



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

**Rapport d'inspection  
prévus le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Ottawa Service Area Office  
347 Preston St., 4<sup>th</sup> Floor  
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>ième</sup> étage  
Ottawa ON K1S 3J4

**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Licensee Copy/Copie du Titulaire   | X Public Copy/Copie Public                   |
| <b>Date(s) of inspection/Date de l'inspection</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Inspection No/ d'inspection</b> | <b>Type of Inspection/Genre d'inspection</b> |
| September 17 and 21, 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2010_102_2639_17Sep102901          | Complaint-Log# O-000732                      |
| <b>Licensee/Titulaire</b><br>Community Lifecare Inc.<br>1955 Valley Farm Road, 3 <sup>rd</sup> Floor<br>Pickering, Ontario L1V 1X6 Fax # 905 831 1802                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                              |
| <b>Long-Term Care Home/Foyer de soins de longue durée</b><br>Community Nursing Home (Port Hope)<br>20 Hope Street South<br>Port Hope, Ontario L1A 2M8 Fax # 905 885 6368                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                              |
| <b>Name of Inspector(s)/Nom de l'inspecteur(s)</b><br>Wendy Berry (102)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                              |
| <b>Inspection Summary/Sommaire d'inspection</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                              |
| <p>The purpose of this inspection was to conduct a complaint inspection related to resident privacy and decision making.</p> <p>During the course of the inspection, the inspector spoke with: the Administrator; the Director of care; the office Manager; several registered and non registered nursing staff; approximately 10 residents; and several visitors.</p> <p>During the course of the inspection, the inspector entered the majority of residents' bedrooms on both floors of resident care; reviewed one residents chart; reviewed a record of room moves provided by the office manager.</p> <p>The following Inspection Protocol was used during this inspection: Dignity, Choice and Privacy.</p> <p>1 Finding of Non-Compliance was found during this inspection. The following action was taken:</p> <p>1 WN</p> <p>1 CO: CO #001</p> |                                    |                                              |



### NON-COMPLIANCE / (Non-respectés)

#### Definitions/Définitions

WN – Written Notifications/Avis écrit  
VPC – Voluntary Plan of Correction/Plan de redressement volontaire  
DR – Director Referral/Régisseur envoyé  
CO – Compliance Order/Ordres de conformité  
WAO – Work and Activity Order/Ordres: travaux et activités

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

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with O. Reg. 79/10, s. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy.

#### Findings:

1. Sufficient privacy curtains to provide privacy are not provided in 14 bedrooms on the 2<sup>nd</sup> floor that are equipped with ceiling lifts and are each occupied by more than one resident: rooms 201, 202, 209, 211, 212, 215, 216, 217, 218, 219, 220, 222, 223, 224. Each of the identified rooms contains 4 beds.
2. Sufficient privacy curtains to provide privacy are not provided in a number of 2<sup>nd</sup> floor bedrooms that are each occupied by more than one resident. Gaps in the privacy curtains and/or tracking of approximately 12 to 24 inches between the window wall and the adjacent bed space allows for an easy view into the bed space.

Inspector ID #: 102

#### Additional Required Actions:

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



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

|                                                                                                       |       |                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature of Licensee or Representative of Licensee<br>Signature du Titulaire du représentant désigné |       | Signature of Health System Accountability and Performance Division<br>representative/Signature du (de la) représentant(e) de la Division de la<br>responsabilisation et de la performance du système de santé. |
| Title:                                                                                                | Date: | Date of Report: (if different from date(s) of inspection).<br><i>November 23/10</i>                                                                                                                            |



Ministry of Health and Long-Term Care  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée  
Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

## 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

|                        |                                                                                                                                  |                            |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------|
|                        | Licensee Copy/Copie du Titulaire                                                                                                 | X Public Copy/Copie Public |
| Name of Inspector:     | Wendy Berry                                                                                                                      | Inspector ID # 102         |
| Log #:                 | O-000732                                                                                                                         |                            |
| Inspection Report #:   | 2010_102_2639_17Sep102901                                                                                                        |                            |
| Type of Inspection:    | Complaint – Log # O-000732                                                                                                       |                            |
| Date of Inspection:    | September 17 and 21, 2010                                                                                                        |                            |
| Licensee:              | Community Lifecare Inc.,<br>1955 Valley Farm Road, 3 <sup>rd</sup> Floor<br>Pickering, Ontario L1V 1X6<br><br>Fax # 905 831 1802 |                            |
| LTC Home:              | Community Nursing Home (Port Hope),<br>20 Hope Street South<br>Port Hope, Ontario L1A 2M8<br><br>Fax # 905 885 6368              |                            |
| Name of Administrator: | Nancy Jordan                                                                                                                     |                            |

To Community Lifecare Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:

|                                                                                                                                                                                                                  |     |             |                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------|--------------------------------------|
| Order #:                                                                                                                                                                                                         | 001 | Order Type: | Compliance Order, Section 153 (1)(a) |
| <b>Pursuant to:</b> O. Reg. 79/10 s. 13. Every licensee of a long term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. |     |             |                                      |
| <b>Order:</b> The licensee shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy.                                                       |     |             |                                      |



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Direction de l'amélioration de la performance et de la conformité

**Grounds:**

1. Sufficient privacy curtains to provide privacy are not provided in 14 bedrooms on the second floor that are equipped with ceiling lifts and are each occupied by more than one resident. When the lift is in motion over adjacent beds, privacy curtains do not provide privacy in rooms 201, 202, 209, 211, 212, 215, 216, 217, 218, 219, 220, 222, 223, 224.
2. Sufficient privacy curtains to provide privacy are not provided in a number of second floor bedrooms that are each occupied by more than one resident. Gaps in the privacy curtain material and/or tracking of approximately 12 to 18 inches between the window wall and the adjacent bed space allows for an easy view into the bed space when the curtains are in the closed position.

**This order must be complied with by:** January 22, 2011.

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

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

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

The written request for review must include,

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

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

Director  
c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Ave. West  
Suite 800, 8<sup>th</sup> 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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the  
Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON  
M5S 2T5

Director  
c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
55 St. Claire Avenue, West  
Suite 800, 8<sup>th</sup> Floor  
Toronto, ON M4V 2Y2

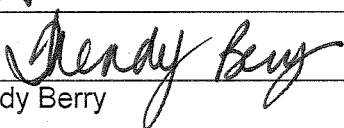


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Direction de l'amélioration de la performance et de la conformité

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](http://www.hsarb.on.ca).

|                         |                                                                                   |        |     |         |
|-------------------------|-----------------------------------------------------------------------------------|--------|-----|---------|
| Issued on this          | 23 <sup>rd</sup>                                                                  | day of | NOV | , 2010. |
| Signature of Inspector: |  |        |     |         |
| Name of Inspector:      | Wendy Berry                                                                       |        |     |         |
| Service Area Office:    | Ottawa                                                                            |        |     |         |