

**Name of Inspector /
Nom de l'inspecteur :**

JESSICA LAPENSEE

Service Area Office /

Bureau régional de services : Sudbury Service Area Office



**Ministry of Health and
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the Long-Term Care
Homes Act, 2007**

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Soins de longue durée**

**Rapport d'inspection
prévus 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
Direction de l'amélioration de la performance et de la
conformité

Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Nov 18, 21, 22, 23, 28, 29, 30, Dec 1, 2011	2011_054133_0029	Complaint

Licensee/Titulaire de permis

BOARD OF MANAGEMENT OF THE DISTRICT OF NIPISSING EAST
400 Olive St., NORTH BAY, ON, P1B-6J4

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

CASELLHOLME
400 OLIVE STREET, NORTH BAY, ON, P1B-6J4

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with The Administrator, the Director of Care, the Manager of Housekeeping & Laundry, a Supervisor in Nutrition and Food Services and Registered Nurses.

During the course of the inspection, the inspector(s) inspected resident's bedrooms on a resident care unit, reviewed a resident care unit's "What's happening" binder and reviewed Policies PP-07-47 "Complaints Against Staff" with a revision date of May 2007 and PP-R7.2.0 "Reporting and Notification of Incidents of Resident Abuse & Neglect (Reporting Certain Matters to the Directors)", with a revision date of June 13, 2011. The inspector also reviewed the contents of the Director of Care's 2011 complaint and complaint response file.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Reporting and Complaints

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
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 O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following subsections:

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:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

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).**

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

- (a) the nature of each verbal or written complaint;**
- (b) the date the complaint was received;**
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;**
- (d) the final resolution, if any;**
- (e) every date on which any response was provided to the complainant and a description of the response; and**
- (f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).**

Findings/Faits saillants :



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prévus le Loi de 2007 les
foyers de soins de longue**

1. The inspector reviewed a letter authored by the Manager of Infection Control/Documentation dated January 14, 2011 addressed to a complainant. The letter reads in part "...I would like to inform you that the complaint has been investigated and concluded". The letter of response does not indicate what the licensee did to resolve the complaint or if the licensee believed the complaint to be unfounded and the reasons for the belief.[O. Reg. 79/10, s. 101 (1)3i,ii]

The inspector reviewed a letter authored by the Manager of Infection Control/Documentation dated September 19, 2011, addressed to a complainant. The letter reads in part "I would like to inform you that the complaints brought forward on August 12th and August 15th, 2011, have been investigated and the investigation is now completed". The letter of response does not indicate what the licensee did to resolve the complaint or if the licensee believed the complaint to be unfounded and the reasons for the belief.[O. Reg. 79/10, s. 101 (1)3i,ii]

The inspector reviewed a letter authored by the Director of Clinical Services dated February 16th, 2011, addressed to a complainant. The letter reads in part "I have investigated your complaint and have addressed your concerns with the staff involved and appropriate action has been taken". The letter of response does not indicate what the licensee did to resolve the complaint or if the licensee believed the complaint to be unfounded and the reasons for the belief. [O. Reg. 79/10, s. 101 (1)3i,ii]

The inspector reviewed a letter authored by the Director of Clinical Services dated February 25, 2011, addressed to a complainant. The letter reads in part "I have investigated your complaint and have addressed your valid concerns with all staff involved and appropriate action has been taken". The letter does not indicate what the licensee did to resolve the complaint.[O. Reg. 79/10, s. 101 (1)3i]

2. The licensee does not ensure that a documented record is kept in the home that includes the nature of each verbal or written complaint; the date the complaint was received; the type of action taken to resolve the complaint including the date of the action, time frames for actions to be taken and any follow up action required; the final resolution, if any; every date on which any response was provided to the complainant and a description of the response; and any response made in turn by the complainant. [O.Reg 79/10, s.101(2)].

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 100. Every licensee of a long-term care home shall ensure that the written procedures required under section 21 of the Act incorporate the requirements set out in section 101. O. Reg. 79/10, s. 100.

Findings/Faits saillants :

1. The inspector was given Policy R7.2.0 "Reporting and Notification of Incidents of Resident Abuse & Neglect (Reporting Certain Matters to the Director)" as one of the licensee's written complaint procedures. This policy is from the Department of Clinical Services Manual, with a revision date of June 13, 2011. The policy specifically guides Registered Nurses on how to manage any complaint they receive. The policy does not guide any other member of the clinical services department on what they are to do if they receive a written or verbal complaint.

The inspector was given Policy PP-07-47 "Complaints Against Staff" as another written complaint procedure. This policy's scope is under the category Human Resources and applies to all departments, with a revision date of May 2007. This policy specifically guides department supervisors on how to manage a complaint they receive about their staff.

Neither of the above referenced policies contain procedures to guide any department other than the Clinical Services Department on how to deal with complaints, with the exception of complaints that are made against staff.

Policy PP-07-47 does not incorporate the requirements set out in section 101, subsection 1 which details when a complainant will be provided with a response and what information that response is to contain.

Policies PP-07-47 and R7.2.0 do not incorporate the requirement for a documented record of verbal or written complaints as set out in section 101 subsection 2, which also describes the information that is to be maintained in the record and what the licensee is required to do with the record.

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 with the requirement that the written procedures required under section 21 of the Act incorporate the requirements set out in section 101., to be implemented voluntarily.

WN #3: 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 :



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1. As per s. 21 of the Act, every licensee of a long term care home shall ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with the complaints.

The Inspector was given Policy R7.2.0 "Reporting and Notification of Incidents of Resident Abuse & Neglect (reporting Certain Matters to the Directors)" by the Director of Care as the policy in place to guide clinical services staff on how to manage any complaint they receive. Procedure #7 of this policy indicates "The RN in charge will document the incident and all details on a "Cassellholme Staff Complaint Documentation Form" and Procedure #10(a) of this policy indicates "The RN will recommend action on the "Staff Complaint Documentation Form" and submit the form to the Director of Clinical Services for further review. The Director of Clinical Services will report the incident directly to the facility Administrator"

The inspector reviewed a resident care unit "What's happening" binder located at the unit's nursing station. A complaint from a resident's family member is documented in the binder on Nov 18th 2011. A complaint from a resident's family member is documented in the binder on November 9th 2011. A complaint from a resident's family member is documented in the binder on Nov 7th 2011. There is no evidence that the details of these complaints were documented on a "Cassellholme Staff Complaint Documentation Form", as required by policy R7.2.0, and submitted to the Director of Clinical Services to enable follow up. [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 with the requirement that the licensee's written procedure for initiating complaints to the licensee and for how the licensee deals with complaints is complied with, specifically in relation to the documentation of complaints and the provision of documented complaints to the Director of Care, to be implemented voluntarily.

Issued on this 2nd day of December, 2011

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

Jessica Lapensee